VPLC | Virginia Poverty Law Center

Through Advocacy, Education, Litigation the Virginia Poverty Law Center (VPLC) breaks down systemic barriers keeping low-income Virginians in the cycle of poverty

ECHO: CPS AND ADDICTION IN FAMILIES

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The Virginia Poverty Law Center (VPLC) breaks down systemic barriers keeping low-income Virginians in the cycle of poverty

VPLC's Center for Family Advocacy:

Domestic violence, family law (divorce, child support, custody, visitation) and child welfare (child protection, foster care, family integrity, family defense), as well as elder law.

NB: This presentation is not legal advice; no attorney/client relationship is created as a result of this presentation

RESPONDING TO PATIENTS & FAMILY MEMBERS WITH SUBSTANCE USE DISORDER

“People-first” language: PERSON with a substance use disorder vs “addict” “alcoholic” “substance abuser” (a person is not their diagnosis)

Medical condition: not a personal weakness or moral failure. *Remember!* when speaking to patient, family members, other professionals

Treat patient as partner: most important member of the care team. Ensure patient feels in control of plan

Holistic approach: patient and child, are part of the family system. Solutions must work as a whole: family-centered treatment

HOW TO TALK ABOUT IT

“[S]tigma may actually enhance or reinstate drug use, playing a key part in the vicious cycle that drives people to continue using drugs.”[10]

Stigma and shame: Stigma around SUDs and our beliefs that SUD is a moral failure creates shame.

Barriers to treatment: These feelings can exacerbate underlying causes.

Encourages denial; limits help-seeking: Stigma leads both to denialism ("I'm in control so I can stop at any time") and a belief that they don't/shouldn't need help (avoid judgment, belief they ought to have enough strength).

Fear of stigmatization: loss of/avoiding interactions in their social network due to fear of stigma creates isolation which can drive/activate SUD and use/relapse.

SUBSTANCE USE DISORDER MAY HAVE MULTIPLE CAUSES, TREATMENT CHALLENGES

Self-medicating other conditions: Depressive/anxiety disorders; unacknowledged trauma including Hx of sexual assault/abuse victimization; past injury and poor pain treatment/management

SCREEN: for depression, domestic violence, Hx of trauma

Appropriate referrals: MH treatment for underlying causes, Rx

Dysregulation: familial Hx, emotional regulation & treatment response

Relationships/Family: family engagement; treat patient & family as a system

Postpartum depression: this may be a risk factor/relapse point

Treatment opportunity: Medicaid now covers up to 1-year post-partum

PREGNANCY CAN BE A HIGHLY MOTIVATING MOMENT FOR RECOVERY.

Prenatal care is best predictor of healthy perinatal outcomes

Epiphany: help this be a moment to access treatment to benefit herself and child

Evidence: parents and children are most effectively served through a family-centered treatment approach

AFFIRM patient's choice to access prenatal care; encourage access treatment

BEST PRACTICE: Develop "Plan of Safe Care" with patient, family members

EDUCATE: harm reduction, risk management—with patient & family members

UNDERSTAND that SUD recovery is not linear. Setbacks are a medical symptom

BIRTH / NEONATAL

Newborn Abstinence Syndrome: Canadian study found skin-to-skin maternal care ("rooming in") associated with better outcomes than intensive care: proportion of infants requiring pharmacotherapy decreased from 83.3% to 14.3%; average length of stay decreased from 25 to 8 days*

Maternal/infant dyad bonding, with paternal/partner/familial support, is predictor of healthy outcomes

CPS intervention can result in interruption of bonding which is vital for neonatal/early childhood development.

Alternative: Home Visiting programs can help any parent with struggles.

"Mothers highlighted the value of reassurance and education from providers" and "nonjudgmental support" from peers and coparents.[11]

PARENTS OF OLDER CHILDREN

CPS intervention is highly traumatic to children. Multiple studies show worse outcomes for children removed by CPS versus children who stayed in family of origin with services in place.

Jurisdictional differences: While some local CPS agencies have adjusted their practices in response to 2018 changes in federal law (preferencing in-home services), some continue to remove children based on parental SUDs.

Recovery impact: the distress removal causes to parents can result in relapse, difficulty in treatment plan adherence.

QUERY before reporting: is THIS child, in THIS family, being neglected or abused? Talk to patient about familial supports, harm reduction, risk management.

CPS REPORT TRIGGER

When/what/why: Not during pregnancy. Fetus is NOT a child; confidentiality

"The results of such medical history screening and of any specific substance abuse evaluation which may be conducted **shall be confidential**" (Va Code §54.1-2403.1(B))

Risk factor, not evidence: Substance use disorder and/or current use are risk factors for neglect, not evidence of neglect. SUD ≠ neglect.

Statutory language: duty to report if "in professional or official capacity," you have *reason to suspect* that a child is an abused or neglected child." (Va Code § 63.2-1509(A))

→ Must be an observable effect of substance exposure on child.

In this context: Infant "born *affected* by" exposure (not merely *exposed*); or diagnosis of NAS (withdrawal symptoms) ((Va Code § 63.2-1509(B)).

Despite popular belief, "substance exposure does not directly cause specific impairments to children who are prenatally exposed."[4]

CPS REPORT: WHAT HAPPENS

Local DSS/CPS have their own local protocols. "Differential response" (i.e., "assessment" vs "investigation") may both have same outcome.

→Risk of family separation; impacts maternal recovery & infant outcomes

Plan of Safe Care: legal responsibility for implementation on local DSS.

POSC *Best practice*: establish with patient, partner, family—during pregnancy; IF a report is made to CPS, ensure DSS worker knows why/how to implement upon discharge

CPS: ALTERNATIVES TO CALLING

Over-reporting can overwhelm CPS—signal vs noise

Referrals to services: know what's available in your community

Family engagement: patient's partner, family, community can help

Safety planning with patient: If they are actively using or fear relapse, what steps will they take to keep themselves and child safe

Harm reduction strategies: many patients devise these for themselves, but encourage them to think broader; provide information

Why?? "Harm reduction incorporates strategies including safer use, managed use, abstinence… reflects individual and community needs"

REFERRALS FOR TREATMENT/SUPPORT

During pregnancy: Medicaid ARTS https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/information-and-provider-map/

Post-partum: avoid interruptions in treatment; plan with patient for SUD provider follow-up including any MAT; consider dyadic in-patient treatment

At discharge: each licensed hospital must develop and implement a protocol requiring **written discharge plans** for identified, substance-abusing, postpartum women and their infants… **notify the community services board** of the jurisdiction in which the woman resides **to appoint a discharge plan manager**. (Va Code § 32.1-127(B)(6))

REFERRALS FOR TREATMENT/SUPPORT

Family-based in-patient treatment: some programs allow children up to age 5; 6-7 centers in Virginia

MAT: well-managed MAT can prevent OD and help patient manage daily and family life. *NB*: CPS/courts may be hostile to MAT

Home Visiting programs: provide pregnant and parenting families with access to high-quality, early childhood education and support, through programs that best match their needs. https://www.earlyimpactva.org/directory

RESOURCES FOR PROVIDERS

1. "Implementing a Family-Centered Approach For Families Affected by Substance Use Disorders and Involved With Child Welfare Services," National Center on Substance Abuse and Child Welfare, 2021 https://ncsacw.acf.hhs.gov/files/fca-practice-module-1.pdf
2. "Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants," Substance Abuse and Mental Health Services Administration, https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5054.pdf
3. Virginia Department of Health Division of Women's and Infant's Health http://www.vdh.virginia.gov/vdhlivewell/women/
4. "Confronting Pregnancy Criminalization: A Practical Guide for Healthcare Providers, Lawyers, Medical Examiners, Child Welfare Workers, and Policymakers," National Advocates for Pregnant Women, https://www.nationaladvocatesforpregnantwomen.org/wp-content/uploads/2022/06/1.Confronting-Pregnancy-Criminalization_6.22.23-1.pdf.

See p. 22 for research about the effects of prenatal substance exposure.

RESOURCES FOR PROVIDERS

5. Providers' Clinical Support System: https://pcssnow.org/resources/clinical-tools/
6. "Recovering Together: Mothers' Experiences Providing Skin-to-Skin Care for Their Infants With NAS," *Adv Neonatal Care* (1):16-22 (2021) https://pubmed.ncbi.nlm.nih.gov/33350710/
7. SAMSA resources: https://store.samhsa.gov/?f%5b0%5d=series:5602
8. VCU OB MOTIVATE clinic: https://www.vcuhealth.org/services/womens-health/our-services/substance-use-disorder-treatment
9. Virginia Department of Social Services, "Perinatal Substance Use: Promoting Healthy Outcomes" https://www.dss.virginia.gov/files/division/dfs/mandated_reporters/cps/resources_guidance/Perinatal_Substance_Use_Promoting_Healthy_Outcomes.pdf
10. "Addressing the Stigma that Surrounds Addiction," Dr. Nora Volkow, https://nida.nih.gov/about-nida/noras-blog/2020/04/addressing-stigma-surrounds-addiction.
11. "Trying to Do What Is Best: A Qualitative Study of Maternal-Infant Bonding and Neonatal Abstinence Syndrome," https://pubmed.ncbi.nlm.nih.gov/31166199/#affiliation-1.

RESOURCES FOR PATIENTS

- “Pregnancy & Substance Use - A Harm Reduction Toolkit” https://issuu.com/harmreduction/docs/pregnancy_and_substance_use-_a_harm_2fa242e7fb6684
- “Good Care While Receiving Opioid Use Disorder Treatment” https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5071fs4.pdf
- SAMHSA National Helpline, 1-800-662-HELP (4357); TTY: 1-800-487-4889 confidential, free, 24-hours; for individuals / family members facing mental and/or substance use disorders. Online: https://findtreatment.samhsa.gov/ ; or text zipcode to 435748 (HELP4U)
- VA ARTS fact sheet for members https://www.dmas.virginia.gov/media/5160/arts-member-one-pager-10-05-2022.pdf Spanish language: https://www.dmas.virginia.gov/media/5159/arts-member-one-pager-spanish-10-05-2022.pdf

Thank You!

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