



Inside This Issue...

- Stigma-Free Support for Pregnant Moms Using Opioids
- Seeking Solutions to the Opioid Crisis Through Community Forums
- Initiative Offers HOPE to those Impacted by Addiction
- On Our Own-Person Centered Program
- Recognizing the Signs: A Personal Perspective
- Spotlight on the States

Stigma-Free Support for Pregnant Moms Using Opioids

The nation's opioid epidemic is impacting communities at an alarming rate and, according to the Centers for Disease Control and Prevention, the number of babies being born dependent on opioids has quadrupled over the past 15 years. The condition, known as Neonatal Abstinence Syndrome, is caused by opioid exposure in the womb. The resulting withdrawal

symptoms for the newborn baby can last for several weeks and include multiple gastrointestinal and central nervous system problems, such as tremors, intense crying and seizures.

However, one Tennessee company is demonstrably changing this reality. A social venture, 180 Health Partners provides a comprehensive-range of health, behavioral, addiction and stabilization services to mothers during their pregnancy to prevent – or reduce the severity of–opioid dependent births. The program does this by assuring moms are informed and empowered to make the best decisions for themselves and their baby. Through substance-stabilization and by building a social network for each mother, the company is taking bold steps to reduce the generational cycle of addiction.

Specifically, the 180 Health Partners program provides stigma-free, pre- and-post-natal support to mothers in all areas of her life. Each mother receives the professional services to address her specific health, behavioral and



addiction needs, which ultimately reduces stress and improve health outcomes for mom and her baby. 180 Health Partners also offers each mom individualized socio-economic resources to address her life needs. These social determinants of health, such as childcare, housing, transportation, food assistance, are critical to keeping moms on track. By navigating the complex array of services available in each community, 180 Health Partners will match each mother with the right programs to meet her social needs. Whatever the mom is individually facing, is addressed in her customized care plan.

At the core of the 180 Health Partners program is the guiding principle of building mothers up rather than tearing her down. Pregnant mothers can enroll directly through the 180 Health Partners call-line (888) 339-9404 or can be referred into the program by their physician, community service provider or health plan.

continued on page 2

Visit the PAC on the FRIENDS website at www.friendsnrc.org

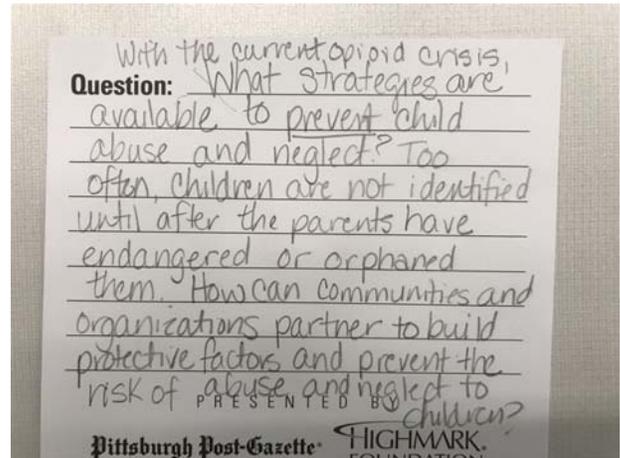
Seeking Solutions to the Opioid Crisis through Community Forums

The opioid crisis has hit Pennsylvania particularly hard. While coroners and medical examiners across Pennsylvania have been compiling grim statistics at an unprecedented rate, major collaborations are underway to combat this public health crisis, with state lawmakers, law enforcement, medical professionals and advocates joining forces. In 2018, all of Pennsylvania's public media outlets joined forces in a collective project called "Battling Opioids." The initiative coincides with Pennsylvania Governor Tom Wolf's issuance of a disaster declaration for Pennsylvania's "heroin and opioid epidemic". In April, during Child Abuse Prevention month, the Governor participated in a town meeting hosted by the Pittsburgh Post-Gazette and Highmark, the "Health Care Forum: Search for the Opioid Solution". Over 400 people listened to Gov. Tom Wolf, Allegheny County Health Director Dr. Karen Hacker, Highmark Health Plan chief medical officer Charles DeShazer and Post-Gazette reporter Rich Lord talk about the epidemic.

In addition to focusing on treatment of those affected by addiction and solutions to the overall crisis, the well-being of impacted children and families was also at the forefront. Rich Lord remarked that recently, "at the American Society of Addiction Medicine conference, participants made a couple of points about children and addiction that should probably be obvious, but that really opened my eyes. First, the addiction doctors and experts noted that adverse childhood experiences are a huge

predictor of future drug problems — and, of course, such experiences are more frequent in houses in which a parent uses drugs. Second (and related), treating the parents' addictions is probably the most efficient way of preventing addiction in the children. So I'm glad that this year the Pittsburgh Post-Gazette is focusing on both prevention and on addiction in families. They're so closely related."

The panelists received over 100 written questions from participants during the forum. Afterwards, Lord



and the Post-Gazette chose 10 and tweeted them with links to stories that provide relevant perspective. The result is the recently released "Top Ten: Your Opioid Questions put into Context".

continued on page 3

continued from page 1

Stigma-Free Support

At enrollment, 180 moms are assigned an advocate team that includes a nurse, social worker, licensed counselor, resource navigators and a peer. The peer advocate, a mother in recovery who has walked in the same shoes, is a key element to the close relationship 180 develops with its mothers.

By meeting each mother where she is on her personal journey, the caregiver team meets regularly with moms at her home, her doctor's office or wherever works best for her. This face-to-face support comes in addition to regular phone calls, daily texts, emails and video conferencing, which helps ensure consistent guidance and support toward a healthier delivery and a healthier life. A high-engagement model, mothers in the program connect



with their care team more than 20 times a month.

The 180 Health Partners program is a free service available across Tennessee with expected expansion to additional states in the coming weeks. For more information, visit: www.180HealthPartners.com or call (888) 339-9404.

*-by Judith Byrd
180 Health Partners*

Ko JY, Wolicki S, Barfield WD, et al. CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome. *MMWR Morb Mortal Wkly Rep* 2017;66:242-245. DOI: <http://dx.doi.org/10.15585/mmwr.mm6609a2>

Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. *MMWR Morb Mortal Wkly Rep* 2016;65:799–802. DOI: <http://dx.doi.org/10.15585/mmwr.mm6531a2>



continued from page 2

Seeking Solutions to the Opioid Crisis

Included in the top 10 was the question: "With the current opioid crisis, what are the strategies available to prevent child abuse and neglect? Too often children are not identified until after the parents have endangered or orphaned them. How can communities and organizations partner to build protective factors and prevent the risk of abuse and neglect to children?"

Rich Lord and the Post-Gazette responded with this comment and published the following article:

"More on this subject to come, but for now, here's a look at 'infant mental health' practitioners — they really help kids 0-5 — and their efforts." - [A small cadre of specialists is trying to help the children of the opioid epidemic](#)

Pennsylvania continues its fight against the opioid epidemic by unveiling a unique partnership with the University Of Pittsburgh Graduate School Of Public Health and the Aetna Foundation to build on the Opioid Data Dashboard, incorporating data and public health modeling. The state is also moving forward with bipartisan supported state and federal proposals to help "grandfamilies" and aid grandparents who have assumed sole caregiving responsibilities for their grandchildren, especially those affected by the opioid epidemic, by ensuring they have access to all the services possible to help them with their duties as caregivers and guardians.

"One of the worst effects of the opioid crisis is the damage the disease of addiction has done to

so many families across Pennsylvania," said Governor Wolf. "Many grandparents are stepping up to take care of their grand-children and we need to make sure they have our full support as caregivers and legal guardians of children, our most innocent bystanders to this awful epidemic. These grandparents are making sacrifices to help their families and communities and they should be accessing all the resources available to help them."

According to the bills' sponsors, an estimated 82,000 grandparents are the sole caregivers for nearly 89,000 grandchildren in Pennsylvania. That number is increasing due to the devastating opioid crisis across the commonwealth. The House Children and Youth Committee held a hearing on the issue last summer, with estimates showing that Pennsylvania grandparents are saving the state at least an estimated \$1 billion a year by keeping their grandchildren out of the foster care system.

In Pennsylvania, citizens, businesses and legislators continue to explore solutions to the opioid and heroin crisis. The following references demonstrate how the media is partnering with the community to address the problem and insure the safety and wellbeing of children.



MaryJo Alimena Caruso with Pennsylvania Governor, Tom Wolf

References:

<http://www.post-gazette.com/news/overdosed/2018/04/20/Opioid-questions-context-Highmark-Health-Care-Forum/stories/201804200111>

<https://newsinteractive.post-gazette.com/needle-in-the-family-tree-opioids-family-overdose/opioids-swamping-child-welfare-system/>

<https://www.wqed.org/opioids>

~by MaryJo Alimena Caruso
FRIENDS NCCBCAP

"It is by going down into the abyss that we recover the treasures of life. Where you stumble, there lies your treasure."

~ Joseph Campbell



Initiative offers HOPE to those Impacted by Addiction

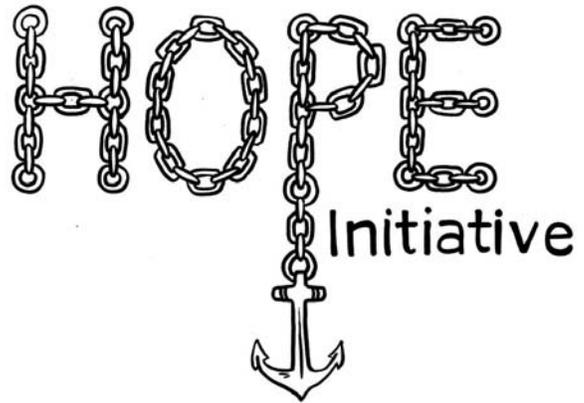
Just like the moon and its effect on the tides, so too does the opioid epidemic affect the response from law enforcement. Traditionally, law enforcement's role in the drug war was to arrest individuals with little regard for their plight with drugs. In 2015 – all that changed with a social media post from a police chief in Massachusetts. In the summer of 2015 the “Angel Program” was initiated which allowed individuals with a substance use disorder (SUD) to come into the police department without fear of arrest and get help for their addiction. Since that time, over 300 police departments around the country have started angel programs in their communities.

In October of 2015, the Nashville Police Department started looking at implementing a program in North Carolina and after some initial planning – started the “HOPE Initiative” in February 2016. It was the first one in the State of North Carolina and allows individuals with SUDs to come to the police department and receive the compassion and resources they need to help them into treatment. In 2017, two other departments in the State started similar programs – Brunswick County and Orange County Police Departments.

Nashville Police Department's HOPE Initiative allows for individuals addicted to any drug– not just opioids - to get help. In addition, there are no residency requirements. Many of the individuals who come to the police department have no insurance and little financial resources. Through partnerships with treatment providers in and

around the state—we have found many affordable treatment options for those with SUD. The HOPE Initiative does not use tax dollars to fund the program – we raise money through donations, fundraisers, and small grants.

To date we have had over 300 participants enter the program from all over the State of North Carolina and beyond. Treatment options include Detox, Outpatient, Medicated Assisted Treatment (MAT), and Residential services, among others. We believe that during the year 2018, many other



Police Chiefs and Sheriffs will start programs that allow for individuals with this terrible disease to find their path to treatment. The tides are changing indeed!

*~by Chief Thomas Bashore
Nashville, NC Police*

Resources for Practitioners Supporting Families Impacted by Opioid Use

The National Center on Substance Abuse and Child Welfare supports communities, including child welfare agencies, treatment agencies, courts, health care and early childhood providers and other community providers, to make policy and practice change to improve outcomes for families affected by substance use disorders, including opioid use disorders. Compared to efforts by individual agencies, collaboration across multiple systems leads to better outcomes for children and families. The National Center on Substance Abuse and Child Welfare has compiled policy and practice reports and briefs, fact sheets, archived webinars, and examples of success at the state and local level. The materials

can be accessed by utilizing the following link: <https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>. These resources offer a way to increase your understanding of your collaborative partners and build a foundation for effective cross-system collaboration to support families affected by substance use disorders.

*~by Jean Blankenship
OCAN*



On Our Own – Person Centered Program

On Our Own of Maryland, Inc. (OOOMD) is Maryland's state-wide mental health and substance-related disorder consumer-run education and advocacy organization. The program promotes equality in all aspects of society for people who receive behavioral health services. The program supports the development of alternative, person-centered, recovery-based initiatives.

The consumer movement in Maryland (MD) began around 1978 when author Judi Chamberlin published an essential book, *On Our Own*, which dared the traditional mental health system to entrust mental health recovery to consumers themselves. In 1981, supportive peers in the Baltimore area began to meet regularly, and the network grew stronger. In 1982, that group officially incorporated as 'On Our Own, Inc.' The next year, they received funding from the National Institute of Mental Health's Community Support Program. With support from the Maryland Mental Hygiene Administration, the organization sponsored the first consumer/survivor/ex-patient conference. It successfully convened 200 attendees at the University of Maryland, Baltimore County. By 1983, additional federal and state contributions made possible a first Baltimore-operated consumer drop-in center - On Our Own, Inc. The stakeholders continued developing affiliate organizations in other locations such as On Our Own of Montgomery, Prince George's and Howard Counties. In 1985, through funding from the Community Support Program at the National Institute on Mental Health, On Our Own, Inc. hosted the first national primary consumer conference for 400



attendees at the College of Notre Dame. The conference was called "Alternatives."

In 1986, in order to have a stronger voice in the *statewide* mental health community, On Our Own, Inc. developed On Our Own of Maryland, Inc. (OOOMD), the organization which is now the membership entity for all On Our Own affiliates in the state, as well as membership to all who support consumers in recovery-oriented systems of care. OOOMD has over 1400 members and 26 affiliated wellness and recovery centers, each a consumer-run, non-profit organization.

For over 30 years, OOOMD has led the way in developing recovery-based, mental health initiatives and provided advocacy and consumer education while supporting core needs of its constituents. The organization is comprised of current or former recipients of mental health and substance abuse services who have organized in order to improve services and support those who

have experienced mental illness. The 26 peer-operated programs situated throughout Maryland collectively serve more than 7,000 individual behavioral health and substance-use consumers annually. Many of our members have spent time in state or private psychiatric hospitals, jails and correctional facilities. OOOMD supports those striving to recover and improve their lives. Many of our members also have co-occurring, substance-related disorders.

With the integration of the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration into the MD Behavioral Health Administration in 2012, OOOMD and its affiliates began to serve even more people with substance-related disorders. OOOMD staff brought a consumer-run medication assisted treatment support program to the state. To inform the state in its efforts to address the opioid crisis, OOOMD staff have partnered with the state's

continued on page 6



continued from page 5

On Our Own – Person Centered Program

Opioid Task Force to educate stakeholders of resources for peers in the community. As Naloxone administration training became available, OOOMD affiliates offered trainings to their members and the community, and educated the public about Maryland's Good Samaritan Law, which holds harmless anyone reporting an overdose.

On Our Own of Maryland also administers the following programs:

The Wellness Recovery Action Plan Outreach (WRAP®) Project of OOOMD seeks to bring WRAP® to persons and their families seeking recovery and wellness from mental health and substance use conditions. WRAP® is a powerful, person-centered tool that enables positive change for adults, families, transitional-aged youth, teens and children alike. WRAP® adapts to varied settings and purposes to promote wellness, stability, and recovery when illness, addiction or other life issues interfere. Healthier individuals create stronger families and communities. The Wellness Recovery Action Plan is recognized as an evidenced-based program through the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP).

The Maryland Transitional Age Youth Outreach Project (TAY) seeks to create a space within OOOMD's peer network of Wellness & Recovery Centers for activities and conversations of interest to young adults between the ages of 18 and 30. Our mission is to empower youth with mental health struggles to share their experiences and speak out

about the kind of help and services they'd like to see within the mental health system where they receive care.

Main Street Housing, Inc. (MSH) is a subsidiary organization of OOOMD which develops quality, safe, affordable, and permanent housing for individuals with psychiatric disabilities.

The Empowerment Partnership Project (EPP) aims to promote recovery within the behavioral health system by training both consumers and providers. We helped transform Maryland's mental health system by providing a collaborative recovery effort between providers and consumers that promotes empowerment, knowledge, and self-determination for mental health consumers. The project also serves as a bridge in the gap between resources, skills and knowledge, for both consumers and providers to enhance and direct recovery.

The Anti-Stigma Project was formed in 1993 by the Maryland Mental Hygiene Administration in collaboration with OOOMD to reduce stigma within the

behavioral health system. The mission of The Anti-Stigma project is to fight stigma by raising consciousness, facilitating ongoing dialogues, searching for creative solutions, and educating all participants within or connected to the behavioral health community, including consumers, family members, providers, educators, and administrators.

After 20 years of support from SAMHSA to put on the Alternatives Conference, funding for it has been cut and we are again on our own. But twenty years of networking and advocacy have allowed consumer/survivor/ex-patient leadership to continue to host the Alternatives Conference. At the end of July (July 30-August 3), OOOMD will be co-sponsoring Alternatives 2018 to be held in D.C. As a nod to our grass roots, the theme of the conference is "On Our Own". For information about Alternatives 2018, please visit <https://www.alternatives-conference.org/> and for more information about On Our Own of Maryland, please visit our website at www.onourownmd.org.

-by Denise Camp
On Our Own of Maryland



FRIENDS would like to welcome our new national Parent Advisory Council members who began serving their 3 year term in 2018:

- Anthony Queen from Michigan in Region 5
- Lauren Mausbach from Arizona in Region 9
- Raven Sigure from Louisiana in Region 6

Thank you to the State Lead Agencies and local programs for nominating these parent leaders!



Recognizing the Signs: A Personal Perspective

There are a lot of things to look for when you suspect that a loved one is using drugs. People act different and do strange things when they are actively using.

Signs and Symptoms in no particular order: dirty hands, nodding off, extremely manipulative, missing important events, picked off skin on face, hands, arms and/or legs, carrying a lot of bags around, taking forever to get up and go somewhere, loss of job, in and out of relationships, hanging out with a "new crowd", gray complexion, terrible eating habits, "pinned" pupils, dilated pupils, gaunt facial features, rapid weight loss, lies, impulsivity, disoriented, delusional, no eye contact, bad teeth, speak quickly in a disjointed manner, dry mouth, manic, staying up all night, sleeping all day, not paying bills, extreme emotions, withdrawn, angry.

One would think that "early detection" is key to helping someone to get off of drugs. Unfortunately, in my experience this is not necessarily the case. Sometimes, the less time they have been using, the harder it is to help them to stop. I think the main reason for that is because the person has not experienced enough "real-life consequences". So, in other words, this is the "honey-moon stage" of using drugs. This is the point where everything is still fun, and there is no pain. Fast forward a year or more, and that is when users have started to lose their jobs, lose their friends, lose their house/apartment, and burn bridges within their family. The hardest thing to do, from an outsiders perspective, is to just "allow the ball to drop". By that I

mean, let the person make the mistakes they are going to make. Stop trying to save them – it is just enabling them to continue using without any consequences. Let them fall. If there is one truth about addicts, it is that they are resilient and resourceful.

So the next question is undoubtedly, what can you do to help? Coming from someone who is a recovering addict, I can only really tell you what worked the best for me. My family tried for years to help me get clean – offering to pay for treatment centers, flying me to different states, paying my rent, my electricity, my grocery bill, paying my phone bill, allowing me to come and go as I pleased, let me borrow their vehicles, watched my children for me, drove me to and from treatment facilities, etc. etc. etc. You name it they did it for me, and as a direct result of that, I used drugs for 7 years. I got clean the second my family stopped doing for me what I was perfectly capable of doing myself. They said simply, "Lauren, we love you but we refuse to participate in this any longer. You are not allowed to stay here, if that means that you are homeless then so be it. We love you unconditionally, and if you need a ride to rehab, we would be more than happy to do that for you, but that's it." I was shocked. I ranted and raved, and hurled insults their way, trying to manipulate them and guilt them into letting me continue staying with them, to no avail. They were fed up, and for the first time in 7 years, they stood their ground and told me "NO".

I ended up enrolling myself in substance abuse groups, and



Lauren Mausbach, PAC member

when it became clear that I was unable to stop using and living where I was living, I moved into an all women halfway house. That was September 29th, 2012. I have been drug-free ever since.

I was able to get and stay clean because I was blessed with a very supportive family. They were always willing to talk to me when I needed someone to talk to. They never, ever gave up on me. They continued believing that I was meant for so much more. And they were right; thank God they gave me the chance to get out of my own way.

So honestly, the answers are simple. Talk to your loved ones. Don't be afraid to ask real questions. If you think they may be using, ask them. Their life may depend on it. And if you find out that they are in fact using, here's what you should do: PRAY; go to an outside support group (Al-Anon) for moral support because you are not alone, stop giving them money, listen to them, support them emotionally, encourage them to get into treatment even if it takes 100 times, and keep encouraging them. Recovery is possible.

~by Lauren Mausbach,
PAC member



Spotlight on the States

A look at what's happening around the country to support families impacted by the opioid crisis.

Arizona has the Substance Exposed Newborn Safe Environment (SENSE) program to address all substance exposed newborn babies reported to Department of Child Safety. While this program doesn't use CBCAP funds, the state has implemented infant care plans and embedded the Protective Factors into the SENSE program,

as well as a nursing component. Arizona was one of 5 states to participate in the National Governor's Association/neonatal abstinence syndrome (NAS) Learning lab and is developing an action plan around a statewide response including educating Medication Assisted Treatment (MAT) providers and home visitors with education and engagement strategies. For information about this effort or the data regarding the nursing assessments, contact Susan Smith, Susan.Smith@AZDCS.GOV.

In **South Carolina**, the Strengthening Families Program (SFP) is a multi-generation, promising practice within the child welfare system for caregivers with or at risk for substance use issues. While it was not initially implemented in response to the opioid crisis, it is a program that the Children's Trust of South Carolina supports as a preventative effort in counties across the state. South Carolina now assesses substance use as one of 4 domains across all funded programs (SFP, Triple P, and 3 home visiting models) for collective impact. The Children's Trust of South Carolina is currently collecting data and hopes to share more on the impact of these efforts in the future.

With **Mississippi** being fourth in the Nation for the number of prescriptions for opioids, the state has had to quickly address the issues of opioid abuse. To combat this epidemic, Mississippi is providing avenues to work with pregnant mothers with substance abuse issues. These mothers may be referred to an intensive in-home service to preserve their family before the mother gives birth. This program called, *in-CIRCLE*, allows the mother to receive very intensive services of 8-10 hours a week for 8-12 weeks within their home with the goal of avoiding removal of the child at birth. In addition, Mississippi is in the process of contracting with a private program to provide secondary prevention services to a local substance abuse treatment facility that provides pregnant women services. The program intends to provide service, such as parenting programs, to instill or strengthen the protective factors in these parents.



FRIENDS Parent Advisory Council members (from l to r, front row): Bruce Bynum, Fatima González Galindo, Jill Gentry, Beth Stodghill, Sam Blue; (from l to r, back row) Eliza Cooper, Jessica Diel, Dawn Patzer, Sam Bowman Fuhrman and Dena Hillman

About the PAC

FRIENDS has established a Parent Advisory Council to provide useful overall program direction and guidance to the activities of the National Center. Committee members share their experience and expertise in child abuse prevention and family strengthening through their active participation in FRIENDS workgroups and the annual Grantee's meeting, development/review of FRIENDS written materials, and by providing resource center staff with consultation and advice.

Contact Information: **Beth Stodghill and Jessica Diel, Editors**
friends@friendsnrc.org

This publication was produced by the FRIENDS National Center for Community-Based Child Abuse Prevention (CBCAP). FRIENDS is a service of the Children's Bureau and a member of the T/TA network.

FRIENDS is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, under discretionary Grant 90CZ0024. The contents of this publication do not necessarily reflect the views or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy portions of the text which are not the property of copyright holders and share them, but please credit the FRIENDS National Center for CBCAP.

