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

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**Deanna Marshall, MPH**

2020 PA Family Support and Home Visiting Conference



# OBJECTIVES

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- ✓ **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
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## CALL TO ACTION

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### 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

Duggan et al. (2018). *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2018-76A. Washington, DC.

Schiff et al. (2018). Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. *Obstet Gynecol.*; 132(2):466-474.

Guttmann et al. (2019) Long-term mortality in mothers of infants with neonatal abstinence syndrome: A population-based parallel-cohort study in England and Ontario, Canada. *PLoS Med* 16(11): e1002974.

# NATIONAL CONTEXT

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- **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

# OBJECTIVES

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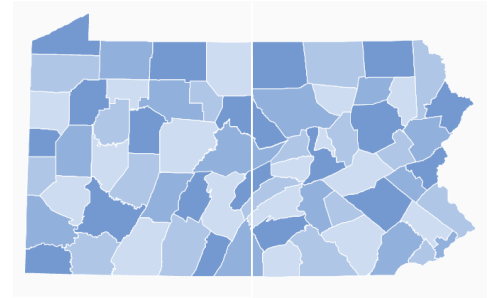
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# PENNSYLVANIA POLICY CONTEXT

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## Opioid Use Disorder and Family Supports in PA

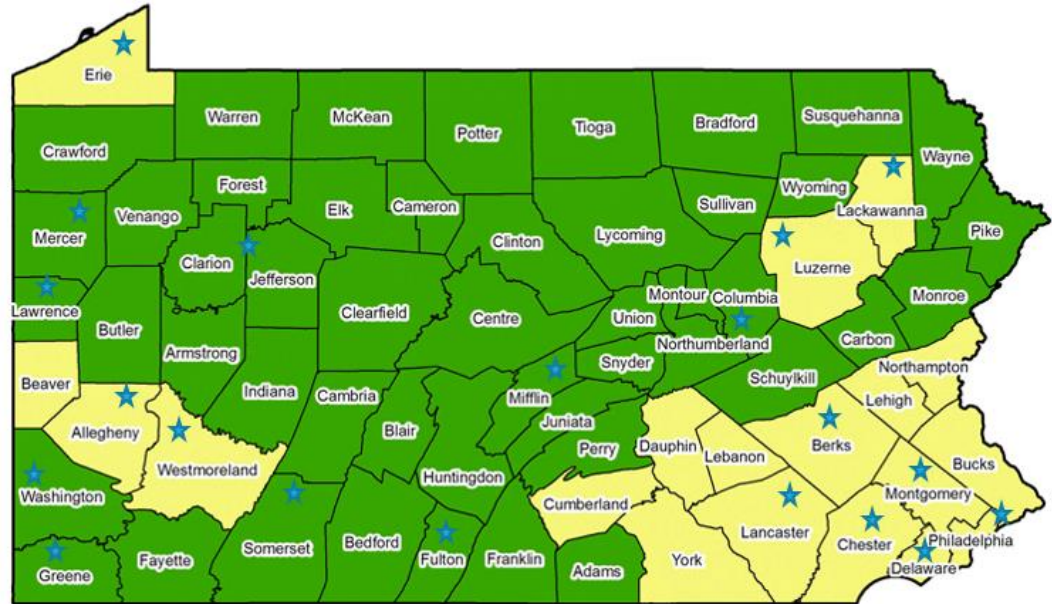
- 6 EBHV programs: EHS, HFA, NFP, PAT, SafeCare Augmented, Family Check-Up
- Centers of Excellence for Opioid Use Disorder
- Families in Recovery curriculum pilots
- Family Centers



## 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

Urban Rural

## PLANS OF SAFE CARE

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- 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

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## 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

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- **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

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

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- 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

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- **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

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## **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:**

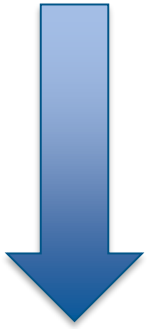
- Lack of appropriate OUD-related curricula for EBHV
- Maintaining fidelity with model requirements
- Competition for hiring within OUD field



# CHALLENGES IN ENGAGING AND SUPPORTING FAMILIES

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## 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

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## 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

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## 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

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### 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

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### 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

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## Q&A

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**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**

# THANK YOU

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**Tara Dechert, Stephanie Garcia, Katie Kellom, Jenny Whittaker, Xi Wang at PolicyLab at Children's Hospital of Philadelphia**

**Lisa Parker, Andrew Dietz, and the PA Office of Child Development and Early Learning**

**20 pilot sites for participating in this research and working on behalf of families and children across the Commonwealth**

# QUESTIONS AND COMMENTS?



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## PolicyLab

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