



National Center on
Substance Abuse
and Child Welfare

SUBSTANCE-EXPOSED INFANTS IN-DEPTH TECHNICAL ASSISTANCE (SEI-IDTA)

SITE PROFILE

KENTUCKY

LEAD AGENCY: KENTUCKY DEPARTMENT OF BEHAVIORAL HEALTH, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES (DBHDID)

PROJECT ABSTRACT

Kentucky applied to participate in the SEI-IDTA program as a result of the impact the opioid epidemic was having on infants and their families. From 2000 to 2012, Kentucky hospitals reported a dramatic increase in the number of Kentucky infants diagnosed with neonatal abstinence syndrome (NAS) from 28 infants with NAS in 2000 to 824 reported births in 2012. At the time of their IDTA engagement, Kentucky reported great disparity in the services for pregnant and postpartum women with substance use disorders and their infants and other children. Furthermore, those services that do exist often lacked coordination with other agencies, resulting in a system of independent silos that often proved ineffective in addressing problems for women, particularly pregnant women with substance use disorders.

Kentucky's overarching goal was to develop policies and implement coordinated services to intervene at any of the five points of intervention: pre-pregnancy, prenatal, birth, neonatal, and during child development. Partners proposed creating a system of care to address the concerns surrounding substance use prior to pregnancy through post-delivery and beyond. This system included: (1) expanding prevention services to women of child bearing age, prior to and during pregnancy; (2) universal screening, brief intervention, and referral to treatment services (SBIRT) as a routine part of prenatal care; and, (3) expanding the availability of treatment, (including medication-assisted treatment [MAT]) and support services to women at any of the five points of intervention.

As the partnership expanded to include public health, neonatologists, and other medical providers across the state, the state team broadened their focus and redefined their goals to address the needs of infants with prenatal substance exposure as well as their mothers and other caregivers.

KEY PARTNER AGENCIES

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), within the Cabinet for Health and Family Services, was the lead agency for the Kentucky SEI-IDTA initiative.

- Kentucky Cabinet for Health and Family Services, Division of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
- Substance Abuse Treatment Branch
- Kentucky Moms MATR [Maternal Assistance Toward Recovery] (previously the KIDS NOW Plus Program)
- Community Mental Health Centers
- Recovery Community Supports
- Kentucky Department for Community Based Services (DCBS)
 - Policy and Program Administration
 - Division of Protection and Permanency
 - Sobriety Treatment and Recovery Team (START)
 - DCBS Regional Services Offices
- Department of Public Health
 - Maternal and Child Health
 - Early Childhood Development
 - Child and Family Health
- Department of Medicaid Services
- Division of Audits and Investigation
 - Drug Enforcement and Professional Practices Branch
 - KASPER (Kentucky All Schedule Prescription Electronic Reporting)
- Office of Drug Control Policy
- Polk Dalton Clinic
- University of Kentucky, College of Public Health

MAJOR PROGRAM GOALS

The initial goals focused on the strategic planning process:

- Goal 1: Ensure the process continues and moves forward toward goals established in the Substance Abuse and Mental Health Services Administration (SAMHSA) Policy Forum Action Plan and includes balanced input from all team members, liaisons, and the community.
- Goal 2: Research/inform/educate team and committee members about best practices and plans from other states or national resources that are useful for reaching the action plan goals.
- Goal 3: Assist with writing action plans in a framework that will be easy to communicate to a broader audience.

Over the course of the SEI-IDTA engagement, changes or adaptations to program goals were crafted to include:

- Develop an integrated model of care in the two SAMHSA Medication-Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) expansion sites in the Cumberland River and Bluegrass regions;
- Ensure engagement and collaboration with our child welfare partners from DCBS at the state and local levels;
- Refocus the Kentucky Moms MATR program to ensure early identification and engagement of pregnant women with opioid use disorders; and,
- Develop and implement a protocol to ensure comprehensive assessments and plans of safe care are developed for infants with prenatal exposure and their mothers prior to discharge from the hospital.

ACCOMPLISHMENTS

- DBHDID increased availability of MAT for pregnant and postpartum women with opioid use disorders through three MAT expansion sites—two funded through the SAMHSA Expansion Grant and one through funding from DBHDID and Medicaid.
- The Kentucky Moms MATR program, supporting pregnant women at risk for using substances during and after pregnancy, was expanded to all 14 community mental health and substance abuse regions.
- As part of the SEI-IDTA Team, the Kentucky Department of Public Health (DPH) led the state's efforts to improve outcomes for infants with NAS. Legislation passed in 2014 [KRS 211.676] made NAS a reportable health condition. All hospitals now use the same criteria for reporting NAS cases to DPH, with the first annual NAS report issued in December 2015. The Department is also working with hospitals on guidelines and protocols for treatment of NAS infants and their mothers and guidelines for multidisciplinary assessments and discharge planning for such infants and their mothers.

- In 2015 and 2016, the Kentucky School of Alcohol and Other Drug Studies presented workshops focused on issues related to pregnant and postpartum women and opioid use disorders, including MAT for pregnant women, understanding adverse childhood experiences, NAS, MAT, and challenges with MAT. Treatment agencies have expressed greater acceptance of MAT, with several working toward becoming MAT providers.
- DCBS and their partners are working with local hospitals to pilot the infant/mother assessments and discharge planning into a plan of safe care. The goal is to integrate this information into any DCBS prevention plan, case plan, or aftercare plan.

PRODUCTS

- Hospital Discharge Assessment
- Plan of Safe Care Pilot Package

CONTACT US

For questions about this resource or to request technical assistance, please contact NCSACW at ncsacw@cffutures.org or 1-866-493-2758.

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