Safely Advocating for Families Engaged In Recovery (SAFER) Initiative

Barbara O Brien, Teresa Stephenson, Janet Cizek
OPQIC Summit
November 18, 2022
Agenda

THE CHALLENGE

THE LEGAL FRAMEWORK

THREE SYSTEMS JOURNEY TO SOLUTIONS

WHAT IS CHANGING IN HEALTHCARE?

PROGRESS ON STATEWIDE IMPLEMENTATION
Three Systems in Alignment:

- Healthcare
- Child Welfare
- SUD Treatment
The challenge

Oklahoma data and other emerging research regarding infants with prenatal substance exposure and their families
Before we hear about the data...

It is important to remember that people can and do recover from trauma and substance use disorder.
Substance Use Disorders (SUD) are a **treatable, chronic, medical disease** that can impact the whole family when one person is struggling.

And yet...

75.2% of the public **do not believe** that a person with a SUD is experiencing a chronic medical illness like diabetes, arthritis, or heart disease.

Healthcare professionals had similar levels of public and structural stigma toward those with a SUD compared to the general population.

(American Society of Addiction Medicine, 2019);
(Shatterproof, and The Hartford, 2021)
people seeking help;

numbers of families receiving treatment;

quality of treatment;

likelihood of staying in active recovery; and

resources allocated to prevention and treatment.

(Shatterproof, 2020)
Oklahoma’s Collaborative Values Inventory (CVI)

August 2021
Newborns with positive tests for illegal drugs should be removed from their parent's custody.
Number of Children in Oklahoma Entering Out of Home Care
By Age at Removal, 2019

![Bar chart showing number of children entering out of home care by age at removal, 2019.](chart)

- **Less than 1 Year**: 1,246
- **1-2 Years**: 348
- **3-4 Years**: 226
- **5-6 Years**: 193
- **7-8 Years**: 167
- **9-10 Years**: 154
- **11-12 Years**: 149
- **13-14 Years**: 143
- **15-16 Years**: 134
- **17-18 Years**: 128
- **18+**: 125

**N = 4,524**

*Note: Estimates based on children who entered out of home care during Fiscal Year*

*Source: AFCARS Data, 2019 v1*
In 2019, Oklahoma had the 8th highest proportion of children in foster care whose removal was due to substance abuse in the nation, (n=7091)

Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2019

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2019 v1
**Highest and Lowest Female State Imprisonment Rates (per 100,000 U.S. Female Residents), 2020**

*In these states with integrated jail and prison systems, data include both jail and prison populations.*


<table>
<thead>
<tr>
<th>State</th>
<th>Rate (per 100,000)</th>
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<tbody>
<tr>
<td>Idaho</td>
<td>110</td>
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<tr>
<td>Oklahoma</td>
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<td>South Dakota</td>
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<td>Arizona</td>
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<td>Mississippi</td>
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<td>West Virginia</td>
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<td>Tennessee</td>
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<td>Nevada</td>
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<td>Ohio</td>
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<td>Missouri</td>
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<td>Georgia</td>
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<td>Virginia</td>
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<td>Kansas</td>
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<td>Louisiana</td>
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<td>New Mexico</td>
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<td>Alabama</td>
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<td>Mississippi</td>
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<td>Colorado</td>
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<td>Florida</td>
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<td>Iowa</td>
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<td>North Dakota</td>
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<td>Oregon</td>
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<td>All States</td>
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<td>Hawaii</td>
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<td>North Carolina</td>
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<td>South Carolina</td>
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<td>Pennsylvania</td>
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<td>New Hampshire</td>
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<td>Washington</td>
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<td>Delaware</td>
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<td>Maine</td>
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<td>Vermont</td>
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<td>Rhode Island</td>
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<td>New Hampshire</td>
<td>7</td>
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<td>New Jersey</td>
<td>6</td>
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Oklahoma’s Incarcerated Mothers

- Nearly **62%** of incarcerated women reported using substances once a week or more prior to incarceration.
  - Over **42%** reported daily use.
  - Almost **50%** met criteria for PTSD.

- Over **68%** of Oklahoma’s incarcerated women are mothers of minor children.
  - Over **65%** of Oklahoma mothers were living with their children at the time of their arrest.

- Incarcerated mothers are **over 3 times more likely** than fathers to have been the only parent in the household at the time they were incarcerated.

1. Sharp, SF, Jones, MS, & McLeod, DA. [2014]. Oklahoma Study of Incarcerated Mothers and Their Children.
Maternal Mortality
Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019

22.2% of all Maternal Deaths are due to:

- Drugs (11.4%)
- Suicide (5.4%)
- Homicide (5.4%)

From 2010-2019:

- Drug-related deaths increased 190%
- Suicide increased 30%
- Homicide increased 63%

Margerison, Claire E. MPH, PhD; Roberts, Meaghan H. MA; Gemmill, Alison MPH, PhD; Goldman-Mellor, Sidra MPH, PhD Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019, Obstetrics & Gynecology: February 2022 - Volume 139 - Issue 2 - p 172-180
Percentage of Opioid-Related Maternal Deaths by Pregnancy Status

Oklahoma, 2004-2018

<table>
<thead>
<tr>
<th>Pregnancy Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>25.8%</td>
</tr>
<tr>
<td>Postpartum 42 days or less</td>
<td>31.3%</td>
</tr>
<tr>
<td>Postpartum 43 days+</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

Oklahoma Maternal Mortality Review, October 2020
Overview

Federal Legislation

Child Abuse Prevention and Treatment Act (CAPTA)
Infants with Prenatal Substance Exposure
Primary Changes in CAPTA Related to Infants with Prenatal Substance Exposure

- **1974**: Child Abuse Prevention and Treatment Act (CAPTA)
- **2003**: The Keeping Children and Families Safe Act
  (added requirement that there is a plan of safe care for the infant)
- **2010**: The CAPTA Reauthorization Act
  (added fetal alcohol spectrum disorder to illegal substance abuse requiring plan of safe care)
- **2016**: Comprehensive Addiction and Recovery Act (CARA)
- **2018**: Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)
Comprehensive Addiction and Recovery Act (CARA)

Primary Changes to CAPTA in 2016

1. Further clarified population to infants “born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”

2. Specified data to be reported by States to the maximum extent practicable

3. Required Plan of Safe Care to address “the health and substance use disorder treatment needs of the infant and affected family or caregiver.”

4. Required “the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.”
2021: CAPTA POSC
Proposed Changes (S.1927)

• Amend title to include “Public health response to infants affected by substance use disorder”
• Requires a comprehensive “family care plan”
• The Governor of the State shall designate a lead agency to carry out the State’s public health response to strengthen families and ensure the safety and well-being of 1) infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder; and “(2) the families and caregivers of such infants.

State plan to include “how the State is implementing and monitoring family care plans, including by developing family care plans prior to the expected delivery of the infant;

Describe State’s plan to develop a system for purposes of notifications that is distinct and separate from the system used in the State to report child abuse and neglect, and designed to promote a public health response to infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder, and not for the purpose of initiating an investigation of child abuse or neglect”

Authorizes State formula grants to implement Family Care Plans


National Quality Improvement Center (QIC) for Collaborative Community Court Teams: Various resources including a Program Summary, Lessons in POSC Implementation, Judicial Briefs, and webinars
Oklahoma’s response to the challenge: SAFER Initiative and Strategies
SAFER Initiative Aligned Partnerships

**OU STAR Clinic & Pregnant and Parenting Women Expansion**
Substance use Treatment and Recovery (STAR) Prenatal Clinic for pregnant people who have a substance use issue. Also, new capacity for residential and intensive outpatient substance use care and treatment for pregnant and parenting people.

**Alliance for Innovation on Maternal Health (AIM) OUD Bundle Implementation**
Enhancing prenatal and postpartum care and support for birthing persons and newborns affected by OUD at 17 birthing hospitals.

**State Maternal Health Innovation Program (SMHIP)**
Addressing disparities in maternal health outcomes and reducing maternal mortality.

**TeamBirth / Birth Equity Initiative**
Equipping families to have healthy, dignified births and reduce maternal health disparities through communication and collaboration between healthcare providers and birthing persons.

**Community Based Organizations**
Creating networks of family-centered providers to expand access to services and increase care coordination for pregnant and parenting people with substance use.

**OK Perinatal Quality Improvement Collaborative (OPQIC) / OK Mothers and Newborns affected by Opioids (OMNO)**
A collaborative healthcare response to the opioid epidemic to address the effects of opioids on mothers and newborns through staff education and updated policies and protocols.

**Parent-Child Assistance Program (PCAP)**
Strengthening families through an evidence-based home-visiting program that aids pregnant and parenting mothers affected by substance use.

**Family Treatment Courts**
Five (5) Family Treatment Courts serving child welfare families with SUD & piloting prenatal Family Care Plans.

**Early Head Start & Head Start**
Home visiting supports for pregnant and parenting people with SUD and supports for infants with prenatal substance exposure.
Oklahoma SAFER Goals

Pre-Pregnancy

Create an intentional parenting framework by:

- Creating referral pathways between SUD providers, the Take Control Initiative and LARC
- Creating communications materials on STAR clinic preconception counseling
- Creating process to educate women and men prior to becoming pregnant of the potential risks of SUD and pregnancy and identify nontraditional places to distribute materials.

Prenatal

Expand opportunities for women to access treatment during pregnancy by:

- Developing policies and procedures for automatic referral to Early Head Start
- Training workforce including DHS and Court Systems.
- Implementing universal SUD screening in each trimester of pregnancy and in non-traditional settings (via iPad or CHESS app)
- Creating public education campaign and non-traditional pathways for SUD information and referrals (ex: TANF, WIC, other DHS programs)
- Expanding prenatal POSC by replicating programs such as the SAFER Program, STAR clinic, Beyond Families

Birth

Develop hospital-based system for identification of IPSE and cross-system linkage to care coordination by:

- Creating a bifurcated pathway (notification vs. CPS report) for moms on MAT and in recovery (partial)
- Developing statewide protocol for identification, assessment and reporting of IPSE
- Expanding OMNO (Oklahoma Mothers Affected by Opioids) AIM bundle implementation statewide
- Developing policies and process for SUD providers, hospitals and DHS to review prenatal POSC or develop a POSC at the hospital
- Expanding programs that enhance parent/child attachment and bonding
- Expand Eat, Sleep, Console protocols to hospitals statewide

Postnatal/Neonatal

Develop and augment family-centered supports for the fourth trimester by:

- Reviewing and revising current statute on infant affected by substance use to expand POSC beyond NAS and FASD
- Creating a pathway for community-held POSC for families with no abuse/neglect concerns.
- Establishing cross-systems database
- Creating a state-wide communication and training plan
- Creating a framework for monitoring POSC
- Aligning efforts with the State Maternal Health Innovation Program (SMHIP)

Childhood

Ensure families have access to the right supports at the right time by:

- Creating a clear protocol and referral process for home visiting for IPSE calibrated to risk.
- Reviewing and expanding early intervention/home visiting in rural areas
- Developing policies and procedures for referring to Head Start

POSC = Plan of Safe Care  IPSE = Infants with Prenatal Substance Exposure  SUD = Substance Use Disorder  LARC = Long-Acting Reversible Contraceptives
OK SAFER STATE GOALS AND SELECT ACTIVITIES*

<table>
<thead>
<tr>
<th>Pre-Pregnancy</th>
<th>Prenatal</th>
<th>Birth</th>
<th>Postnatal/Neonatal</th>
<th>Childhood</th>
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</thead>
<tbody>
<tr>
<td>Create an intentional parenting framework by:</td>
<td>Expand opportunities for women to access treatment during pregnancy by:</td>
<td>Develop hospital-based system for identification of infants with prenatal substance exposure (IPSE) and linkage to care coordination by:</td>
<td>Develop and augment family-centered supports for the 4th trimester by:</td>
<td>Ensure families have access to the right supports at the right time by:</td>
</tr>
<tr>
<td>Creating a process to educate women and men prior to becoming pregnant of the potential risks of Substance Use Disorder (SUD) and pregnancy</td>
<td>Implementing universal SUD screening in each trimester of pregnancy</td>
<td>Developing a statewide protocol for identification, assessment and reporting of Infants with Prenatal Substance Exposure</td>
<td>Creating a pathway for community-held POSC for families with no abuse/neglect concerns</td>
<td>Developing policies and procedures for referring to Head Start</td>
</tr>
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</table>

*These are examples of activities, each point to intervention delineated multiple activities*
OK SAFER Initiative Shared Goals

- Healthy babies
- Parents in recovery
- Intact, safe and thriving families
- Public Health approach to substance use disorder
And Yet: Ripped from the Headlines

More than 30 Oklahoma doctors call for end to criminalization of drug use during pregnancy

She Was Charged With Manslaughter After A Miscarriage. Cases Like Hers Are Becoming More Common In Oklahoma

More Women Face Charges For Drug Use During Pregnancy

Court of Appeals Ruling Renews Debate Over Drug Use During Pregnancy

OKLAHOMA LAW: LIFE IMPRISONMENT FOR USING DRUGS WHILE PREGNANT?
What the research says:
Results of Punitive Practices

- Barriers to accessing care
- Erosion of trust between patients and providers
- Increased rates of Neonatal Abstinence Syndrome

(JAMA, Nov. 2019)* Arkansas, Arizona, Colorado, Kentucky, Massachusetts, Maryland, Nevada, and Utah
What the Research Says: Results of Public Health Approach

Continued relationship with children results in decreased recidivism.

Family-centered prevention improves child welfare outcomes.

Improved infant attachment increases treatment retention and recovery.

SAMHSA, 2007
Outreach to law enforcement and legal community

- Department of Corrections
- District Attorney’s Council
- Treatment Courts
- Court Improvement Project
- Medical Examiners
Oklahoma Approach to Family Care Plans

- Prevention of family separation whenever safely possible using robust community supports
- Focus on safety and accountability while also maintaining a supportive approach
- Upstream interventions (prenatal family care plans) have great outcomes
Child Welfare
DHS: Practice Changes Supporting Collaborative Practice

Science of Hope

Thriving Families/Safer Children

Parent Child Assistance Program (PCAP)

Parent Peer Support

Family First Prevention Services Act (FFPSA) Implementation

Thriving Families/Safer Children

Parent Child Assistance Program (PCAP)

Parent Peer Support

Family First Prevention Services Act (FFPSA) Implementation
Who currently receives a POSC in Oklahoma?

- Both substance exposed and substance affected infants require reports to OKDHS
  - **Substance exposed**: Infant tested positive for alcohol or controlled dangerous substance
  - **Substance affected**: Infant diagnosed with withdrawal, Fetal Alcohol FASD, or NAS

- Plan of Safe Care are required by state statute for only substance affected infants (3.1%) of all infants with prenatal substance exposure
The Path Forward:
All families with an infant with prenatal substance exposure receive supports through family centered pathways

- **Refer** all infants with prenatal substance exposure to the DHS hotline

- **Enhance** access and engagement strategies for treatment for parents with an infant with prenatal substance exposure (refer to treatment provider via CHESS Health App)

- **Create** multiple pathways for DHS to refer families to SUD treatment providers for a Family Care Plan and care coordination

- **Offer** multiple formats for Family Care Plans
  - Mobile through CHESS App
  - Web-based through Network of Care
  - Hard copy binder through SUD treatment providers
SUD Treatment
SUD Treatment Changes Supporting Collaborative Practice

**Contracts**
- Family Care Plan requirements
- Implementation supports (coordinators)

**CHESS Health App**
- Referral management
- OK I’m Ready
- Recovery supports

**One Key Question**
- Do you want to have a child in the next year?
- Core data question

**Training**
- E learning Modules
- Toolkits
- Scripts
- Flow charts

**Evaluation**
- Cost analysis
- Process outcomes
- Pilots to launch

**Coaching**
- Learning communities
- Consultation
- PDSA’s
SUD Treatment Provider Contract Requirements

- Develop a plan to begin implementing the Family Care Plan (FCP) within 6 months of contract initiation in order to help support the treatment and recovery of the family unit experiencing SUD.

- Attend the ODMHSAS SAFER FCP online training to prepare for implementation of the FCP.

- Offer an FCP to individuals who want to become pregnant within a year, are currently pregnant, or who are in the post-natal period.
Client Data Core Changes

Provider Toolkit provides guidance and scripts to assist providers when interviewing clients about pregnancy and Family Care Plans, including:

Ask all people assigned female at birth if they are pregnant or would like to have a child in the next year.

Ask all people assigned male at birth if they would like to have a child in the next year.

In either case:

➢ If no, provide information on contraception alternatives or refer to services that can provide education and contraception.

➢ If yes, ask if they want a Family Care Plan and mark the CDC accordingly.
Stigma Reduction Efforts Underway in Oklahoma

- Replication of Tough as a Mother campaign from Colorado
- Launch of Parent Child Assistance Program (PCAP)
- Inclusion of SUD population in TeamBirth rollout
- Stigma toolkit to all prescribers
- Collaborative Values Inventory* and follow-up training

Included in the Oklahoma Opioid Prescribing Guidelines Toolkit
Maternal Mental Health Hotline

- Phone or text access to professional counselors
- Real-time support and information
- Response within a few minutes, 24 hours a day, 7 days a week
- Resources
- Referrals to local and telehealth providers and support groups
- Culturally sensitive support
- Counselors who speak English and Spanish
- Interpreter services in 60 languages

The hotline is accessible by phone or text at 1-833-9-HELP4MOMS (1-833-943-5746) in English and Spanish. TTY Users can use a preferred relay service or dial 711 and then 1-833-943-5746.

The Maternal Mental Health Hotline is not intended as an emergency response line and individuals in behavioral health crisis should dial 988 or contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

For more information: https://mchb.hrsa.gov/national-maternal-mental-health-hotline/faq
Health Care
Health Care Changes Supporting Collaborative Practice

OMNO-AIM Bundle Implementation - OUD

State Maternal Health Innovation Program

STAR Clinic

Birth Equity Initiative - Tulsa

Team Birth
Prenatal Family Care Plans: Oklahoma Outcomes

Impressive results from two pilot projects
Why Consider POSCs (FCP’s) During the Prenatal Period?

• Can be developed with women and families by SUD or MAT programs, maternal health care providers, home visitor, or other public health supports (e.g., Early Head Start, Healthy Start, etc.) during pregnancy

• Supports stronger partnerships across providers

• Can inform child welfare response to infants affected by prenatal substance exposure

• Can mitigate impact of exposure & minimize a crisis at the birth event

• Not required by federal CAPTA changes, but a supportive, preventive practice
Commonalities across programs

• **Starting** as early as possible in the prenatal period
• **Reducing** trauma and stigma
• **Providing** education, knowledge advocacy
• **Following** up with support for the dyad: parent and baby
• **Partnering** with intensive programs (PCAP) for families at highest risk
• **Succeeding**: With supports and monitoring, diversion from deep system involvement is possible and families demonstrate a high rates of continued success
**Prenatal FCP initiated & Monitored by SUD/OTP Provider**

*(Data from October 2019-November 2022)*

### S.A.F.E.R. Program
Safely Advocating for Families Engaged in Recovery

100% of infants discharged home with parents to continue treatment with SAFER FCP

<table>
<thead>
<tr>
<th>81 Prenatal Family Care Plans Implemented</th>
<th>OUTCOMES</th>
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<tbody>
<tr>
<td>74</td>
<td>Babies born w/ CTI SAFER FCP</td>
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<tr>
<td>10</td>
<td>DHS Investigation at Birth</td>
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<tr>
<td>0</td>
<td>DHS Custody of Child (Foster Care)</td>
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<td>5</td>
<td>VSA of FCS Child home w/ Family</td>
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<td>5</td>
<td>Pregnant Women currently in Care</td>
</tr>
<tr>
<td>3</td>
<td>Baby NICU Stay due to NAS</td>
</tr>
<tr>
<td>69</td>
<td>Baby able to Room-in as requested</td>
</tr>
<tr>
<td>68</td>
<td>Baby/mom utilized Eat-Sleep-Console</td>
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<tr>
<td>67</td>
<td>Moms on MAT at time of Delivery</td>
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</tbody>
</table>
Number of STAR pregnant individuals who delivered at OU: 150

Number of infants delivered: 153

Number currently pregnant: 16

Number of individuals on MAT or receiving SUD treatment at time of delivery: 85%

Percentage of infants placed in Out of Home Care (DHS custody): 15%

85% of infants are discharged with parents

*(Data from October 2019-June 2022)*
How are STAR families faring over time?

Great news! Emerging data suggests that for families that delivered at OU:

- **82.4%** of infants discharged home with parent within one month
- **None** of those infants entered foster care during the first six months of life
- **One infant** entered foster care during the first year of life
- **One infant** entered foster care in the second year of life.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Children</th>
<th>Removed</th>
<th>Removed and Reunified</th>
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<tbody>
<tr>
<td>Birth to 1 Month</td>
<td>136</td>
<td>24 (17.65%)</td>
<td>4 (2.94%)</td>
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<tr>
<td>1 Month to 6 Months</td>
<td>95</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
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<td>6 Months to 1 Year</td>
<td>76</td>
<td>1 (1.32%)</td>
<td>0 (0%)</td>
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<tr>
<td>1 Year to 2 Years</td>
<td>45</td>
<td>1 (2.22%)</td>
<td>1 (2.22%)</td>
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“Little Star” Neonatal Newborn Program

- The program consists of a Neonatologist, Developmental Pediatrician, Occupational Therapist and Social Worker.
- Launched June 2022.

Our follow up provides:

- Medical and developmental evaluations for babies
- Psychosocial assessments, referrals to community providers, resources
- Educational materials, gift for mom and care providers
- Coordination of services with other programs
- Education for our Neonatal providers, OT, PT and others who work with our families.
- Research
Oklahoma Continuum of Supports for Families Experiencing SUD: Prenatal through Early Childhood

**STAR Clinic (OUHSC)**
- Launched 2019
- 153 babies
- 85% of moms and babies discharged home together

**SAFE Prenatal Family Care Plan**
- Launch 2019
- Tulsa & Okmulgee
- 73 babies, 100% discharged home with mom
- Statewide expansion beginning Jan 2023

**OK Mothers & Newborn/Opioids (OMNO)**
- AIM bundle implementation
- Launched 2020
- 17 birthing hospitals
- Superb data

**TeamBirth**
- Launched 2020
- Pilot in Tulsa hospital
- Expansion to 2 sites
- Statewide expansion by 2023
- Reduce maternal health disparities

**SAFER Prenatal Family Care Plan**
- 153 babies
- 85% of moms and babies discharged home together

**Legal Aid Services of Oklahoma Expansion**
- Provide legal support prenatally & at birth
- Enhance treatment access, reduce family separation

**Birth Equity Initiative-Tulsa**
- Reducing maternal health disparities
- Increasing doula supports to families

**Technology Supports**
- CHESS referral to SUD treatment with feedback loops

**Parent Child Assistance Program (PCAP)**
- Launch Nov 2022
- Support for mom with SUD and infant from prenatal through 3 years

**Parent Child Assistance Program (PCAP)**
- Planed expansion 2022-2025
- Step down from residential
- Support services billable to Medicaid

**OMNO**
- 17 birthing hospitals
- Superb data

**OMNO**
- 17 birthing hospitals
- Superb data

**TeamBirth**
- Statewide expansion by 2023

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**Roadmap**
- Reduce maternal health disparities
- Increasing doula supports to families
- CHESS referral to SUD treatment with feedback loops
- Currently in five jurisdictions
- Reduce time to reunification
- Restore family wellness
- All families with a substance exposed or substance affected infants will be offered a FCP
- Statewide expansion 2023
SAFER Implementation Progress
Timeline for Tulsa Family Care Plan Pilot Launch

- **Sept 1**: Pilot Introduction Meeting
- **Oct 20**: Cross Systems Training
- **October 25**: Coordinator Deep Dive
- **Nov 1**: Tulsa Pilot Launch
- **Dec ?**: Stakeholder Meeting
Cross Systems Training

WORKFLOWS

WHAT’S IN IT FOR ME

SCENARIOS
Family Care Plan (FCP) Referral Flow: Pre-Pregnancy & Prenatal

No wrong door to comprehensive coordinated care and family-centered recovery support.

**SCREEN/DISCLOSE**
Patient screens positive for SU and/or patient discloses SU during visit.

**BRIEF INTERVENTION**
Provider discusses risks of SU during pregnancy and offers FCP referral.

**REFERRAL**
Provider refers patient to treatment provider for FCP using CHESS Health app.

**SELF-REFERRAL**
Patient scans QR code/follows link to CHESS Health app/OK I’m Ready website.

**PRENATAL (OFFICE)**
Pregnant patient is seen by prenatal care provider.

**BRIEF INTERVENTION**
Provider discusses risks of SU during pregnancy and offers FCP referral.

**REFERRAL**
Provider refers patient to treatment provider for FCP using CHESS Health app.

**SELF-REFERRAL**
Patient scans QR code/follows link to CHESS Health app/OK I’m Ready website.

**PRENATAL (ED/OTHER)**
Patient is seen in Emergency Dept. or other healthcare setting and is pregnant.

**PRENATAL**
Patient screens positive for SU and/or patient discloses SU during visit.

**BRIEF INTERVENTION**
Healthcare personnel discuss risks of SU during pregnancy and offer FCP referral.

**REFERRAL**
Healthcare personnel refer patient to treatment provider for FCP using CHESS Health app.

**SELF-REFERRAL**
Patient scans QR code/follows link to CHESS Health app/OK I’m Ready website.

**Family Practice or OBGYN**
Patient indicates they want to have a child in the next year.

**Prenatal person with substance use (SU)**

1. Patient discloses SU during visit.
Family Care Plan (FCP) Referral Flow: Birth Event

No wrong door to comprehensive coordinated care and family-centered recovery support.

**BIRTH / POSTNATAL**
- Person has a **substance affected infant** who experiences withdrawal symptoms or is diagnosed with NAS or FASD

**REFERRAL**
- Provider/hospital calls in a referral to the **DHS Child Abuse and Neglect Hotline**

**BRIEF INTERVENTION**
- Provider/hospital discusses diagnosis/exposure and DHS referral with patient and offers FCP referral.

**DHS MAKES REFERRAL**
- Healthcare personnel informs patient that DHS will make a referral to a **treatment provider** for FCP using CHESS Health app.

**BIRTH / POSTNATAL**
- Person has a **substance exposed infant** who tests positive for alcohol or a controlled dangerous substance
Family Care Plan (FCP) Referral Flow:
Community Service Provider
(Home Visiting, TANF, WIC, Head Start, etc.)

No wrong door to comprehensive coordinated care and family-centered recovery support.

PRENATAL
Pregnant individual is seen for other supportive services

PRENATAL
Pregnant individual responds affirmatively to screen or self discloses SU during visit.¹

BRIEF INTERVENTION
Provider discuss risks of SU during pregnancy and offer FCP referral.

REFERRAL
Provider refers pregnant individual to treatment provider for FCP using CHESS Health app

SELF-REFERRAL
Pregnant individual scans QR code/follows link to CHESS Health app/OK I’m Ready website.

OR

COORDINATE CARE
Obtain parental consent to coordinate care with treatment provider and other involved professionals

BRIEF INTERVENTION
Assess whether the FCP is still in effect and who initiated and is monitoring the FCP

CONFIRM FCP
Determine whether parent was offered a FCP prenatally of postpartum

FCP CREATED

REFERRAL
Provider refers pregnant/parenting person to treatment provider for FCP using CHESS Health app

NO FCP CREATED

BIRTH / POSTNATAL
Parent delivered a substance exposed or substance affected infant and needs ongoing supports.
What supports will providers have?

How does this fit into the statewide launch?
Pilot to Statewide Launch Process

Single site pilot
- OMNO birthing hospital
- TX provider readiness
- DHS staff readiness

PDSA/Data
- Test policies and practices
- Participate in eval
- Solution focused

More Pilots
- OMNO birthing hospital
- TX provider readiness
- DHS staff readiness

PDSA/Data
- Test policies and practices
- Participate in eval
- Solution focused

Cross System Training
- Inclusive of lessons learned

Launch
- Sequential roll out
- Statewide implementation evaluation begins

(Nov-Dec 2022)

(Jan-March 2023)

(Jan-March 2023)

(May 2023)
### Family Care Plan Supports Available

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Toolkit</th>
<th>Evaluation</th>
<th>Training</th>
<th>Communication</th>
<th>TA Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Referrals to prenatal care</td>
<td>• For each system</td>
<td>• Lighten the lift</td>
<td>• E learning modules</td>
<td>• Cross system protocols</td>
<td>• FCP Coordinators hired at SUD TX providers</td>
</tr>
<tr>
<td>• Referrals to treatment</td>
<td>• Clear and concise</td>
<td>• Clarify variables and methods</td>
<td>• System specific</td>
<td>• Consistency</td>
<td>• 1 on 1 collaborative supports</td>
</tr>
<tr>
<td>• Referrals to hotline</td>
<td>• Scripts for providers</td>
<td>• Partner with OU</td>
<td>• Transfer of Care</td>
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</tr>
</tbody>
</table>

- Lighten the lift
- Clarify variables and methods
- Partner with OU
- E learning modules
- System specific
- Transfer of Care
- Cross system protocols
- Consistency
- FCP Coordinators hired at SUD TX providers
- 1 on 1 collaborative supports
FCP e-Learning Modules

Creating Safe Care

Supporting Pregnant and Parenting Patients Who Use Drugs

Camden Coalition of Health Providers

Oklahoma’s Cross System Supports for Infants with Prenatal Substance Exposure and their Families

Alignment
Integration
Collaboration
Results

Bi-weekly leadership meetings across all three systems

Bi-monthly combined OMNO and SAFER Core Team Meeting

Children’s State Advisory Workgroup

State Maternal Health Innovation Program
<table>
<thead>
<tr>
<th>Your role</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask</td>
<td>You can ask if a pregnant person already has a Family Care Plan, and use it to make informed decisions</td>
<td></td>
</tr>
<tr>
<td>Refer</td>
<td>You can refer pregnant individuals to a treatment provider for a family care plan</td>
<td></td>
</tr>
<tr>
<td>Rely on</td>
<td>You can rely on the continuum of services to support families affected by substance use</td>
<td></td>
</tr>
<tr>
<td>Be</td>
<td>You can be hopeful, change happens</td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU

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