



### Nurturing Hope: Oklahoma's Journey To Build Hope And Support For Families Affected By Substance Use

Dr. Sara Coffey  
Interim Chair, Department of Psychiatry and Behavioral Sciences, OSUCHS



National Center on Substance Abuse and Child Welfare

OBJECTIVES

- Review the opioid epidemic in Oklahoma and its impact on Oklahoman children and families
- Explore consequences of punitive approaches to SUD
- Learn about upcoming state initiatives to meet the needs of families affected by maternal substance use

THE CHALLENGE

OKLAHOMA DATA AND OTHER RESEARCH REGARDING INFANTS WITH PRENATAL SUBSTANCE EXPOSURE, THEIR PARENTS AND THEIR FAMILIES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

BEFORE WE HEAR  
ABOUT THE DATA...

IT IS IMPORTANT TO  
REMEMBER THAT  
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.

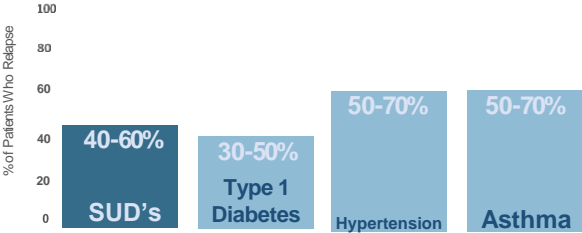
And yet...

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)

Substance Use Disorders and Other Chronic Conditions  
Comparison of Relapse Rates



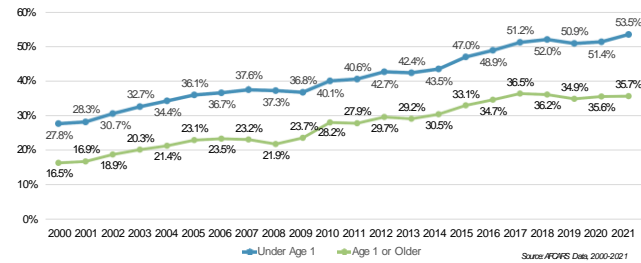
JAMA, 284:1695-1695, 2000

### STIGMA IMPACTS:

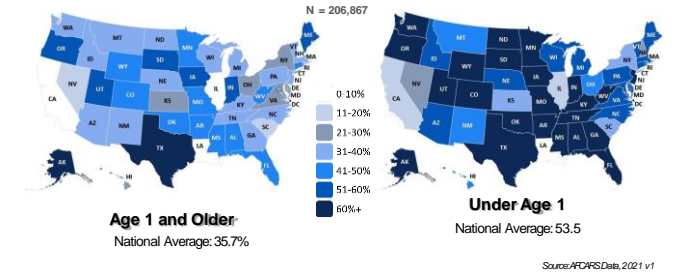
- people **seeking** help;
- numbers of families **receiving** treatment;
- quality** of treatment;
- likelihood of **staying** in active recovery; and
- resources** allocated to prevention and treatment.

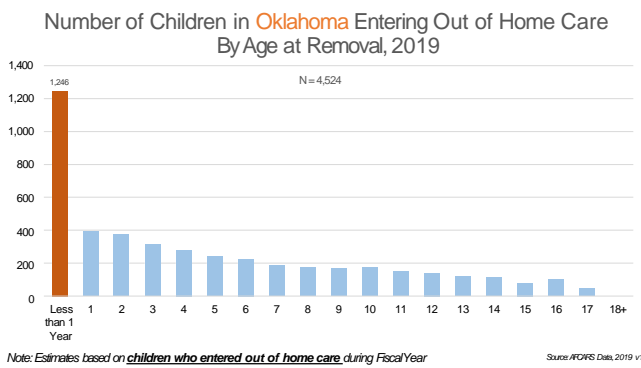
(Shatterproof, 2020)

### INCIDENCE OF PARENTAL ALCOHOL OR DRUG ABUSE AS AN IDENTIFIED CONDITION OF REMOVAL IN THE UNITED STATES, 2000 TO 2021



### INCIDENCE OF PARENTAL ALCOHOL AND DRUG ABUSE AS AN IDENTIFIED CONDITION OF REMOVAL FOR CHILDREN BY AGE, 2021





---

---

---

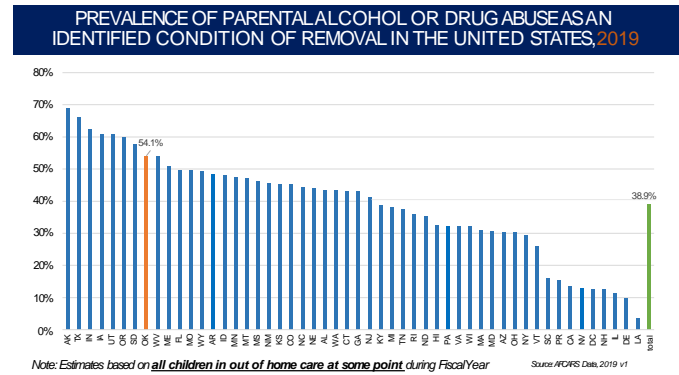
---

---

---

---

---



---

---

---

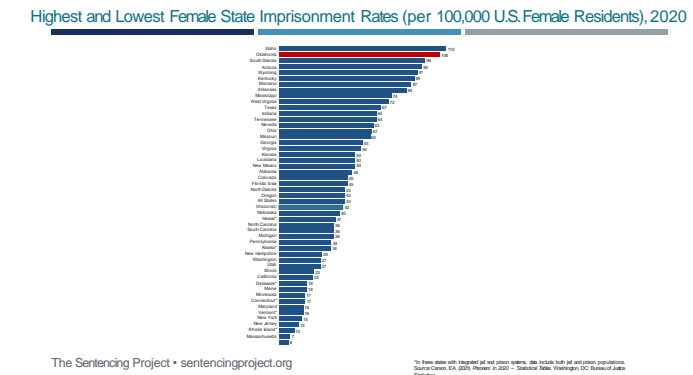
---

---

---

---

---



---

---

---

---

---

---

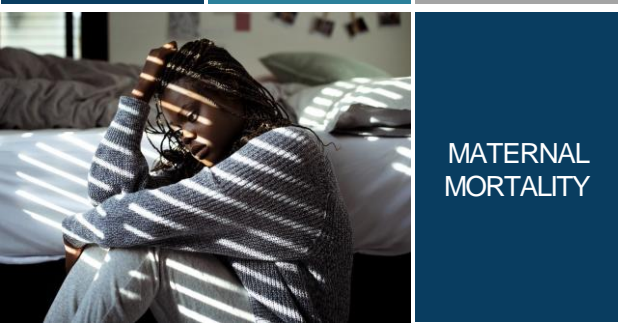
---

---

ONE IN EVERY SIX WOMEN IN OKLAHOMA PRISONS IS SERVING A CHILD ABUSE OR NEGLECT SENTENCE.

Top ten offenses for women in Oklahoma's prisons, FY 2021

Controlling Offense	Number of Women	Percent of Women in Prison Population
Child Abuse/Neglect/Failure to Protect	342	16.04%
Murder First Degree	190	8.91%
Trafficking in Illegal Drugs	180	8.44%
Distribution of Controlled Dangerous Substance/PWID	144	6.75%
Manslaughter First Degree	105	4.92%
Murder Second Degree	101	4.74%
Robbery or Attempted Robbery with a Dangerous Weapon	92	4.32%
Assault and/or Battery with a Dangerous Weapon	67	3.14%
Burglary Second Degree	61	2.86%
False Personation	60	2.81%



---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

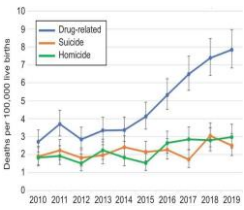
---

---

---

---

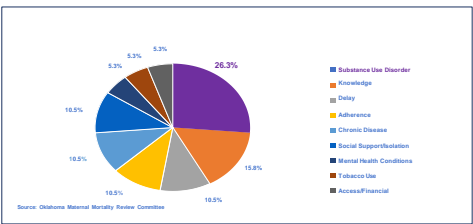
PREGNANCY-ASSOCIATED DEATHS DUE TO DRUGS, SUICIDE, AND HOMICIDE IN THE UNITED STATES, 2010–2019



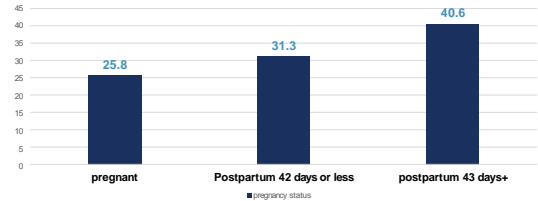
- 22.2% of all Maternal Deaths are due to:
- Drugs (11.4%)
  - Suicide (5.4%)
  - Homicide (5.4%)
- From 2010-2019:
- Drug-related deaths increased 190%
  - Suicide increased 30%
  - Homicide increased 63%

Mergelson, Claire E.MPH, PhD, Roberts, Meghan H.MA, Gemmell, Alison MPH, PhD, Goldman-Mellor, Sidsa 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 Patient/Family Contributing Factors to Pregnancy-Related Death by Factor Class, Oklahoma 2017-2019

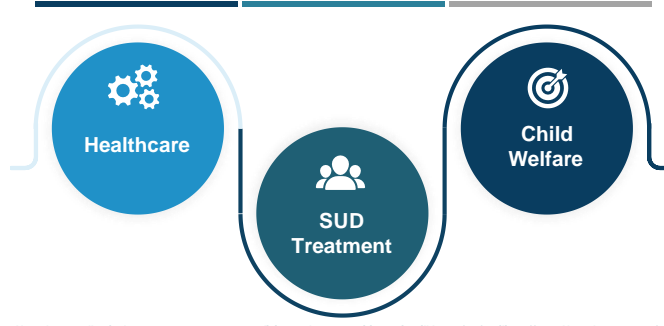


Source: Oklahoma Maternal Mortality Review Committee



PERCENTAGE OF OPIOID-RELATED MATERNAL DEATHS BY PREGNANCY STATUS OKLAHOMA, 2004-2018

Oklahoma Maternal Mortality Review, October 2020



How do we collectively create new programs, policies and opportunities to instill hope for families affected by substance use?

### SAFER INITIATIVE SHARED GOALS

- Healthy babies
- Parents in recovery
- Intact, safe and thriving families
- Safety and accountability while also maintaining a supportive approach
- Public Health approach to substance use disorder

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

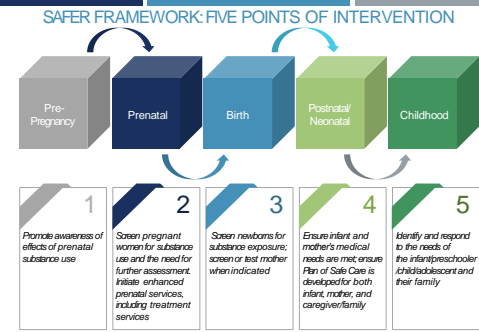
---

---

---

---

---



Young M, K. Gaudier, S. Otero, C. Dennis, K. Chang, R. Davis, K. A. Arnsperger, S. (2023). Substance Dependence: State Response to the Problem. HHS Pub. No. (SMA) 09-408. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Four Key Strategies of SAFER to reduce barriers and restore hope

Implement FCPs	Implement prenatal and postpartum Family Care Plans.
Enhance supports	Enhance upstream options to increase recovery during pregnancy and reduce prenatal substance exposure and maintain supports through the 4 <sup>th</sup> trimester.
Reduce stigma	Reduce stigma and increase education about substance use disorders.
Invest in what works	Design a robust data collection and evaluation effort to inform practice, policy, and investments and sustain improved practices.

Who previously received 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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



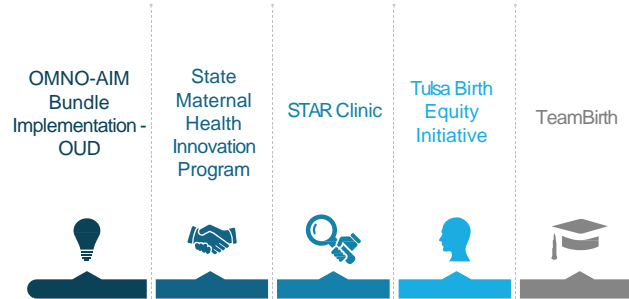


### Nurturing Hope:

All families with an infant with prenatal substance exposure will receive supports through family centered pathways

- **Support** the development of community held prenatal Family Care Plans to reduce substance exposure and potential family separation
- **Create** multiple pathways for DHS to refer families to SUD treatment providers for a Family Care Plan and care coordination
- **Enhance** access and engagement strategies for treatment for all parents with an infant with prenatal substance exposure (refer to assessment by a treatment provider via CHES Health App)
- **Offer** multiple formats for Family Care Plans
  - Mobile through CHES App
  - Web-based through Network of Care
  - Hard copy binder through SUD treatment providers

### Health Care Practices and Programs to Nurture Hope



### WHAT IS A FAMILY CARE PLAN?



A **personalized guide** with documents and information about the individual, their infant, child(ren), and other family members.

Helps with and supports **care coordination**; ensures necessary resources are provided; and documents services and treatment so clients are **empowered** to advocate for themselves, their infant, and their family.

A "recovery resume" that can be used to communicate information about the client's recovery and preparations made for their infant and family.

**Not required by federal CAPTA changes** but a supportive practice.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

WHO BENEFITS FROM FAMILY CARE PLANS?

- Pregnant and postpartum people with infants at risk of / affected by prenatal substance exposure
- People who would like to have a child in the next 12 months
- Families with children impacted by substance use
- ANYONE impacted by substance use and prior or current experience with:
  - Child Welfare
  - Domestic or intimate partner violence
  - Incarceration
  - Homelessness or shelter instability



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



Prenatal Family Care Plans:  
Oklahoma Outcomes

Impressive results from two pilot projects

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---


---

---

---

---

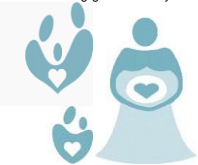
---



Prenatal FCP Initiated & Monitored by  
SUD/OTP Provider


\*(Data from October 2019-April 2023)

**SAFER Program**  
Safely Advocating for  
Families Engaged in Recovery




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

92 Prenatal Family Care Plans Implemented OUTCOMES	
88	Babies born w/ CTI SAFER FCP
10	DHS Investigation at Birth
0	DHS Custody of Child (Foster Care)
5	VSA of FCS Child home w/ Family
3	Pregnant Women currently in Care
3	Baby NICU Stay due to NAS
83	Baby able to Room-in as requested
81	Baby/mom utilized Eat-Sleep-Console
77	Moms on MAT at time of Delivery



**OU STAR CLINIC UPDATES  
(PRENATAL FCP INITIATED BY OB/GYN)**

\*(Data from October 2019- April 2023)



Number of pregnant individuals served: 215
Number of individuals on MAT at time of delivery: 67%
Number of infants delivered: 215
Percentage of infants discharged to home with parent: 60% <small>(Number of these infants discharged to parent with safety plan with family/friend: 10.2%)</small>
Percentage of infants placed in Out of Home Care (DHS custody): 13%

Percentage of infants placed in Out of Home Care (DHS custody): 13%

**HOW ARE STAR FAMILIES FARING OVER TIME?**

Great news!! Emerging data suggests that for families in the STAR Program that delivered at Oklahoma University: (through July 2022)

- 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 child entered foster care during the first year of life
- One additional child entered foster care in the second year of life.

Age Group:	Children	Removed	Returned and Reunited
Birth to 1 Month	136	24 (17.65%)	4 (2.94%)
1 Month to 6 Months	95	0 (0%)	0 (0%)
6 Months to 1 Year	76	1 (1.32%)	0 (0%)
1 Year to 2 Years	45	1 (2.22%)	1 (2.22%)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

FROM PILOTING TO SCALE: STATEMENT OF WORK CHANGES FOR SUD TREATMENT PROVIDERS



- 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.

---

---

---

---

---

---

---

Oklahoma Continuum of Supports for Families Experiencing SUD Prenatal through Early Childhood

STAR Clinic (OUHSC)	Family Care Plans	Oklahoma Mothers and Newborns affected by Opioids (OMNO)	TeamBirth	Parent-Child Assistance Program
Recovery Housing such as Oxford Houses, OCARTA, etc.	Screening, Brief Intervention & Referral to Treatment (SBIRT)	Legal Aid Services of Oklahoma Expansion	Birth Equity Initiative – Tulsa	CHESS Health App & other Technology Supports
Family Treatment Courts	AIM-Maternal Safety Bundles	Celebrating Families! & Strengthening Families	Tough as a Mother	OK I'm Ready

---

---

---

---

---

---

---

RESOURCES

OKLAHOMA MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS (OMNO/OPQIC)	• <a href="https://opqic.org/omno/">https://opqic.org/omno/</a>
OK I'm Ready:	• <a href="https://okimready.org/">https://okimready.org/</a>
ODMHSAS: SAFER:	• <a href="https://oklahoma.gov/odmhsas">https://oklahoma.gov/odmhsas</a>
Tough as a Mother OK (TAAM)	• <a href="https://okimready.org/TAMM">https://okimready.org/TAMM</a>

---

---

---

---

---

---

---

LEARN MORE ABOUT RESOURCES FROM NCSACW!



Use this QR code to access *The Training and Technical Resource Catalog* which includes all the most recent materials from NCSACW to help professionals best serve families.



---

---

---

---

---

---

---

---

KEY CONSIDERATIONS FOR APPLYING AN EQUITY LENS TO COLLABORATIVE PRACTICE



This brief helps collaborative teams formally **assess existing policies** to determine if and how they contribute to **disproportionate and disparate outcomes** for families being served.

By working through the "Questions to Consider," teams begin applying an **equity lens** to collaborative policies and practices.



Available @ <https://ncsacw.acf.hhs.gov/files/equity-lens-brief.pdf>

---

---

---

---

---

---

---

---



### Safety & Risk Video Series





National Center on Substance Abuse and Child Welfare

This video series provides child welfare professionals with details on child safety and risk factors related to parental substance use disorders (SUDs). The series highlights strategies to promote parent engagement and support a coordinated approach—across systems—that helps families mitigate child safety and improve family well-being. It includes considerations when planning for safety with families.

- *Engagement and Safety Decision-Making in Substance Use Disorder Cases*
- *Planning for Safety in Cases When Parental Substance Use Disorder is Present*

@ <https://ncsacw.acf.hhs.gov/training/videos-and-webinars/webinars.aspx>

---

---

---

---

---

---

---

---

Disproportionality and Disparities in Child Welfare

A resource for child welfare workers to help

Understand the link between disproportionality, disparities, and the child welfare system. Recognize disproportionality and disparities when working with families affected by SUD. Implement strategies to increase engagement with families and reduce inequities.



Available @ <https://www.cdhs.gov/discw/tutorial/child-welfare-disproportionality.pdf>

---

---

---

---

---

---

---

---