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BUILDING HOME VISITING INFRASTRUCTURE AND SUPPORTS FOR FAMILIES IMPACTED BY OPIOID USE DISORDER

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2020 PA Family Support and Home Visiting Conference
OBJECTIVES

✓ Describe the national policy context for OUD service coordination in home visiting

✓ Review Pennsylvania’s home visiting and family support context

✓ Describe the evaluation of the implementation of OUD/SUD pilots in Pennsylvania

✓ Discuss findings related to coordination, program components, and challenges/opportunities

✓ Case Study: Review in-depth the implementation of one pilot program and learn from the perspective of local implementing agency leadership

✓ Engage in facilitated discussion with colleagues
CALL TO ACTION

Among mothers enrolled in EBHV:
• 1 in 3 reported binge alcohol or illegal drug use prior to pregnancy
• 1 in 10 reported seeking treatment for alcohol or substance use in the previous year

Population-based estimates:
• 2 of every 100 births to women experiencing OUD in the year prior to delivery
• Highest maternal overdose rate between 7 and 12 months postpartum
• 10-year mortality rate among mothers with infants diagnosed with NAS is 5% (1 in 20 mothers) – 11x the rate of mothers of infants without NAS
NATIONAL CONTEXT

• State legislation
  • Prescribing policies, prescription drug monitoring programs, access to naloxone, pain clinic regulation, syringe service programs, provider education & training...

• Federal initiatives
  • Maternal Opioid Misuse (MOM) grants in 10 states
  • Integrated Care for Kids Model in 7 states: CT, IL (2 awards), NJ, NY, NC, OH, OR
  • Families First Prevention Services Act: substance use prevention and treatment
  • Preschool Development Grant Birth Through 5: 20 state renewals, 6 states/territories with planning grants
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Opioid Use Disorder and Family Supports in PA

- 6 EBHV programs: EHS, HFA, NFP, PAT, SafeCare Augmented, Family Check-Up
- Centers of Excellence for Opioid Use Disorder
- Families in Recovery curriculum pilots
- Family Centers
PROJECT BACKGROUND

In 2018, Governor’s budget included one year of capacity-building funding to engage and support families struggling with OUD/SUD through home visiting.

- 20 pilot sites across models
- Half mostly-rural counties
- 11 of 20 are family centers
- Evaluation partnership between the state & academia

Source: U.S. Census Bureau, 2010 Census
PLANS OF SAFE CARE

• Child Abuse Prevention & Treatment Act (CAPTA)
• States required to develop “Plans of Safe Care” for substance-exposed newborns
• Health care professionals required to report prenatal substance exposure to the state (2018)
• PA counties now required to develop their own system for monitoring plans
• 15 of 20 pilot sites involved in local Plans of Safe Care
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PROJECT BACKGROUND

Methods

• Longitudinal Surveys at baseline, midpoint and one year post-implementation (Spring 2020)
  • Capacity, Staffing, Training, and Pilot Components
  • HARC Indicators of Coordination Framework
  • CSSP Strengthening Families Protective Factors Framework
  • Organizational Readiness to Implement Change (ORIC)

• Site Visits with semi-structured interviews at a subsample of 10 sites
  • Purposively sampled for heterogeneity in geography, EBHV model, pilot components, capacity
  • Planning, Capacity, Hiring, Training, Recruitment, Referrals, Supervision, Curricula, Group Work, external partnerships
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OVERVIEW OF PILOT DESIGNS

- **Features**: OUD-specific hiring, reduced caseloads, new curricula, staff training on OUD, targeted outreach/recruitment, and group activities

- **Settings**: in-home, centers, prisons and drug treatment facilities

- **Curricula included**: NFP, PAT, Growing Great Kids, Safe Care Augmented, Families in Recovery, Nurturing Families, Parent Cafes, Incredible Years, Partners for a Healthy Baby, Triple P, 24/7 Dads, Active Parenting, Parenting Inside Out

- **Partnerships**: county D&A, CYS*, hospitals, treatment providers (including Centers of Excellence)
COORDINATION AND EXTERNAL PARTNERSHIPS

- All 20 agreed or strongly agreed that *there is a need for collaboration with outside organizations or agencies to appropriately serve clients with SUD/OUD in our community.*

- Smaller, rural communities: Strong local networks but few available resources.

- Larger, urban communities: resource rich, difficulty connecting with treatment and recovery services.

12 sites engaged *new* external partner for recruitment or referrals. All 20 had at least one external partner for this pilot.

- treatment centers (MAT, Centers of Excellence)
- hospitals and prenatal clinics
- recovery support orgs (faith based support groups, outreach groups, sober living facilities)
- prisons & probation officers
- child welfare services*
- county behavioral health services
INNOVATIVE COMPONENTS ACROSS IMPLEMENTING AGENCIES

- Partnerships with local Child Welfare Agencies
- Increased frequency of visits to once per week
- Co-located Drug and Alcohol Specialist to facilitate and provide staff supervisory and training support
- Certified Peer Recovery Specialists as home visitors
- Families in Recovery curricula for groups
- Referrals from local women’s health center with universal drug screening for first prenatal visit
- Group parenting classes and 1-on-1 home visitors in treatment centers
- Visiting incarcerated women to enroll in HV before release
- Home visits at a visit center for parents with children in out-of-home care
PERCEIVED IMPACTS OF OUD PILOT ACTIVITIES

– Additional support during an isolating time
– Targeted education on parent-child interaction
– Screening for substance use and referrals to treatment
– HV represents a non-court ordered and non-treatment related service for impacted families
– Confidence building on strengths and protective factors
– Supports for grandparents raising children
– Support reunification goals with children in out-of-home care
– Connecting families with others in recovery
CHALLENGES IN ENGAGING AND SUPPORTING FAMILIES

Client-related:

- Higher complexity of needs than standard caseload
- Stigma and client disclosure
- Competing priorities with CYS involvement and SUD treatment
- Housing and transportation barriers

Home visiting service-related:

- Lack of appropriate OUD-related curricula for EBHV
- Maintaining fidelity with model requirements
- Competition for hiring within OUD field
CHALLENGES IN ENGAGING AND SUPPORTING FAMILIES

Coordination-related:

- Understanding and navigating available OUD services
- Expanding to a new service area without any connections
- Engaging external partners in the treatment field
- Clarifying roles and shared goals between partners
- Building continuity of services during and after treatment
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CASE STUDY #1: COLUMBIA COUNTY FAMILY CENTER

Getting Started/Our Model

• Received a grant from in October of 2018

• Parents as Teachers trained Parent Educator to serve half of a typical caseload (9 families)
  • Home Visitor
    • 4.5 years experience on the local Treatment Court Team
    • Columbia-Montour United in Recovery Board
    • Participated in many professional development opportunities related to addiction and recovery

• Targeted families – Parent or Caregiver dealing with a Substance Use Disorder/Opiate Use Disorder (OUD/SUD)

• Weekly Home Visits/ Bi-monthly parent groups

• Two staff trained in the “Families in Recovery” curriculum
CASE STUDY #1: COLUMBIA COUNTY FAMILY CENTER

Community Partners

• Primary Partners
  – Columbia/Montour Treatment Court
  – Columbia County Children and Youth Services

• Other Partners
  – CMSU Drug and Alcohol
  – Geisinger’s Medication Assisted Treatment Program
  – United in Recovery (a branch of the Columbia/Montour United Way)
  – Local prison
CASE STUDY #1: COLUMBIA COUNTY FAMILY CENTER

Lessons Learned

• Rapport develops faster

• Home Visitor becomes a constant presence/support in the family’s life

• More visits = More time with the family

• Warning signs of relapse are identified earlier

• Home Visitors with increased knowledge in addiction and recovery can better support families dealing with an OUD/SUD
CASE STUDY #1: COLUMBIA COUNTY FAMILY CENTER

Challenges

• Working with parents and caregivers in active addiction
• Frequently cancelled visits and rescheduling
• Dealing with community stigma (Children and Youth Caseworkers, Probation Officers, etc.)
• Maintaining a positive attitude to handle the struggles and challenges that come along with addiction
• Unrealistic expectations by service providers
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FACILITATED DISCUSSION
Q&A

Meredith Matone, Scientific Director, PolicyLab at Children’s Hospital of Philadelphia; Research Assistant Professor, Perelman School of Medicine.

Ashley Mensch, Director of Columbia County Family Center, Parents as Teachers

Deanna Marshall, Research Coordinator, PolicyLab at Children’s Hospital of Philadelphia

Andrew Dietz, Family Support Program Manager, Pennsylvania Office of Child Development and Early Learning
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QUESTIONS AND COMMENTS?

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