Plan of Safe Care Refresher

Understanding the POSC and the difference it makes.

Tuesday, March 14th, 2023

Fairfield County, Ohio

Agenda

1. Welcome & Introduction
2. Cara Law & CAPTA
3. MAT & Prenatal Care with & without a Plan of Safe Care
4. Protective Services & the Collaborative Approach in Fairfield County
5. Panel 1- Positive approaches to creating a POSC.
6. Q & A
7. Panel 2- FACFC & Perinatal Cluster
8. Q & A
9. Folder & Forms
10. Closing thoughts & Thank you

Cara Law
&
CAPTA

Magistrate Michelle L. Edgar

Fairfield County Juvenile & Probate Courts
224 East Main Street
Lancaster, Ohio 43130

Cara Law

- CARA – Comprehensive Addiction Recovery Act
  - An Amendment to CAPTA in 2016
  - Response by the Federal Government to the opioid crisis
  - Full continuum of care from prevention to recovery support
  - Requires a Plan of Safe Care to be developed for any child/infant exposed to or effected by use of drugs while in utero
- Both prescribed and non-prescribed substances

CAPTA

- CAPTA – Child Abuse Prevention and Treatment Act
  - First enacted in 1974; reauthorized and amended several times
  - Minimum standards for states to incorporate
  - Provides grant opportunities for innovation and research

Carrie Huber, M.D.
Fairfield Medical Center
OB-GYN Hospitalist
401 N. Ewing St.
Lancaster, OH 43130

MAT (Medication-Assisted Treatment)

PowerPoint

Opiod Use Disorder in Pregnancy

Carrie Huber, MD, FACOG

March 2023

Effects of Opioid Use on Pregnancy and Pregnancy Outcome

First trimester us of codeine: Uncertain congential abnormalites risk

No increased birth defects with morphine, oxycodone or Demerol

No increased birth defects with methadone or Subutex (buprenorphine)

Effects of Opioid Use on Pregnancy and Pregnancy Outcome

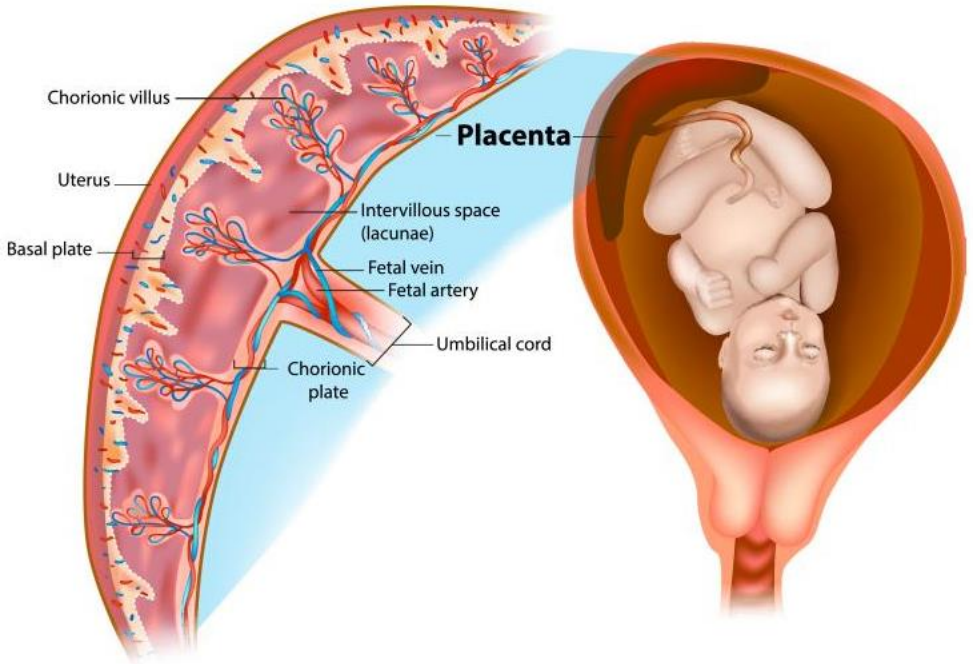
Chronic, untreated addiction to heroin:

- Lack of prenatal care
- Increased risk of intrauterine growth restriction
- Placental abruption
- Fetal death
- Preterm labor
- Intrauterine passage of meconium
- High risk sexual behaviors: prostitution, trading sex for drugs and criminal behavior
- Exposure to STIs, violence and legal consequences

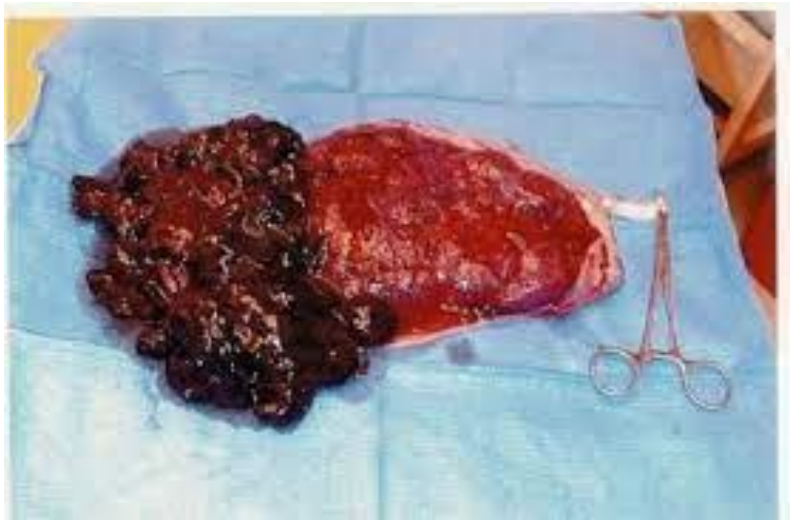
ALL: depression, history of trauma, PTSD and anxiety

The Placenta

The Placenta

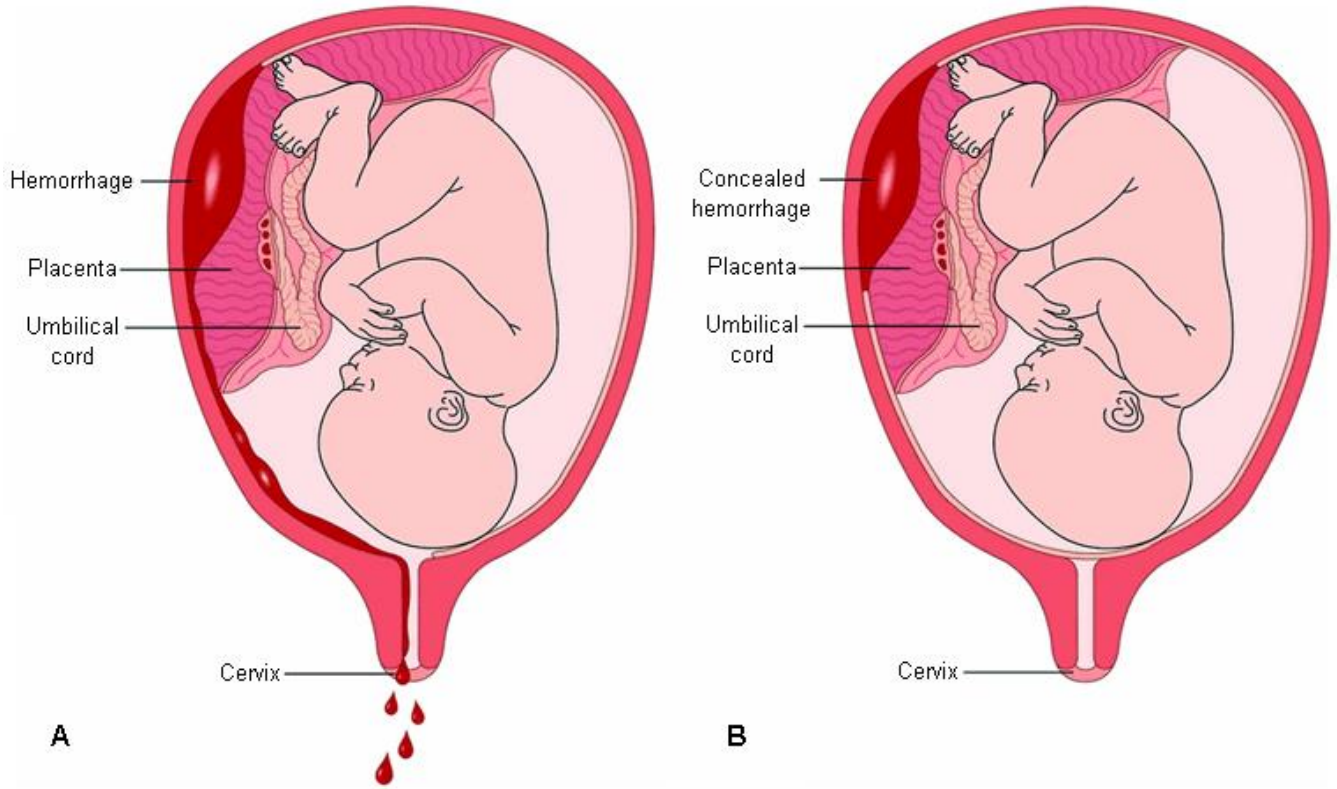


Placental Abruption



- Separation of placenta from wall of uterus by blood clot/bleeding
- This prevents gas exchange, ie… prevents oxygen from reaching the fetus
- Can also lead to severe maternal hemorrhage and death
- Often an obstetrical emergency requiring OB, pediatric and anesthesia resources

Placental Abruption



Medication Assisted Treatment

- Methadone/Subutex/Suboxone + counseling/behavioral therapy

Methadone MAT

- Dispensed daily; sometimes twice daily
- Dosage often needs to be increased during pregnancy to avoid with drawl symptoms, especially in third trimester due to rapid metabolism
  - cravings, abdominal craps, nausea, insomnia, irritability and anxiety
- Dosage should be titrated until asymptomatic in accordance to safe induction protocols
- Even mild opioid with drawl may cause fetal stress and maternal drug cravings -> relapse, treatment discontuation, poor fetal outcome
- Incidence and duration of neonatal abstinace syndrome (NAS) does not differ based on maternal dose of methadone treatment; low doses are not consistently associated with milder/short NAS symptoms
- Twice daily dosing of methadone may lower rates of NAS
- Weaning of methadone dosing is not encouraged
- Methadone has significant interactions with multiple other medications

Subutex MAT

- Acts similar on receptors as heroin and morphine but partially binds – making overdose less likely
- Versus Methadone: fewer drug interactions, outpatient without daily dispensery, more stable doing, less severe NAS; risk of precipitated with drawl with induction, risk of diversion
- Suboxone less likely to be diverted due to activation of naloxone (causes withdrawl) with injection
- Both Subutex and Suboxone are used orally in pregnancy.
- May require increase in dose during pregnancy; weaning not recommended
- Transition from methadone to Subutex/suboxone during pregnancy not recommended

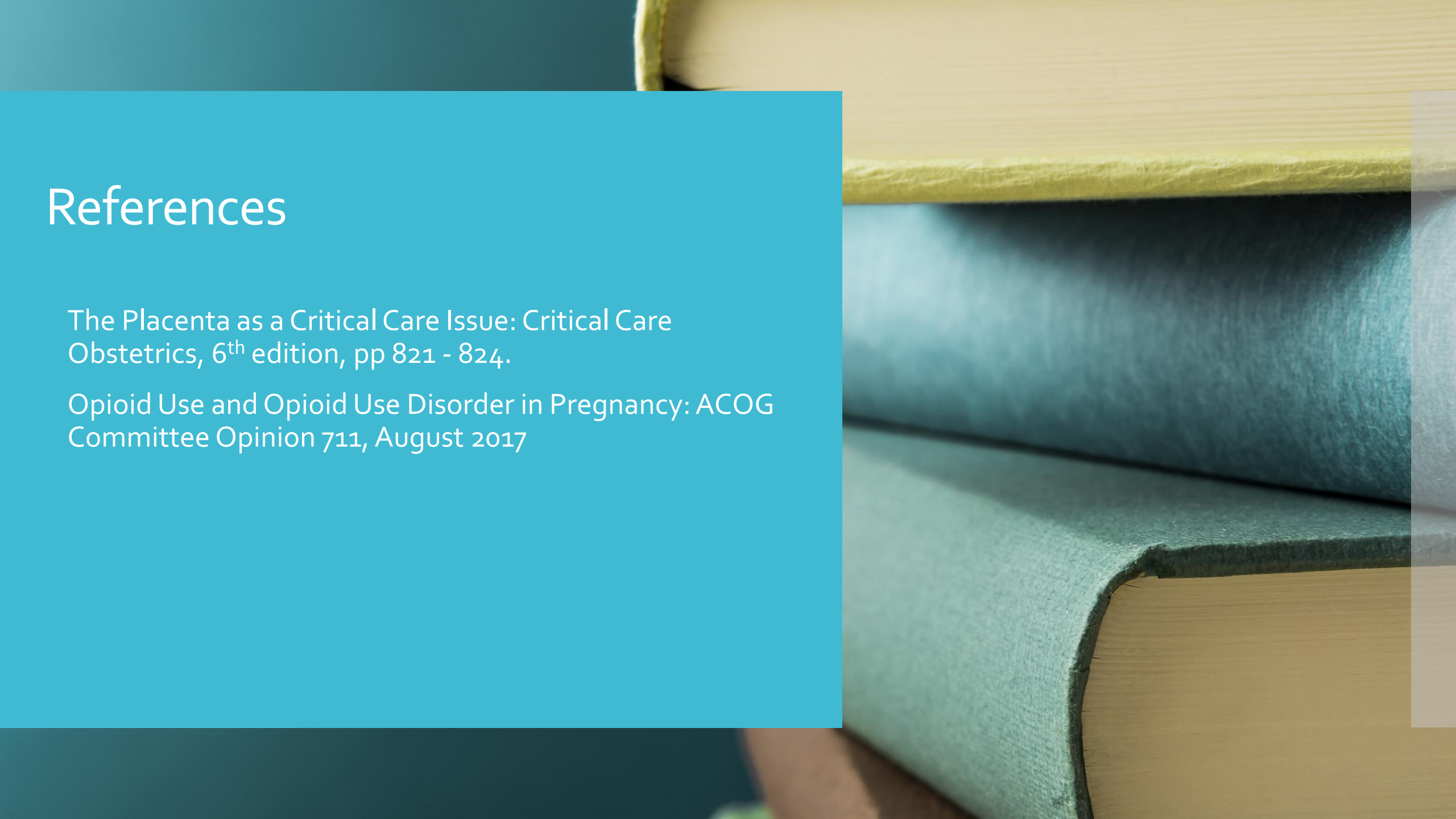
Postpartum Care

- Breastfeeding is recommended with MAT and has been associated with decreased NAS, less need for pharmacotherapy and a shorter hospital stay
- MAT should be continued
- Postpartum triggers > pregnancy:
  - Loss of insurance and access to care
  - Demands of infant
  - Sleep deprivation
  - Child custody issues
  - Depression, Anxiety, Bipolar disorder, PTSD

References

The Placenta as a Critical Care Issue: Critical Care Obstetrics, 6th edition, pp 821 - 824.

Opioid Use and Opioid Use Disorder in Pregnancy: ACOG Committee Opinion 711, August 2017



Jennifer Gibson, M.D.

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Prenatal Care with & without a Plan of Safe Care.

PowerPoint

Fairfield Medical Center

Plan of Safe Care Community Training

Dr. Jennifer Gibson M.D.

Nationwide Children's Hospital Pediatric Hospitalist at Fairfield Medical Center

Dr. Jennifer Gibson, M.D.

Education

- Carson Newman College, BA (1984-88)
- Wake Forest University, MS (1988-91)
- University of North Carolina at Chapel Hill, Medical School (1991-95)
- Children's Hospital and The Ohio State University Columbus, Internship and Residency (1995-99)

Board Certifications

- American Board of Internal Medicine
- American Board of Pediatrics

Problems of the Drug-Exposed Infant
and
How We Can Help

Understanding Normal Newborn Transition

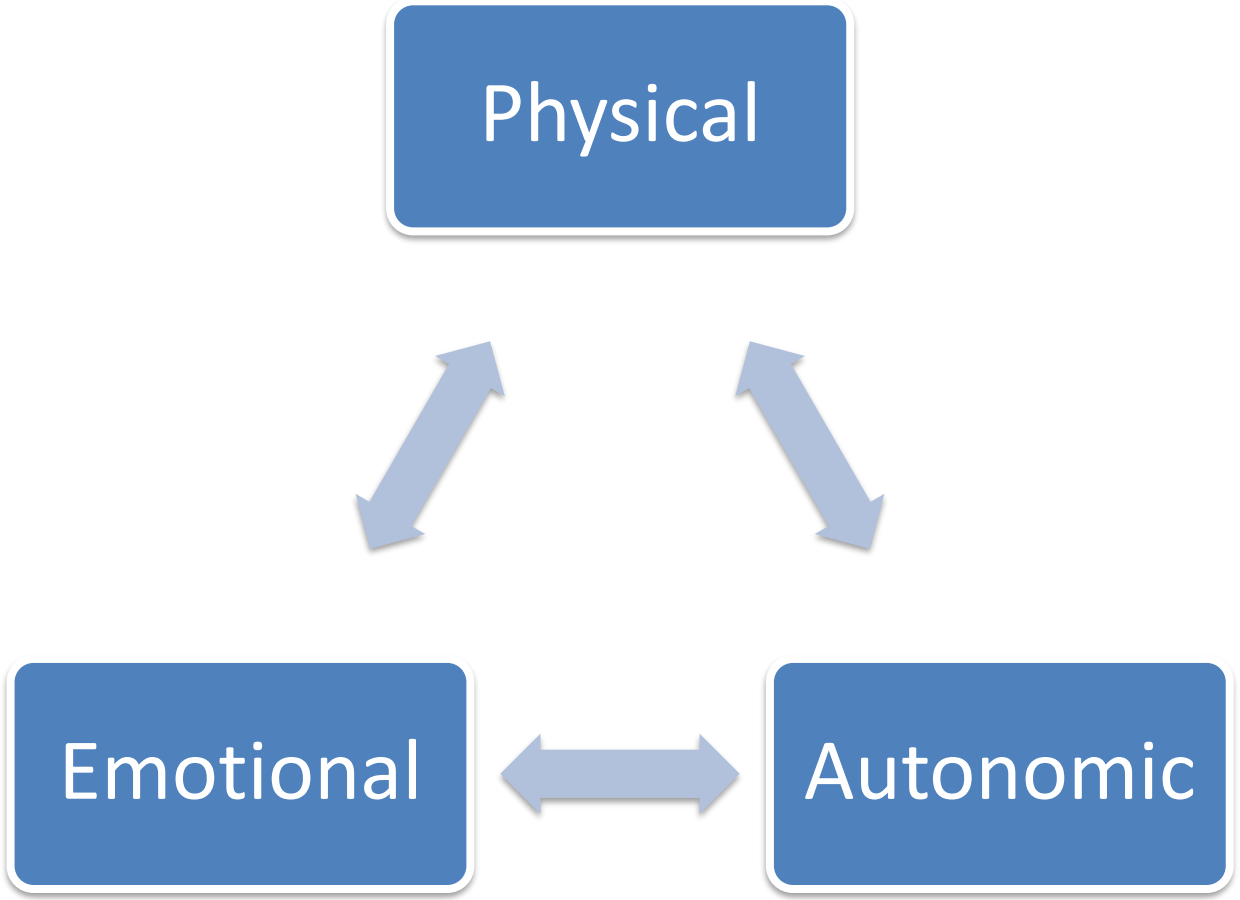
Newborns go through a lot!

- **Physical** transition
- **Autonomic** compensation
- **Emotional** discovery

Regulation and Dysregulation

- Babies are in a constant state of regulation—fixing and compensating for physical, autonomic, and emotional problems that come up.
- Dysregulation is the inability to fully regulate these problems.
- Think of the common word “decompensate”.

Each affects the others:



Consequences of Drug Exposure and Withdrawal

- Increased risk of congenital malformations, low birth weight, prematurity, and delivery complications
- Neonatal neurobehavioral dysregulation
- Long term adverse effects on child development

Opiates

Heroin, Methadone, Buprenorphine

- Best-defined withdrawal syndrome—life threatening
- In-utero growth restriction, cardiac birth defects
- Irritability, tremor, rigid tone
- Altered sleep-wake cycles, fragmented sleep
- Sneezing, sweating, mottling, yawning, fever
- Fast breathing and apnea
- Feeding problems, suck/swallow coordination, loose stools, weight loss.

Opiates

Heroin, Methadone, Buprenorphine

- Hospitalization for at least 5 days is recommended
- Worsening withdrawal after discharge is associated with increase in maltreatment of infant and other children, increase in maternal relapse
- Keeping infant with mother during hospitalization has best outcomes but sometimes is not safe or possible (mother might leave)

Cannabis
(smoking, vaping, eating)

- THC is the main psychoactive compound in cannabis
- THC is found in many “THC-free supplements”
- Over 450 other compounds in cannabis smoke, over half of them have been found to be toxic—these are likely to be present in other forms of cannabis preparations as well
- Dramatic increase in cannabis use and potency
- Severe deficit of research, statistics
- Regulatory rules have not kept up with supply

Maternal cannabis use

is associated with:

- Increase in premature and low birth weight deliveries, lower Apgar scores
- Increased rate of Down syndrome and nervous system and cardiac defects
- Documented adverse effects of parent having inappropriate emotional reactivity and altered problem-solving

Evidence of Neurodevelopmental Effects
of Maternal Cannabis Use

- Well-designed study of over ½ million births showed increased rate of autism (4/1000 instead of 2.5/1000 in non-exposed)

- Many studies show dose-related increase in attention problems, problem solving (dose-related findings suggest “real” rather than confounded effects)

Alcohol

- Fetal alcohol Spectrum disorders including growth retardation, short palpebral fissures, smooth philtrum, thin vermillion border, seizures, developmental delay
- Long-term (forever?) alteration in self-regulation—mood/behavior, attention, impulse control
- Potentially life-threatening withdrawal syndrome for newborn

Nicotine

- Well-studied, good statistics
- Up to 3.5 X risk of low birthweight (preterm and small-for-gestational age)
- Increased risk of cleft palate and lip, finger/toe, kidney deformities
- Newborn withdrawal syndrome similar to opiate withdrawal (less dangerous, quicker resolution but still affects regulation)
- Increased risk of SUID (sudden unexplained infant death) with even ONE cigarette a day—up to 3X increased risk!

Amphetamines

MDMA (Ecstasy) and Methamphetamine

- Increased risk of prematurity and growth restriction
- Increase in intrauterine fetal demise and neonatal death
- Limited studies show NO significant newborn withdrawal symptoms—symptoms likely to be early after delivery, related to the presence of amphetamine.

Cocaine

- Increase in placental abruption, spontaneous abortion, fetal demise, prematurity, and growth restriction
- Neurobehavioral abnormalities in newborn similar to opiate withdrawal syndrome, most likely 48-72 hours of age and physiologically dangerous
- Cognitive delays, language delays, memory problems in children are well-described and dose-related.

Case 1—22 year old female with opiate use disorder, 39 week gestation pregnancy

Presents to L&D in labor, fully dilated, no prenatal care, screaming in pain, injures 2 nurses. She delivers a full term newborn who is taken to the nursery for observation because of tachypnea and poor perfusion, unknown infection exposure. Infant develops early opiate withdrawal symptoms. Attempts made to have mother provide care for baby, but mother continues to have inappropriate behavior, defensive and argumentative interactions with caregivers, and rooming-in with infant is not considered safe. Infant's symptoms worsen, he cannot eat, sleep, or self-console. He is transferred to NCH for opiate therapy and discharged into the foster care system after 1 month of treatment

Case 2—22 year old female with opiate use disorder, 39 week gestation pregnancy

Presents to L&D from obstetrician's office because of active labor. She is excited about delivery and receives positive, supportive care by nurses during labor. She delivers a healthy infant. She is already aware that infant will have at least a 5 day stay because of her use of prescribed buprenorphine. She participates in evaluation and scoring of infant's opiate withdrawal symptoms and receives further supportive care and education from multiple caregivers. She is able to provide non-pharmacologic care to infant, which prevents dangerous dysregulation and life-threatening withdrawal symptoms. Social services are optimized for safe care of infant at home, and infant is discharged to care of mother at 6 days of age. She feels proud of her ability to care for him and motivated to stay off of drugs of abuse.

Planning for safe care makes all the difference!

Fairfield Medical Center

NCH Pediatric Hospitalist Program

740-687-8290

Protective Services

- Collaborative Approach in Fairfield County
- Cara's Impact to Child Welfare
  - Practice Enhancement
  - Screening Decisions
  - Open Cases

Stacey Bergstrom

Fairfield County Protective Services, Assistant Deputy Director

Collaborative Approach in Fairfield County

- Slide # 1: Collaborative Community Approach
- Three Primary Systems:
- Hospitals
  - OBGYN
  - Labor & Delivery
- Community Providers
  - Substance Abuse Treatment Agencies
  - Mental health
  - Medical Providers
- Child Welfare

Stacey Bergstrom

Fairfield County Protective Services, Assistant Deputy Director

Collaborative Approach in Fairfield County (cont.)

Goal: Community partners to work together and expected to share in responsibility of ensuring the requirements of CARA are met.

Stacey Bergstrom

Fairfield County Protective Services, Assistant Deputy Director

Fairfield County Job&Family Services

What is a Plan of Safe Care?

- Describes the services and supports needed to comprehensively address the needs of infants prenatally exposed to the use of substances (both legal and illegal) and their families.
  - Identification of ALL family members and caregivers' health needs
  - Substance use disorder treatment services
  - Developmental intervention for the baby
  - Services and supports needed to promote family stability
- Incorporates all treatment plans developed by the multidisciplinary professionals serving the family
- Developed with the parents and all service providers
- May or may not require involvement of child welfare agencies

Stacey Bergstrom

Fairfield County Protective Services, Assistant Deputy Director

Fairfield County Job&Family Services

Impact on Child Welfare/Enhancement to Practice:

- Screening:
  - Ensure al POSC has been established
  - Ensure the POSC addresses the safety needs of the infant
  - Ensure the POSC addresses the health and substance use disorder treatment needs of the affected family/caregiver
- Open Cases:
  - Child welfare responsible for the development and monitoring of the POSC.
  - Refer families to cluster
  - Notification process to providers on a POSC

Stacey Bergstrom

Fairfield County Protective Services, Assistant Deputy Director

Benefits of Pre-natal POSC/Child welfare perspective

- Early on engagement
- Reduce stigma
- Prevention approach
- Better outcomes for infant and mother
- Increase chance of infant maintaining in the home

Stacey Bergstrom

Fairfield County Protective Services, Assistant Deputy Director

Panel 1

Tiffany Colliton, R.N.
Fairfield Medical Case Coordinator
Maternity & Pediatrics

Margie Partridge
LFCAA Early Childhood/Early Intervention Programs

Amanda Wattenberg, IMFT-S, LICDC-CS
Ohio Guidestone, Vice President of regional Operations

& Cytha Pierce, CDCA II
BH Specialist IV

Rachel Briggs, BA
Fairfield County Protective Services, Family Preservation Supervisor

Tiffany Colliton, R.N.

Fairfield Medical Case Coordinator Maternity & Pediatrics

Fairfield Medical Center

Plans of Safe Care

POSC prior to delivery is very beneficial for everyone involved.

- Mom's have the supports in place before delivery
- MAT services
- Mental Health Services
- Supplies needed to care for newborn
- Decreases the need for CPS involvement
- Better outcomes and shorter hospital stays

Tiffany Colliton, R.N.

Fairfield Medical Case Coordinator Maternity & Pediatrics

Fairfield Medical Center

POSC Prior to Delivery

- All the questions WE need to know before discharging baby is already there.
  - Supports in Place
  - Supplies for baby
  - Smoother hospital stay and quicker discharge
- This allows staff, nurses, Pediatrician to be able to focus on educating mom on care/feeds during the hospital stay and is reassuring mom will have good follow up and support upon discharge to home.

Tiffany Colliton, R.N.

Fairfield Medical Case Coordinator Maternity & Pediatrics

Fairfield Medical Center

Hospital Course

In the hospital, we have 48 hours to assess the situation.

- Is she currently abusing substances?
- Did she get adequate prenatal care?
- Is the mom in a safe environment?
- Will the baby be going to a safe place?
- Does she have the supports/community resources she needs (MAT/Mental Health)?
- Is she caring for infant and bonding?
- Is she asking good questions and invested in baby's care?
- Does CPS need to be involved?
- Is she able to appropriately care for the baby once discharged?

Tiffany Colliton, R.N.

Fairfield Medical Case Coordinator Maternity & Pediatrics

Fairfield Medical Center

Quick FMC Stats for the last 3 years 2020, 2021 and 2022

- Deliveries-2,639
- Substance Abuse at time of delivery-344 (13%)
- Prescribed MAT at delivery-70
- Marijuana Use-271 (10%)
- Meth and Marijuana-11
- Meth-22
- Mental Health Diagnosis-1007 (38%)
- Insufficient Prenatal Care-325 (12%)
- Of those, 35 had NO prenatal care at all!

Positive approaches to POSC in the early childhood setting.

LFCAA Early Childhood Program Services provided by our agency in Fairfield County include:

- Home visitation that utilizes an evidence-based curriculum for expectant mothers, infants, and toddlers.
- Services that are family centered and promote the role of parents as their child's first and most important teacher.
- Additional programing that serves children from 3-5 years of age.

Margie Partridge

LFCAA Early Childhood/Early Intervention Programs

LFCAA Early Childhood Programs

Early Head Start

Early Intervention

Help Me Grow Home Visiting

Teens with Tots

Head Start

Margie Partridge

LFCAA Early Childhood/Early Intervention Programs

Positive approaches to POSC in the early childhood setting. (continued)

Families can be involved in both early intervention and early childhood home visiting programs.

- This provides an early childhood team to support the physical health and overall development of the child, as well as the needs of the whole family.
- Families can also be served in partnership with multiple providers.
- Families can be assisted through a Plan of Safe Care to address postpartum depression, safe sleep practices, Neonatal Abstinence Syndrome, establishing a medical home, and coordinating referrals for linkages for support services as appropriate.

Margie Partridge

LFCAA Early Childhood/Early Intervention Programs

Positive approaches to POSC in the early childhood setting. (continued)

Our community partners share a common goal to ensure all children and families in our community are healthy and secure. Our collaborative relationships allow Plans of Safe Care to be developed with families to ensure care coordination, continuity of care, and positive outcomes for families and children.

Margie Partridge

LFCAA Early Childhood/Early Intervention Programs

Amanda Wattenberg,

IMFT-S, LICDC-CS
Ohio Guidestone, Vice President of regional Operations

&

Cytha Pierce,

Care Manager, CDCA II
BH Specialist IV

OhioGuidestone
WHERE NEW PATHS BEGIN

Positive approaches to POSC and CARE program

CARE- Coordination And Resources for Expecting mothers
What is CARE?

CARE is for expecting and/or new mothers impacted by substance use. CARE provides these mothers with additional resources and coordination of services.

Amanda Wattenberg,

IMFT-S, LICDC-CS
Ohio Guidestone, Vice President of regional Operations

&

Cytha Pierce,

Care Manager, CDCA II
BH Specialist IV

OhioGuidestone
WHERE NEW PATHS BEGIN

Positive approaches to POSC and CARE program

What I do:

- Provide support for mother throughout pregnancy and through baby's first year of life.
- Advocate for expecting and/or new mother
- Assist expecting mother with navigation of services, referrals, meetings, appointments, birth, etc.
- Coordinate with community agencies to provide additional services for expecting and/or new mother.
- Providing transportation when needed to not only the mothers' appointments, but to the infants' appointments as well.

Amanda Wattenberg,

IMFT-S, LICDC-CS
Ohio Guidestone, Vice President of regional Operations

&

Cytha Pierce,

Care Manager, CDCA II
BH Specialist IV

Why I do it:

Being a mother is challenging in itself, however when you add substance use while pregnant, it becomes more stressful for both mother and baby. When this program was created, I WANTED TO MAKE A DIFFERENCE, help those that needed help. Being with a mom during pregnancy, at birth and watching baby grow healthy is worth everything to me. Yes, it can be challenging and stressful at times, but THIS IS ME, I chose to be this person, this advocate, this program.

Amanda Wattenberg,

IMFT-S, LICDC-CS
Ohio Guidestone, Vice President of regional Operations

&

Cytha Pierce,

Care Manager, CDCA II
BH Specialist IV

OhioGuidestone
WHERE NEW PATHS BEGIN

Connecting with the moms on different levels is great, but the most rewarding part about CARE is:

- Bonding with their child
- Watching mother and babies bond grow healthy and strong
- Observing child reaching milestones
- Creating a unique connection with child
- Listening to the giggles
- Seeing their beautiful smiles
- Talking with them (in their own language)

Amanda Wattenberg,

IMFT-S, LICDC-CS
Ohio Guidestone, Vice President of regional Operations

&

Cytha Pierce,

Care Manager, CDCA II
BH Specialist IV

OhioGuidestone
WHERE NEW PATHS BEGIN

Mothers that have been impacted by substance use, often feel alone and have difficulty trusting others, let alone our systems especially if they have been involved prior to birth. I am the bridge to build trust so both mom and baby can receive the great resources we have within our community.

Positive approaches to POSC and FINS Pre-Natal Services.

- What is a FINS Pre-Natal Service
- Eligibility for FINS Pre-Natal Services
- Benefits of FINS Pre-Natal Services

Rachel Briggs, BA

Fairfield County Protective Services, Family Preservation Supervisor

Q & A

Panel 2

Dumitru “Raz” Sabaiduc, MSS
Fairfield County Family, Adult and Children First Council, Executive Director

Tiffany Wilson
Fairfield County Family, Adult and Children First Council, Team Lead

Laurie Clark
Fairfield County Family, Adult and Children First Council, Perinatal Cluster Coordinator

Dumitru "Raz" Sabaiduc

Fairfield County Family, Adult and Children First Council, Executive Director

The Council and its programs.

- Multi-System Youth
- Parent Education
- Help Me Grow
- Early Childhood Safety Initiative
- Safe Communities
- Ohio Buckles Buckeyes
- Perinatal Cluster
- Community Based Attendance Program

Perinatal Leadership

What it is and why it's important.

Tiffany Wilson

Fairfield County Family, Adult and Children First Council, Team Lead

Laurie Clark

Fairfield County Family, Adult and Children First Council, Perinatal Cluster Coordinator

Plan of Safe Care with the Perinatal Cluster Coordinator

Obtain authorization for Release of Information. Complete the Plan of Safe Care using the Plan of Safe Care Form.

The Plan of Safe Care will be referred to and monitored by the Perinatal Cluster Coordinator OR the client's lead case manager.

A Perinatal Cluster referral ensures all service that are needed are coordinated among partners.

A POSC can be monitored for up to 12 Months

Perinatal Cluster

Perinatal Cluster is a group of community partners who come together with a primary goal in mind. To collaborate, propose creative solutions, explore resources and assist women with maintaining a healthy pregnancy and birth for up to one year.

- substance use
- recovery support
- homelessness
- lack of natural supports
- teenage pregnancy
- domestic violence
- parenting support
- food instability
- family planning
- lack of access to prenatal care
- lack of access to family medical
- mental health concerns
- other serious barriers
- early intervention

Fairfield County Referral Process for Plans of Safe Care

Laurie Clark
Fairfield County Community Plan of Safe Care Coordinator
Family, Adult and children First Council

Fairfield County Plan of Safe Care Process Chart

Mother has no POSC
Mother discloses her substance use to a direct service worker.

OR

Mother has no POSC
Mother self-refers or is referred to the Perinatal Cluster. (Including FINS)

OR

With or Without a POSC
Upon delivery, a mother tests positive for substances or the infant displays symptoms.

Plan of Safe Care is developed with the mother and provider.
- Mother is given a copy of her POSC
- The POSC is shared with her providers and birthing facility.

Provider makes a referral to the Perinatal Cluster and obtains a ROI from mother at the time of referral.

If mother ***agrees*** to the **referral,** the Perinatal Cluster Coordinator adds mother to Perinatal Cluster for service coordination. Gains updates about mother's services and POSC during Perinatal Cluster's monthly meeting from mother's providers.

If mother ***does not agree*** to the **referral,** the provider would continue to work with the mother to provide the linkages needed for positive outcomes.

Service coordination begins with the Perinatal Cluster Coordinator after a ROI is completed. A POSC is created **(if needed)** with a determined lead agency.
- Mother is given a copy of her POSC
- The POSC is shared with her providers and birthing facility.

If mother self-refers and has no current community support providers, the Perinatal Cluster Coordinator will be responsible for mother's linkages with community partners and POSC until a lead agency is established.

WITHOUT- Healthcare facility social worker makes a referral to Protective Services.

OR

WITH-Healthcare facility social worker makes a referral to Protective Services and provides the POSC information to Protective Services.

IN

OUT

Protective Services supervisor reviews referral and may need to obtain additional information to make screening decision based on statewide screening guidelines.

Referral is screened **in**, & a Protective Services caseworker opens an investigation and a referral to Perinatal Cluster would be made.

OR

Protective Services creates a POSC with family if needed and closes case after investigation if no ongoing safety concerns exist.

A Case is opened voluntarily or involuntarily for services if concerns for safety and risk exist.

Referral is screened **out** & a Protective Services case is not opened. Protective services follows up with the mandated reporter and suggests they refer the mother to the Perinatal Cluster Coordinator.

Protective Services completes a POSC and continues monitoring throughout the ongoing case.

*A referral to Perinatal Cluster can be made even if a mother is not on a substance or in need of a POSC. We provide service coordination for all mothers.

*A referral to FINS Pre-Natal Services with Protective Services can be made for pregnant women who have a prenatal positive screening for an illegal substance within their second and third trimester (no other children residing in the home).

Q & A

Community Resource Packet

- Resource guide
- Perinatal Cluster referral form & ROI
- Perinatal Cluster Brochure
- CARE referral form
- CARE Brochure
- POSC form
- Prompts for Completing a POSC
- POSC Process Flow Chart
- FINS Brochure
- Updated Fairfield County Telelog

Closing Thoughts

AND MANY THANKS!!

Makaila Tussing, LPCC-S

Fairfield County Special Docket, Strategic Initiatives Coordinator