PolicyLab

Center for Rural Pennsylvania Public Hearing on the Opioid Crisis and Substance Use Disorder
Oct. 16, 2024
Kutztown University

Supporting Caregivers and Families in Recovery in Rural Pennsylvania

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CHOP PolicyLab's Approach to Supporting Caregivers and Families in Recovery

At PolicyLab, we recognize that caregivers and children of caregivers with substance use disorders need unique supports that center their families' experiences.

We are committed to *family-centered approaches* that support all members of a family through pregnancy and growing their family. We approach our research through *strengths-based perspectives* that center caregiver experiences and thriving in recovery. We take a *systems-focused view* that acknowledges the layered policy landscape and compounded structural inequities.

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Thank you for the opportunity to share about the importance of supporting the unique needs of caregivers and families in recovery. Pregnant and parenting people who are on a recovery journey require family-centered and strength-based recovery supports that promote child safety and preserve families.

In this information packet in support of our participation at the upcoming public hearing, we share our research and translational policy materials on supporting caregivers in recovery, including:

- **Issue Brief:** The Role of Child Care in Family Centered Approaches to Treatment for Substance Use Disorder
- **Issue Brief:** Addressing Opioid Use in Pregnant and Postpartum People
- **Project:** Improving Equitable Access to Evidence-based Treatment for Pregnant and Postpartum People with Opioid Use Disorder
- **Expert Commentary:** Supporting Caregivers Impacted by Substance Use Disorders
- **Expert Commentary**: Stragegies to Improve Connections to Services for Families Affected by Perinatal Substance Use

The following themes are cross-cutting to this body of work:

1. **Pregnancy, childbirth, and caregiving in a rural community is becoming more and more difficult due to the convergence of numerous rural-specific challenges, including** declining access to evidence-based maternal health care, the fraying of the rural social safety net and rural infrastructure (including child care), and the rising rate of caregivers and families in poverty. When we look at the special population of caregivers with substance use disorder or in recovery, the challenges become even greater.

2. **The opioid crisis is driving a maternal morbidity and mortality crisis in Pennsylvania.** Pennsylvania's Maternal Mortality Review Committee released their second report analyzing maternal deaths across the state. Maternal deaths refer to the death of a mother during the first year after the end of a pregnancy. The leading cause of maternal deaths, a cause contributing to nearly half (45%) of maternal deaths across the state, is a mental health condition, primarily a substance use disorder.

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3. **Caregiver substance use is particularly concerning in rural Pennsylvania.** According to PolicyLab research, numerous rural Pennsylvania counties have elevated needs, in comparison to the rest of the state, related to substance use during pregnancy and the postpartum period, including postpartum high risk opioid use, babies born with neonatal opioid withdrawal syndrome, and postpartum substance use.

4. **Access to trauma-informed substance use treatment is critical to preventing overdoses and adverse health outcomes and, importantly, promoting family preservation and wellbeing.** Young children of parents with substance use disorders are at an increased risk of child welfare system involvement, disruptions in caregiving relationships, and adverse health outcomes. Through multiple pathways, children of caregivers with substance use disorder may have greater risk for developing substance use disorders of their own, as well as other mental and physical health conditions throughout the life course. Caregiver substance use is an intergenerational issue for families and communities and treatment access promotes child safety and preserves families.

5. **Medications for opioid use disorder (MOUD), sometimes called MAT, including methadone and buprenorphine, *are the standard care during pregnancy*, yet most pregnant people with OUD do not receive any treatment with MOUD.** PolicyLab research has found this to be true for individuals across insurance payor groups. Only about 30% of women eligible for MOUD receive it in the year following a birth and many experience treatment disruptions of 30 days or more.

6. **Rural Pennsvylvanian communities where risk of maternal death due to overdose is higher have few, if any, supportive services for pregnant people, postpartum people, and caregivers experiencing substance use.** This forces pregnant and parenting people to forgo care or seek care far outside their communities and support systems.

7. **Caregivers face unique challenges in their recovery journey and numerous deterrents to seeking treatment, including:**
    - Pregnant people and caregivers fear the potential loss of child custody or criminal charges related to their substance use.
    - The lack of easily navigable treatment environments that are trauma-informed and accessible in pregnancy and the postpartum period.
    - There are few clinical providers trained in, comfortable with, and able to provide substance use disorder treatment during pregnancy.

- SUD is often experienced together with domestic violence, mental health challenges, and housing instability. These comorbidities represent layered challenges and yet our public systems are siloed and do not treat or respond to the 'whole person.' Domestic violence, especially in rural communities, is a common barrier to seeking treatment for substance use.
- Child care is a mediator to accessing treatment; when a caregiver can access safe and quality child care, they have the ability to seek the social and health care they need to support themselves and their families.

8. **Supporting caregivers in accessing treatment and supporting families throughout the recovery journey requires cooperation and partnership across multiple public systems.** Given the number of systems that a pregnant or parenting person with substance use disorder and their children may interact with, including health care, criminal justice, child welfare, and others, it is essential to identify opportunities for greater systems alignment and collaboration, and take a family-centered approach.

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EXPERT PERSPECTIVES ON CHILD HEALTH POLICY ISSUES

THE ROLE OF CHILD CARE IN FAMILY-CENTERED APPROACHES TO TREATMENT FOR SUBSTANCE USE DISORDER

Pregnant and parenting people with substance use disorder (SUD) face numerous challenges accessing treatment, including the absence of services in rural areas, lack of transitional housing, and difficulty locating clinical care providers with appropriate experience and who are receptive to their needs. Access to reliable and high-quality child care also serves as a potential facilitator or barrier to parenting people seeking and remaining in treatment.

PolicyLab conducted interviews with key stakeholders across Pennsylvania—including pregnant and parenting individuals, maternal health care providers, county officials, and those working in SUD treatment spaces—which highlighted the ways absence of quality child care prevents parents from accessing substance use treatment.

Actors such as the ***White House Office of National Drug Control Policy*** and the ***Substance Abuse and Mental Health Services Administration (SAMHSA)*** have stated a commitment to addressing the unique needs of the maternal–infant dyad. Yet achieving this vision of family-centered care remains challenging in practice.

As a research center with expertise in ***child care*** and supporting ***caregivers with SUD***, we are interested in exploring the intersection of these two areas and how to better align systems to improve family outcomes and equity. In this brief, we look at how improving outcomes and recovery trajectories for pregnant and parenting individuals with SUD requires serving the whole family unit, not just the individual parent. Specifically, we explore how providing access to quality child care positively affects a parent's ability to access and sustain SUD treatment.

This brief outlines potential solutions emerging from PolicyLab's research, discussion with stakeholders, and innovation from other states and jurisdictions across the United States. While this resource presents a case study of the child care landscape for caregivers with SUD in Pennsylvania, the takeaways may be broadly applicable to other states seeking to bolster their own programs and family supports.

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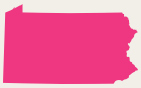

SUD and Maternal Health in Pennsylvania

Pennsylvania's *Maternal Mortality Review Committee (MMRC)* concluded that mental health conditions, primarily substance use, were the leading cause of maternal deaths in the Commonwealth in 2020. **Approximately 40% of cases identified SUD as a contributing factor in a maternal death** within the first year after giving birth.

PolicyLab's community-partnered *2020 Pennsylvania Family Support Needs Assessment (FSNA)* reflects the MMRC findings, pointing to substance use as one of the most pronounced issues facing families across the Commonwealth. Compared to the rest of the nation, *pregnant and postpartum people in Pennsylvania* have **about a two times higher rate of diagnosed SUD, and more than a two times higher rate of neonatal abstinence syndrome** in newborns. When seeking treatment, pregnant or parenting individuals in the state may encounter barriers based on their pregnancy status, increased stigma, long wait times and limited access to recommended medications.

Medication for Opioid Use Disorder (MOUD) is the *recommended standard of care* during pregnancy and the postpartum period for people with an opioid use disorder. Yet, according to the FSNA, as of 2021, **only 20% of substance use treatment centers in the state had specialized programs** for pregnant and postpartum people and offered MOUD to their clients. Regions in Pennsylvania with higher rates of pregnant and postpartum people experiencing SUD have *even fewer* specialized programs offering MOUD.

BARRIERS TO SUD TREATMENT AND MOUD FOR PREGNANT AND PARENTING PEOPLE

Pregnant and parenting people wishing to start SUD treatment face numerous legal, social, and structural barriers to accessing and sustaining treatment, including concern for who will care for their children, fear of child welfare and criminal policies, stigma, economic hardship, and treatment provider shortages.

Criminalization of substance use during pregnancy causes pregnant people to fear losing custody of their children and facing other criminal charges when seeking treatment. In some jurisdictions, their use of MOUD can trigger an ***automatic report*** to Child Protective Services as part of Plans of Safe Care. A ***PolicyLab study*** examining access to MOUD in pregnancy and in the postpartum period shows that pregnant people living in states with punitive policies related to substance use in pregnancy have the lowest rate of medication use.

Many health care providers lack knowledge and comfort in providing and monitoring tailored MOUD treatment for pregnant patients, despite ***strong evidence*** for the safety and efficacy of this treatment in pregnancy. In communities with ***existing maternal health care shortages***, locating a provider to prescribe MOUD during pregnancy can be even more challenging.

PolicyLab research also points to lower MOUD usage during pregnancy and the postpartum period for Black and Hispanic people, indicative of ***systemic racism*** manifested in the criminal justice and child welfare system policies and practices, a lack of culturally competent care, and clinician attitudes and biases that contribute to racial disparities in access to evidence-based treatment.

Intersecting with these barriers to treatment access are those specific to local contexts, including shrinking access to maternal care in Pennsylvania's rural communities and a statewide child care crisis (see *"The child care crisis in Pennsylvania"* on page 3). These intersecting crises impact parenting people with SUD in unique ways, which we will explore.

HOW LACK OF ACCESS TO QUALITY CHILD CARE AFFECTS PREGNANT AND PARENTING PEOPLE WITH SUD

The postpartum period is often physically and emotionally tumultuous for the birthing individual. During this time, they are at increased risk for postpartum mood disorders, may experience heightened financial insecurity, are adapting to changes in roles and relationships, and are exposed to increased scrutiny for health behaviors. Structural support for new parents navigating this time is often limited.

Child care is essential for a family's economic stability and equity. Time in high-quality child care, with caregivers trained in developmentally appropriate practice, positively affects children's healthy development. Access to child care is also essential for accessing and sustaining SUD treatment and employment in the postpartum period. While exploring the debate on how best to measure ***quality*** child care is outside of

The child care crisis in Pennsylvania

Families face many well-documented challenges accessing high-quality child care, including *high costs* and limited financial support, despite *recent state efforts* to offer more financial support to families. Additional barriers include irregular work schedules for families, a shortage of high quality child care slots, a lack of paid family leave and a *shortage of infant slots*. The child care sector also faces significant challenges, including administratively burdensome subsidy processes, rising costs, and high staff shortages and turnover.

In Pennsylvania:

- ***57% of people live in a child care desert*, and this number goes up to 73% for rural families.**
- **Child care programs *reported* 2,395 open child care provider positions, resulting in the closure of 934 classrooms.**
- **46% of child care slots meet *standards set by the state* to be defined as "high-quality."**

PolicyLab interviews with key stakeholders in Pennsylvania related to SUD treatment access for pregnant and parenting people

As part of the research project, *Improving Equitable Access to Evidence Based Treatment for Pregnant and Postpartum People with Opioid Use Disorder*, PolicyLab researchers interviewed key stakeholders across the Commonwealth. In-depth semi-structured interviews with pregnant and parenting people with SUD, treatment center administrators, maternal health providers, and drug and alcohol Single County Authority leadership were de-identified and coded using grounded theory. Researchers identified key barriers to accessing treatment for parenting individuals and outlined the structural and social determinants of well-being for this population.

the scope of this brief, important components of child care for this population include strong communication, responsiveness to families' needs, a trauma-informed approach using an evidence-based social–emotional curriculum and supporting early identification of children's needs.

Parents also need child care support for attending inpatient and outpatient treatment, and if they are prescribed methadone as their form of MOUD, accessing it daily. Yet, PolicyLab's key stakeholder interviews demonstrate that parents with SUD are left navigating fragmented systems that are not designed to support a family-centered approach to recovery, pushing parenting individuals with SUD further from the treatment they are trying to access.

These interviews also highlighted attempts by drug and alcohol Single County Authorities, SUD treatment centers and child care providers to overcome the child care barrier. For example, one treatment center previously maintained a memorandum of understanding with local Early Head Start agencies to prioritize children of those in treatment. Another county previously partnered with a treatment facility to pay for in-house child care, utilizing a time-limited prevention-focused funding source. These efforts struggled and eventually ended due to limited capacity, long-wait lists and loss of funding.

While exploring the debate on how best to measure quality child care is outside of the scope of this brief, important components of child care for this population include strong communication, responsiveness to families' needs, a trauma-informed approach using an evidence-based social-emotional curriculum and supporting early identification of children's needs.

Treating an individual without supporting their role as a parent affects both those seeking and those providing treatment, as well as the safety and healthy development of the children of those with SUD, in the following ways:

First, from a parenting perspective, lack of access to high-quality, affordable child care interferes with parenting individuals' ability to engage in an appropriate level of SUD treatment.

Parents cannot attend inpatient residential treatment programs without full-time care for their infant and/or other children. There are limited mother and baby residential treatment programs, and the person needing treatment may still require additional child care support for their older children. Given how few of these facilities there are, it is also likely that they are far from the parenting person's community. Parents are hesitant to enter treatment far from their home community, which would disrupt family stability, including older children's school, friend and family networks.

Parents also ***face challenges*** to participating in medical, counseling, and therapy appointments, including intensive outpatient group therapy programs that do not offer child care support during therapy (which few do). New parents in particular, who are learning new skills like breastfeeding, may be stressed and unable to participate in group therapies with their newborn present.

For example, in PolicyLab's interviews, one parenting person said,

> *"One of the biggest things is there's a lot of groups like mental health or co-occurring disorders where they have intensive outpatient. It's almost like going to a class. You go to group two hours, three hours, for three days a week. And because I'm a single mom, I have no one to watch my kids. So, I can't do those groups. I can only do individuals...like kids, no one really wants to have to deal with kids in like those sort of rotations, you know?"*

This experience is mirrored in national data. Despite child care being part of required wraparound services for the National Institute on Drug Abuse's (NIDA) comprehensive treatment programs, very few outpatient treatment facilities that serve women provide child care. Only ***16% of programs*** for postpartum women offered child care (according to data from 2018). Programs operating in rural communities were even ***less likely*** to provide wraparound services like child care or parenting classes.

Parents in recovery also require child care supports beyond the time they are in a treatment program, and these needs shift over time. As parents return to work or school, they may require more full-time child care in addition to support for attending treatment.

Second, from a treatment program perspective, organizations that want to take a whole-family approach face numerous barriers to incorporating child care into programs.

Incorporating child care into a treatment center may bring additional regulatory oversight and costs, including additional licensure, which is cumbersome to attain and requires engagement with unfamiliar state regulatory bodies. Onsite child care also requires having child-friendly and child-safe spaces and certified child care providers with experience in supporting children with higher social needs. For example, one treatment center in PolicyLab's interviews said,

> *"You can't just have a babysitter on site, you know, to watch the children. You need the whole licensing and everything else. So, it does turn into a complicated situation."*

Another treatment center that wanted to offer child care said,

> *"We've talked a lot about creating some sort of child care entity... But the legalities of some of that are challenging to navigate. We're trying to better understand this. Our understanding is if you wanted to set up and offer child care, like at an outpatient treatment facility, you would need to become [a] licensed [child care facility]."*

In addition to attaining licensure, SUD treatment centers wanting to provide child care while the parenting individual is in therapy must navigate all the challenges that the child care industry is already struggling to address, such as hiring child care providers with appropriate training, compensation and ratios (see *"The child care crisis in Pennsylvania"* on page 3). Providing these wraparound services is expensive and treatment facilities may struggle to access appropriate funding for them. Without a clear funding source, treatment centers are hesitant to engage in providing this service.

Lastly, access to quality, affordable child care positively impacts a child's development and is a protective strategy against maltreatment and neglect.

In ***a study*** of mothers entering substance use treatment, difficulty finding child care was a stronger predictor of self-reported maternal neglect than almost any other factor. ***Another study*** showed that waitlists to access subsidized child care are associated with an increase in child maltreatment investigations.

Pregnant and parenting people with SUD may have fewer healthy social support networks, including strained relationships with family members, making informal care arrangements a less desirable option for parents. Furthermore, informal care arrangements are a risk factor for child injury; maltreatment-related injuries (as opposed to neglect) happen with increased incidence when a child is left in the care of a non-primary caregiver.

In a PolicyLab ***study***, respondents identified maltreatment-related injuries as having occurred most frequently in the context of a mother's male partner who is not the child's father. Having a non-parental male caregiver may ***increase*** a child's likelihood for experiencing physical abuse.

While unstable child care arrangements are related to child maltreatment, ***time spent in quality child care*** buffers against detrimental effects of household stresses. Safe, stable, nurturing child care environments create continuous stable relationships and environments for children. These benefits can also have a ***spillover effect*** to improve the quality of a family's home environment, and can decrease risk of maltreatment or neglect.

EXAMPLES OF CREATIVE APPROACHES THAT COULD SUPPORT CHILD CARE NEEDS OF PREGNANT AND PARENTING PEOPLE WITH SUD

Meeting the needs of a parent in recovery by taking a family-centered approach and addressing child care needs can take different, and complementary, approaches. We highlight examples that seek to address child care challenges through working within existing child care networks to better meet families' needs, creating novel partnerships, or stepping outside the typical child care service model:

1. **Community Minded Enterprises in Spokane County, Washington offers a *Child Care Assistance Program* that partners with existing child care facilities in the community.**

   This program provides free child care placement for the children of parents in substance use recovery, including outpatient programs and individual and group support meetings. The program covers children aged 6 weeks to 12 years old and helps place children in appropriate infant or toddler care, preschool, before and after school programs, and summer camps.

2. **The *Lehman Center Crisis Nursery* in York, Pennsylvania offers respite care, or short-term child care, a caregiving model that is in *severely short supply* in most areas.**

   Models like this can be highly beneficial to parents without a strong family safety net who are seeking SUD treatment. The program provides day and overnight services (for up to three nights) and walk-in services for families with overwhelming stress, lack of a healthy family support system, and emergency situations, including medical issues or homelessness and eviction. Care is provided for newborns and children through age 6, and includes home-cooked meals, play, and social activities including arts-based therapy, family advocacy and parent support groups. As part of Children's Aid Society, funding comes from local child welfare services, the United Way and individual donors.

3. **Illuminate Colorado has created *mobile child care units* serving outpatient treatment facilities.**

   Their program includes four RVs renovated to serve infants and toddlers, that park at multiple outpatient treatment centers every week.

   The project required a change in ***legislation*** allowing for exceptions to licensure rules for child care centers. Funded through a mixture of state dollars, federal grants, and private donations, the fleet of mobile child care units are staffed by child care workers with additional training in resource navigation to support families.

4. **The *Family Services* program run by Los Angeles County's Public Health Department Substance Abuse Prevention and Control requires all treatment programs that support pregnant or postpartum people to treat the family as a unit and admit both women and their children together into programs.**

   They provide numerous wraparound services for children during this time, including housing, case management, cooperative child care or licensed-like child care, and transportation for parents and children.

Each of these approaches requires special attention to appropriately meet the needs of children in a family with SUD. Approaches that move beyond the traditional child care model, like mobile units or cooperative models, often rely on workarounds to licensure requirements, but still require appropriate oversight. Serving families with additional challenges may require further funding to support specialized teacher training, behavioral health expertise and connections to other community providers.

Approaches that seek to work within the existing child care landscape must consider how to build the capacity of existing services to best support children of people with SUD. To do so, services must be accepting and supportive, use a trauma-informed approach, and may include further supports like additional developmental screenings and therapies, and options for flexible and irregular hours.

WHERE THIS TAKES US TO IMPROVE POLICY AND PRACTICE

"Substance use disorders are family diseases because there can be an intergenerational transmission that affects the entire family unit and its individual members. Family-centered treatment promotes the delivery of comprehensive services that can transform these families into healthy, functioning entities that can raise children, reach their economic goals, and support the wellbeing of all members. Family-centered treatment offers a solution to the intergenerational cycle of substance use and related consequences by helping families reduce substance use and improve child health and safety."

Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements, and Challenges [SAMHSA]

There are a broad set of policy and system changes that could better support pregnant and parenting people with SUD. This brief focuses on child care and SUD treatment systems, understanding that broader changes are necessary to support family-centered approaches to recovery.

In addition to the national strategies already mentioned, there has also been welcome attention to ***what states can and are doing*** to meet the needs of pregnant and parenting people with SUD. Child care is consistently recognized as a barrier to treatment access in these and other plans and strategies, yet there are few concrete supports for improving access to child care for this population.

SAMHSA, and in turn the Pennsylvania Department of Drug and Alcohol Programs (DDAP), identify pregnant and postpartum people as a priority population for the purposes of the state's Substance Use Prevention, Treatment, and Recovery Services block grant, and it should be noted that this block grant can be used to cover child care costs when a parent is in treatment. Yet, there is an opportunity and necessity to use this stated commitment to drive changes in policy, practice, and cross-agency collaboration, and broaden the lens to consider the family unit as the target population.

We offer the following opportunities for action and investment to improve access to child care for those pregnant or parenting with SUD.

→ Support SUD treatment and child care providers in meeting needs; support families in systems navigation.

SAMHSA's recent National Strategy to Improve Maternal Mental Health Care recommends investing federal funding in support of creating trauma-informed, accessible, and equitable family-friendly health care facilities by ensuring free, embedded child care across the spectrum of inpatient, residential and outpatient care.

There are a number of steps that state and county leaders as well as SUD treatment providers can take while working towards this goal.

State and county leaders could partner with SUD treatment providers in ensuring there is strong comprehension of requirements for child care licensure, including situations in which it is not required, and support those who wish to seek licensure. SUD treatment providers working to support caregivers with SUD may consider scheduling treatment groups to accommodate child care availability for parents and providing simultaneous intergenerational therapeutic models. They may also partner with local Early Learning Resource Centers to increase child care knowledge among case managers and similar roles so they can actively help families navigate the child care system and select high-quality care providers.

County, state and federal officials should also direct funding support towards child care programs. Given the existing challenges within the child care industry, additional funding should be directed towards child care programs with capacity to develop and tailor services that meet the needs of parenting people with SUD. Funding or subsidies may support training and technical assistance grants, as well as increased rates which incentivize child care programs to support this specific population. Critical to this approach, particularly in rural areas, is supporting and training home-based child care providers, who may offer a more flexible alternative than center-based care.

State and county leaders could look to financially and technically support families and SUD treatment providers with child care navigation and placement. For example, Children's Hospital of Philadelphia's ***Community Clinical Systems Integration*** initiative includes an early childhood education support component. This initiative sponsors a child care navigator to help families enroll their children in quality child care and improve communication between families, child care centers and health care professionals.

→ Leverage different state and county funding streams that serve this population.

The U.S. Administration of Children and Families has ***actively encouraged*** states to use the Child Care and Development Fund (CCDF) block grant to support those with SUD. Pennsylvania's CCDF plan for 2025–2027 includes a number of populations that are placed on a priority waiting list to receive child care funding. Through regulatory change or legislative action, this list could be expanded to include children of parents actively engaged in SUD treatment.

Other opportunities related to the CCDF block grant include:

- Lead agencies have flexibility in defining the "job training or education program" in which a caregiver is required to be enrolled in order to access child care subsidies, and can include time spent in treatment for substance use in their definition as an eligible activity. Knowing their families would have eligibility for child care subsidies would encourage SUD treatment centers to build relationships with local child care providers and support directing their families to these centers.
- CCDF block grant funds could be used to train child care staff in supporting children in families with substance use, to provide family child care navigators, and to increase subsidies to child care by opening slots for this priority population.
- Block grant funds could also be used to identify areas with a lack of child care (home- and center-based) and high rates of SUD, and provide training and support for family-based child care provision.

Federal programs may also expand their eligibility criteria to include the children of families whose parents have SUD. For example, Early Head Start (EHS), an income-based program for parents with a child under 3, provides some child care opportunities. Consideration of EHS as a services provider for families with parents who have SUD could create opportunities to fill the need for parental support and child care. Also, Head Start, an income-based child care program for children ages 3–5, expands its income requirements for families who have other designated social needs like being in foster care placements or having a teen parent. By designating children of parents with SUD as a priority population for eligibility, families may be able to access subsidized child care slots.

In addition to these opportunities, Pennsylvania counties are receiving an ongoing influx of money from the opioid settlement fund. They have flexibility in how they use these funds to meet their needs in responding to the opioid epidemic, including using them to address trauma and adverse childhood experiences of children whose parents use substances. One allowable use of the funds is to provide comprehensive wraparound services to individuals with opioid use disorder (OUD), including housing, transportation, job placement and training, and child care.

As of mid-2024, in the information available on ***how counties are spending these funds***, ***Allegheny County has highlighted*** using the money to fund new Early Head Start Childcare Partnership program slots for children ages 0–3 impacted by OUD. The funding provides child care slots for caretakers with OUD who need child care support while undergoing treatment or looking for a job and who do not qualify for state-funded child care subsidies. Other counties could consider a similar approach or other uses for this funding stream to invest in child care system gaps and potential models raised in this brief.

We hope this information can inform the development of family-centered programs and policies to optimize evidence-based treatment access for pregnant and postpartum people, support their recovery, and ultimately, help them and their families thrive.

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ACKNOWLEDGEMENTS

The authors thank Jen DeBell, Executive Director, Pennsylvania Association for the Education of Young Children, and Pamela Lilleston, Director, Office of Applied Research & Evaluation, Scientific Advisor, New Jersey Department of Children and Families, for their input on this brief.

They also thank all of the pregnant and parenting people with SUD, treatment center administrators, maternal health providers, and drug and alcohol Single County Authority leaders interviewed as part of PolicyLab's research.

SUGGESTED CITATION

Whittaker J, Rosenquist R, Gerdes M, Chatterjee A, Kellom K, Matone M. *The role of child care in building family-centered approaches to treatment for substance use disorder*. PolicyLab at Children's Hospital of Philadelphia; 2024. Retrieved from *bit.ly/ChildCare-SUD-Brief*

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PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia's Research Institute, one of the largest pediatric research institutes in the country.

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ADDRESSING OPIOID USE IN PREGNANT AND POSTPARTUM PEOPLE

A DATA REVIEW FROM THE 2020 PENNSYLVANIA FAMILY SUPPORT NEEDS ASSESSMENT

PENNSYLVANIA FAMILY SUPPORT NEEDS ASSESSMENT

From 2019-2020, the Pennsylvania Office of Child Development and Early Learning (OCDEL) partnered with Children's Hospital of Philadelphia's (CHOP) PolicyLab to conduct a county-level needs assessment of health resources and economic and social conditions for Pennsylvania families. The final product, the ***PA Family Support Needs Assessment*** (FSNA), provides critical insight into both social determinants of health—like rent burden and food access—and traditional measures of health outcomes across Pennsylvania.* In the assessment, counties are ranked as having elevated, moderate or low need across 67 indicators.** The PA FSNA provides a systematic method for identifying community need to inform resource allocation statewide.

THE IMPACTS OF OPIOID USE IN PREGNANT AND POSTPARTUM PEOPLE

Pennsylvania had the **third-highest number of deaths from opioid overdose in the nation** in 2019. The COVID-19 pandemic has only exacerbated this problem—there was a 16% increase in the state's overdose deaths in 2020, disproportionately experienced by Black people.

New statewide data from the Pennsylvania Maternal Mortality Review Committee tell a similar story for people who give birth inPennsylvania: from 2013-2018, accidental **poisonings—including drug overdoses—were the leading cause of pregnancy-associated death in the state**, and these rates have more than doubled since 2013. There were also glaring racial disparities in maternal mortality from all causes: Black women made up 23% of deaths but only 14% of births.

The Pennsylvania Family Support Needs Assessment identified substance use as a key area for study and improvement in the state, offering several insights to address both substance use and, more specifically, opioid use. In light of recent data on rising opioid overdose rates driving pregnancy-associated deaths in Pennsylvania, this brief aims to highlight specific needs relevant to this issue in both urban and rural areas of the state to better support pregnant and parenting people in treatment and recovery during the opioid epidemic.

**Information from this brief is compiled from the full PA Family Support Needs Assessment developed by PolicyLab at Children's Hospital of Philadelphia and the Pennsylvania Office of Child Development and Early Learning. The full report and appendices are available at bitly.com/PA-FSNA-2020.*

***Refer to the "Summary of Methods" chapter, starting on page 8, in the full PA Family Support Needs Assessment*

These data describe a startling crisis for Pennsylvania's pregnant and postpartum people. Beyond pregnancy-associated death, using opioids during pregnancy is linked to a significantly higher likelihood of preterm birth and neonatal abstinence syndrome (NAS), which can lead to a cascade of challenges for individuals in the postpartum period, including a higher likelihood of psychiatric conditions such as depression and anxiety, as well as postpartum overdose.

Opioid use in pregnancy and the postpartum period also has broader implications for families. Parental substance use is a key driver of child welfare involvement, cited as a core factor for removal from the home for more than 35% of children in foster care in 2016 across the nation—an increase of nearly 17% since 2000. Therapeutic and prevention models are important not only for addressing racial inequities in maternal and infant morbidity and mortality but also remediating racial disproportionality in the child welfare system, such as children of color being less likely to be reunified with their families after being removed from the home due to parental substance use.

There are well-described links between opioid use, socioeconomic status and housing instability. Disadvantaged socioeconomic status is associated with higher infant mortality and higher prevalence of opioid prescriptions. Concerns about loss of custody loom large for parents using opioids, which is inextricably tied to stable-enough housing to maintain or regain custody of their children, especially if the family finds a housing or shelter environment that exacerbates the parent's substance use.

SPOTLIGHT ON TERMINOLOGY

Substance Use and Opioid Use: Opioid use—distinct from the broader category of substance use—is rising in Pennsylvania and nationally, exacting a unique toll on people who give birth. While we aim to use "opioid use" as specific terminology wherever possible in this brief, some available data and intervention programs are targeted only to the broader category of substance use.

Pregnant and Postpartum People: We recognize that pregnancy and the postpartum period includes people of multiple gender identities, including cisgender women, transgender women and nonbinary people. We aim to use gender-inclusive language throughout this brief, though some data may specifically refer to people who identify as women.

Medication for Addiction Treatment: To reflect current usage from the National Academy of Medicine, we aim to use this preferred term to refer to medication used in treatment for opioid use disorder, but specific data cited in this brief may refer to the term medication-assisted treatment (MAT) where it is used in the PA FSNA and parts of the scientific literature.

KEY INDICATORS OF OPIOID USE IN PREGNANT AND POSTPARTUM PEOPLE IN PENNSYLVANIA

PolicyLab compiled county-level data assessed in the PA FSNA from eight related indicators* of substance use, the impacts of opioid use in pregnancy, and risks for people in the postpartum period to offer broad insight into opportunities for intervention to support vulnerable parents and their families.

INDICATOR	PA MEDIAN	U.S. RATE
Postpartum high-risk opioid use	9.21% of Medicaid-enrolled mothers	N/A**
Substance treatment facilities	3.31 facilities per 100,000 residents	4.5 facilities per 100,000 residents
Mental health treatment facilities	3.74 facilities per 100,000 residents	3.6 facilities per 100,000 residents
Buprenorphine physicians	5.39 providers per 100,000 residents	26.6 providers per 100,000 residents
Overdose deaths	29 deaths per 100,000 residents (15-64)	11.3 providers per 100,000 residents (15-64)
Opioid overdose hospitalizations	52.4 hospitalizations per 100,000 residents	28 hospitalizations per 100,000 residents
Neonatal abstinence syndrome	15.7 diagnoses per 1,000 neonatal stays	7 diagnoses per 1,000 neonatal stays
Pregnancy and postpartum substance use disorder	5.35% of Medicaid-enrolled mothers	2.3% of Medicaid-enrolled mothers

**Definitions and data sources for each indicator are listed in the Appendix in Table 1.*

***The indicator of postpartum high-risk opioid use does not have an equivalent national benchmark.*

WHAT WE FOUND

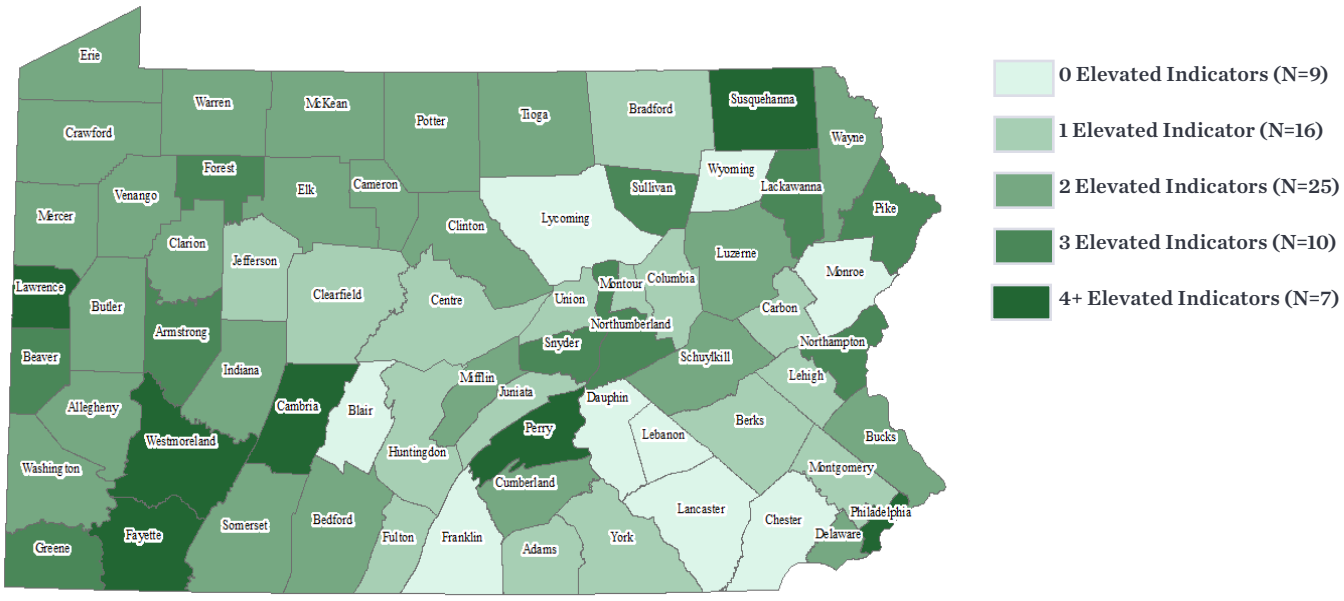
Compared to median rates across the U.S., Pennsylvania has:

- Nearly ***2x higher*** rates of opioid overdose hospitalization and death
- Almost ***5x fewer*** physicians who can prescribe buprenorphine to treat people with opioid use disorder

For pregnant and postpartum people in Pennsylvania compared to median rates in the rest of the nation, they have:

- ***2x higher*** rates of diagnosed substance use disorder
- More than ***2x higher*** rates of neonatal abstinence syndrome (NAS) in newborns

Indicators of Elevated Opioid Use and Need for Treatment in Pennsylvania



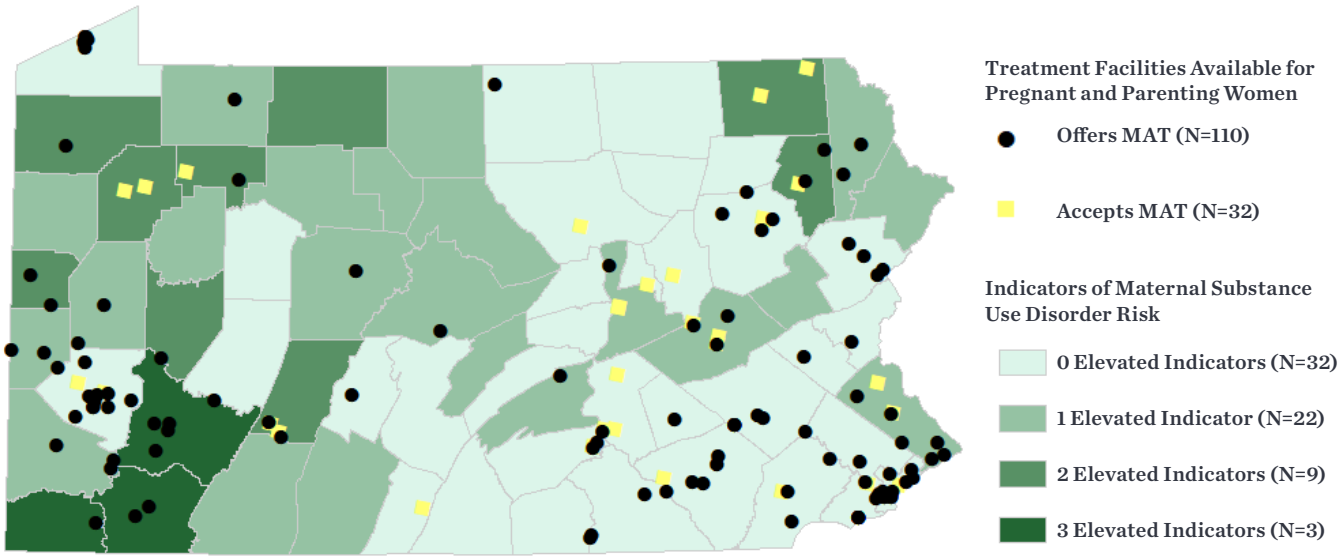
This map highlights indicators of elevated need across the 8 indicators listed in the table on Page 2. Full definitions for each indicator are available in the Appendix.

These indicators suggest substantial need in counties across Pennsylvania, with a particularly **elevated concentration of need in the southwestern region of the state**. County-level maps of smaller indicator groups are available in the Appendix.

It is also important to note that Philadelphia and Allegheny counties represent counties with the highest absolute need in terms of population size, and a closer look reveals **three Philadelphia ZIP codes with elevated substance use risk** relative to the rest of the state and **34 Allegheny ZIP codes with elevated substance use and/or opioid use risk**. ZIP code maps for these counties are also available in the Appendix in Figures 6 and 7.

Spotlight on Pregnant and Postpartum People:

Access to Medication for Addiction Treatment Shown with Prevalence of Opioid-Related Diagnoses Specifically among Pregnant and Postpartum People



The three indicators of maternal substance use disorder risk include 1) postpartum high-risk opioid use, 2) neonatal abstinence syndrome diagnosis, and 3) pregnancy and postpartum substance use disorder.

This map highlights critical gaps between the needs of pregnant and postpartum people using opioids and substance use treatment facilities that are available to support those unique needs. If you look specifically at facilities that offer medication for addiction treatment to pregnant and postpartum people, the universe of available treatment options is even smaller. In fact, of the **564 substance use treatment facilities in Pennsylvania listed by the Substance Abuse and Mental Health Services Administration (SAMHSA), only 110 have specialized programs for pregnant and postpartum people and offer medication to their clients**.

Access to these types of specialized services could be important for people initiating and maintaining treatment in pregnancy and the postpartum period. There is evidence that pregnant patients seeking treatment for opioid use encounter barriers to treatment based on their pregnancy status, such as limited access to recommended medications, increased stigma and long call wait times.

In evaluating the geographic distribution of need and clear gaps in access to treatment, it is also critical to note the relationship between opioid use and socioeconomic status. Nationwide, lower socioeconomic status—particularly median income, lower education and unemployment—is associated with higher indicators of the opioid epidemic. A county-level evaluation of socioeconomic need across Pennsylvania is available in the PA FSNA, and a map of these geographic trends is included in the Appendix of this brief.

RECOMMENDATIONS

These recommendations focus on opportunities for action in Pennsylvania to address opioid use and access to treatment for substance use disorder in pregnancy and the highly vulnerable postpartum period. In Pennsylvania, overdose deaths accounted for 40% of the pregnancy-associated deaths in 2018, a rise from 19% in 2013. It is important to note that overdose risk extends beyond the immediate postpartum window, with research indicated that 7-12 months postpartum still presents an elevated overdose risk period.

Improve Access to Treatment for Substance Use Disorders.

→ ***Extend and enhance perinatal Medicaid coverage.***

Medicaid is essential for providing access to health services for individuals with low income and covers 32% of births in Pennsylvania. Well-documented disparities in health outcomes among people with low income extend to pregnancy-associated deaths in Pennsylvania, which disproportionately occur among Medicaid-eligible individuals (53%) and reflect the influence of structural and social determinants of health. The federal American Rescue Plan passed in early 2021 includes an opportunity for states to extend their Medicaid coverage in the postpartum period from the current 60 days (for those qualifying through pregnancy eligibility levels) to a duration of 12 months. Among other advantages, this provides coverage for all Medicaid benefits—not simply those related to pregnancy and delivery—which can ensure continuation of coverage for new parents who seek treatment for opioid use. Pennsylvania's stated intent to take up this flexibility has the potential to facilitate improved access to treatment in the coming years, but additional federal efforts will be needed to make this change permanent.

As the Pennsylvania Department of Human Services seeks to incentivize quality prenatal, labor and delivery, and postpartum care through Medicaid, including through alternative payment models, the use of quality metrics that incentivize access to and continued engagement in substance use disorder treatment can serve as a valuable tool for improving care. The adoption of appropriate metrics that will incentivize substantive improvements and innovations in delivery of care and ultimately, patient outcomes, is critical. Metrics that reflect the use of professionals adept at service connectivity and navigation of the treatment and recovery process—including social work, care navigators, community health workers, peer support recovery specialists—are needed. Moreover, given the known geographic disparities in access to medication across the Commonwealth, state Medicaid has a role to play in considering payment levers that support greater and more equitable access to evidence-based treatment inclusive of medication for pregnant and postpartum people.

→ ***Focus on access to medication for addiction treatment.***

Pennsylvanians in more than half of the counties in the state have low levels of access to buprenorphine, substance use treatment or mental health treatment. These gaps in access are exacerbated for pregnant and postpartum people, with several counties lacking any specialized programs offering medication for addiction treatment to this population, which is critical to initiation and retention of treatment for many people. Providers are required to have an X-waiver to prescribe buprenorphine, and despite recent relaxation of

The American College of Obstetricians and Gynecologists highlights medication support as the preferred treatment for people using opioids during pregnancy, but research has shown that people who are pregnant inconsistently receive medication as part of their substance use treatment, and much less frequently than recommended.

There are also significant racial disparities in access to medication for opioid use disorder, with Black patients less likely to have treatment follow up after hospitalization with an overdose, and White patients and those with employer-based insurance plans more likely to access buprenorphine treatment. With these racial disparities mirroring racial disparities in maternal mortality across the state, it is imperative that equity is urgently prioritized in policy solutions that support greater access to medication.

this regulation, there are still too few providers with the required training and certification to offer these medications, including only 2% of OB/GYNs. Increasing access to medication for addiction treatment in the state will require a layered approach that includes targeted investments to address geographic disparities in medication providers highlighted in the state map above, supporting more OB/GYNs and other providers working with pregnant and postpartum individuals to get X-waivered, and increasing funding for comprehensive medication services across the state. A specific focus on the southwestern and northwestern regions of the state is warranted.

Support Family-based Treatment Interventions.

→ *Continue support for family focused interventions.*

Family-focused interventions for pregnant and postpartum people are an important component of comprehensive support for opioid use disorder. Many programs that support families dealing with opioid use are ancillary in nature, such as evidence-based home visiting (EBHV) supported by the state. These programs are often not designed specifically to address opioid use, but nationwide, nearly one-third of mothers in EBHV reported using illegal drugs or alcohol prior to pregnancy. These support programs focus on parenting, service connectivity and family stability, and represent a unique voluntary, stable, and trauma-informed space for parents using a strengths-based approach. Pennsylvania has led the way in providing support for innovative, family-oriented services to caregivers impacted by substance use. Continuing to expand access and improve quality of these interventions is critical to the provision of effective care for caregivers in treatment and recovery. Current state funding levels for EBHV support coverage for approximately 1 in 20 eligible families.

Successful community-based initiatives, like the Healthy Maternal Opiate Medical Support (MOMS) program in Lackawanna and Susquehanna counties—which offers comprehensive services from addiction treatment to housing support to help navigating the child welfare system—should be considered for replication and scaling. The MOMS program offers critical education on treatment for opioid use disorder and serves the community with a client-centered approach, a successful model that could be replicated to reach underserved areas and complement individual treatment with family-oriented support. This is an opportunity to help lessen the broader impacts of opioid use on families in the state.

Interim pilot report studying EBHV for OUD is available in the PA FSNA beginning on page 217.

→ *Address housing instability for pregnant and parenting persons in treatment and recovery.*

Housing instability is associated with adverse maternal and infant health outcomes, including links to higher likelihood of relapse with injection drugs for people who previously stopped using them. There is evidence that identifying housing needs and providing targeted supports among mothers with substance use disorder is linked to a higher likelihood of reaching family reunification. In Pennsylvania, mothers transitioning from residential mommy-baby treatment programs should be prioritized for housing-related financial supports.

Pregnant and parenting people with small children face significant barriers to initiating and continuing treatment for opioid use, especially for treatment regimens that require daily attendance. For example, of the 530 substance use disorder treatment facilities that accept women in Pennsylvania, only 32 locations offer child care.

Improvements in services for this population should incentivize partnership between treatment programs and therapeutic models that address parenting or mother-infant pairs through psychotherapy. This can help to increase focus on supporting mothers and babies together as a family unit to support opioid use recovery and family preservation. Furthermore, state Medicaid and private payers should consider alignment of licensing guidelines with reimbursement structures that incentivize support for the unique needs of mothers in treatment, including child care.

Models of rapid rehousing similar to the federal Homelessness Prevention and Rapid Re-Housing Program (HPRP) can also support these families, as both federal and state programs have observed that the large majority of recipients of rapid re-housing support transitioned to more permanent housing after receiving services. Philadelphia recently implemented an innovative rapid re-rehousing initiative known as Rapid Rehousing for Reunification, targeted specifically to families nearing reunification but for whom housing stability is still a barrier. This unique application of rapid re-housing piloted by Philadelphia's Department of Human Services should be considered for scale-up.

Interim pilot report studying EBHV for OUD is available in the PA FSNA beginning on page 217.

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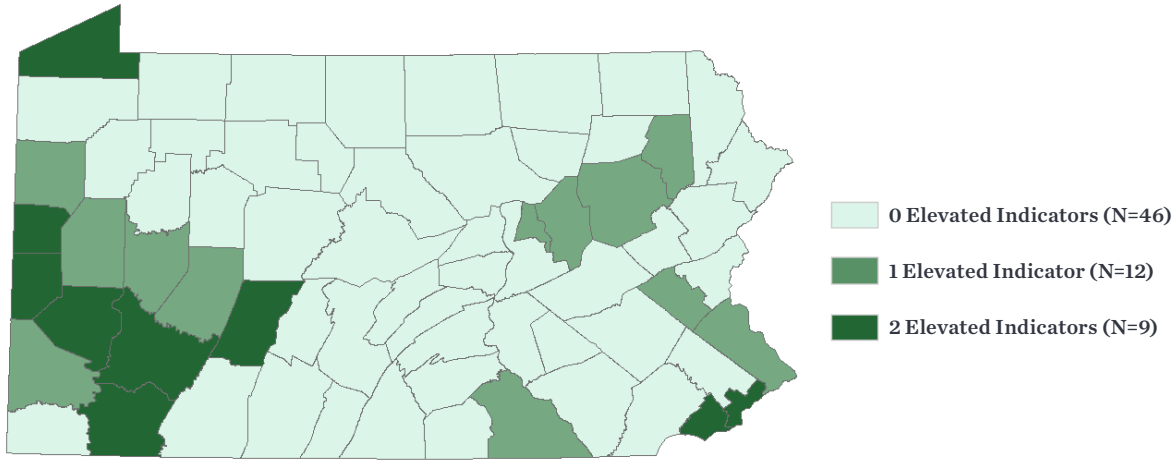
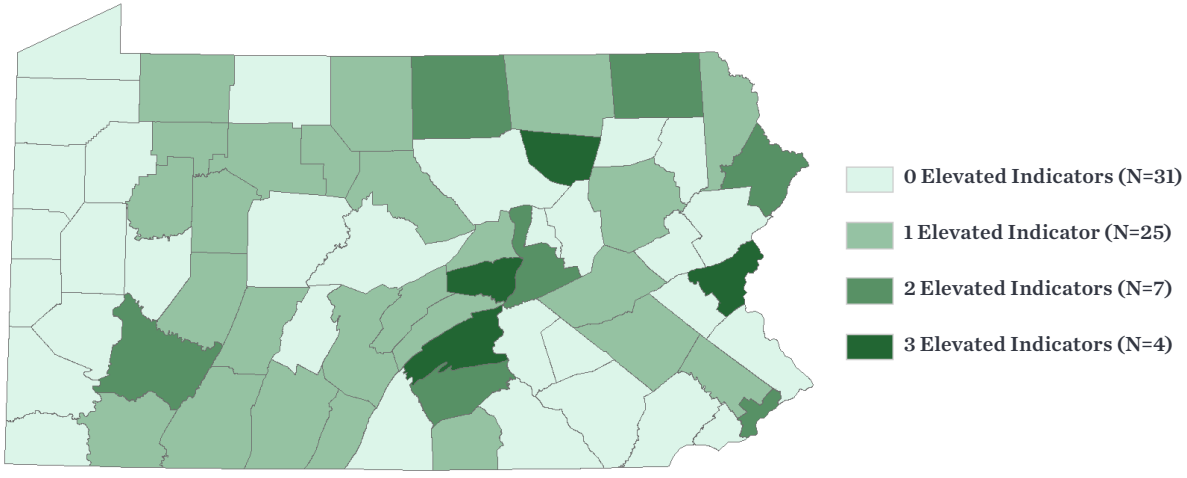
FIGURE 1: OPIOID EPIDEMIC: INDICATORS OF ELEVATED NEED



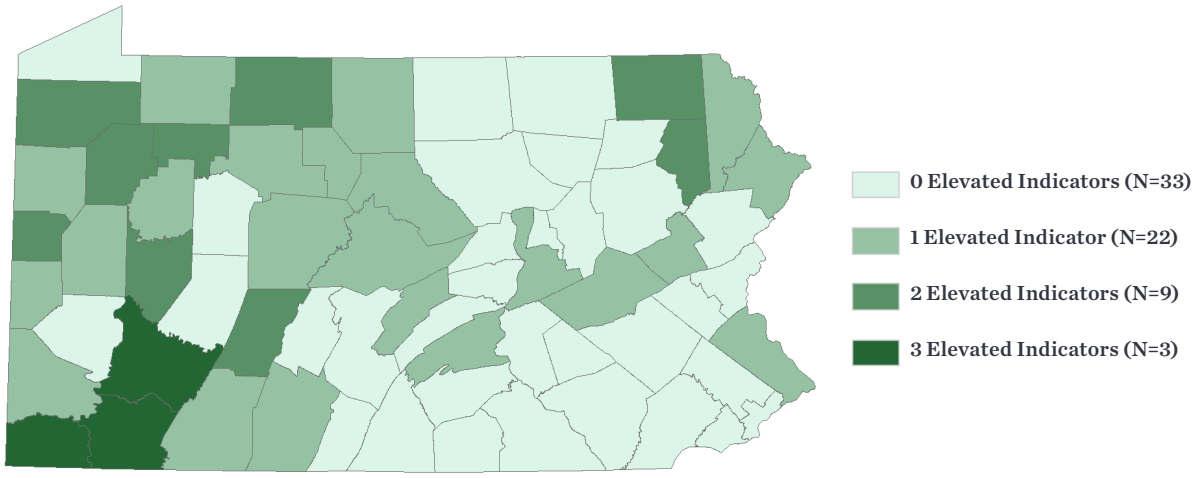
Indicators of opioid epidemic: Overdose deaths and opioid overdose hospitalizations

FIGURE 2: ACCESS TO TREATMENT: INDICATORS OF ELEVATED NEED



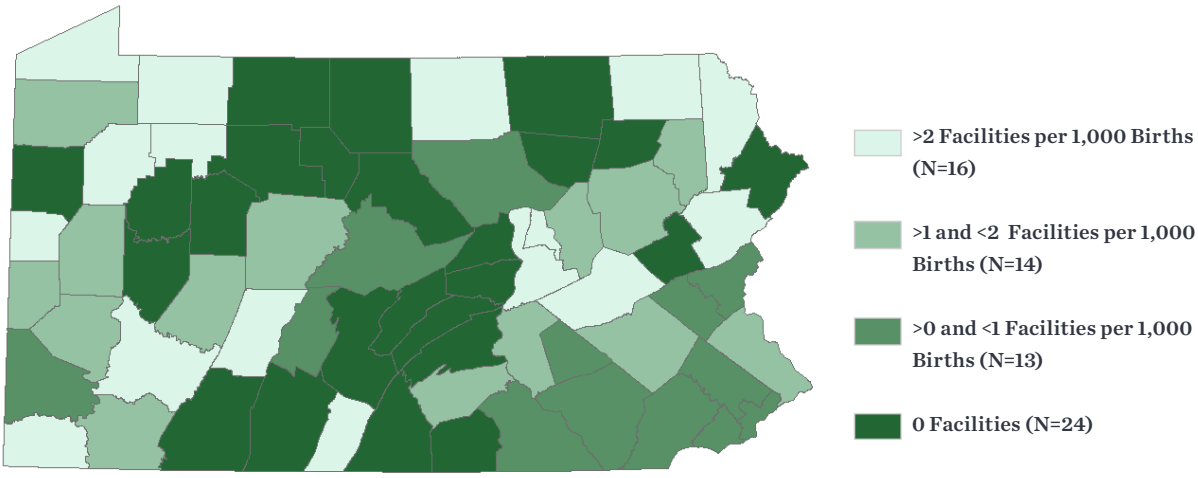
Indicators of treatment access: substance use treatment facilities, mental health treatment facilities, and buprenorphine physicians

FIGURE 3: PREGNANCY AND POSTPARTUM OPIOID USE: INDICATORS OF NEED



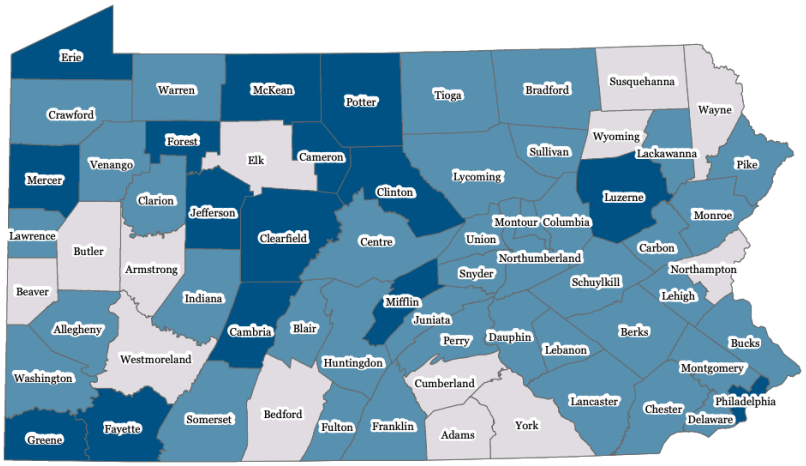
Indicators of pregnancy and postpartum opioid use: postpartum high-risk opioid use, neonatal abstinence syndrome, and pregnancy and postpartum substance use disorder

FIGURE 4: TREATMENT FACILITIES PER 1,000 BIRTHS



Number of substance use treatment facilities in each county that have specialized programs for pregnant and postpartum people per 1,000 county births

FIGURE 5: SOCIOECONOMIC NEED MAP (FIGURE 3 FROM FSNA)



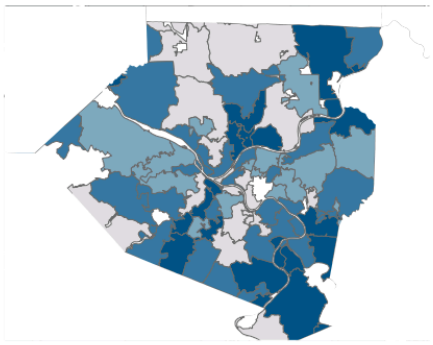
Fifteen counties across the state experience an elevated need in socioeconomic conditions, while 13 counties fared well.

- Low Need
- Average Need
- Elevated Need

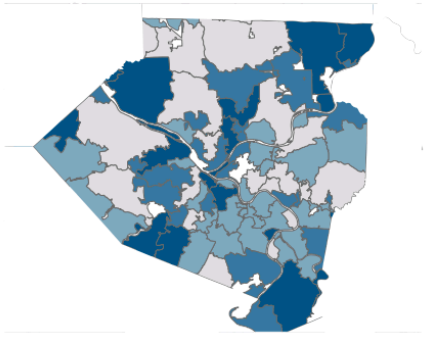
Data and methodology available in the PA Family Support Needs Assessment in the Summary of Methods chapter, beginning on page 8, and the Socioeconomic Status Map from page 27, Figure 3

FIGURE 6: ZIP CODE MAPS OF ALLEGHENY COUNTY

OPIOID USE DISORDER



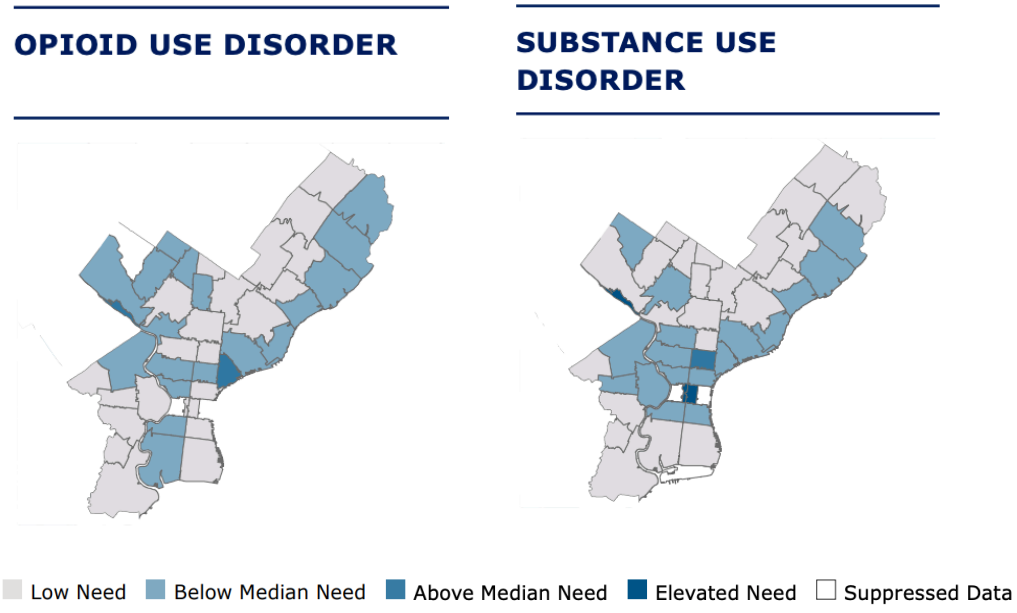
SUBSTANCE USE DISORDER



Low Need | Below Median Need | Above Median Need | Elevated Need | Suppressed Data

Data and methodology for Sub-County Analyses available in the PA Family Support Needs Assessment, beginning on page 56. Allegheny County ZIP code maps from page 57.

FIGURE 7: ZIP CODES FOR PHILADELPHIA COUNTY



Data and methodology for Sub-County Analyses available in the PA Family Support Needs Assessment, beginning on page 56. Philadelphia County ZIP code maps from page 81.

TABLE 1

INDICATOR	DEFINITION & SOURCE	PA MEDIAN	U.S. RATE
Postpartum high-risk opioid use	Rate of mothers filling >=2 opioid prescriptions in the 2017 calendar year among Medicaid-enrolled mothers who delivered live births during 2015-2016, 2017, Medicaid Claims	9.21	N/A**
Substance treatment facilities	Number of drug and alcohol treatment facilities per 100,000 residents, 2018, Substance Abuse and Mental Health Services Administration	3.31	4.5
Mental health treatment facilities	Number of mental health treatment facilities per 100,000 residents, 2018, Substance Abuse and Mental Health Services Administration	3.74	3.6
Buprenorphine physicians	Number of buprenorphine treatment practitioners per 100,000 residents, 2018, Substance Abuse and Mental Health Services Administration	5.39	26.6
Overdose deaths	Rate of overdose deaths per 100,000 people aged 15-64 years, 2017, OverdoseFreePA	29	11.3
Opioid overdose hospitalizations	Rate of hospitalizations for opioid overdose per 100,000 residents, 2016-2017, Pennsylvania Health Care Cost Containment Council	52.4	28
Neonatal abstinence syndrome	Rates of neonatal abstinence syndrome per 1,000 newborn stays, 2016-2017, Pennsylvania Health Care Cost Containment Council	15.7	7
Pregnancy and postpartum substance use disorder	Rate of diagnosed substance use disorder in the 2016 calendar year among Medicaid-enrolled mothers who were pregnant or delivered live births during 2014-2016, 2016, Medicaid Claims	5.35	2.3

Children's Hospital of Philadelphia
PolicyLab

Improving Equitable Access to Evidence-based Treatment for Pregnant and Postpartum People with Opioid Use Disorder

Statement of Problem

Opioid use in pregnancy and the postpartum period has escalated dramatically in recent years, in parallel with the epidemic observed in the general population. Opioid use disorder (OUD) in pregnancy and the postpartum period are linked to adverse health effects for both mothers and infants. The maternal mortality reviews in Philadelphia and Pennsylvania have both identified substance use as a major risk factor for pregnancy-associated deaths.

Moreover, there are longstanding disparities in maternal substance use by demographic and socioeconomic factors. A previous PolicyLab study found that among a large sample of adolescent and young adult mothers with a history of child welfare involvement, 1 in 3 individuals were diagnosed with substance use in the postpartum period.

The study team's prior work also showed that treatment continuity in the postpartum period was very low for mental health conditions, leaving mothers at risk to experience poor health and maladaptive parenting approaches. Medication-assisted treatment (MAT) is the recommended treatment approach for OUD during pregnancy. However, MAT is not accessible and is, therefore, underutilized among pregnant and postpartum populations.

In the Pennsylvania 2020 Family Support Needs Assessment conducted by the PolicyLab team, we identified an absence of and/or unmet need for specialized programs offering MAT to pregnant and postpartum persons in counties with disproportionate need for services. Moreover, recent research has identified significant racial/ethnic disparities in receipt of MAT among pregnant people. Remedying the profound disparities in OUD treatment access and outcomes among pregnant and postpartum populations requires an in-depth understanding of structural and social determinants of health that are unique to this population.

Description

With support from March of Dimes, PolicyLab is conducting a mixed-method study to improve equitable access to evidence-based treatment for pregnant and postpartum people with OUD. Our study's three aims were informed by the World Health Organization's Conceptual Framework for Action on Social Determinants of Health:

- We will quantitatively describe the receipt of MAT among eligible pregnant and postpartum people across sociodemographic factors, both in a national cohort of privately insured people and a Pennsylvania statewide cohort of Medicaid-covered women.
- To contextualize and expand upon our quantitative work, we will also engage key community stakeholders —including patients, health care providers, and administrators or leadership at treatment facilities—to characterize the structural and social determinants of MAT receipt for pregnant and postpartum people with OUD.
- We will better understand the policy landscape and best practices for MAT access and quality for pregnant and postpartum people, with a focus on improving equity in receipt of care, through a national policy scan and interviews with key informants in Pennsylvania. This policy scan will inform policy and program recommendations for supporting access to MAT and family-centered treatment programs in pregnancy and the postpartum period for people with OUD.

Next Steps

We will utilize two administrative data sources to identify pregnant and postpartum people with diagnosed OUD and examine patients' sociodemographic and geographical factors associated with MAT receipt. In the parallel qualitative work, we will enroll community members and conduct individual, semi-structured, in-depth interviews to understand barriers and facilitators in accessing and providing MAT for pregnant and postpartum people. Our multidisciplinary team of quantitative and qualitative researchers and policy analysts will develop three distinct interview guides to appropriately engage stakeholders in articulating the patient-, provider- and facility-level experiences.

The findings from this project have significant potential to identify opportunities and best practices for evidence-based treatment engagement for opioid-dependent pregnant and postpartum people with particular focus on geographic and racial inequities.

This project page was last updated in September 2022.

Suggested Citation

Children's Hospital of Philadelphia, PolicyLab. *Improving Equitable Access to Evidence-based Treatment for Pregnant and Postpartum People with Opioid Use Disorder* [Online]. Available at: http://www.policylab.chop.edu [Accessed: plug in date accessed here].

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Related Tools & Publications

- Chronic Disease Prevalence and Discontinuation of Medications Among Young Mothers with a Relationship to the Child Welfare System
  Article
  Feb 2016

- Health Status of Young Adult Mothers with a History of Child Welfare Involvement
  Research at a Glance
  Jan 2017

- Mental Health of Mothers of Infants with Neonatal Abstinence Syndrome and Prenatal Opioid Exposure
  Article
  Feb 2018

- The Role of Child Care in Family-centered Approaches to Treatment for Substance Use Disorder
  Issue Briefs
  Sep 2024

Children's Hospital of Philadelphia
PolicyLab

Supporting Caregivers Impacted by Substance Use Disorders: A Conversation with Pennsylvania Family Support Alliance

Family & Community Health

Date Posted:

Nov 09, 2022

Editor's Note: This blog post is part of a series recognizing National Family Caregivers Month, which takes place in November. The posts in this series explore research, policy, and programs that can support the health and well-being of caregivers and children so families can thrive. For more on this topic, check out our Intergenerational Family Services research portfolio.

As we recognize National Family Caregivers Month, we turn our attention to the millions of parents, caregivers and households in the United States who are impacted by parental substance use disorders. These parents and families face unique challenges and often have to navigate competing demands and complex systems, including drug and alcohol treatment, child welfare, and counseling, all while balancing the recovery process with parenting responsibilities.

In response to this growing need for additional support, education, and guidance for parents navigating recovery, Pennsylvania Family Support Alliance (PFSA) developed an innovative program aimed at engaging and supporting parents impacted by substance use disorders, called Families in Recovery. Since 2018, Families in Recovery, which is comprised of seven strengths-based group sessions that explore the experiences of parents in recovery, has been delivered at a variety of sites including maternal and child home visiting programs, drug and alcohol treatment centers, and family support hubs, among others. As the Families in Recovery program continues to grow and serve parents at 27 sites across the country, PolicyLab is partnering with PFSA to evaluate the implementation, engage stakeholders including program instructors and participants, better understand how varied settings and factors affect delivery of the program, and determine whether it is being administered as intended.

To learn more about the program and its impact, I sat down with Justin Donofrio, MSSW, prevention services manager at PFSA to discuss the Families in Recovery program and our collaboration.

Q: Can you briefly describe Pennsylvania Family Support Alliance's mission and vision for children, caregivers and families?

A: PA Family Support Alliance has a vision for all children to grow and thrive free from abuse and neglect. We support this vision by providing education, support and training programs to make Pennsylvania safe for children.

In short, PFSA deploys resources and programs to support and strengthen all parents and families so communities are places of belonging, empathy, and empowerment in which children may grow and thrive safely.

Q: What prompted the creation of Families in Recovery?

A: The first iteration of the program developed from the growing awareness of a need for support that helps

meet caregivers at the intersection of recovery and positive parenting. While recovery programs and parenting programs have existed for quite some time, none of them addressed this unique intersection that, at the foundation of it all, has many parallels in terms of what is needed for success.

As the program grew and eventually was redesigned, the focus really became rooted in the areas of support and relationship building, along with some added structure and formation of group development principles. What we have now is a program that is flexible to meet the needs of individuals wherever they may be in their recovery and parenting journey, while helping to build a foundation and capacity for support and accountability.

Q: What are some of the unique needs of parents in recovery and their families?

A: The needs of parents who are in recovery can vary from one family to the next. Some may need social connections and support, others might need practical skills that help with communication and relationship building. The intention of the program is not to get everyone to the same starting point, but rather to meet everyone at their current starting point by acknowledging challenges, building up strengths, and creating an environment of trust and support to continue moving forward. Despite everyone starting in a different place, commonalities always present themselves. All individuals in the program are balancing recovery and parenting at the same time, and they are able to give each other the support they each need as they grow and learn from each other throughout the program.

Q: How do you hope the Families in Recovery program will support and improve the lives of parents and families impacted by substance use? How does PolicyLab's implementation evaluation support that goal?

A: This question can have many different responses. But for PFSA, the goal is to help build a foundation of support for individuals in this program and to give them a few tools that they can use to maintain and grow the specific types of support they need for their individual situations. It is not a one-size fits all approach; however, we are very interested in learning more about what resonates most for folks and what the biggest takeaways might be so that we can leverage those areas to amplify the impact of the program. That is where the implementation evaluation and PolicyLab team comes in. This evaluation will hopefully give us insights into the areas that can be tightened up and improved upon while still maintaining the flexibility needed to meet each person at their individual starting point.

Q: What advice would you give to providers, programs, and agencies who are thinking about how they can best serve or meet the needs of parents and families affected by substance use?

A: Our advice would be two-fold. First, everyone needs support and encouragement. Even in the best of times, it is difficult to overcome challenges without a support system and encouragement from others, as well as from yourself. Second, while one person in a family may use a substance, it is important to remember that substance use and substance use disorders impact the entire family and communities. Therefore, we must take the big picture into account when serving those who are affected by substance use because the impact spreads well beyond the individual. We all can have a role in being supportive and we all benefit from helping others who are in recovery.

Kali Hackett
MSW, MPH

Related Content
Evaluating Implementation of the Families in Recovery Program

Children's Hospital of Philadelphia
PolicyLab

Evaluating Implementation of the Families in Recovery Program

Statement of Problem

Recovery from substance use disorders can be especially challenging for parents of young children. Parental substance and opioid use disorders impact more than 8 million children in the United States and disproportionately affect adults of childbearing age, contributing to increasing rates of family instability and maternal mortality. Parents with substance use disorders face unique challenges, often interfacing with multiple systems, including drug and alcohol treatment, child welfare, and counseling, and balancing the recovery process with their parental duties.

In response to this need, Pennsylvania Family Support Alliance, a nonprofit child abuse prevention organization, developed an innovative program aimed at engaging and supporting parents of young children impacted by substance use disorder. This program, Families in Recovery, is comprised of seven strengths-based group sessions that explore the experiences of parents in recovery. Since 2018, Pennsylvania Family Support Alliance has piloted Families in Recovery at a variety of sites including maternal and child home visiting programs, drug and alcohol treatment centers and family support hubs, among others. Though the program has received overwhelmingly positive reviews from facilitators and participants since its inception, we don't yet have an evidence base for how best to implement it in diverse contexts and settings.

Description

Over the course of the next two years, our team will partner with Pennsylvania Family Support Alliance to evaluate the implementation of Families in Recovery. The purpose of this study is to understand how the program is being implemented at each site and assess whether the program is being delivered as intended. Through this evaluation, we hope to identify best practices in implementation and describe facilitator, administrator and family perspectives on key components of the program.

We will use mixed methods to evaluate Families in Recovery, including engaging key stakeholders such as program facilitators, administrators, and participants through in-depth qualitative interviews, longitudinal surveys, a focus group and site observations. We'll then combine information learned from these stakeholder engagement efforts with process metrics collected throughout the evaluation and descriptive statistics about each implementing site. These metrics will cover program enrollment and participation, staffing and turnover, and site-level implementation characteristics. This will help us assess local and contextual factors that may impact fidelity to the program model.

To facilitate effective, respectful, and responsive research, we will include a community advisory board of four community experts to consult on evaluation materials (e.g., interview guides, survey instruments) and support interpretation and external validation of findings.

Findings and recommendations from this implementation evaluation will inform quality improvement efforts and future outcome evaluation efforts for Families in Recovery.

To view the Families in Recovery Implementation Evaluation Final Report, click here.

Next Steps

We will begin this evaluation with the first of three surveys to gauge site context, concepts of fidelity to the program model and experiences with implementation. Administrators and facilitators at each site currently implementing Families in Recovery will complete these surveys. We will also engage a small number of experienced Families in Recovery facilitators in a focus group to understand key facilitators and barriers to

implementing the program.

This project page was last updated in March 2024.

Suggested Citation

Children's Hospital of Philadelphia, PolicyLab. *Evaluating Implementation of the Families in Recovery Program* [online]. Available at: http://www.policylab.chop.edu. [Accessed: plug in date accessed here].

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Related Tools & Publications

- Supporting Caregivers Impacted by Substance Use Disorders: A Conversation with Pennsylvania Family Support Alliance

Blog Post
Nov 09, 2022

- 2020 Pennsylvania Family Support Needs Assessment
  Tools and Memos
  Oct 2020

Related Projects

Evaluating and Supporting Pennsylvania's Home Visiting Programs
Family & Community Health

SPOTLIGHT ON MATERNAL AND CHILD HEALTH AT POLICYLAB

At PolicyLab, we acknowledge that the health of mothers and caregivers directly impacts the health of the entire family. We are committed to building evidence for and evaluating sustainable family-centered programs through a broad maternal and child health research portfolio.

In current work we're examining:

Pressing issues contributing to maternal and infant outcomes: stigma and structural racism; fragmentation of mental health and substance use treatment systems; housing instability; domestic violence; child care access; and economic insecurity

Direct medical interventions: maternal depression screening and interventions in pediatrics; screening and treatment for smoking cessation

Developing and implementing family-centered programs: integration of home visiting services in primary care; parenting classes within primary care

Sustainability: working closely with policymakers and key community partners to identify sustainable financing models for evidence-based interventions

See all of our projects in this area here:

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