Substance Exposed Newborns Conference October 7, 2005 Washington, DC

- Kansas City Model Workshop team members:
  - Alice Kitchen, Metropolitan Task Force on Drug Exposed Infants
  - Fred Simmens, Missouri Children's Division Director
  - Oneta Templeton McMann, TIES Program Coordinator
  - Penny Clodfelter, Jackson County Family & Juvenile Drug Court Program Manager

Background

In 1998 a multidisciplinary team came together in Kansas City to examine delays in hospital discharge and child protection concerns. This Metropolitan Task Force on Drug Exposed Infants has evolved into a model program that is adaptable to communities large and small with substance abuse challenges.

Key components

- Identification
- Child protection
- Services to parents
- Systems change

Identification

- Examine existing methods of assess for substance abuse
- Refine the newborn assessment tool
- Meet with birthing hospitals and OBGYN professionals
- Create a collaborative process (CPS, hospitals, and drug treatment)

Child Protection

- Research the numbers of drug exposed infants in your community, county, state
- Help define the interface between child protection and health care
- Review, revise, and monitor policies to ensure consistency
- Borrow from the best, adapt

Systems Change

- Engage key leaders in shaping the change
- Define what needs to come into existence or be revised
- Build a team to move the plan
- Seek support from county, state, federal sources
- Initiate legislation, regulation, or a drug tax

Tools

- Mission statement
- Prosecutor’s agreement
- Protocols
- Interagency procedures
- Legislation
- Programs designed or refined to meet needs

Making It Work

- Child protection, health care, substance abuse and court services need to work as a team
- Shape policies, processes, and programs to address needs of infant and families
- Monitor process continually
- Revisit, critique, and revise
- Take risks to improve the well being of our future generation

LINKAGE PROJECT

- Created in1990 through efforts of the Task Force to provide follow-up tracking and interagency systems coordination to mothers drug-exposed infants and their families

GOALS OF THE PROJECT

- Enhance the quality and scope of services provided to drug-exposed infants through interagency coordination
- Reduce the risk of child abuse and neglect to drug-exposed infants by utilizing all available means to advocate for the delivery of appropriate and adequate service intervention

PROCESS

- Meets with medical social workers regarding discharge planning of drug exposed infants
- Coordinates the linkage of services between agencies and programs providing service to the families
- Coordinates conferences to assess identified concerns and gaps in services for high-risk families
- Monitors medical treatment and compliance and institutes follow-up as necessary
- Identifies families needing other community services and recommends the disbursement of available funds

TRACKING SYSTEM

- A statistical tracking system was developed for drug-exposed infants between 1994 and 1999
- 2,021 infants were identified.

TRAINING

- Multiple presentations were given by the Coordinator and neonatologist at the local and state level. The process helped Kansas City prioritize and change the way many institutions interacted.
- Encouraged reporting

The TIES Program

Team for Infants Endangered by Substance abuse

- Funded as demonstration under US HHS Abandoned Infants Assistance Act and local COMBAT
- Governed by multi-agency consortium with single identified grantee agency
- Intensive, home-based, community focused intervention with families affected by substance abuse or HIV
- Professional staff provide direct services and care coordination of myriad agency services

Program Objectives & Components

- Program objectives
  - To enhance continuing community collaboration
  - To identify and address needs of all children in enrolled families
  - To develop an individualized, comprehensive, culturally appropriate plan with each family
  - To promote permanency for each child in enrolled families
- Program components
  - Professional social work staff providing:

In home counseling	Transportation
Parenting education	Linkage to community services
Drug tx support	Women’s Support Group

TIES Goal Setting Process

An Individualized Family Service Plan (IFSP) form and process were designed specific to the needs of drug-using women and their families. This IFSP maintains the family-centered planning approach, but targets specific kinds of goals the population invariably needs to address.

Program Goals

- Promote Physical and Mental Health
- Encourage Becoming Drug Free
- Enhance Parenting Abilities
- Secure Adequate Housing
- Develop Economic Independence
- Promote Permanency for Each Child

Families Face Multiple, Long-Term Challenges

- Multi-generational substance abuse and child abuse
- Mental health issues
- Unproductive social relationships
- Community and family violence
- Low level of education
- Limited resources

Legislative Component

- **Early 1991** – Kansas City public and private groups met wit the Metropolitan Task Force to prepare Senate Bill – 190
- **July 1992** – Senate Bill 190 was implemented as Sections 191.725 – 745 of Chapter 191, Health and Welfare of the Revised Missouri Statues
- **SB 190 – Identified Agencies:**
- Missouri Department of Health (DOH), now the Department of Health and Senior Services (DHSS)

  Missouri Department of Mental Health, Division of Alcohol & Drug Abuse (DMH/ADA)

  Missouri Department of Social Services, Division of Family Services (DSS/DFS) now the Children's Division (CD)

  Missouri Department of Elementary & Secondary Education (DESE)

HEALTH MODEL

- Client seeks help
- Better prenatal care
- Healthier infant
- Maintains family unit
- Focuses on all harmful substances
- Views abuse as disease

PUNISHMENT

- Client avoids care
- Fails to resolve addiction problems
- Biased
- Focuses on illicit substances
- Views abuse as criminal act
- Ignores question of treatment availability

REQUIREMENTS OF SB 190

- **Counsel** pregnant clients on the effects of cigarettes, alcohol and drugs
- **Identify** pregnancies at high-risk for substance abuse
- **Inform** pregnant women abusing substances about available services
- Offer **Referral** to at risk pregnant clients to DHSS for Service Coordination
- May **Refer** children exposed to substances for Service Coordination
- **Immunity** from civil liability for clinicians complying with SB 190

NEWBORN CRISIS ASSESSMENT

- **Medical documentation** of signs & symptoms of substance exposure; ***or***
- **Confirmed toxicology test**; ***and***
- **Assessment** by Physician, Health Care Provider, or CD which documents child as being at risk of Abuse or Neglect
- A physician/health care provider calls Children’s Division Hotline requesting NCA

Referrals to Children's Division

- Chapter 210 RSMo, mandates DSS/CD to respond to concerns regarding *child abuse and neglect*.
- It requires a 24 hour line staffed by professionals designed for immediate response.
- By interagency agreement –

  DSS/CD receives the NCA referrals directly as it has an existing 24 hour hotline staffed by professionals designed for immediate response, as well as having access to historical perspective of parental history and risk.

  DHSS is notified by CD when the assessment has been completed and documents that the child is at risk of child abuse or neglect.

ACTION TAKEN ONCE CD RECEIVES A NCA REFERRAL

- CD responds to the referral as an emergency (immediate action taken)
- CD conducts a NCA, usually at the hospital prior to discharge
- A home visit is frequently made
- If safety/risk is a concern, CD may make a recommendation to juvenile or family court for protective custody
- Newborn Crisis Assessments may be upgraded to Investigations or Family Assessments if there are indications of child abuse or neglect
- Upon completion of the assessment, a preventive case may/may not be opened by CD
- The family may refuse services if a CD preventive case is opened
- CD contacts SHCN (or the contract agency in that area) to make a referral for service coordination

FAMILY DRUG COURT

- Community meetings were initiated to look at the effectiveness of a treatment court that would focus on parents of drug-exposed infants
- Family Drug Court pilot project begins in April 1998
- Implementation Grant from Department of Justice
- Juvenile Drug Court created in March 1999

MISSION OF BOTH COURTS

- To provide judicially managed community-based services, close supervision, and specialized treatment to parents and juveniles whose substance abuse places their children or themselves at risk of substantially increased intervention by the justice system

FAMILY DRUG COURT PROCESS

- Referral from the Children’s Division to Family Court using the Newborn Crisis Assessment.
- Majority of cases are case managed by Children’s Division Unit staff physically based at court
- Focus is on drug-exposed infants
- Over 500 families have been served

JUVENILE DRUG COURT

- Post-adjudication of offense or probation violations
- Over 350 juveniles served

COLLABORATION

- Collaboration with multiple systems and agencies
- Initial Federal funding from Department of Justice and local funding from COMBAT
- Currently funded by OSCA and COMBAT
- Family Drug Court is a host court for National Drug Court Institute
- Over 1,00 professionals have observed its process through their training

WHAT IS CSTAR?

- **C**omprehensive **S**ubstance abuse **T**reatment **A**nd **R**ehabilitation programs of Missouri Department of Mental Health
- Innovative blend of state funding streams
- Model community based treatment programs for men, adolescents, and women and children
- Health care model
- Nationally recognized
- Supported and defended by Task Force

CSTAR COMPONENTS:

- Longer term treatment
- Tailored to individual needs
- Community based model with connection to support services through a community support worker
- Individual counseling
- Group counseling
- Family counseling
- Gender specific treatment

Women & Children's CSTAR

- Residential and outpatient treatment with children available
- Transportation to treatment
- Programs provide child care
- Parent education and parent bonding groups
- Provide assistance with supported housing
- Long term aftercare
- Approximately 44 programs statewide in Missouri
  - 10 are for women and children
  - More information at **www.dmh.missouri.gov**

Other Community Supports Needed

- Early intervention
- Child care
- Community mental health
- Public health
- Housing
- Emergency assistance
- Who else is important in your community?

Lessons Learned

- Get the action oriented decision makers to the table from the key organizations
- Affirm professional differences, welcome dialogue that engenders more thoughtful decisions and plans of action
- Create or fine tune an existing data collection system to meet the needs of the planning and implementation process
- Create an environment where problem solving is the norm and group is action oriented
- Put on paper your goals, philosophy and action plan
- Meet regularly, track all action plans to resolution or revise the plan

More Lessons Learned

- Be prepared to handle conflict, embrace it -- it is your friend!
- Recognize the health care and child protection philosophies have different premises
- Build trust, but not at the expense of compromising professional expertise
- Strengthen your antenna to recognize windows of opportunity and seize them when they do occur
- Pay attention to the regulatory details, advocate for legislation when needed
- Recognize accomplishments and celebrate victories