Opportunities for Supporting Populations Impacted by Opioid Misuse and Substance Use Disorders

Mihn Le, Office of Child Care
Maria Pestalardo, Office of Child Care, Region V
Jeanne VanOrsdal and Ronna Schaffer, Infant/Toddler Specialists, Child Care State Capacity Building Center
Session Objectives

- Increase awareness of the opioid and substance misuse public health crisis
- Review the Child Care and Development Fund (CCDF) information memorandum policy flexibilities
- Explore policy-to-practice opportunities
- Identify effective State and Territory Lead Agency strategies
Agenda

◆ Setting the stage
◆ Overview of information memorandum (IM) Child Care and Development Fund (CCDF) Policy Opportunities for Supporting Populations Impacted by Opioid Misuse and Substance Use Disorders
◆ Region V perspective
◆ State and Territory Lead Agencies: policy to practice
◆ Table conversation
  ▪ Eligibility
  ▪ Funding, grants, and contracts
  ▪ Training and quality
  ▪ Consumer education
  ▪ Coordination of services
◆ Wrapping it up
Setting the Stage

- From 1999 to 2017, more than 700,000 people have died from a drug overdose.
- Around 68 percent of the more than 70,200 drug overdose deaths in 2017 involved an opioid.
- In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999.

THE OPIOID EPIDEMIC BY THE NUMBERS

- **130+** People died every day from opioid-related drug overdoses (estimated)
- **47,600** People died from overdosing on opioids
- **81,000** People used heroin for the first time
- **2 million** People misused prescription opioids for the first time
- **28,466** Deaths attributed to overdosing on synthetic opioids other than methadone
- **11.4 m** People misused prescription opioids
- **2.1 million** People had an opioid use disorder
- **886,000** People used heroin
- **15,482** Deaths attributed to overdosing on heroin

What We Know about the Opioid Crisis

Roughly 21 percent to 29 percent of patients prescribed opioids for chronic pain misuse them.

Between 8 percent and 12 percent develop an opioid use disorder.

Approximately 80 percent of people who use heroin first misused prescription opioids.

Opioid-Related Overdose Death Rates

Information at the State and County Levels

- National Opioid Misuse Community Assessment tool from NORC at the University of Chicago
  - [https://opioidmisusetool.norc.org/](https://opioidmisusetool.norc.org/)

- Opioid Summaries from the National Institute on Drug Abuse
Neonatal Abstinence Syndrome (NAS)

- Neonatal abstinence syndrome (NAS) is a group of conditions that an infant experiences when withdrawing from exposure to substance.
- The number of babies born in the U.S. with a drug withdrawal symptom increased 383% during 2000-2012.
- The severity of signs and symptoms are impacted by multiple factors.


Neonatal Abstinence Syndrome (NAS)

- Every 15 minutes, a baby is born suffering from NAS.
- Five times as many babies were born with NAS in 2009 as in 2000.
- The average hospital stay in 2012 for infants exposed to substances was 16.9 days, compared to an average of 2.1 days for an infant not exposed to drugs.

Source: Center for Child Health Policy, Vanderbilt University Medical Center. (n.d.). [Web page showing NAS infographic]. Retrieved from https://www.vumc.org/childhealthpolicy/nasinfographicfullsize

Symptoms of Neonatal Abstinence Syndrome (NAS)

- Body shakes (tremors), seizures (convulsions), overactive reflexes (twitching), and tight muscle tone
- Fussiness, excessive crying, or having a high-pitched cry
- Poor feeding or sucking or slow weight gain
- Breathing problems, including breathing really fast
- Fever, sweating or blotchy skin
- Trouble sleeping and lots of yawning
- Diarrhea or throwing up
- Stuffy nose or sneezing

Possible Impact on Toddlers

A toddler who has been exposed to opiates may experience one or more of the following symptoms:

- Mental and motor deficits
- Cognitive delays
- Hyperactivity
- Impulsivity
- Attention deficit disorder
- Behavior disorders
- Aggressiveness
- Less social responsivity or poor social engagement
- Failure to thrive (socially)
- Short stature

Short- and Long-Term Effects of Prenatal Exposure

Information Memorandum, June 5, 2019: 
*Child Care and Development Fund (CCDF) Policy Opportunities for Supporting Populations Impacted by Opioid Misuse and Substance Use Disorders*

Purpose

To assist CCDF Lead Agencies supporting the economic stability of families by enhancing access to child care and early learning services to support the development of vulnerable children, particularly in communities impacted by opioid misuse and substance use disorders.

CCDF Policy Options

- Eligibility
- Coordination
- Consumer Education
- Training
- Grants and Contracts
- Quality Funds
Eligibility

If the Lead Agency wants to enhance CCDF eligibility options for families addressing opioid misuse or substance use disorder, some eligibility policy options to consider are:

- Including Substance Use Treatment as an Eligible Activity
- Protective Services Eligibility

Important Considerations:

- State’s definition of child abuse and neglect as it relates to parental substance use; and
- Mandatory reporting responsibilities of each individual in the child care system (e.g. providers, directors, CCDF eligibility workers)

CCDF requires States to coordinate the provision of services with other agencies ... OCC recommends that required collaboration include coordinated efforts for how agencies can address opioid misuse and substance use disorders.
Consumer Education

CCDF requires comprehensive consumer education efforts, which can be used to provide families with vital information on misuse of opioids, alcohol and other substances. Consumer education could include dissemination of information about:

◆ Other programs for which families that receive CCDF assistance may be eligible ...

◆ Evolving research and best practices

Training

CCDF requires that all caregivers, teachers, and providers serving CCDF children receive training in essential health and safety topics, including “recognition and reporting of child abuse and neglect,” “child development,” and “any other subject area determined by the Lead Agency to be necessary to promote child development or to protect children’s health and safety.”

Training

Lead Agencies should consider examining their training and professional development systems to incorporate training on substance use disorder and opioid misuse, recognition of use and referral processes to appropriate addiction services and counseling.

*Neonatal Abstinence Syndrome:* Lead Agencies should consider whether their Health and Safety trainings should include Neonatal Abstinence Syndrome (NAS), which is a condition that happens when an infant goes through withdrawal from substance exposure after birth.

Grants and Contracts

While CCDF subsidies primarily come in the form of vouchers and certificates, Lead Agencies can also establish grants and contracts with local organizations to establish child care slots for eligible children (such as, direct partnership with a treatment facility).

States are required to expend a percentage of their funds on activities to improve the quality of child care (“quality dollars”). Activities that may assist families impacted by opioids and substance misuse that may also align with allowable quality activities, include (but are not limited to):

- Training and outreach
- Positive behavior interventions and support models
- High-quality program standards
- Consumer education provisions

State and Territory Lead Agencies: Policy to Practice
Connecting to CCDF Plans

- Priority of Administration for Children and Families and U.S. Department of Health and Human Services
- Subsidy policy examples
  - 12-month eligibility for foster care
  - Increased caseloads for family care and grandparents
- Partnerships with other agencies
- Professional development
- High quality child care for low-income children
Lead Agency Supports

- Public health departments
- Temporary Assistance for Needy Families
- Medicaid and state children’s health insurance programs
- Child care resource and referral agencies
- Child welfare
- Substance Abuse and Mental Health Services Administration

Foster Care

Percentage of Children Entering Foster Care

Support for Families and Caregivers

◆ What we know ...
  ▪ Increase of opioid misuse has significantly impacted the child welfare system.
  ▪ Infants are coming into protective custody at alarming rates.
  ▪ Grandparents are becoming primary caregivers for a second time.

◆ What we can do ...
  ▪ Increase family engagement strategies.
  ▪ Connect with comprehensive services.
Impact on Grandparents

- 2.6 million children are being raised in grandfamilies or kinship care with no birth parents in the home (4 percent of all children).

- 32 percent (139,017) of children in foster care are being raised by relatives.

- For every child in foster care living with a relative, there are 19 children being raised by grandparents or other family members outside of the foster care system.

Region V Perspective
FY 2016–2018

- **FY 2016:** First Taskforce: Drug Exposed Children in Indian Country in Region V
  - Map out other federal programs’ needs and resources (since we typically work with the same families)
  - Find duplications and areas of collaboration and coordination

- **FY 2018:** Second Taskforce: Region V Prevention Collaborative/Opioid Subcommittee
  - Consultation form
  - States and tribal summits
  - Quarterly meetings
  - Webinars
  - NAS Taskforce (local data)
Where to Start

- Join your state opioid taskforce or workgroup. These groups help
  - map out other programs’ needs and resources (since we typically work with the same families) and
  - find duplications and areas of collaboration and coordination.

- Engage with federal, state, local, and tribal agencies in comprehensive and coordinated responses to the public health crisis of prescription drug misuse and opioid addiction.
Table Conversations
Discussion Questions

- Is your State considering or currently implementing any of the policy options outlined in the IM?
- What is your state doing (even if the efforts are not in your agency)?
- What are the CCDF program’s contributions (at the state or local level, or both)?
- How do you support families and providers with substance misuse issues?
- How are state staff supported to address this issue?
- What agencies are you partnering with in your state, and what agencies could you partner with?
Next Steps
Resources


- Drug overdose deaths in the United States [Community assessment tool], NORC (n.d.), [https://opioidmisusetool.norc.org/](https://opioidmisusetool.norc.org/)

Resources


Thank You