



Orange County Family Wellness Initiative

THE
WE CAN
WORKING TO END



COALITION
CHILD ABUSE & NEGLECT

a project sponsored by the County of Orange Social Services Agency

| Family Support Task Force

“A countywide cross-systems partnership to move resources and support upstream in the communities to families affected by perinatal substance use to reduce negative health outcomes, prevent child welfare intervention and infant/parent separation through implementation of the Family Wellness Plan (Plan of Safe Care)”

OC Family Wellness Initiative Focus



1. Improve outcomes for infants and families affected by prenatal substance exposure
2. Support the recovery of pregnant and parenting individuals and their families
3. Develop policies and protocols that support intervention during the prenatal period
4. Reduce the number of infants removed from their families as a result of parental substance use

OC Family Wellness Initiative Goals

Goal 1: Reduce stigma and discrimination by identifying and implementing methods to establish trust between the community, child welfare, service delivery providers, and the judicial system.



Goal 2: Increase the coordination of care and the implementation of Plans of Safe Care by developing and implementing protocols between partners that formalize how partner agencies will interact with, serve, and improve outcomes for families impacted by parental substance use and infants affected by prenatal exposure to substances.

Goal 3: Improve data collection and exchange with a racial/ethnic equity lens.

Goal 4: Increase access to care and services by cultivating a family-centered focus of treatment and support.

Supported by:



Impact of Perinatal Substance Use in Orange County

Calls to Child Welfare regarding a Substance
Affected Infant (SAI)

272

Families Investigated

259

Cases Opened


244

Infants Removed
from Family

187

FY 23/24

Source: SSA



*Adverse fetal and early childhood experiences
can—and do—lead to physical and chemical
changes in the brain that can last a lifetime*

- National Scientific Council on the Developing Child





Importance First Years

- Brain is creating its foundational architecture for life in first years
 - One million new neural connection A SECOND in first two years
 - How the brain structures its connections is foundational to an individual's future learning, behavior and physical and mental health
- Secure attachment with caregiver is key to creating a strong foundation
 - Requires time together
 - Even one week separation in the first two years has lasting negative consequences, including insecure/ disorganized attachment and subsequent mental health problems



Separation harms infants and parents

- Infant
 - Stress leads to higher cortisol levels and Autonomic Nervous System (ANS) activity
 - Changes homeostasis set points for life, can lead to obesity, diabetes, hypertension, hyperlipidemia
- Parent
 - Pregnancy and early parenthood is an especially productive moment to re-align stimulus response from drugs to infant/family.
 - The experience of removal of a newborn can completely derail a person newly in recovery
 - Distrust of “system” can lead to lack of care and services

Resources

- National Scientific Council on the Developing Child (2010). *Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10*. Retrieved from www.developingchild.harvard.edu
- [Brain Architecture \(harvard.edu\)](http://www.brainarchitecture.org)
- www.zerotothree.org
- Söderström, Kerstin & Skårderud, Finn. (2009). MINDING THE BABY Mentalization-based treatment in families with parental substance use disorder: Theoretical framework. *Nordic Psychology*. 61. 47-65. 10.1027/1901-2276.61.3.47





CA laws enacted in the 1990's

- “A positive toxicology screen is **not**, in and of itself, evidence of child abuse or neglect and not a sufficient basis for a mandated report.”

Pen. Code § 11165.13

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- “...**subsequent assessment required** of the needs of the mother and the child by a medical provider or a medical social worker to determine need to contact child welfare agency”

Health & Saf. Code § 123605, subd. (b)(c)

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- “Each county shall establish protocols between county health departments, county welfare departments, and all public and private hospitals in the county, regarding the use of an assessment of needs of, and a referral for, a substance exposed infant to a county welfare department”

Health & Saf. Code § 123605, subd. (a)

2016 Comprehensive Addiction and Recovery Act (CARA)

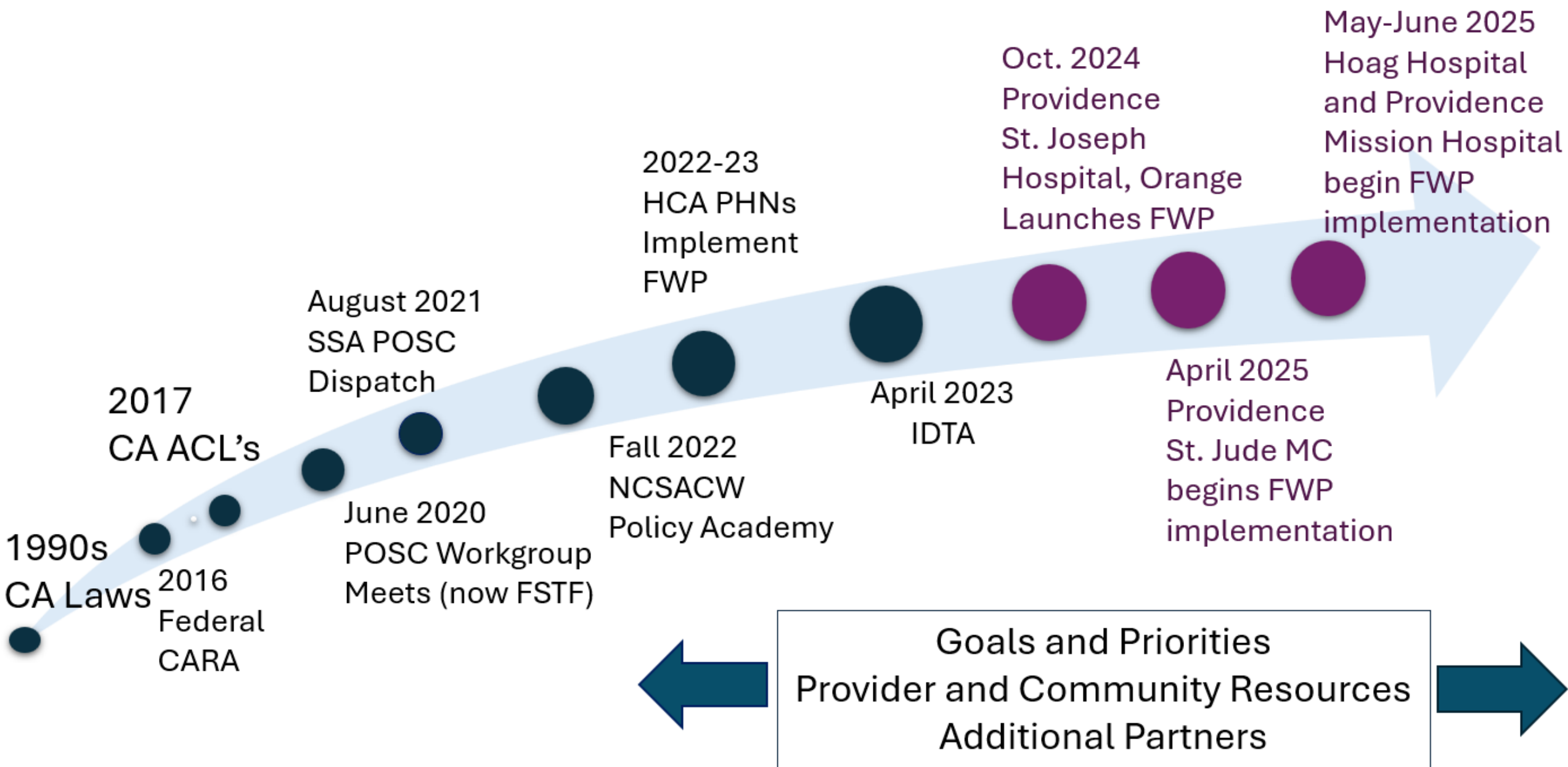
- Federal Law that requires a **Plan of Safe Care (POSC)** be developed for any infant prenatally exposed to substances, having withdrawal symptoms or diagnosed with Fetal Alcohol Spectrum Disorder (FASD) AND their caregiver(s)
- Defines that the purpose of a POSC is to improve the 1) safety and well-being of infants affected by prenatal substance exposure and 2) recovery outcomes for their caregiver(s).
- Specified **increased monitoring and oversight**
States required to ensure that Plans of Safe Care are implemented and that families have referrals to and delivery of appropriate services

CA Implementation of POSC

- Federal guidance to CA through CAPTA and CARA
- State gave direction to counties' child welfare agencies on POSC and data requirements through All County Letters to County Welfare and Probation (ACL 17-92, 17-107 and 20-122)
- ACL 17-92 defined “infants affected by substance abuse” for “CAPTA purposes” as those infants who are identified as being substance exposed, or having withdrawal symptoms, or having an FASD at birth **AND** whose subsequent assessment identifies indicators of risk that may affect infant's health and safety (mandated report)
- No similar All County Letters to Health Departments, Hospitals, or Managed Care Plans



Implementing Family Wellness Plans in Orange County



Best Practice: Prenatal Plans of Safe Care



- Can be developed by SUD programs, maternal health care providers, home visitor, or other public health supports
- Connects family with needed recovery, social and concrete supports before delivery
- Enables stronger partnerships across providers
- Can reduce need for child welfare involvement and family separation
- Not required by federal CAPTA changes, but a supportive, preventive practice

Family Wellness Plans should be...

Interdisciplinary across health and social services agencies.

Family-focused to meet the needs of each family member as well as overall family functioning and well-being

Completed, when possible, **during the prenatal period** to facilitate early engagement of parent(s) and communication among providers

Easily accessible to relevant agencies

Grounded in **evidence-informed** practices

Family Wellness Plan Components – Best Practices

Infant's Medical Care

- Prenatal exposure history
- Hospital care (NICU, length of stay, diagnosis)
- Other medical or developmental concerns
- Pediatric care and follow-up
- Referral to early intervention and other services
- Other

Mother's Medical Care

- Prenatal care history
- Pregnancy history
- Other medical concerns
- Screening and education
- Follow-up care with OB-GYN
- Referral to other health care services

Ensure consents are signed with all providers.

Mother's Substance Use and Mental Health Needs

- Substance use history and needs
- Mental health history and needs
- Treatment history and needs
- Medication Assisted Treatment (MAT) history and needs
- Referrals for services

Family/Caregiver History and Needs

- Family history
- Living arrangements
- Parent-child relationships
- Prior involvement with child welfare
- Current services
- Other needed services
- Child safety and risk concerns

The Family Wellness Plan



- Personalized guide to ensure necessary resources are provided to help families thrive
- A tool that communicates strengths, needs, and accomplishments to providers
- A tool to help with care coordination
- **Belongs to the client**
- **Done by/with the client**
- **Living document to be updated over time**



The background of the slide is a photograph of a modern building with a curved glass facade. The sun is setting or rising, creating a warm orange and yellow glow that is reflected in the glass panels. The sky is a mix of blue and orange. The building's structure is composed of dark, vertical and horizontal frames.

No single
agency can do
it alone

FWP is a unique
opportunity to support
the infant/mother dyad
and for cross-system
collaboration

OC Family Wellness Plan Pathway: PRENATAL (1)

Pregnant person is open to SUD services AND has Medi-Cal / is Medi-Cal eligible

Service Provider (SP)* identifies pregnant person with substance use via validated verbal SUD screening tool (e.g., 5Ps ,TAPS, SURP) OR self disclosure

Service Provider (SP)* currently caring for individual w/ SUD who becomes pregnant

Pregnant person is open to SUD services AND has Medi-Cal / is Medi-Cal eligible

YES

SP refers individual to HCA Perinatal SUD Treatment Care Coordinator (PTCC)

PTCC enrolls individual in SUD services, initiates FWP and begins coordination of supports**

- PTCC gets consent from pregnant person to share FWP with hospital in advance of birth event
- PTCC sends FWP to identified point of contact at birth hospital in advance of birth event
- Potential use of Bridges Connect system by prenatal providers to notify Bridges Coordinator staff at 8 participating hospitals***

*SP = OB, prenatal care provider, midwife, doula, home visitor, SUD treatment provider, etc.

**If individual declines services, refer to Prenatal (2) pathway

***Bridges Connect hospitals include: Anaheim Regional, Hoag Newport, Mission, OC Global, St. Joseph Orange, St. Jude, UCI Health Fountain Valley

OC Family Wellness Plan Pathway: PRENATAL (2)

Service Provider (SP)* identifies pregnant person with substance use via validated verbal SUD screening tool (e.g., 5Ps, TAPS, SURP) OR self disclosure

Service Provider (SP)* currently caring for individual w/ SUD who becomes pregnant

Pregnant person is open to SUD services AND has Medi-Cal / is Medi-Cal eligible

NO

Does SP have capacity for care coordination?

YES

SP initiates FWP and begins coordination of supports**

- SP gets consent from pregnant person to share FWP with hospital in advance of birth event
- SP sends FWP to identified point of contact at birth hospital in advance of birth event
- Potential use of Bridges Connect system by prenatal providers to notify Bridges Coordinator staff at 8 participating hospitals***

Pregnant person is NOT open to SUD services OR does NOT have Medi-Cal / is NOT Medi-Cal eligible

Service Provider HAS capacity for care coordination

*SP = OB, prenatal care provider, midwife, doula, home visitor (HV), SUD treatment provider (SUDTx), etc.

***Bridges Connect hospitals include: Anaheim Regional, Hoag Newport, Mission, OC Global, St. Joseph Orange, St. Jude, UCI Health Fountain Valley

OC Family Wellness Plan Pathway: PRENATAL (3)

***Pregnant person is NOT open to SUD services OR
does NOT have Medi-Cal / is NOT Medi-Cal eligible***

Service Provider DOES NOT have capacity for care coordination

Does SP have
capacity for
care
coordination?

NO

Is individual a Medi-Cal
managed care
member?

YES

Is individual enrolled
in ECM?

NO

YES

SP refers
individual to
X1** agency for
FWP initiation
and coordination
of supports

Individual
is referred
for ECM.

ECM
provider
initiates
FWP and
coordinates
supports

X1** agency initiates FWP and
coordinates supports

- FWP initiator/coordinator gets consent from pregnant person to share FWP with hospital in advance of birth event
- FWP initiator/coordinator sends FWP to identified point of contact at birth hospital in advance of birth event
- Potential use of Bridges Connect system by prenatal providers to notify Bridges Coordinator staff at 8 participating hospitals***

*SP = OB, prenatal care provider, midwife, doula, home visitor (HV), SUD treatment provider (SUDTx), etc.
**X1 agency could be HV, SUDTx, CBO with community health workers (CHWs) for ECM, etc.

***Bridges Connect hospitals include: Anaheim Regional, Hoag Newport, Mission, OC Global, St. Joseph Orange, St. Jude, UCI Health Fountain Valley

OC Family Wellness Plan Pathway: HOSPITAL–BIRTH EVENT (1)

Hospital Multidisciplinary Team (HMT)* identifies pregnant/postpartum person or infant with prenatal substance exposure (IPSE) via screening tool results or toxicology test when medically indicated

- Identifies if family has FWP (*may have received from SP, X1 agency, or from family*)
- **If no FWP exists, initiates FWP with family**
- Refers parent to services based on FWP and to ECM provider if Medi-Cal managed care member

Pregnant/post-partum person is open to SUD services AND has Medi-Cal / is Medi-Cal eligible

YES

Hospital refers individual to HCA Perinatal SUD Treatment Care Coordinator (PTCC)

PTCC enrolls individual in SUD services, initiates/continues FWP and coordinates supports***

NO

Hospital SW w/HMT conduct newborn risk assessment (NRA)**

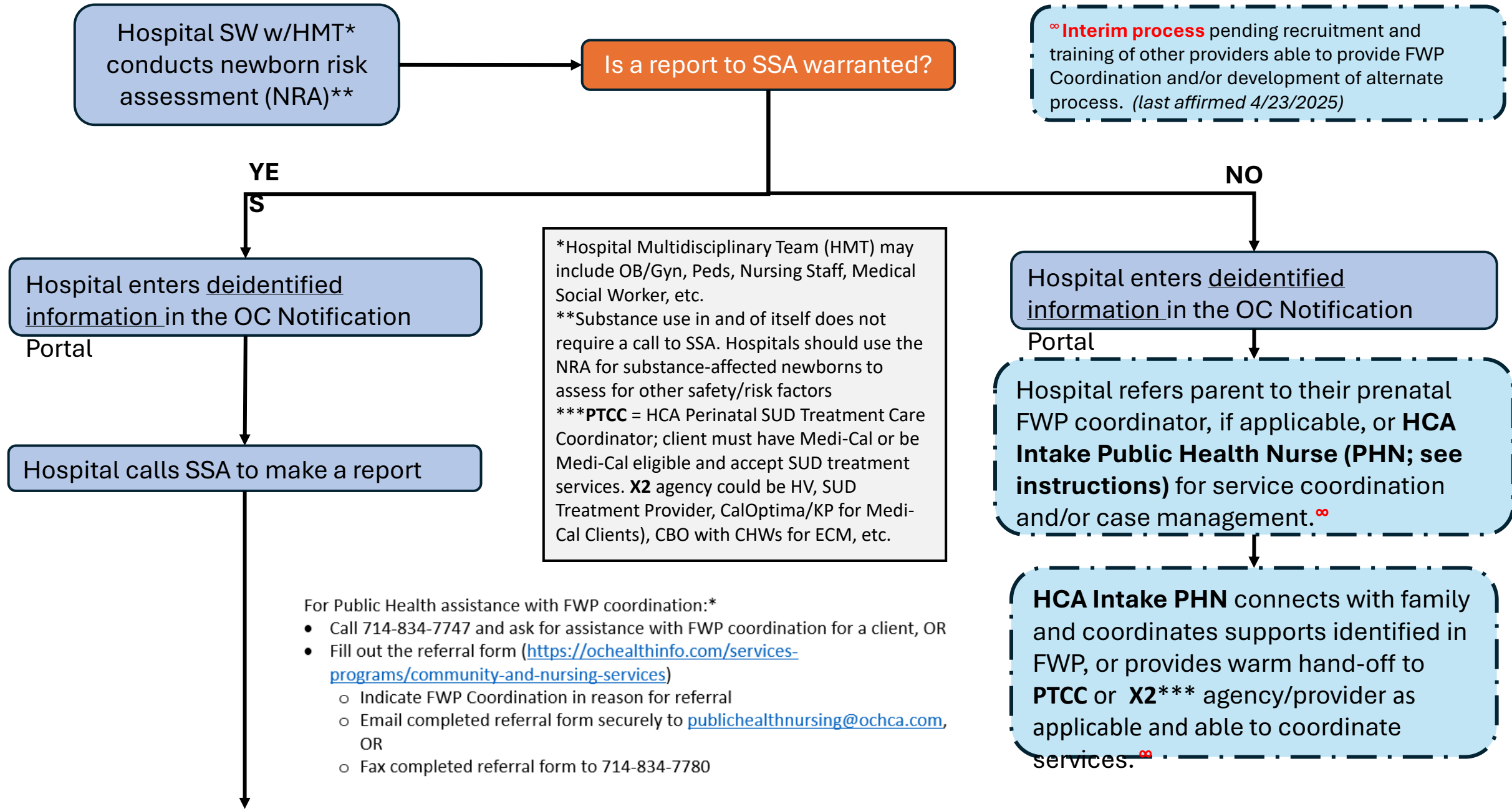
Is a report to SSA warranted?

*Hospital Multidisciplinary Team (HMT) may include OB/Gyn, Peds, Nursing Staff, Medical Social Worker, etc.

**Substance use in and of itself does not require a call to SSA. Hospitals should use the NRA for substance-affected newborns to assess for other safety/risk factors

***If individual declines services, hospital continues per HOSPITAL-BIRTH EVENT (2)

OC Family Wellness Plan Pathway: HOSPITAL–BIRTH EVENT (2)





OC Health Care Agency

[Home](#)[Thinking About Getting Pregnant](#)[Pregnant](#)[After Giving Birth & Baby's 1st Year](#)[Providers](#)

Every Parent OC

Every Parent OC is a resource for anyone who is thinking of becoming pregnant, is pregnant, or has a new baby. Our goal is to provide you with information and resources necessary to experience pregnancy and parenting in a safe and healthy way.

Pregnancy and Parenting Support

Perinatal Mood and Anxiety Disorders

Family Wellness Plan (aka Plan of Safe Care)

Opportunities



- How can we educate providers on FWPs so they can support a client who has one?
- How can we engage more providers to initiate FWPs?
- How to better coordinate care across systems longitudinally for families?