Managing Safety and Risk in Cases Involving Parental Substance Use Disorder

ODHS Child Welfare

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Welcome and thank you for being here!

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Safety Threat #3:

The parent's impulsivity impacts their ability to safety parent their child.

- The focus on is on impulsivity—not has the parent stopped using but what does their behavior look like?
- When a parent is using or newly sober impulsivity is often identified in a lack of coping skills, mental health issues, and relationships with people
  - When a parent wants to leave treatment
  - When a parent struggles to follow a safety plan
  - When a parent is returning to use consistently
  - When a parent intends to “do whatever it takes” but actions do not show this
  - When a parent is still participating in criminal activity

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Safety Threshold

- Out of Control
  - This is NOT if the substance use is out of control
  - Is there is someone in the household who can manage the safety of the child.
- Observable
  - Is there identified substance use, is this use part of a pattern of substance abuse or substance use disorder?
- Vulnerable
  - This is determined by the developmental age of child and child’s needs
- Imminent
  - What is their substance use history and what stage of change is the parent current in?
- Severity
  - Does the substance use severely impact the child.

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Criteria for an In-Home Safety Plan

Can you answer *yes* to all four of these questions?

- ✓ Is there a home-like setting where the parent(s) and child(ren) live?
- ✓ Are there no barriers in the home to allowing safety service providers and activities to occur?
- ✓ Is at least one parent willing to cooperate with the safety plan?
- ✓ Are the necessary safety activities and resources available to implement the plan?

If so, an In-Home Safety Plan is appropriate and the least intrusive.

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4 Things and Impulsivity

- **How might we articulate the needs for an in home plan?**
  - **No safety plan relies on a parent**
  - **What information would we need to meet predictability?**
- **Recovery resources and plans can provide both support and collaterals**
- **Account for impulsivity!!**

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We can't plan for what we don't understand!

Be as clear as possible with parents of how safety plans operate

The unknown or undisclosed is many times the biggest barrier

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Guidance for Child Welfare Staff

Specific Risks of Fentanyl to Children[1]

Fentanyl surpasses other drugs in terms of its highly dangerous impact on children from parental use, substance use disorder (SUD), and environmental exposure.

Facts

- Children can die quickly from fentanyl exposure due to its ability to suppress respiration[i].
- Fentanyl is extremely potent; up to 100x more than morphine, 50x more than heroin.
- Fentanyl is used in different forms and methods: pills, powder, liquid, medical patches, swallowed, smoked, snorted, injected.
- Fentanyl anywhere in a child's environment has the potential to be fatal, especially for infants and toddlers. A young child's mobility increases their risk.
- Ingesting fentanyl can be fatal.
- Fentanyl is frequently detected in children's hair which indicates exposure to drug handling in their environment.
- Fentanyl is frequently cut into other substances, so someone using methamphetamine or cocaine, for example, may not even know they are also using fentanyl.

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Fentanyl and the Safety Threshold Criteria

Observable: Parent is actively using fentanyl. Includes binge use, intoxication, withdrawal, negative affect, preoccupation, and anticipation/craving. May exhibit impulsive, rapid, unplanned reactions to internal/external stimuli without regard to negative consequences of the reactions to self or others (children). May have persistent or repetitive actions that are excessive and/or inappropriate. *Parents with opiate use disorder (OUD) may appear calm and speak appropriately in limited interactions.*

Child skin: hand to mouth transmission, needle puncture.

Child inhalation: passive or intentional smoke exposure.

Child ingestion: drug residue, edible products, paraphernalia, breastmilk, parent administration.

Child exposure: from clothing, bedding, table, floor, surfaces, or parent's body, or hair.

Severity: Fentanyl is lethal. If it is anywhere near a child in any form, it is potentially lethal. *See facts above.*

Imminence: To maintain the drug high, it has to be used ***every couple hours***... potentially *lethal circumstances* every two hours.

Vulnerability: All children are vulnerable, especially young children, due to potential exposure to fentanyl in any amount.

Out of control: Any fentanyl in the home is an uncontrolled and dangerous environment, *even if the fentanyl is locked up*, due to the potential for exposure. Any parent using fentanyl cannot control for the danger it presents to a child due to its impact on their functioning.

Minimum requirement for safety: When considering the in-home criteria for a safety threat involving fentanyl, the safety plan must include no fentanyl in the home and the presence of a non-using adult ensuring the child's safety at all times.

The updated 2023 fentanyl guidance covers why fentanyl is such a safety threat!

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The what, where, who, and how

- In order to have a safety plan that manages safety regarding substance use, you need to have a clear picture of 4 things
- What is the parent using
- Where are the substances / Where is the parent using the substances
- Who is the parent using with
- How are they paying for their substances

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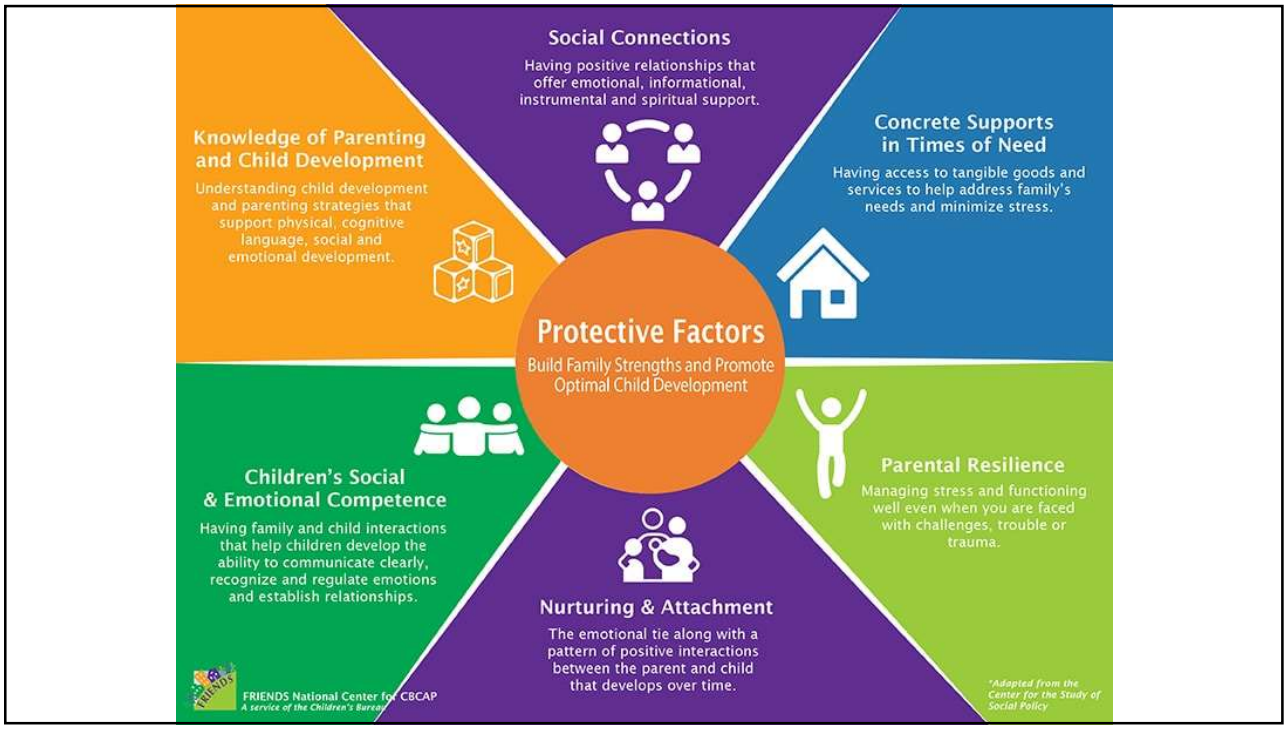

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Recovery

RECOVERY is a behavior and lifestyle change to successfully manage the parent's disease. Sobriety is a day without symptoms.

Psychology Today "not cured, but at bay in a way that allows them to be free of the cravings... mental obsession and they have treated their underlying issues (mental health, spiritual, physical) that led to or resulted from their drinking."

The Discovering Alcoholic **"Sobriety is a state. Recovery is a process."**

Recovery allows the emotional and mental state to defend against relapse. A person in recovery starts to see what patterns are leading to their Substance Use Disorder becoming active

Recovery is created through **adding to life** not just taking away drugs and alcohol

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Recovery - What it Is and What it Isn't

Recovery is about accountability, community, and transparency.

- This is also what helps us plan for safety!
- A parent with a recovery plan and community or who is willing to do recovery work should be able to articulate their plan, who is involved in the plan, and SHARE THAT WITH YOU
- Recovery is ongoing WORK! Changing patterns and behavior is really hard! The recovery community has support available
- This means that people will volunteer to provide mentorship, accountability, and support
- Acknowledge that changing brain and behavior patterns is uncomfortable and that transparency can feel disconcerting

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Relapse vs. Slip/Lapse

Lapse or Slip: an unplanned use of alcohol or drugs

- I did not know it but my partner brought over methamphetamine, and I used. I will not have them come over again as they do not respect my recovery.
- I was at a work function, everyone was drinking, and I said yes. No one knew I was in recovery. In the future I will not go to work functions for a while unless someone knows I am in recovery and will support me. I will leave if I feel that that again.

Relapse is a recurrence of symptoms of a disease after a period of improvement
RELAPSE IS ABANDONING THE RECOVERY PLAN - THIS IS PREMEDITATED

- I called my dealer, met them and used methamphetamine once my child went to sleep.
- I kept drugs in my home throughout my recovery and then choose to use them
- This person has returned to the BEGINNING of the STAGES OF CHANGE—as a worker, they need MORE SUPPORT, RECOVERY, TREATMENT AGAIN
- If a client is ALWAYS relapsing, they are NOT in RECOVERY---they have periods of sobriety

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How to Add Recovery

- Recovery Meetings –
  - 12 Step, AA, NA, Red Road, Refugee Recovery, Celebrate Recovery, Dual Diagnosis etc.
- Spiritual or Religious community
- Volunteering
- School
- Work
- Mental Health Treatment
- Parenting
- Involvement in Community
- Exercise
- Creativity
- What else can you think of?

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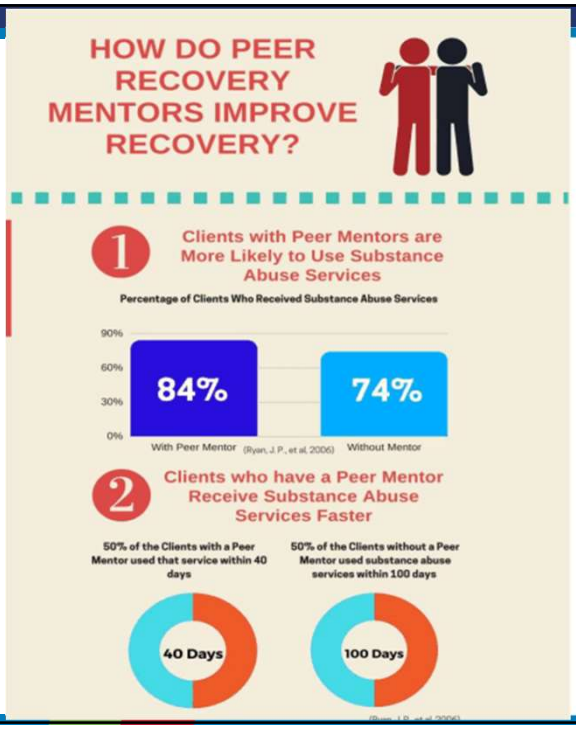

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Recovery Plans

- All plans should include named supports and their contact information

Addiction Outreach Clinic

RELAPSE PREVENTION *strategies*

behaviors you will observe to prevention relapse from occurring, i.e. Making new friends, volunteering, staying healthy

I will practice **SELF-CARE** *with*

how will you improve your daily lifestyle by taking care of your body and mind? i.e. meditate, exercise, eat better

people in my **SUPPORT SYSTEM**

name the people who are closest to you, who support you, who want you to succeed. i.e. siblings, parents, mentors

I will remain **ACCOUNTABLE** *by*

name your consequences ahead of time, if you slip up or don't hit a goal, you must keep yourself accountable

I am **GRATEFUL** *for*

name your consequences ahead of time, if you slip up or don't hit a goal, you must keep yourself accountable

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Child Abuse Prevention and Treatment Act (CAPTA)

- Federal law enacted in 1974
- Goal: **provide services** and **supports** for infants with prenatal exposure, those experiencing substance use disorders and their families
- Family focused plan to meet the needs of parent(s), infant(s), families

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Infant Specific Considerations: Plans of Care

Health care provider name:	Health care provider phone number:
Health insurance provider:	

Participants involved in the development of the Plan of Care

	Plan	Person/Organization	Contact information
Medical care for infant			
Medical care for parent(s)			
Safe housing/food/basic needs			
Infant sleep practices			
Routine/respite child care			
Emergency child care			
Transportation			
Parenting support			
Parent(s) service/resource referrals plan			
Infant service/resource referrals plan			
Family service/resource referrals plan			

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Plan of Care Basics

- **Who needs a Plan of Care?**
  - Any family with an infant with prenatal substance exposure.
    - An infant with prenatal substance exposure is a child under the age of one who is:
      - (a) There is credible information the birthing parent used *substance*s during the pregnancy or at the time of birth; or
      - (b) Prenatal *substance* exposure is determined by a positive toxicology screen from the infant or the birthing parent at delivery; or
      - (c) An infant whose health care provider has identified signs of *substance* withdrawal, a Fetal Alcohol Spectrum Disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm that associated with prenatal *substance* exposure.
- **When should a Plan of Care be developed?**
  - At any point during pregnancy when substance use is known up until the infant with prenatal substance exposure's first birthday.
- **Who develops a Plan of Care?**
  - Anyone working with the family can develop a Plan of Care.
  - If family is involved with child welfare, then the caseworker is responsible for ensuring the development of the plan.

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Plan of Care Basics continued

- **What is included in Plan of Care?**
  - Who participated and who is taking the lead to ensure updates occur as needs change
  - The people or organizations identified with contact information
  - Address:

Medical care for infant and parent	Safe housing, food, basic needs
Infant Sleep Practices	Childcare (routine and emergency/respite)
Transportation	Parenting Support
Parent and Infant service/resource referrals	Needs of family members

- **What happens after a Plan of Care is developed?**
  - Share it with family and providers identified (with appropriate ROIs)
  - Update as family's needs change

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Plan of Care vs Safety Plan

Safety Plan

- Initiated by ODHS Child Welfare to protect unsafe children.
- Immediately interrupts out of control caregiver behaviors, family conditions or circumstances likely to cause severe harm to vulnerable children in the near to immediate future.

Plan of Care

- Initiated by pregnant/postpartum individuals and family serving professionals to improve protective capacity of parents and reduce familial stress.
- Identifies infant and family safety, health and wellbeing needs.
- Connects families to resources they need to establish a safe, stable and protective environment.

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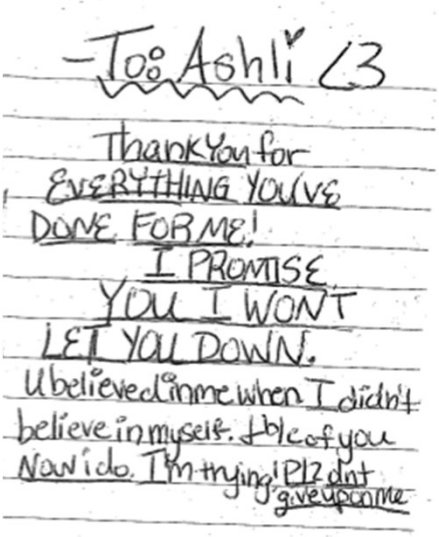
Family Preservation and SUD



Albera Branch Demonstration Site

- 26 families served to date
- Over 80% of families served have substance use concerns
- 3 families with court involvement
- 10 families closed with no re-entry
- Cases open for average of 9 months

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Thank you!

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