TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

The Collaborative Approach to Regional Support and Services for Pregnant and Postpartum Women

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Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

Agenda

- What is Plan of Safe Care
- History of Plan of Safe Care
- What to do if you do not have a Plan of Safe Care Collaborative
- How to join a Plan of Safe Care Collaborative
- Regional Strategies from Around Kentucky

Join at slido.com
#3705908

What is your goal or reason for joining this session?

Plan of Safe Care (POSC)
How it came to be…CAPTA

CAPTA – Child Abuse Prevention and Treatment Act

First established in 1974 to provide funding and guidance to states to prevent, identify, investigate, and treat child abuse and neglect. It sets the minimum, nationwide standard for what defines child maltreatment.

Funds may be used to: Improve child protective services (CPS): case management & treatment, training & staff development, preventing child abuse, addressing prenatal substance exposure, legal representation, and information management.

CAPTA Evolution

Initial Framework
(CAPTA Amendments)

- Focus on infants exposed to illegal substances
- Required states to establish policies for notification to CPS
- Goal to identify and refer families to services and treatment

2003

Expansion
(CAPTA Reauthorization)

- Broadens the definition to include Fetal Alcohol Spectrum
- Recognizes prenatal alcohol exposure as critical

2010

Comprehensive Addiction and Recovery Act (CARA)

- Family-centered public health approach
- Key shift to focus on both infant and family/caregivers
- Includes all legal and illegal substances including medications for addiction treatment
- Requires the child welfare agency to monitor plan
- Goal to address health and treatment needs

2016

CARA Reauthorization

- Prenatal focus and integration
- Public health framework
- Emphasis on Plans of Safe Care completed during pregnancy
- Alignment with community services
- Long-term family stability and support

2021 through present

“The Most Vulnerable Victims of America’s Opioid Epidemic”

- Reuters (2015) identified 110 cases since 2010 of infants exposed in utero to opioids who subsequently died from preventable deaths.
- Only nine states were in compliance with the “Keeping Children and Families Safe Act” of 2003, requiring reporting of infants exposed in utero to child welfare agencies.
- Several providers encounter mothers who misuse illicit and prescribed opioids, and yet there is no contact between those providers.
- There is no uniform approach that protects infants and supports mothers in their capacity to care for them after hospital discharge.

https://www.reuters.com/investigates/special-report/baby-opioids/

Kentucky Systems Response

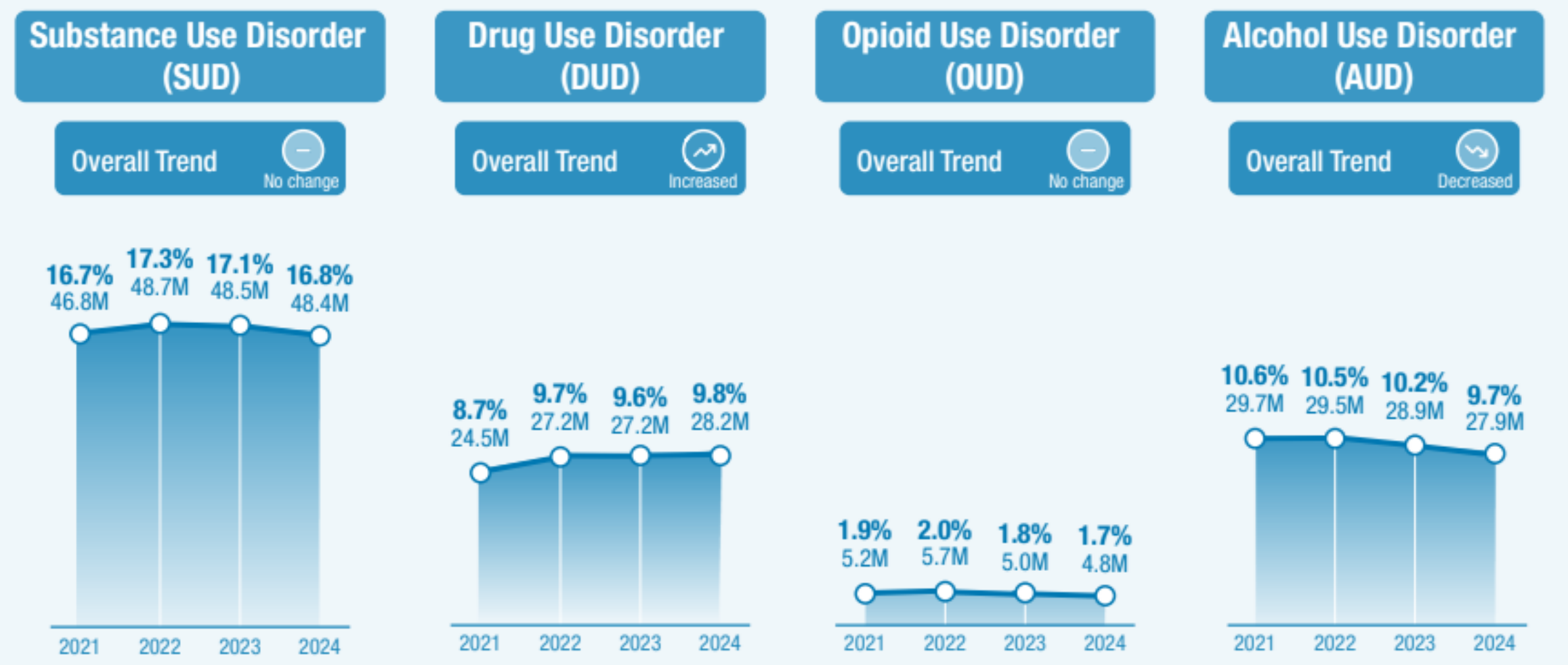
Public Agencies – Behavioral Health, Public Health, and Child Welfare

- Increase in programs and services as a result of increased federal funding.
- Policies changed due to federal and state legislative changes.
- Became an early implementer of the Family First Prevention Services Act on 10/1/2019.
- Parental neglect if the child is born exposed to drugs, as documented by a healthcare provider, based upon state and federal law.

Legislature

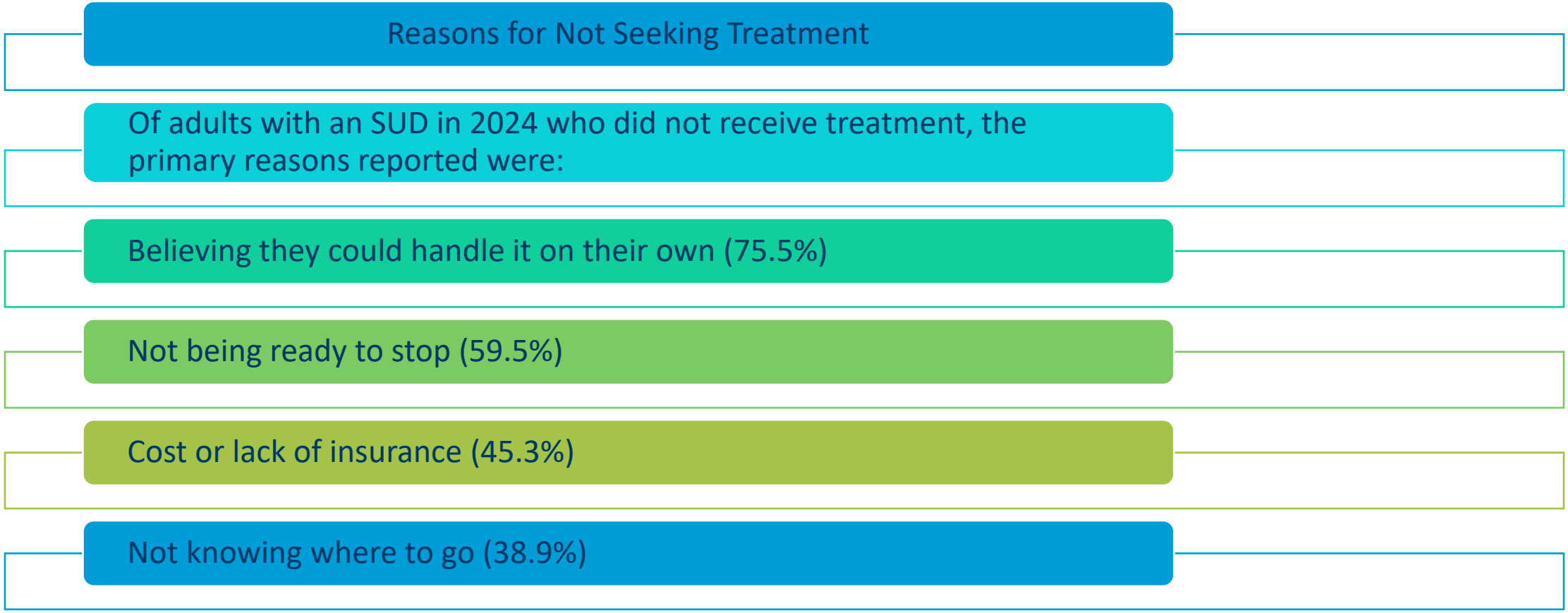
- Changes to the definition of substance use disorder (SUD) in the early 2000's.
- Added to the definition of an abused or neglected child.
- Required reporting of infants diagnosed with neonatal abstinence syndrome to the Department of Public Health in 2013.
- Changes to drug testing of mothers and infants in 2018 and how that is applied.

National SUD Trends – 2024 Survey



2021 to 2024 National Surveys on Drug Use and Health, Substance Abuse and Mental Health Services Administration (SAMHSA)
https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf

2024 Survey Results - Treatment



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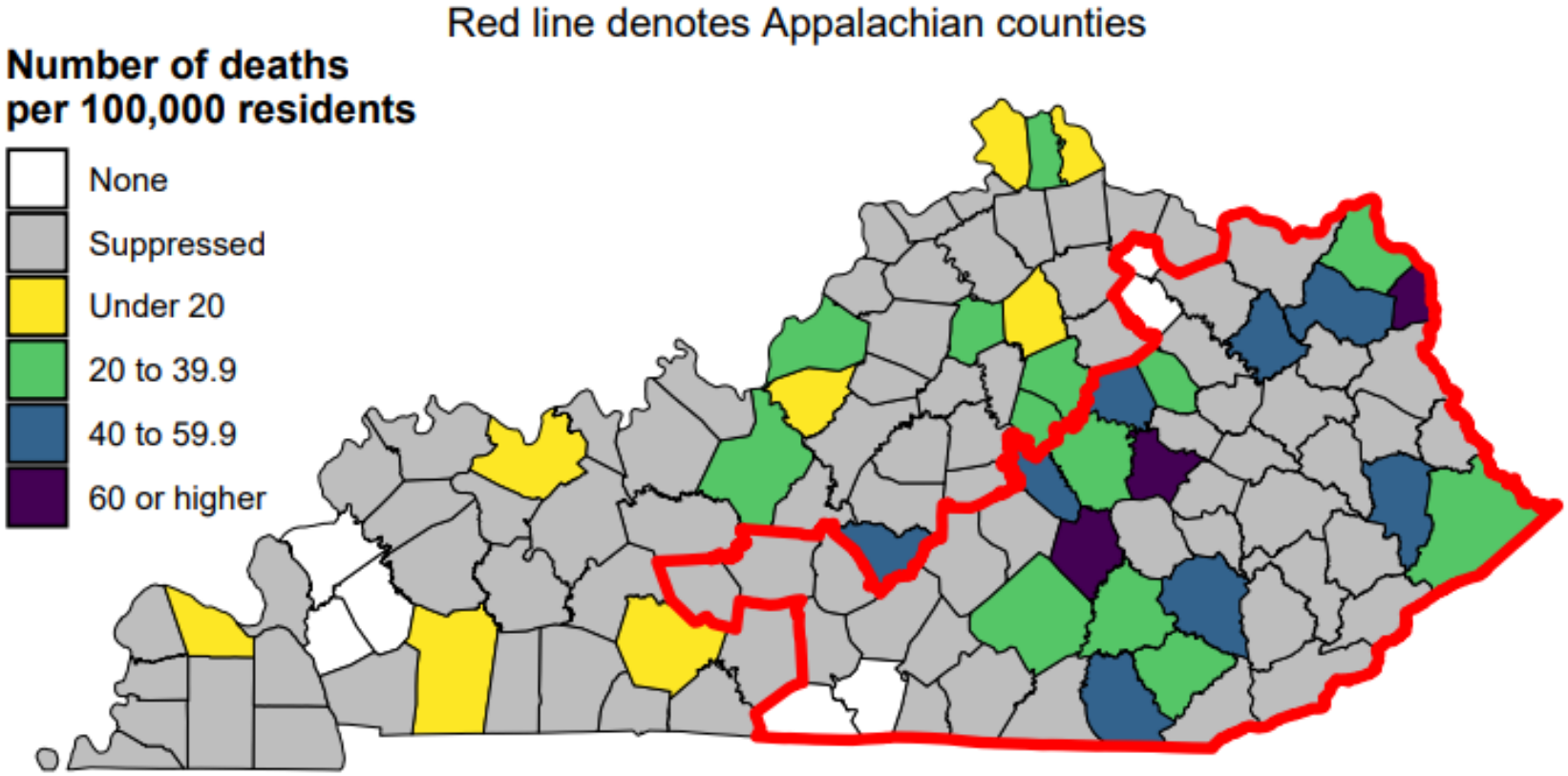
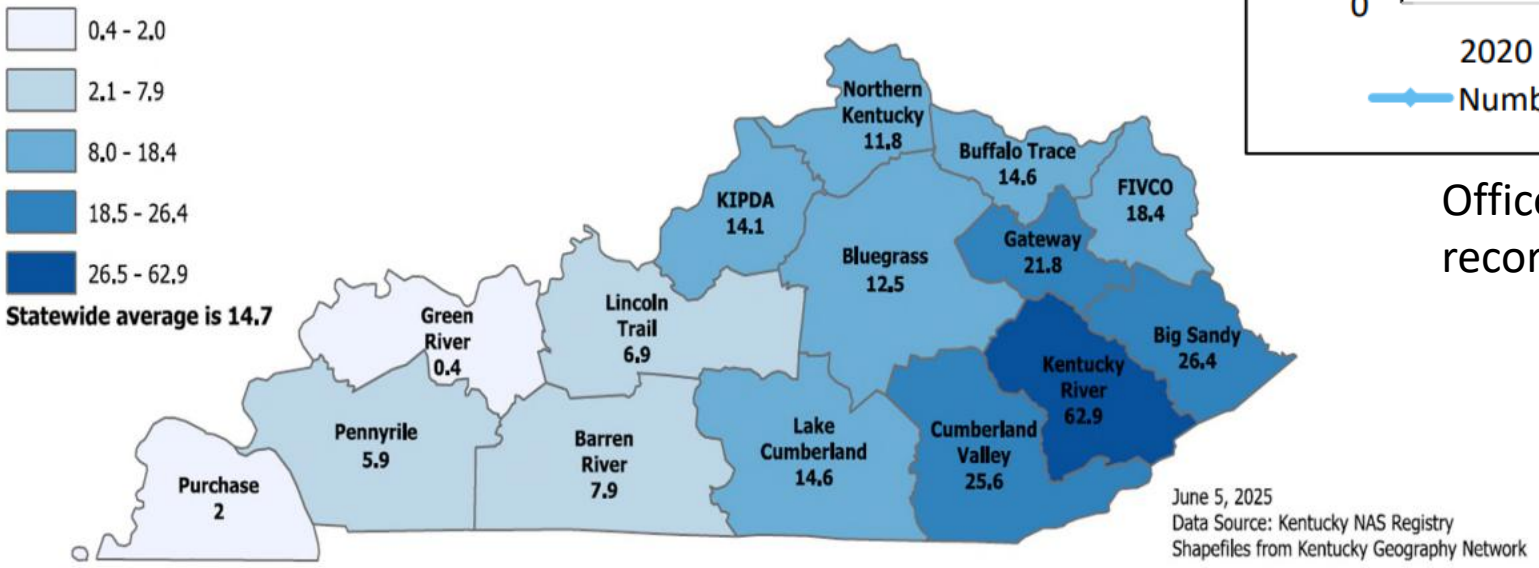
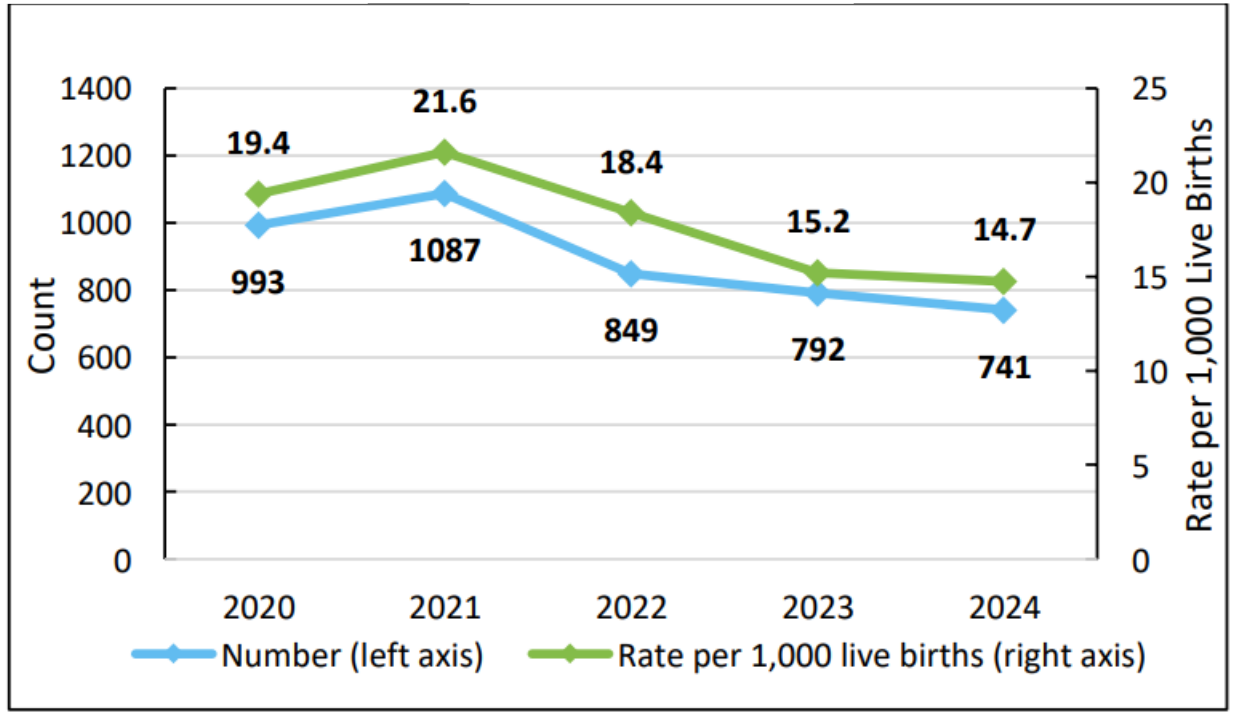
Age-adjusted Rates of Death by Kentucky County



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. April 2026.

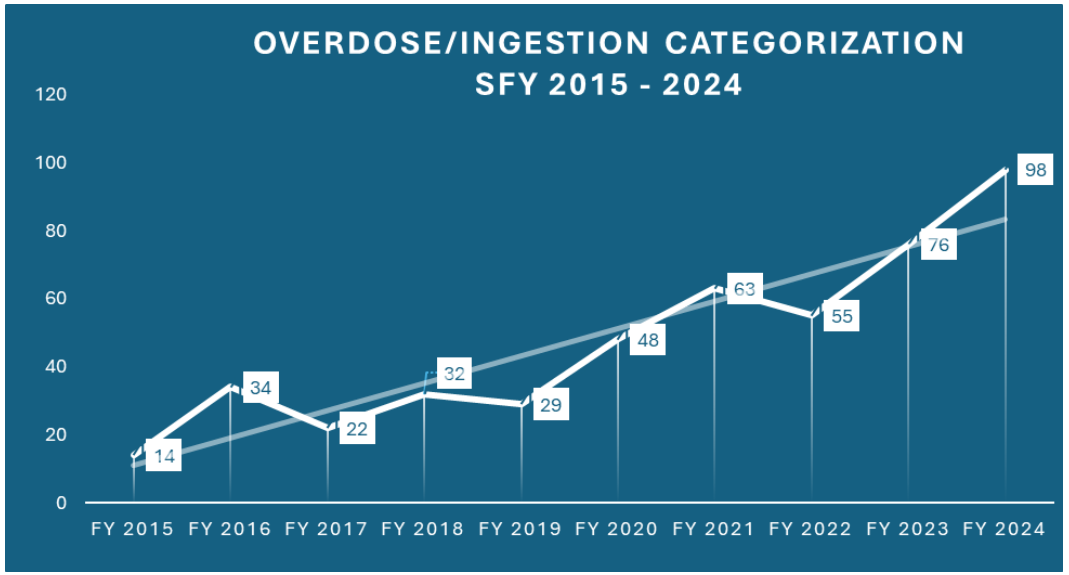
Substance Exposed Infants





Office of Vital Statistics birth certificate records 2020-2024

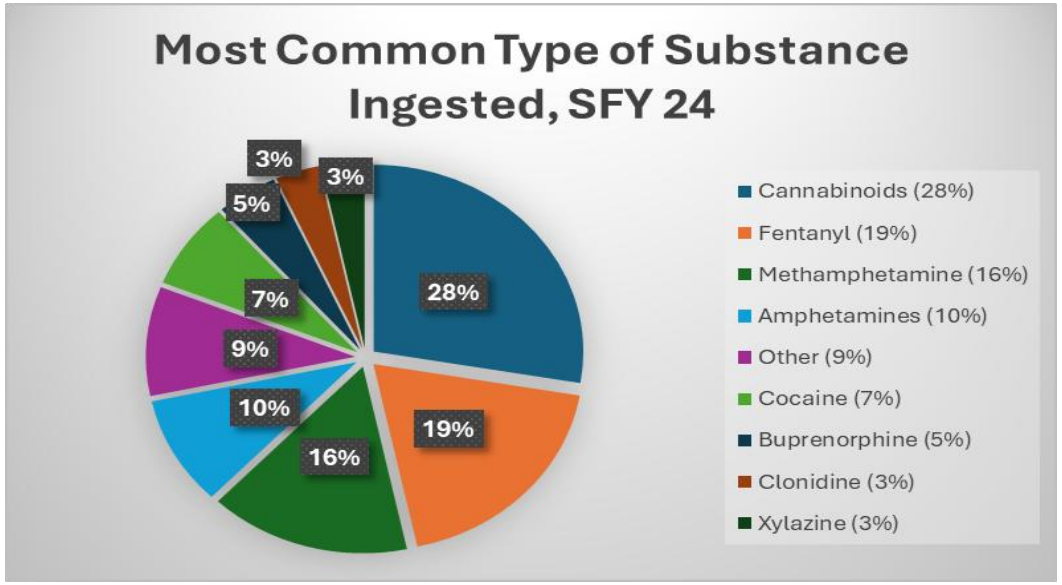
Overdose in Child Fatality/Near Fatality



The Child Fatality and Near Fatality External Review Panel reviewed 248 cases in 2025.

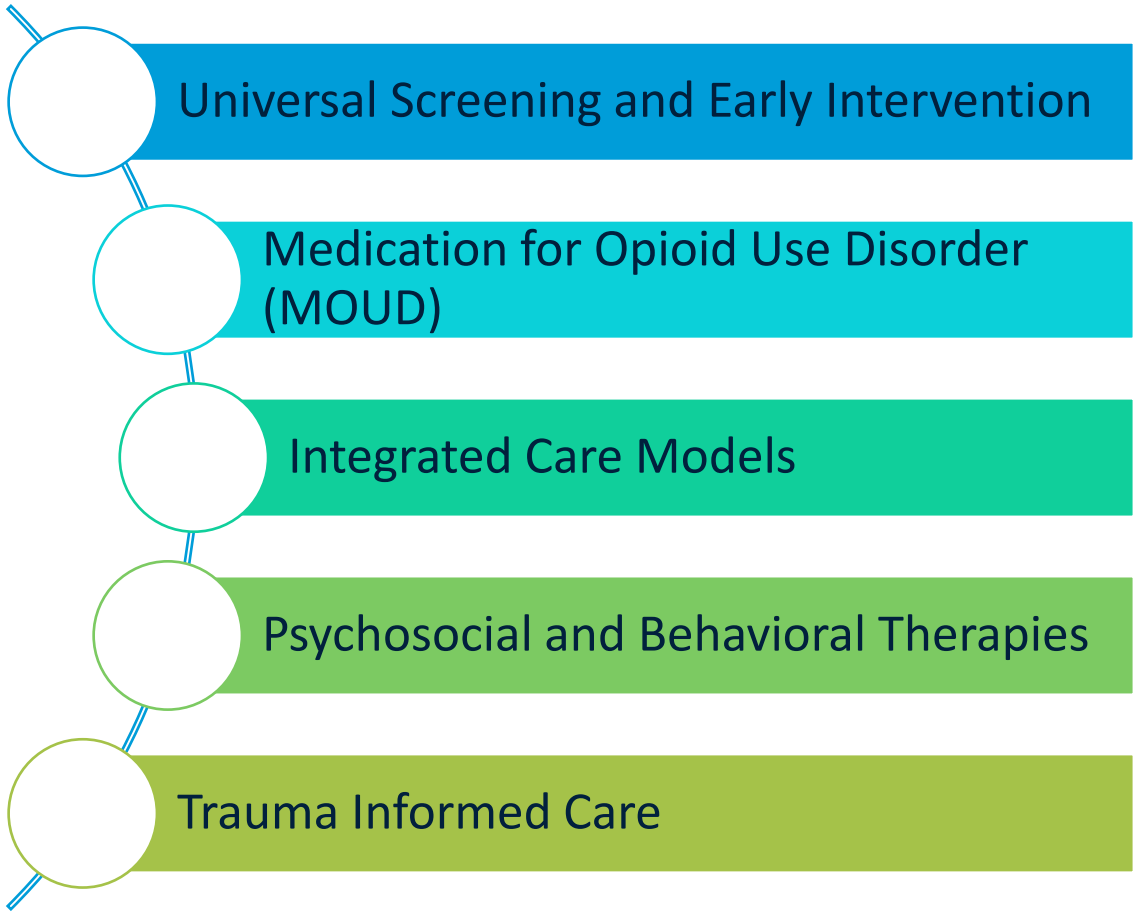
Overdose/Ingestion was identified in approximately 40% of cases.

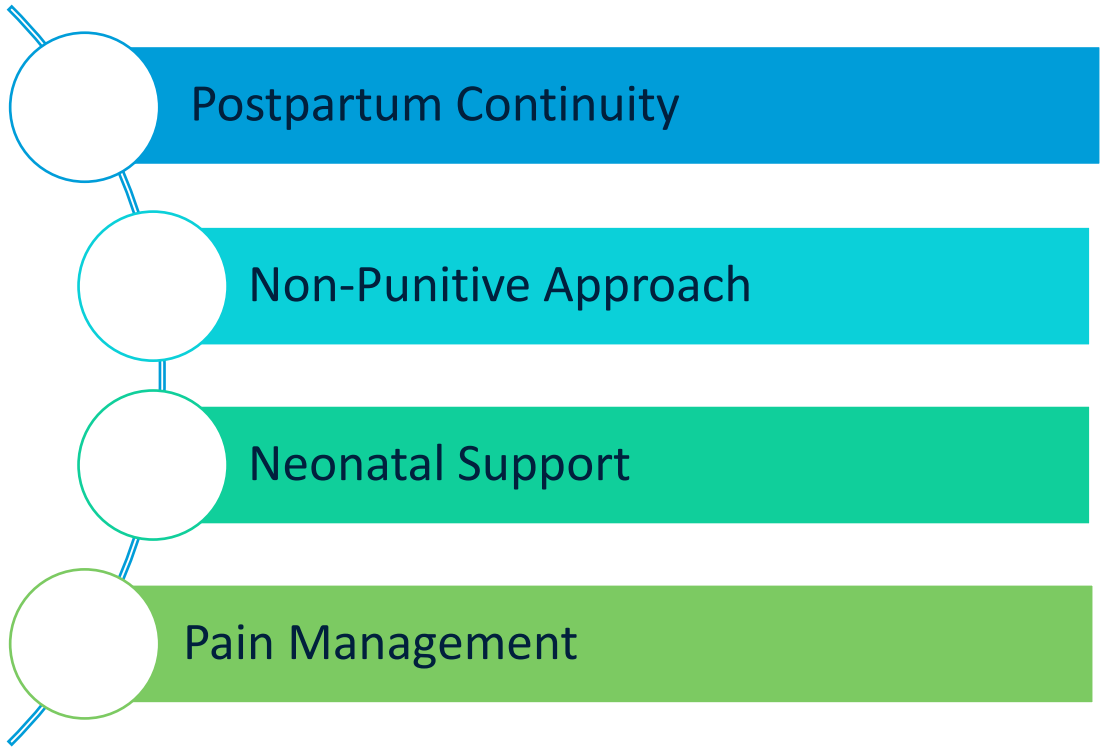
In state fiscal year 2024, 11 children died because of overdose or accidental ingestion.



[2025 External Panel Fatality and Near Fatality Annual Report]

Treatment and Recovery Evolution - Best Practices for Pregnant and Postpartum Women (PPW)





Treatment and Recovery Evolution - Best Practices for Pregnant and Postpartum Women (PPW)

American Society for Addiction Medicine Recommendations (2022)

- Prevention, screening, and toxicology testing
- Federal and state policy changes and reimagining support
- Hospital practices related to substance use
- Approach to treatment in the peripartum period
- Treatment, harm reduction, and recovery supports
- Medical education
- Pregnant and postpartum people who are incarcerated
- Protecting bodily autonomy

https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/public-policy-statements/2022-sud-pregnant-postpartum.pdf

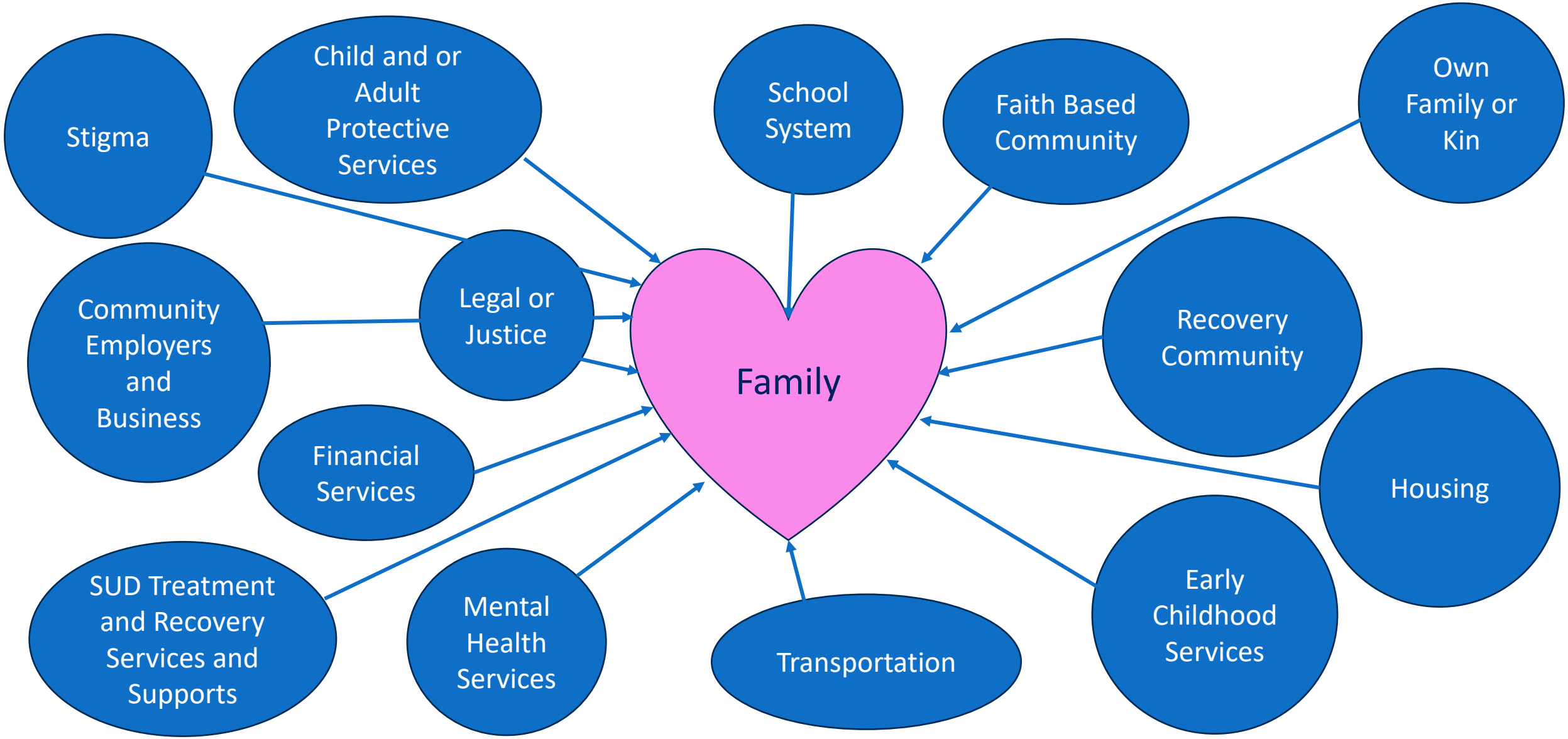
Why is all this important - Increased Risk to PPW and their Children

A 2019 Center for Disease Control (CDC) study conducted in seven states (yes, Kentucky was one of the seven) with high opioid-involved overdose mortality rates, depressive symptoms, depression, anxiety, adverse childhood experiences (ACEs), and stressful life events were associated with higher substance and polysubstance use prevalence among postpartum women.

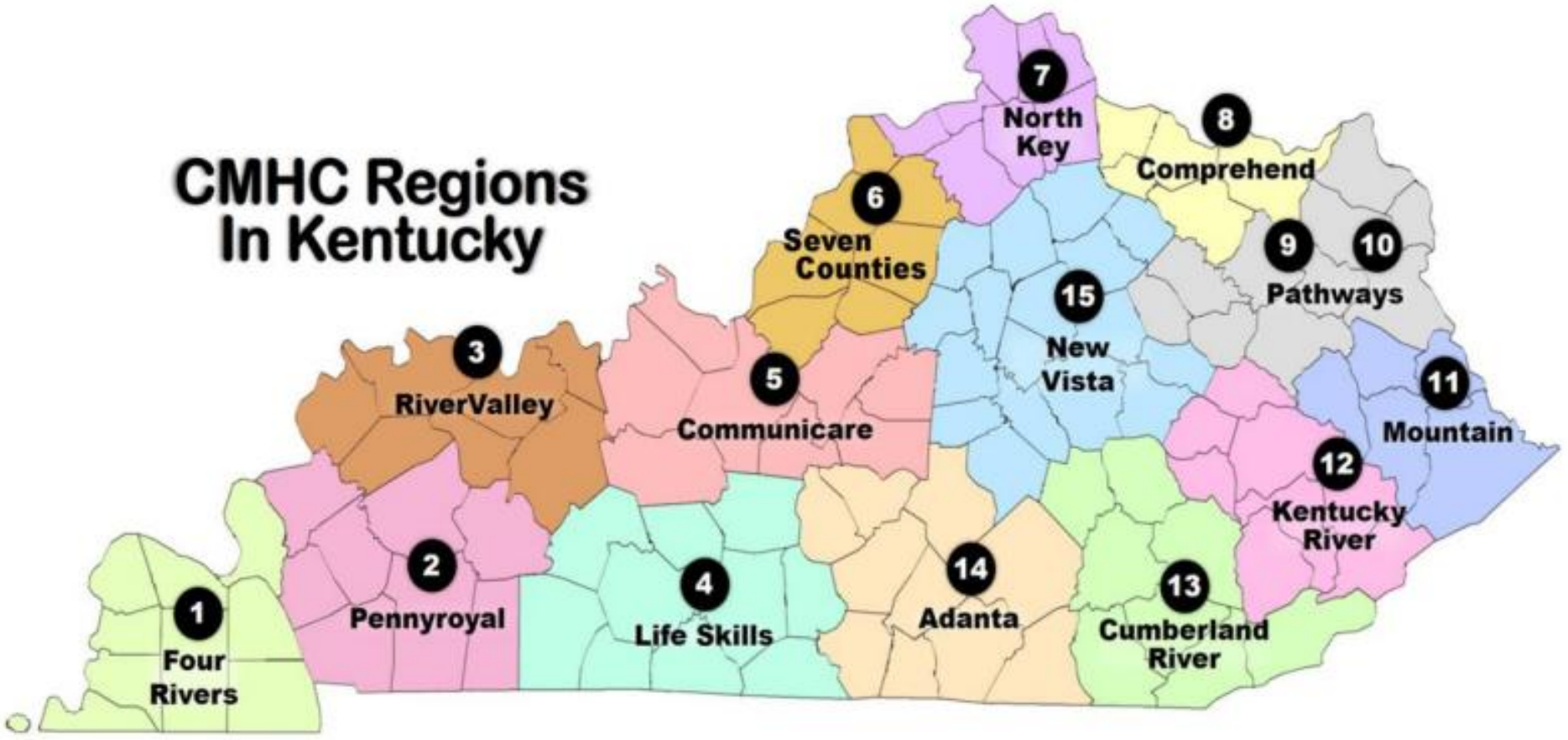
Postpartum substance use prevalence was most common among women experiencing six or more stressful life events in the year before giving birth (67.1%) or four household-dysfunction ACEs (57.9%). https://www.cdc.gov/mmwr/volumes/72/wr/mm7216a1.htm

Mothers who have experienced ACEs, particularly those with SUD, have children who are at higher risk for experiencing ACEs. https://doi.org/10.1007/s10597-020-00661-0

Name an agency or organization you think would be helpful for a pregnant or postpartum person?


Stigma
Child and or Adult Protective Services
School System
Faith Based Community
Own Family or Kin
Community Employers and Business
Legal or Justice
Family
Recovery Community
Financial Services
Housing
SUD Treatment and Recovery Services and Supports
Mental Health Services
Transportation
Early Childhood Services

Regional Collaboratives



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DBHDID Plan of Safe Care Collaboratives

- The first regional collaborative was established in 2017 after the passage of CARA.
- Collaboratives are intended to develop a multi-disciplinary network of community partners to support integrated and coordinated services for families affected by substance use, particularly individuals who are pregnant and parenting, their children, and family members.
- Community mental health center (CMHC) region-based collaboratives are active in 11 of 15 CMHCs.
    - Adanta, Communicare, Cumberland River, Four Rivers, Kentucky River, Lifeskills, Pennyroyal, Mountain, River Valley, Seven Counties, and New Vista.

Collaborative Requirements

Identify community partners and providers to participate in a POSC workgroup.

Conduct monthly POSC workgroup with a goal of developing a coordinated and collaborative system of care for families affected by substance use.

Develop and maintain a strategic plan.

Encourage and educate community partners on providing evidence-based, trauma-informed, and client-centered services to families and infants.

Conduct collaborative with a structured framework.

Regional Collaborative Current Practice/Structure

- Recovery Support Services
- Child Welfare
- Substance Use Treatment Provider
- Mental Health
- Birthing Hospital
- Medical Providers for Mom and Baby Obstetricians
- Home Visiting Programs
- Managed Care Organizations (MCOs)
- Schools
- Housing Transportation
- Family Support

Regional Collaborative Characteristics and Qualities

- POSC collaboratives have autonomy within contractual requirements
- Membership is different for each
- Engagement is different
- Activities are different
- Differences allow for the development of a collaborative that works well within their geographic area

POSC Collaborative Goals

- Ensure infant safety and well-being
- Reduce adverse childhood experiences
- Address parental health and treatment needs
- Prevent maltreatment and separation
- Coordinate comprehensive care
- Support family-centered recovery

Effective Collaboratives

Key Components for Effective Collaboratives

Development

- Diverse membership that goes beyond the traditional or expected
- Investing in the relationships
- Have a shared vision and goals

Structure

- Clear roles and responsibilities
- Inclusive decision making
- Understanding and identifying members roles

Sustaining

- Transparency
- Evaluation
- Shared ownership

Collaborative Strategic Planning

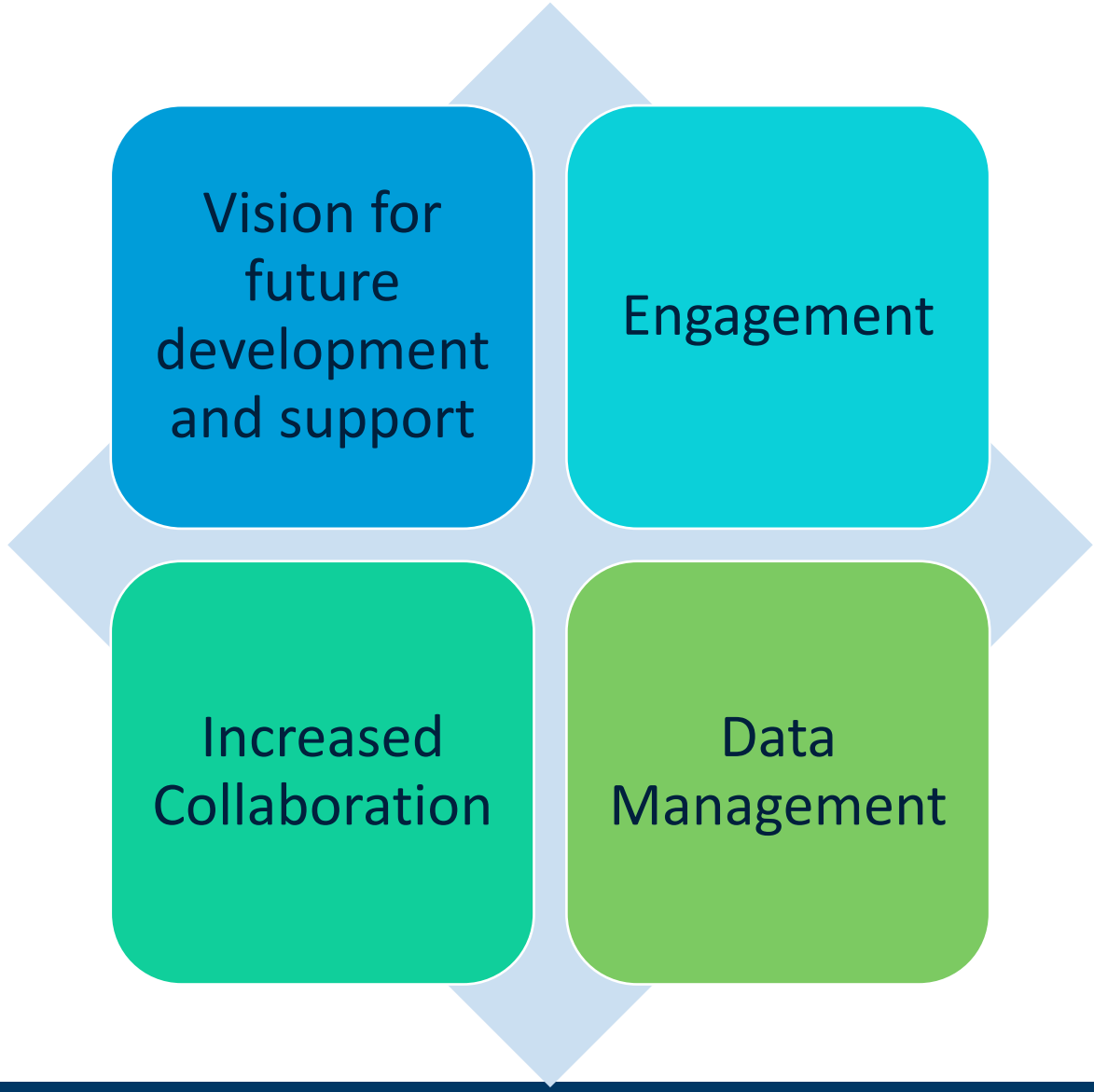
Strategic planning should include best practices that:
Are client- and family-centered.
Ensure the safety and well-being of children.
Address the health (including mental health and SUD treatment) needs of individuals who are pregnant and parenting, their children, and family members involved.
Identify the treatment and other recovery support needs of the individual family members.
Model a collaborative and coordinated community response to provide wrap-around services to individuals who are pregnant and parenting, their children, and family members that are evidence-based, trauma-informed, and client-centered.

Collaboratives Are Not:

- A model for service delivery
- The child welfare agency
- Primarily focused on the integration of recovery support services
- A new initiative, dependent on new dollars for development
- A group of providers that increase their collaboration to improve coordination
- An infusion of evidence-based practices

Challenges and Limitations

Collaborative Opportunities



Regional Collaborative Locations & Coordinators

- Four Rivers, Cynthia Turner
- Pennyroyal Center, Tatyana Baker
- River Valley, Catrina Craig
- Lifeskills, Whitley Puckett
- Communicare, Deana McNary
- Seven Counties, Sabrina Middleton
- Mountain Comprehensive Care Center, Caitlyn Turley-Mollette
- Kentucky River, Jamie Smith
- Cumberland River, Cecilia Simpson
- Adanta, Sherri Estes
- New Vista, Emily Jones

Audience Q&A

"The greatness of a community is most accurately measured by the compassionate actions of its members, a heart of grace, and a soul generated by love."
— Coretta Scott King

Thank you for the work you do and for sharing your time with me today.

You may reach me at Rachael.Ratliff@ky.gov