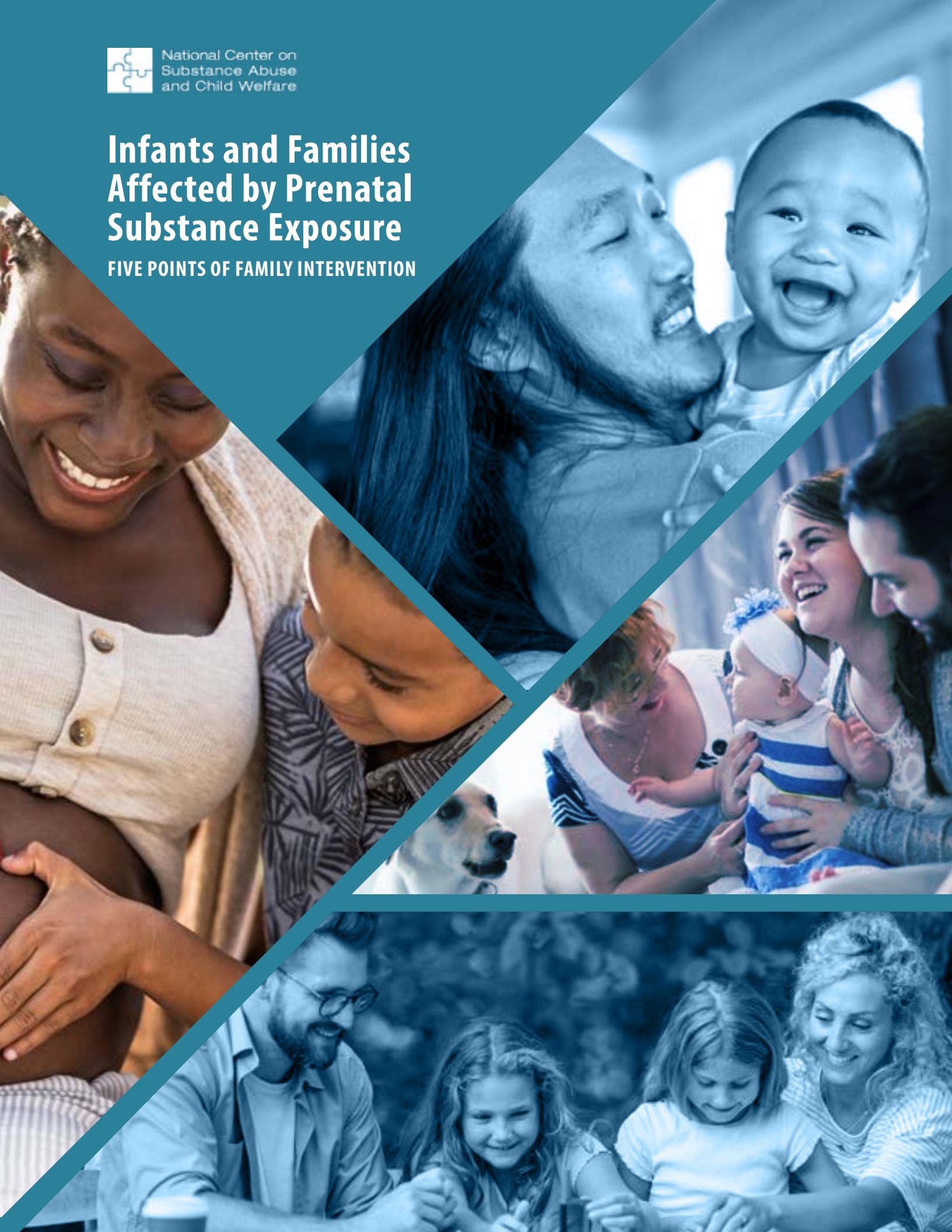
National Center on Substance Abuse and Child Welfare

Infants and Families Affected by Prenatal Substance Exposure

FIVE POINTS OF FAMILY INTERVENTION



Improving outcomes for infants with prenatal substance exposure including fetal alcohol spectrum disorder (FASD), requires a consideration of the family system in which they develop, grow, and thrive. The *Five Points of Family Intervention*[1] are key periods in time when comprehensive cross-system efforts can help prevent prenatal substance exposure, respond to the needs of pregnant women and parents with substance use and mental health disorders, and their affected children and family members. Individuals with substance use disorders (SUDs) may also experience co-occurring mental health disorders in the postpartum period. A coordinated system of care across the five intervention points helps to ensure connection with services as early as possible.

This summary identifies policy and practice strategies at each intervention point that child welfare, SUD treatment, health care, family courts, and other community agencies can use to strengthen interagency collaboration and provide effective services. No single organization can respond to these issues, but communities would benefit from: 1) understanding the policy and practice options, and 2) setting priorities based on the needs of their jurisdiction.

Five Points of Family Intervention

PRE-PREGNANCY

Prevent SUDs prior to pregnancy by promoting public awareness while encouraging access to appropriate SUD and mental health treatment.

PRENATAL

Identify substance use and mental health disorders through universal screening and assessment, engage pregnant women in effective treatment services, and provide ongoing services to support recovery.

BIRTH

Focus on identifying and meeting the needs of infants affected by prenatal substance exposure, withdrawal symptoms, and FASD, including the immediate need for bonding and attachment with a safe, stable, and consistent caregiver.

NEONATAL, INFANCY, AND POSTPARTUM

Ensure consistent access to a stable caregiver as well as a safe and supportive environment; respond to infants' medical and developmental needs along with each family member's SUD and mental health issues.

CHILDHOOD AND ADOLESCENCE

Respond to the unique developmental and service needs of the toddler, preschooler, child, and adolescent prenatally exposed through a comprehensive, family-centered approach with a special focus on preventing SUDs among adolescents.

1 The *Five Points* emerged from a multiyear review and analysis of existing policies and practices in 10 states regarding prenatal exposure to alcohol and other drugs. In 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) published the results in *Substance Exposed Infants: State Responses to the Problem*.

Guiding Practice Principles

Multiple Intervention Opportunities

Substance use is not always identified during pregnancy, and substance exposure is not always identified at birth. An approach that considers all stages of development remains critical and improves outcomes. Prevention and early intervention points can ensure comprehensive care that improves outcomes for pregnant women, infants, children, and their family members.

Cross-System Collaboration

Working across agencies at each of the five points remains crucial to coordinating services and providing comprehensive care. Ideally, collaboratives include local leaders and representatives who serve the community as well as individuals with personal experience of SUD recovery.

Family-Centered Approach

A family-centered approach to prenatal substance exposure ensures providers can assess the needs of each family member and resolve them in a coordinated way. In addition to providing access to SUD and mental health services, parents receive support in their parenting roles, while services adapt to the changes parents experience after the arrival of an infant—and throughout a child's development. Children receive services to prevent and remediate any social, emotional, and developmental challenges or trauma they may experience. Services include access to concrete supports such as housing, child care, education, and employment.

Ensure Access to Services

Child welfare, SUD treatment, and court systems can take a deliberate approach to ensure families have access to services. Implementing universal SUD and mental health screening practices can help reduce gaps in services for all families. Agencies can implement hiring and training practices to ensure a competent workforce. Providers can offer services adapted to families' individual experiences and needs.

Including Family Participation and Individuals with Personal Experience

Individuals with personal experience of SUD recovery can participate as experts and partners in the development of practice and policy protocols. Family members should be engaged in identifying their own strengths, needs, and goals. Collaborative teams can host family team meetings to ensure all key participants understand and support both the treatment and child welfare goals. Support by individuals with personal experience of SUD recovery enhances a family's engagement into treatment and other services while promoting a trusted relationship with any ally who has shared life experience.

Policy and Practice Strategies

Agencies can consider the following actions to develop a supportive community that meet the comprehensive needs of infants and parents affected by prenatal substance exposure:

1. PRE-PREGNANCY

- Use public health campaigns to educate on the risks of substance use and the effects of misusing prescription medications.
- Ensure family and community members are trained to use overdose reversal medications and naloxone is widely available.
- Educate women on the risks of substance use during pregnancy including the risk of overdose.
- Screen all patients for substance use and mental health disorders using evidence-based tools during annual visits or checkups.
- Create relationships and communication protocols with accessible and trauma-informed SUD/mental health treatment providers.
- Ensure access to timely and appropriate SUD and mental health treatment, including medication-assisted treatment (MAT), medications for opioid use disorders (MOUD), and medications for alcohol use disorder (MAUD) as indicated; ensure referrals occur through a supported transfer between service providers, and establish pathways for sharing information regarding treatment progress with informed consent.
- Give priority access to SUD treatment for women who use intravenously.

2. PRENATAL

- Use prescription monitoring services along with standardized prescribing practices to gauge potential misuse or abuse of prescription drugs.
- Educate pregnant women on the potential effects of substance use on an infant, including neonatal abstinence syndrome (NAS) and FASD.
- Educate pregnant women on the role of child welfare and the potential involvement if their infant is born affected by prenatal substance exposure.
- Educate collaborative team members on the efficacy of prescribing MAT for pregnant women.
- Implement a prenatal Plan of Safe Care[2] (POSC) with expectant parents and their families with input from health care, SUD treatment, and other partners, including child welfare services as needed. While not required until birth, engaging pregnant women to create POSC during their pregnancy: 1) empowers them to direct and coordinate their care, 2) provides a self-advocacy resource they can use when interacting with multiple systems and agencies, and 3) promotes positive birth outcomes.

2 Some jurisdictions use the term "Family Care Plan" in lieu of "Plan of Safe Care". These terms are used interchangeably throughout this document.

- Promote use of enhanced prenatal support services (e.g. doulas, midwives) to promote access to quality prenatal care and reduce the risk of maternal/infant complications and mortality.
- Universally screen pregnant women for substance use and mental health disorders using Screening, Brief Intervention, and Referral to Treatment (SBIRT) and evidence-based screening tools at each trimester as a part of routine prenatal care.
- Give priority access to SUD treatment for pregnant women regardless of funding source or payor.[3]
- Ensure relationships with SUD and mental health treatment providers who provide accessible, trauma-informed treatment (including MAT) to pregnant women as indicated; ensure referrals occur through a supported transfer and inform all referral sources of the outcome.
- Coordinate SUD and mental health treatment (including MAT) with health care, home visiting, and other community services.
- Ensure providers use evidence-based assessment tools to identify appropriate levels of care and services.
- Share information related to SUD and mental health treatment, including treatment progress, challenges, and medication changes directly with the mother and—with her informed consent—the providers coordinating family care.
- Support and prepare pregnant women for delivery, pain management, and potential NAS responses while including this information in the collaborative plan of safe care.
- Develop information sharing protocols to be used at the time of birth with the hospital and child welfare services to: 1) inform the response to a notification of an affected infant, and 2) prevent separation of the mother/infant dyad to the greatest extent possible.

3. BIRTH

- Develop consensus definitions of infants "affected by substance use" and other tools to identify infants requiring POSC.
- Partner with child protective services (CPS), community providers, and public health to develop POSC supports for infants affected by prenatal substance exposure. Ensure supports exist for infants even when there are not immediate child safety concerns.
- Create clear guidelines for child welfare responses to infants with prenatal substance exposure; educate health care, SUD/mental health treatment, child welfare, and other community partners about these guidelines, as well as their use and implementation roles.
- Create clear protocols for health care providers to notify child protective service systems of the identification of infants as required by the Child Abuse Prevention and Treatment Act (CAPTA).[4]

3 States using the Substance Abuse Prevention and Treatment Block Grant are required to prioritize particular populations, including pregnant/parenting women and intravenous drug users.

4 CAPTA section 106(b)(2)(B)(ii) states that the state must "submit an assurance in the form of a certification by the Governor of the State that the State has in effect and is enforcing a state law, or has in effect and is operating a statewide program, relating to child abuse and neglect that includes...(ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a FASD including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to- (I) establish a definition under Federal law of what constitutes child abuse or neglect; or (II) require prosecution for any illegal action."

- Train hospital staff on best practices when working with pregnant women with SUDs. Ensure training includes information about the effects of professional bias on the outcomes of pregnant women and their infants.
- Develop a POSC using a collaborative approach with the mother, her medical team, SUD treatment provider, mental health provider, the infant's medical team, early childhood care/development providers, and other providers as needed.
- Ensure POSC include child welfare partners; coordinate information sharing with child welfare.
- Administer universal verbal screening for SUDs to all pregnant women at delivery; develop clear, non-biased guidelines on the use of toxicology testing for toxicology testing for mothers and infants.
- Assess and treat infants with suspected prenatal substance exposure using evidence-based approaches, including both nonpharmacological therapies in the hospital (e.g., eat, sleep, and console; swaddling; skin-to-skin contact; quiet and dimly lit environment; rooming in with mothers) and pharmacological therapies as needed (e.g., morphine, methadone).
- Ensure hospital protocols connect the family to a pediatrician **before** discharge; obtain informed consent to share information between maternal and infant health care providers about identified prenatal substance exposure.
- Inform parents of the notification and share what to expect from child welfare's response.
- Ensure hospital discharge plans include maternal substance use and mental health referrals as indicated, including home visiting services and pediatric care. Hospitals should also work with new mothers to determine MAT dosage changes as needed.
- Ensure hospital assessments screen for safety issues in the home environment and parenting skills capacity.
- Coordinate parents' SUD and mental health treatment.
- Educate parents and family members on the potential for overdose. Ensure family and community members are trained to use overdose reversal medications and naloxone.
- Offer parents and other caregivers information on what to expect after delivery and how to support the infant.
- Share information on SUD and mental health treatment with health care providers after receiving appropriate consent.
- Ensure child welfare, SUD/mental health treatment professionals, and the courts receive copies of discharge plans and use the information to develop, implement, or oversee POSC—after executed informed consent.
- Use peer support specialists to engage parents in substance use treatment and help navigate the multiple service systems supporting families.

4. NEONATAL, INFANCY, AND POSTPARTUM

- Provide ongoing training across social service systems on evidence-based and best-practice approaches to working with parents with substance use and mental health disorders (as well as infants with prenatal substance exposure); ensure education covers SUD stigma and bias that affect health outcomes.

- Support monitoring of POSC through information sharing protocols between the hospital, OB/GYNs, pediatricians, SUD/mental health treatment, and other supportive service providers to ensure infants and mothers remain safe and receive appropriate care.
- Engage with community agencies to provide targeted prevention services and support to infants and their families.
- Develop a shared understanding of safety and risk factors for child abuse and neglect; ensure providers understand when a report of maltreatment is required.
- Protect infants from abuse and neglect by sharing relevant information with CPS professionals who can use their expertise to assess, investigate, and respond to infants experiencing maltreatment.
- Create protocols to ensure child welfare safety plans consider mothers' recovery status; ongoing treatment (including MAT); health care; as well as infants' medical, developmental, and safety needs.
- Ensure priority access to SUD treatment services for parents with infants. Educate parents on the potential for overdose and ensure family members have access to naloxone. Ensure the family is trained to use naloxone.
- Ensure parents receive proactive assistance through engagement and retention strategies, case management/home visiting, peer support, and referral to evidence-based parenting classes/high-quality child care services to increase parenting capacity and concrete supports.
- Connect parents with peer support from individuals with personal experience of SUD recovery and involvement with child welfare; ensure peers have sufficient training.
- Train hospital staff on best practices when working with parents with SUDs; ensure the training includes information about the stigma faced by parents with a SUD/mental health diagnosis.
- Ensure parents receive accessible referrals for their infants' regular developmental screenings, early intervention services, and enrollment in high-quality child care that can assess the unique needs of infants with prenatal substance exposure.

5. CHILDHOOD AND ADOLESCENCE

- Educate parents and caregivers on: 1) the effects of substance use and mental health disorders on the child, 2) how to recognize substance use and mental health issues with their children and adolescents, and 3) identifying appropriate accessible support services.
- Monitor progress in coordinated care plans and provide referrals to appropriate services, including health care, education, SUD/mental health treatment, and child welfare.
- Use pediatric, "well-woman," and SUD/mental health treatment visits as opportunities to screen for the needs of the child and parent, such as home visitation, parenting education, developmental screening/intervention, substance use prevention/treatment, child maltreatment/safety concerns, and other concrete supports.

- Work collaboratively with child welfare to ensure the safety and well-being of children by sharing information—with appropriate consent—on the parent's SUD and mental health treatment successes and challenges.
- Coordinate care to allow for frequent family time (visitation) if children are in out-of-home care; help parents maintain engagement and ensure providers report any concerns regarding child maltreatment.
- Complete routine developmental screenings to identify children in need of services due (potentially) to prenatal substance exposure; provide appropriate referrals for specialized care.
- Connect with child care and educational providers to assess cognitive, behavioral, and social-emotional concerns while implementing appropriate interventions.
- Share information after obtaining informed consent with education, health care, and mental health providers to ensure appropriate support and interventions exist for children and adolescents prenatally exposed.
- Educate early childhood care providers, developmental intervention providers, home visitors, and educators on the unique needs of children affected by prenatal substance exposure, effective strategies for helping parents with SUDs (and those in recovery), and the effects of stigma on family outcomes.
- Ensure priority enrollment policies for high-quality child care and access to educational supports (Individualized Educational Plans and 504s) include children with prenatal substance exposure and FASDs.
- Integrate parenting education and support services into SUD/mental health treatment, pediatric care, and adult health care settings.
- Ensure kinship caregivers receive supports, education and access to services to best serve their families. Provide appropriate interventions to kinship families during reunification to maintain family relationships.
- Use SBIRT approach to screen adolescents for SUDs and mental health challenges; make relevant referrals; provide ongoing care coordination to ensure families access referrals.

Common Barriers and Key Considerations

Many states have implemented policy and practice strategies across the *Five Points of Family Intervention* to strengthen interagency collaboration and improve outcomes. Understanding common barriers and key considerations helps communities avoid obstacles and use effective methods to enhance their work.

COMMON BARRIERS	KEY CONSIDERATIONS
Stigma related to pregnant women and parents with substance use and mental health disorders—as well as MAT—harms effective system development and access to SUD treatment. Stigma related to SUD also worsens existing outcomes in treatment services for families.	Communities should explore differences in values and perceptions as a part of the collaborative process, promote education about substance use/mental health disorders and MAT, and use non-stigmatizing language when referring to this population.
Gaps in data and information systems weaken the ability of service systems to identify children and families as they move from agency to agency.	Communities can develop state policies and procedures to determine whether families access and benefit from the array of available services. Understanding baseline and establishing performance measures will demonstrate what works well and for whom. Collaboratives can also examine treatment and service data to measure health outcomes.
Lack of access to evidence-based services for pregnant women and parents with substance use and mental health disorders, including MAT, can lead to poor health outcomes.	A system of care approach builds partnerships to create a broad, integrated service array with sufficient capacity and variety of services to meet the multiple needs of pregnant women and parents as well as each family member affected by prenatal substance exposure.
State protocols for developing POSCs continue to evolve. These ongoing changes can make interagency collaboration difficult.	As states and communities adapt and modify their policies and procedures for implementing POSC, stakeholders and partners need to remain engaged and adaptable in their collaborative planning efforts.

Related Resources

POSC Learning Modules

A five-part series on POSC for infants born with—and identified as affected by—substance abuse or withdrawal symptoms resulting from prenatal substance exposure, FASD, or their affected family or caregiver. The series helps state, Tribal, and local collaborative partners improve their systems and services. This series provides states and communities with considerations for implementing POSC to support the safety and well-being of families in their jurisdictions.

Tribal Family Wellness Plan Learning Modules

A four-part series supporting Tribal agencies that serve families within their Tribe, as well as urban providers serving families from many different Tribal nations. Goals include reducing the effects of substance use on pregnant women and parents, improving systems and services to reduce prenatal substance exposure, preventing the separation of families, and supporting family wellness. Developed collaboratively with the Tribal Law and Policy Institute.

A Collaborative Approach to the Treatment of Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families, and Caregivers

Examines the extent of opioid use by pregnant women and its effects on infants. Provides evidence-based recommendations for treatment approaches from leading professional organizations and an in-depth case study. Offers guidance tools to help facilitate a careful, in-depth analysis of a community's current policies, practices, resources, and training needs related to working with pregnant women with opioid use disorders.

How States Serve Infants and their Families Affected by Prenatal Substance Exposure

Highlights states' approaches to serving infants and families affected by prenatal substance exposure. Stems from NCSACW's review of states' Annual Progress and Services Reports pertaining to CAPTA section 503 "Infant POSC," and years of practice-based experience providing technical assistance to support systems-level policy efforts and practice-level innovations to improve outcomes.

Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders

Supports cross-system collaborative teams in their work to reduce stigma in interactions, expectations, and policies affecting families. Provides several strategies, including how to intentionally use language to: 1) fight stigma, and 2) facilitate engagement with parents and family members affected by SUDs.

Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants

Provides comprehensive guidance for optimal management of pregnant and parenting women with OUDs. Helps health care professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

Tutorial for Child Welfare Professionals

Provides tailored information on substance use and co-occurring disorders, focusing on the effects on parents, children, and families. Helps child welfare professionals acquire knowledge and skills to improve access to treatment services and implement effective case planning. Promotes a family-centered approach that supports recovery, enhances safety, and improves overall family well-being through cross-system collaboration.

Tutorial for Treatment Professionals

Focuses on key child welfare and dependency court policies and practices affecting families with substance use and co-occurring disorders. Enhances collaboration skills and effective engagement and treatment methods. Helps treatment professionals gain insights into the needs of children to facilitate a holistic, family-centered approach that supports parental recovery, safety, permanency, and family well-being.

Contact us for more information

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