Substance Affected Newborns
Safe Plans of Care

Collaboration
- Public health, child welfare, law enforcement, service providers (therapists, home visitation programs, etc.)
- No single agency has the resources, the information base, or the lead role to address the full range of needs of all families

Collaboration
- Importance of maintaining the continuum of care
- Long term, spanning all levels and intensity of care
- Therapeutic Intervention versus Punitive
Substance Affected Newborns: National Data

- 400,000–440,000 infants are estimated to be affected by prenatal alcohol or illicit drug exposure each year.
- This is 10-11% of all births.
- Among 28 states with publicly available data during 1999–2013, the overall Neonatal abstinence syndrome (NAS) incidence increased 300%.

Data from Centers for Disease Control and Prevention & The U.S. Department of Health and Human Services.

Collaboration

- Importance of maintaining the continuum of care
- Long term, spanning all levels and intensity of care
- Therapeutic Intervention versus Punitive
• Parental substance use, or positive toxicology in a newborn does not in and of itself prove child abuse or neglect. A caseworker will need to determine if harm has occurred or is likely to occur, not simply if the child has been affected by or exposed to a substance.

• Parental substance use is a risk factor, not a determinant for case confirmation. Many children of parents who are dependent on substances will not experience abuse or neglect or suffer negative developmental outcomes. They may however be at an increased risk for maltreatment and entering the child welfare system.

• From 2008 to 2012, there has been a 44% increase in confirmed substance exposed infants in Michigan.

• The largest increase (20%) occurred between 2011 and 2012.
From 2010 to 2016, the treated NAS rate doubled statewide. The rate in 2016 was almost five times the rate 10 years earlier (2007).

Data Source: Michigan Inpatient Database. Treated NAS is defined by ICD-9-CM diagnosis code 779.5 or ICD-10-CM diagnosis code P96.1.

Results - Michigan (Length of Stay and Costs)

Source: Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation.

Perinatal Regions

Presented by Health Advocacy: Every child's future depends on what we do today to make them healthy. Every child's future depends on what we do today to make them healthy.

Incidence of Neonatal Abstinence Syndrome (NAS) by Perinatal Regions Michigan, 2016

With rate by Perinatal Region, 2016

Low risk (less than 5.0)

Region 1 - WLP

Region II - MRC

Region III - NWC

Region IV - CWC

Region V - LWC

Region VI - SGC

Region VII - OWC

Region VIII - YSC

Region IX - BGC

Perinatal Regions

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Perinatal Regions
Treated NAS Rate by Perinatal Region, Michigan, 2016

<table>
<thead>
<tr>
<th>Perinatal Region</th>
<th># Infants with Treated NAS</th>
<th># Live Births</th>
<th>Treated NAS Rate per 10,000 Live Births</th>
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<tr>
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</tbody>
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Source: Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation.

Maternal Characteristics NAS treated vs. NAS not pharmacologically treated

Maternal Characteristics NAS treated vs. NAS not pharmacologically treated

Source: Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation. Treated NAS is defined by ICD-10-CM diagnosis code P96.1. Not treated NAS is defined by ICD-10-CM diagnosis code P04.49.
Child Abuse Prevention and Treatment Act (CAPTA)

- Provides federal funding to states in support of prevention, assessment, investigation, prosecution and treatment activities.
- Identifies Federal role in supporting research, evaluation, technical assistance and data collection activities.
- Provides standards of practice for child welfare.
- Sets forth a minimum definition of child abuse and neglect.

CAPTA requirements regarding substance exposure

“Health care providers involved in the delivery or care of substance exposed infants must notify child protective services, and a plan of safe care is to be developed for infants and identified as being affected by illegal substance abuse or withdrawal symptoms, or a fetal alcohol spectrum disorder.”

Intent of CAPTA Requirement

- To identify infants as risk of child abuse and/or neglect as a result of prenatal substance exposure,
- So appropriate services can be delivered to the infant and their families,
- Ensuring the well-being of the infant and the family.
Comprehensive Addiction and Recovery Act (CARA) of 2016

• Modifies the CAPTA state plan requirements to:
  – Address the needs of infants born with and identified as being affected by all substance abuse.
  – Both legal and illegal substance abuse.
  – Require plans of safe care for infants born and identifies as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to add requirements for state.

Intent of Safe Care Plans

• Ensure the safety and well-being of infants following the release from health care providers by:
  – Addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver and,
  – Monitoring these plans to determine whether and how local entities are making referrals and delivering appropriate services.

What is a Safe Care Plan?

• In an investigation involving an infant identified as being affected by substance use, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD), the worker must develop a safe care plan that will address:
  – The health and safety needs of the infant.
  – The substance use treatment needs of the mother.
  – The needs of other household family members.
• Services provided to the infant and family will be monitored by MDHHS or by another service provider including, but not limited to, home visitation program, substance use disorder prevention, treatment or recovery, or family preservation services.
What is NOT a Safe Care Plan?

• A hospital discharge plan
• A child welfare case service plan
• A substance use treatment plan
• A therapy treatment plan

NAS Response Overview

• Regional Perinatal Quality Collaboratives
• Collaboration with Birthing Hospitals
• Michigan Collaborative Quality Initiative
• Evidence-based Home Visiting
• Intradepartmental Collaboration

Regional Perinatal Quality Collaboratives
Health care providers involved in the delivery or care of substance exposed infants must notify child protective services, and a plan of safe care is to be developed for infants and identified as being affected by illegal substance abuse or withdrawal symptoms, or a fetal alcohol spectrum disorder.
Collaboration with Birthing Hospitals

- MDHHS’ Mandated Reporter Committee has developed a standardized and comprehensive statewide mandated reporter training.
- Trainers have been identified for every county of the state.
- All trainers have been educated on CARA requirements and CPS policy regarding substance exposed newborns and mandated reporters’ requirements to report.
- This updated training is being offered to all Michigan birthing hospitals throughout 2017 and 2018.

Michigan Collaborative Quality Initiative

- Voluntary Hospital Collaborative
- 20 Hospitals with Neonatal Intensive Care Units and 7 with Special Care Nurseries
- Neonatal Abstinence Syndrome quality work began in 2013
- Created the NAS Management Guidelines
- Finnegan Tool
- Eat, Sleep & Console: Family-Centered, Non-Pharmacologic Approach

Maternal Infant Health Program Overview

- Statewide program for population of Medicaid-eligible pregnant women and infants
- Support model readiness to promote healthy pregnancies, positive birth outcomes, and infant health and development with the long-term goal to reduce infant mortality and morbidity among the Medicaid population
Maternal Infant Health Program Overview

- MIHP services include:
  - Case Management delivered by Registered Nurses (RN) and Licensed Social Workers (LMSW)
  - Professional Home Visits by RNs, LMSWs, Registered Dieticians (RD) and Infant Mental Health Specialists (IMHS)
  - Coordinator with Medical Care Providers and Medicaid Health Plans
  - Validated Maternal or Infant Risk Identifier for each beneficiary
  - International Board Certified Lactation Counselor (IBCLC) visits
  - Childbirth/parenting education
  - Individualized plan of care based on identified risks

Total # of MIHP Providers in Michigan: 99
• Michigan’s evidence-based home visiting program for families with Medicaid insurance coverage
• Provided services to 15,972 pregnant beneficiaries and 23,103 infants in fiscal year 2017
• Infants identified as substance exposed are able to receive up to an additional 27 home visits above the nine visits available for all babies in need.
• Plans of Care: Substance Misuse & SubstanceExposed Infant
The Massachusetts Department of Public Health Bureau of Substance Addiction Services (BSAS), in collaboration with the Institute for Health and Recovery and the Center for Social Innovation, created the Journey Project.

**Website**

• [https://journeyrecoveryproject.com/#/home](https://journeyrecoveryproject.com/#/home)
Collaboration with Service Providers

- Early identification and intervention
- System of support and service engagement at multiple points in time
- Ongoing communication and information sharing to benefit the family

References


Questions?

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