

Strong States, Strong Nation



NEONATAL ABSTINENCE SYNDROME: STATE RESPONSE

 NATIONAL CONFERENCE *of* STATE LEGISLATURES

Margaret Wile, MSW

Policy Specialist

National Conference of State Legislatures



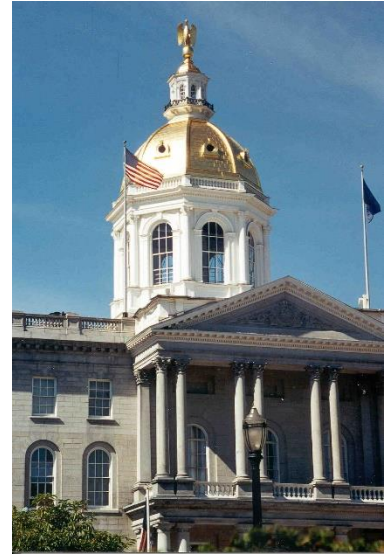
Agenda

- About NCSL
- Neonatal Abstinence Syndrome Overview
- Prevention/Intervention
- Treatment/Recovery



National Conference of State Legislatures

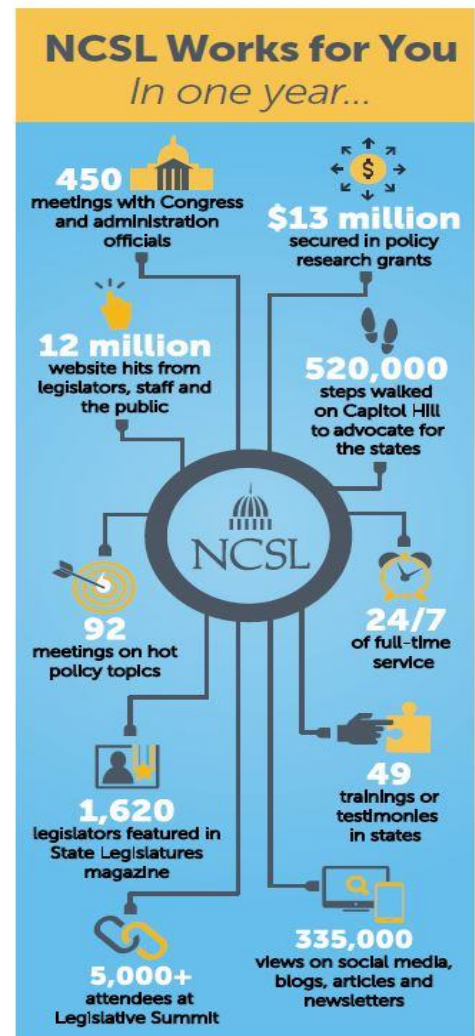
- ❑ Bipartisan, membership organization
 - ❑ Each of the 50 states and all territories
 - 7,383 state legislators
 - 30,000+ state legislative staff
- ❑ Research, education, technical assistance
- ❑ Mission:
 - ❑ Improve the quality & effectiveness of state legislatures
 - ❑ Promote policy innovation and communication among state legislatures
 - ❑ Ensure states have a strong, cohesive voice in the federal system



What Does NCSL Do?



- ❑ Research
- ❑ Website: www.ncsl.org
- ❑ Congressional Meetings
- ❑ Invitational Meetings
- ❑ Information Requests
- ❑ State Legislatures Magazine
- ❑ Trainings and Testimony
- ❑ Legislative Summit
- ❑ Social Media



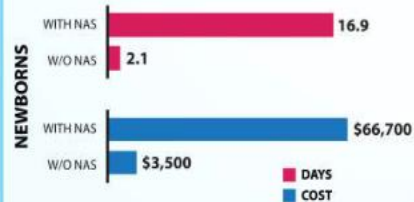
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME (NAS)**, WHICH CAUSES **LENGTHY AND COSTLY** HOSPITAL STAYS. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732 BABIES** WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.

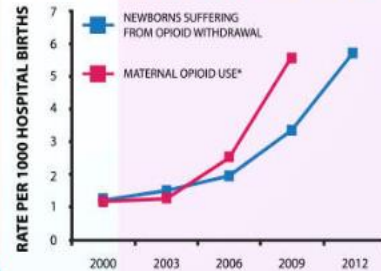


EVERY 25 MINUTES, A BABY IS BORN SUFFERING FROM OPIOID WITHDRAWAL.

AVERAGE LENGTH OR COST OF HOSPITAL STAY



NAS AND MATERNAL OPIOID USE ON THE RISE



*2012 MATERNAL OPIOID USE DATA NOT CURRENTLY AVAILABLE



The Four Pillars of Opioid Policy

Prevention

Intervention

Treatment

Recovery

Prevention & Intervention





Prevention/Intervention Legislation

- ❑ California S1109
 - ▣ Requires prescriber training on risk of addiction and NAS associated with opioids
- ❑ Michigan H4408
 - ▣ Requires opioid prescribers to provide information on impacts of opioids including NAS
- ❑ Tennessee H1831
 - ▣ Requires providers to share information on NAS and access to contraceptives to women of childbearing age



Prevention/Intervention Trends

- ❑ Increased access to health care during pregnancy or postpartum
- ❑ Increased access to family planning service
- ❑ Increased access to Medication Assisted Therapy (MAT) for expecting mothers
- ❑ Women Infants and Children (WIC) and executive branch agency efforts

Treatment & Recovery



Treatment

Recovery



Kentucky in line with Trends

- ❑ 19 states have either created or funded drug treatment programs specifically targeted to pregnant women
- ❑ 17 states and DC provide pregnant women with priority access to state-funded drug treatment programs
- ❑ 10 states prohibit publicly funded drug treatment programs from discriminating against pregnant women
- ❑ Kentucky has done all of these



Treatment Legislation

- Louisiana H658
 - ▣ Creates an evidence-based pilot treatment program for treatment for mother and child dyad
- New York S7503
 - ▣ Creates 4 pilot programs for treating babies with NAS
- Missouri H2011
 - ▣ Pilot programs that for case management for pregnant women who have SUD or at risk
- Ohio H111
 - ▣ Pilot program to take newborns with NAS from hospital to non-hospital facility



Treatment Programs

- ❑ Maternal Opiate Medical Support (MOMS)
- ❑ CHARMS Collaborative
- ❑ Lily's Place
- ❑ Casa Esperanza





Additional Legislative Trend: DATA!

- Tennessee H1 207
 - Data collection and analysis from several state health agencies
- Massachusetts H4742
 - Study of long term impact of NAS
- Delaware H1 40
 - Data collection and analysis from health and human services agencies



Health Tools and Resources

- ❑ Maternal and Child Health Database- COMING JANUARY 2019!
- ❑ Substance Use Disorder Database- COMING JANUARY 2019!
- ❑ NCSL Injury Prevention Database www.ncsl.org/research/health/injury-prevention-legislation-database.aspx
- ❑ NCSL Prescription for Pain Management Brief <http://www.ncsl.org/documents/health/PainManagement216.pdf>
- ❑ NCSL Prescription Drug Monitoring Programs Postcard <http://www.ncsl.org/research/health/prescription-drug-monitoring-programs-postcard.aspx>
- ❑ NCSL Opioid Prescribing Policies Report www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx

Contact Information



Margaret Wile, MSW

Policy Specialist

Margaret.wile@ncsl.org

303-856-1459

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PARENTAL SUBSTANCE ABUSE & CHILD WELFARE

 NATIONAL CONFERENCE *of* STATE LEGISLATURES

Meghan McCann, J.D.

Senior Policy Specialist

National Conference of State Legislatures

On the Agenda



- ❑ Impact of substance abuse on child welfare
- ❑ Federal legislation overview
- ❑ State's response

Impacts of Parental Substance Use on Child Welfare

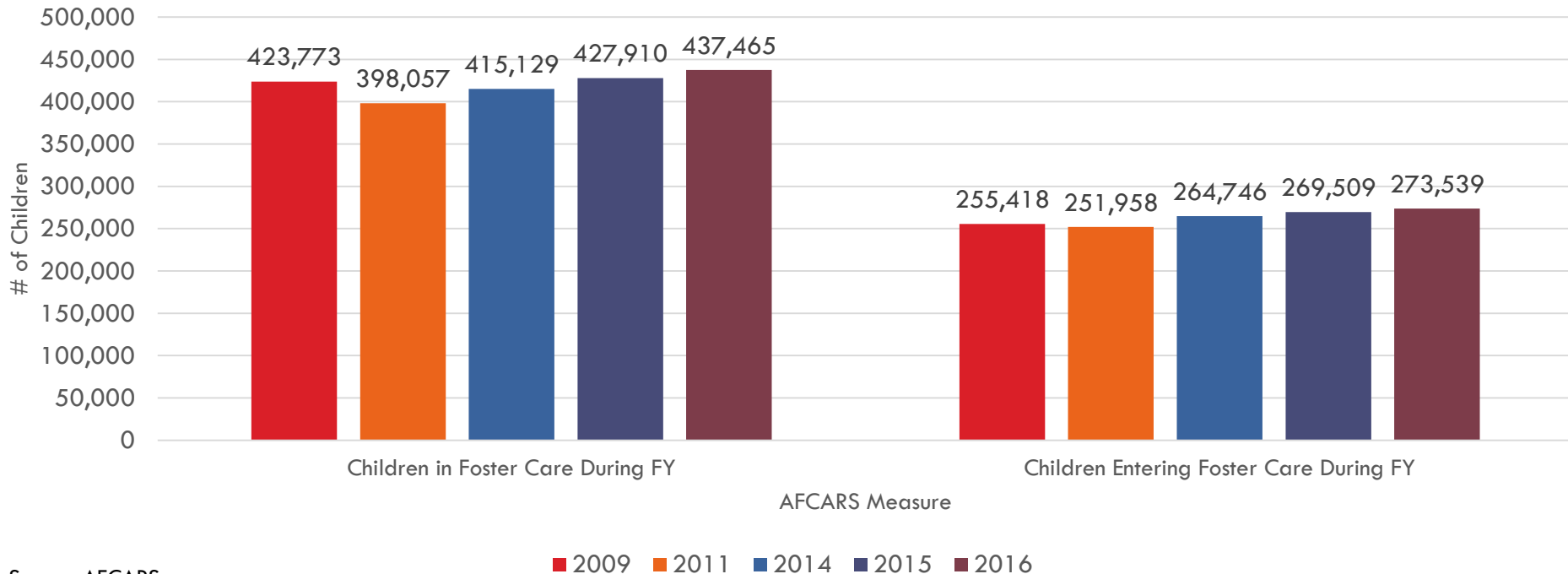


- ❑ Increasing foster care caseloads
- ❑ The number of children under the age of 1 entering foster care is increasing
- ❑ Reason for removal associated with parental substance use
- ❑ Correlation between opioids and foster care

In FY2016, there were approximately 437,000 children in foster care in the U.S., the highest caseload since 2008. In the same year, more than 270,000 children entered care, the highest number since pre-2008



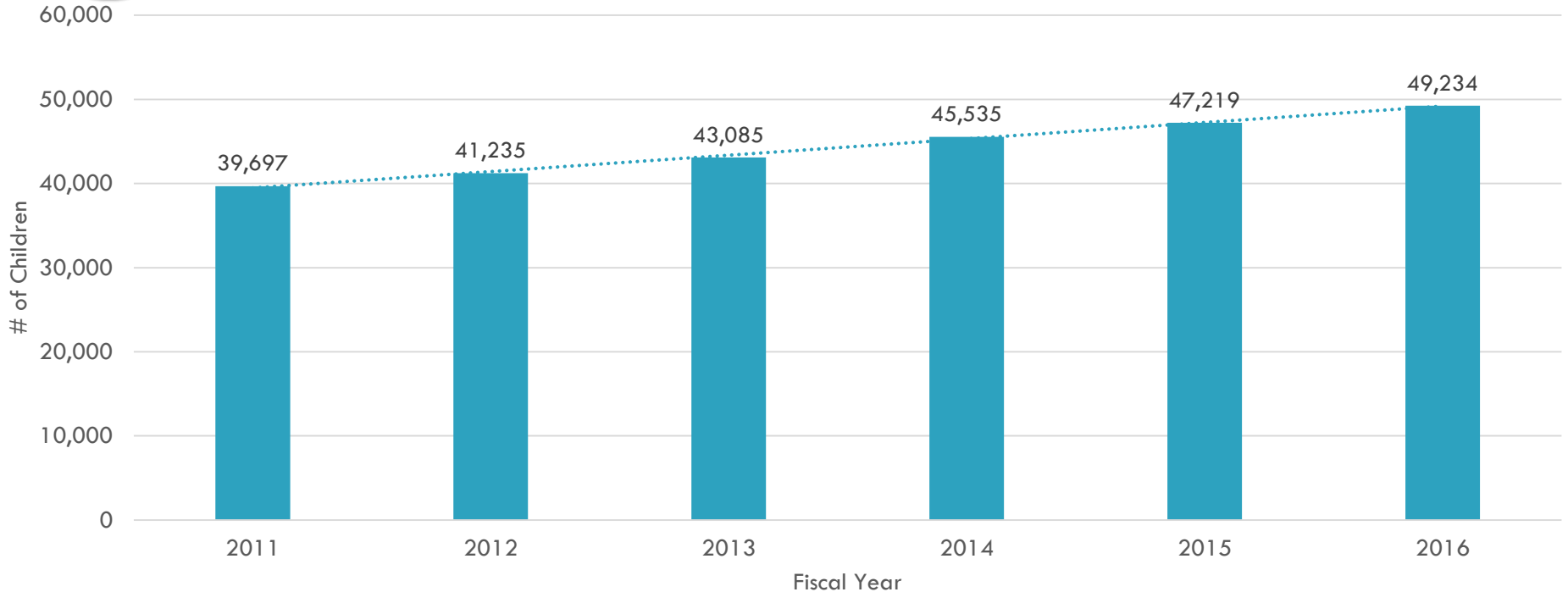
Number of Children in Foster Care and Number of Children Entering Foster Care



The number of children under the age of 1 entering foster care is increasing, the highest percentage, by age group, of children entering foster care



of Children Under Age 1 Entering Foster Care during FY

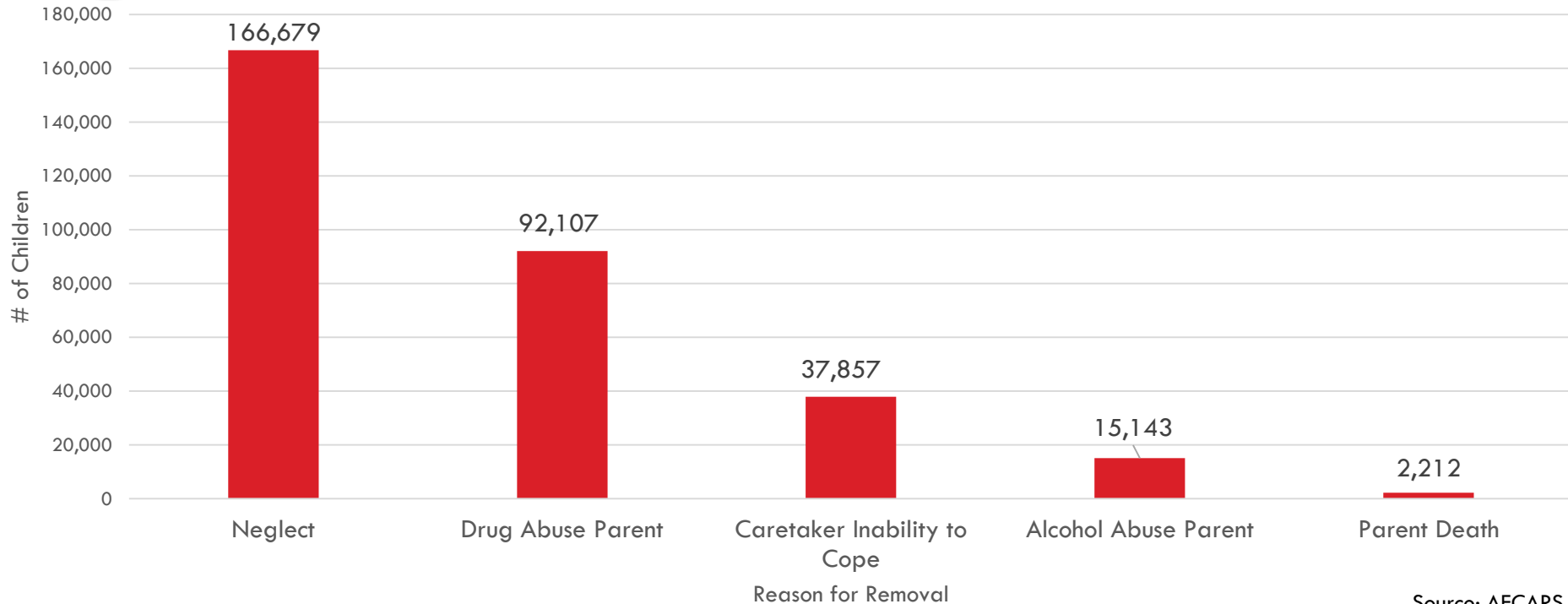


Source: AFCARS

In 2015, for the first time, AFCARS provided specific data showing removals due to parental drug Abuse.



Reason for Removal Related to Parental Substance Use in FY 2016

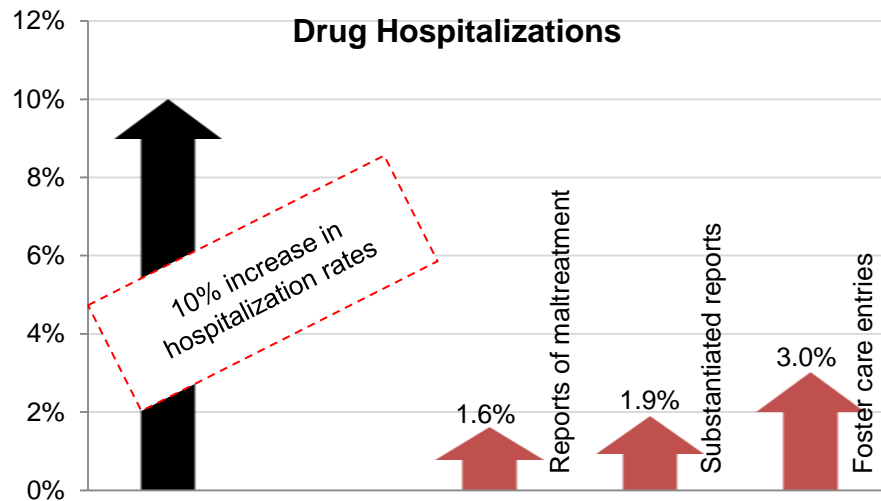
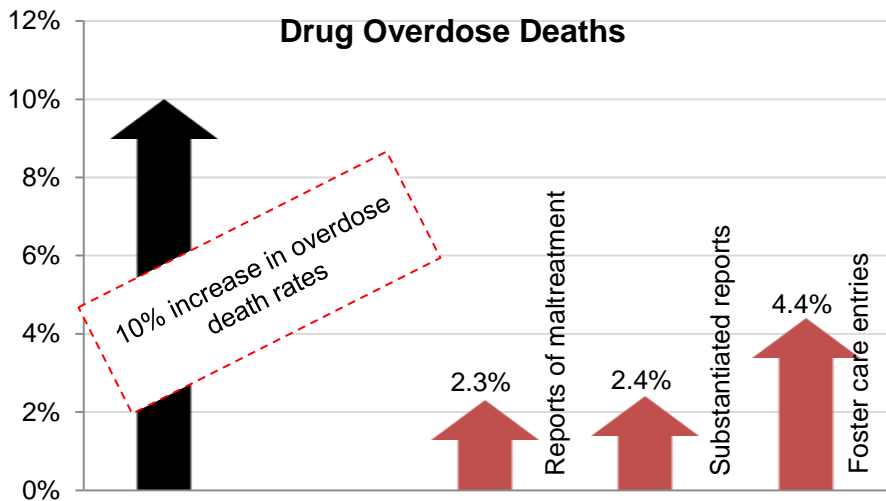


Source: AFCARS

Correlation



Figure 5. Relationship between Overdose Deaths, Drug Hospitalizations, and Child Welfare Caseload Rates, 2011-2016



Note: All results are statistically significant, $p < 0.01$. Sample sizes range from 12,687 to 12,693 for overdose death rates and from 8,167 to 8,171 for hospitalizations, depending on the specific model. "Substantiated reports" include substantiated investigations and alternative response. More detailed results are shown in Appendix Tables A2 and A3.

Federal Legislation



- ❑ Child Abuse Prevention and Treatment Act (CAPTA)
- ❑ Comprehensive Addiction and Recovery Act (CARA)
- ❑ 2018 Opioid Package



Federal Legislation: CAPTA

- The Child Abuse Prevention and Treatment Act (CAPTA)
 - Requires states to have policies and procedures for hospitals to notify Child Protective Services (CPS) of all children born who are affected by illegal substance use or withdrawal symptoms resulting from prenatal drug exposure or indications of Fetal Alcohol Syndrome Disorder (FASD)
 - Requires CPS agencies to develop a plan of safe care for every such infant referred to their agency and address the health and substance use disorder treatment needs of the infant



Federal Legislation: CARA

- The Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act in 2016 (CARA)
 - Removed the word illegal so CAPTA applies to all substance abuse
 - Requires the plan of safe care to also address the treatment needs of affected family or caregivers
 - Requires states to report in the National Child Abuse and Neglect Data System (NCANDS)
 - Requires states to develop a monitoring system to determine whether and how the local entities are providing referrals to and delivery of appropriate services for the infant and affected family or caregiver
 - Requires all children who are younger than three years who are substantiated victims of child maltreatment are referred to early intervention agencies that provide developmental disabilities services



Federal Legislation: 2018 Opioid Package

- ❑ At least 11 provisions addressing families.
- ❑ \$60 mil. set aside in CAPTA to support states in coordinating and implementing plans of safe care.
- ❑ Family-focused treatment
 - ❑ Requires HHS guidance to states identifying opportunities to support family-focused residential treatment
 - ❑ \$15 million to HHS to replicate “recovery coach” program
 - ❑ FY2019: states are eligible for federal matching funds when an at-risk child is placed in family-focused treatment or foster care
 - ❑ FY2020: State eligible for funding to provide “evidence-based substance abuse prevention and treatment services to families with children at risk of entering foster care.” Includes \$20 mil. in awards to states to develop, enhance, or evaluate family-focused treatment programs.

State Statutes: Making and Screening Reports of Substance Exposure



- 24 states and D.C. include prenatal substance exposure in the definition of child abuse and/or neglect.
- 31 states and D.C. have specific procedures for reporting prenatal substance exposure.



State Response: Plans of Safe Care

- ❑ At least 8 states with statutes to define, coordinate, fund, or implement plans of safe care (CT, DE, MD, NH, ND, OK, PA, VA)
- ❑ Several states, including Kentucky, have implemented various procedures within agencies to address plans of safe care
 - National Center on Substance Abuse and Child Welfare, In-Depth Technical Assistance



State Response: Parental Rights

- ❑ 19 and D.C. states include long-term alcohol or drug-induced incapacity of the parent as a ground for determining unfitness for purposes of termination of parental rights.
- ❑ Kentucky, Missouri, and Texas include prenatal substance exposure or neonatal abstinence syndrome in their grounds for termination of parental rights.

Questions?



Meghan McCann

Senior Policy Specialist

NCSL's Children and Families Program

Meghan.McCann@ncsl.org

303-856-1404