

DYNAMICS OF MATERNAL OPIOID USE AND THE PARENT-CHILD ASSISTANCE PROGRAM AS A MODEL FOR COLLABORATIVE CASE MANAGEMENT

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Parent-Child Assistance Program Objective

Our goal and purpose is to replicate and evaluate an established, evidence-informed intervention for pregnant and parenting women with substance use disorders to improve the well-being of Oklahoma children, families, and communities.

Need in Oklahoma



High rate of substance use disorders

Oklahoma providers wrote 79 opioid prescriptions for every 100 persons—compared 51 nationally

Parental substance use a risk factor in more than half of all child maltreatment cases

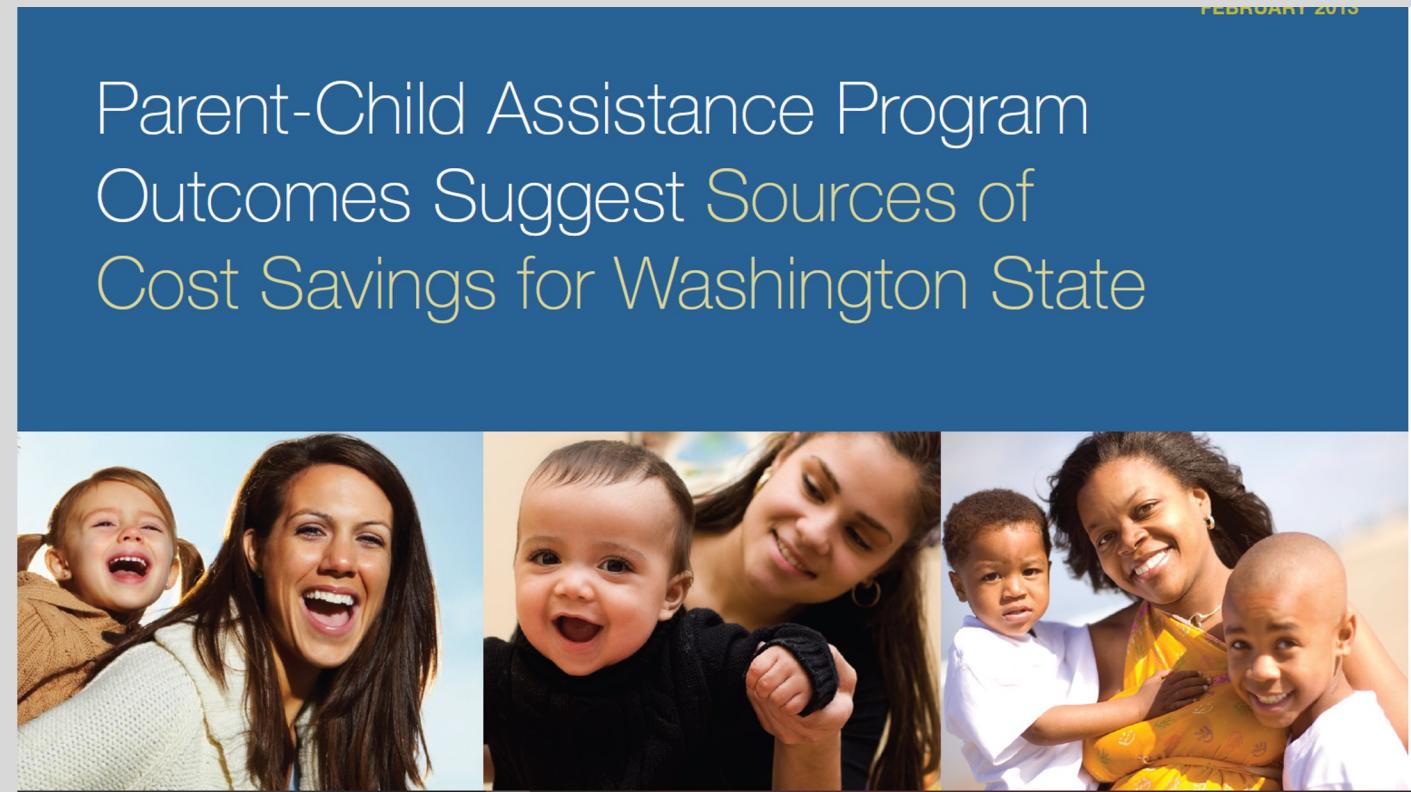
Rates of substance-exposed newborns increasing

Highest incarceration rate for women in the nation, most related to drug offences; nearly 2/3 of women in prison are mothers

Cost Savings

From:

- Reduced use of child welfare services
- Reduced use of public assistance
- Increased employment and education
- Fewer subsequent alcohol- and drug-exposed infants



The Parent-Child Assistance Program (PCAP) Goals

1

Assisting mothers in obtaining treatment and staying in recovery

2

Linking mothers to community resources that will help them build and maintain healthy, independent family lives for themselves and their children

3

Preventing future drug and alcohol use during pregnancy



Parent-Child Assistance Program (PCAP) Objectives

- Intensive case management and home visiting model
- Long duration: 3 years
- Small caseloads: 16 women
- Make connections with and connect clients with resources in their community
- Assist women in goal setting and overcoming barriers
- Theoretical bases: Relational Theory, Stages of Change, and Harm Reduction



The Parent-Child Assistance Program (PCAP)

Intensive Case Management

Home Visiting

Care Coordination

Long Duration

Small Caseloads

Evidence-Based Theoretical Foundations



Relational Theory

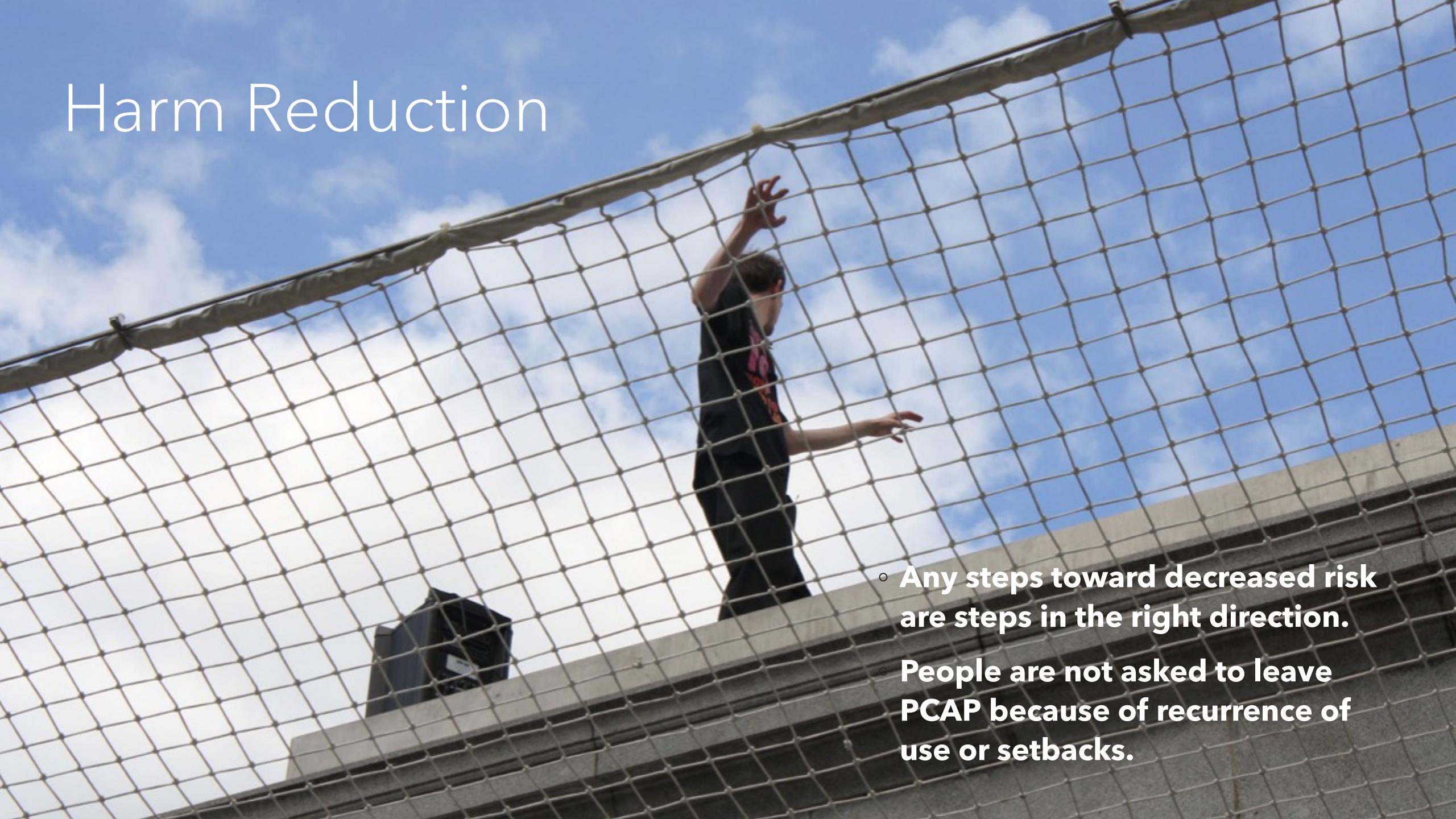
- Emphasizes deepening capacity for relationship and relational competence and assumes other aspects of self develop within this primary context
- Case managers offer creative, persistent outreach and engagement; develop trusting, nonjudgmental, and positive relationships with clients for up to three years



Stages of Change

- People are at different stages of readiness for change
- Case managers elicit clients' perspectives, use motivational interviewing techniques, help clients to evaluate choices and consequences, problem-solve, build self-efficacy

Harm Reduction



- Any steps toward decreased risk are steps in the right direction.
- People are not asked to leave PCAP because of recurrence of use or setbacks.



PCAP IN ACTION

- **Develop** relationships with community service providers
- **Meet** with clients twice monthly in their homes and communities for three years
- **Connect** families with needed community services, help them address barriers, and follow through
- **Provide** occasional transportation
- **Aid** clients in setting their own goals
- **Coach** clients in taking steps to reach their goals
- **Offer** support to other family members
- **Participate** in rigorous evaluation and quality control

Taking Referrals in the Tulsa and Oklahoma City greater metro areas.

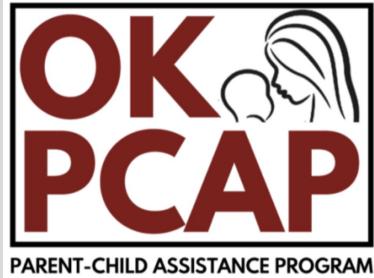
New Referrals

- We are accepting new referrals
 - Goal: 200 participants
- Participant recruitment and the referral process is **key** to obtaining our evidence-based analysis to help pregnant and parenting women
- Clients may be referred to PCAP through:
 - Self-referral
 - Family or friends
 - Local community providers
 - Child can be in DHS custody but is not a requirement

Goals of Recruitment

- Establishing an evidence-based model
- Providing PCAP statewide
- Helping as many pregnant and parenting women who struggle with addiction as possible





OKLAHOMA PARENT-CHILD ASSISTANCE PROGRAM STUDY

Enrolled people will be randomly selected to receive PCAP or services as usual in the community.

Who's Eligible? People:

- Who are pregnant or up to 24 months postpartum
- With at-risk alcohol or drug use during pregnancy* and
- Who are not well connected to community services

OR

- Who have a child with Fetal Alcohol Spectrum Disorder
- With current at-risk alcohol use and
- Who are in their childbearing years

*This includes using Suboxone/Subutex, buprenorphine, or methadone as prescribed for opioid use disorder.

Oklahoma City PCAP Service Area

Two Site Study: Reach of PCAP Within and Around the Tulsa and OKC Metro Areas



OKLAHOMA CITY
AREA COUNTIES*:

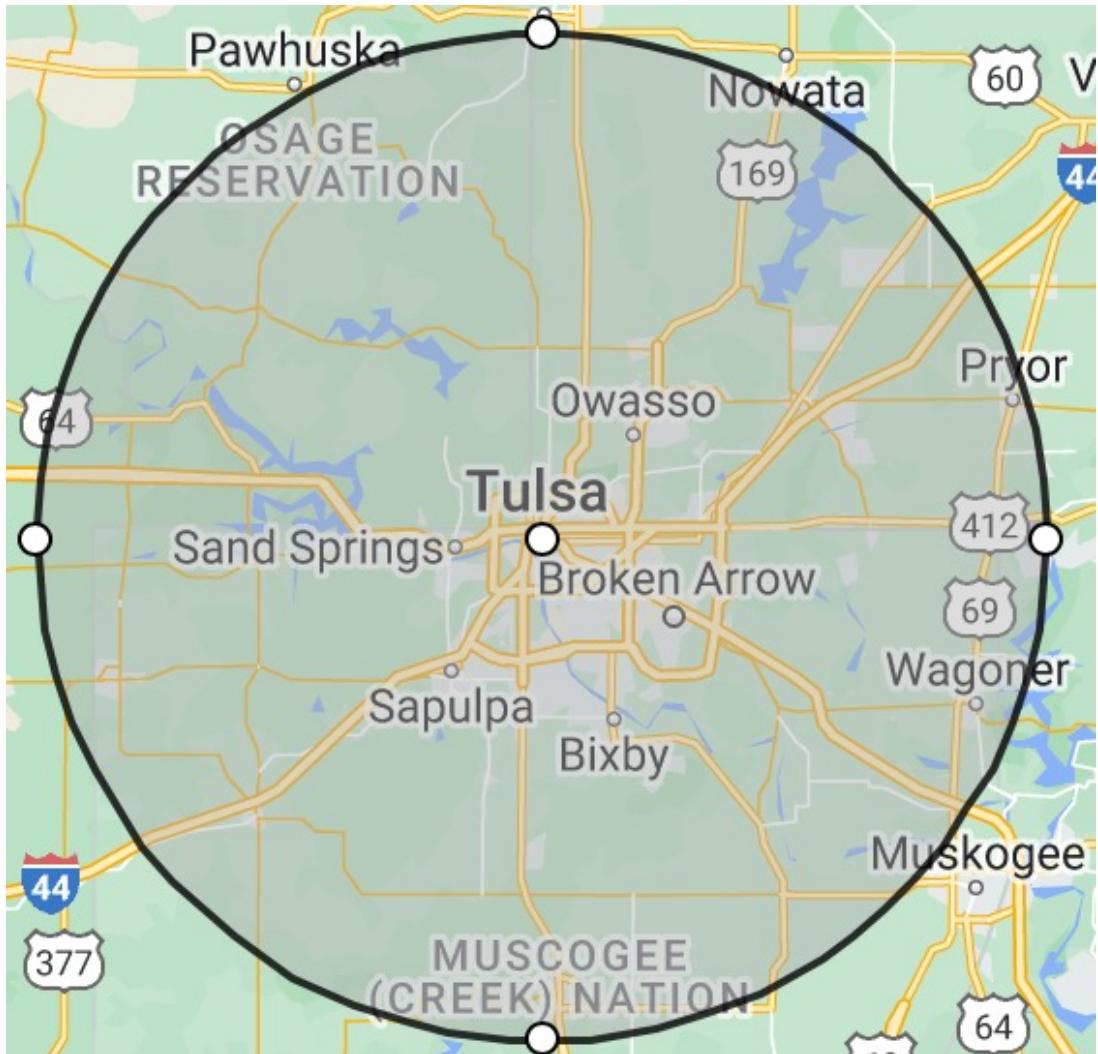
CANADIAN
CLEVELAND
GRADY
KINGFISHER
LOGAN
LINCOLN
MCCLAIN
POTTAWATOMIE

*SOME COUNTIES ONLY
PARTIALLY INCLUDED

*Radii displays estimated 40-mile radius

Tulsa PCAP Service Area

Two Site Study: Reach of PCAP Within and Around the Tulsa and OKC Metro Areas



*Radii displays estimated 40-mile radius

TULSA AREA COUNTIES*:

CREEK
MAYES
MUSKOGEE
MCINTOSH
OKMULGEE
OSAGE
PAWNEE
PAYNE
ROGERS
WAGONER
WASHINGTON

*SOME COUNTIES ONLY
PARTIALLY INCLUDED

Opioid Specific Data from PCAP Study

Oklahoma and Washington

Oklahoma Opioid Use

Opioid Use During Pregnancy and/or Month Prior to Enrollment	
Heroin	8%
Fentanyl	22%
Other Opiates	6%
Any Opiates	26%

Medication-Assisted Treatment - 18%

**The term “opiate” is not mutually exclusive; thus, heroin, fentanyl, and other opiates may not equal expected total*

**Use of substance “prior to enrollment” pertains to use within 30 days before enrollment; prescription use not included in this count*

Oklahoma Opioid Use

Opioid Use with Other Substances During Pregnancy and/or Month Prior to Enrollment

Alcohol (any) - 6%	Cannabis (flower) - 17%
Alcohol (4+) - 6%	Cannabis (extract) - 2%
Barbiturates - 0%	Hallucinogens - 2%
Other Sedatives - 2%	Inhalants - 0%
Cocaine - 2%	Other (illicit) - 2%
Methamphetamine - 23%	Tobacco - 21%
Other amphetamines - 0%	

*The term "opiate" is not mutually exclusive; thus, heroin, fentanyl, and other opiates may not equal expected total

*Use of substance "prior to enrollment" pertains to use within 30 days before enrollment; prescription use not included in this count

Oklahoma Opioid Use

Opioid Use During Month Prior to Enrollment (does not include Rx)	
Heroin	0%
Fentanyl	6%
Other Opiates	7%
*Any Opiates	7%

Medication Assisted Treatment - 25%

The term “opiate” is not mutually exclusive; thus, heroin, fentanyl, and other opiates may not equal expected total

**Use of substance “prior to enrollment” pertains to use within 30 days before enrollment; prescription use not included in this count*

Washington Opioid Use

Opioid Use During Pregnancy and/or Month Prior to Enrollment

Did Not Use Opioids or Medication Assisted Treatment	50.3%
Used Opioids or Medication Assisted Treatment	49.7%
Used Opioids (does not include MAT)	47.2%
Did Not Use Opioids (does not include MAT)	52.8%

*Clients were enrolled between August 21,2003 and January 1, 2021
Valid percentages provided herein*

Washington Opioid Use

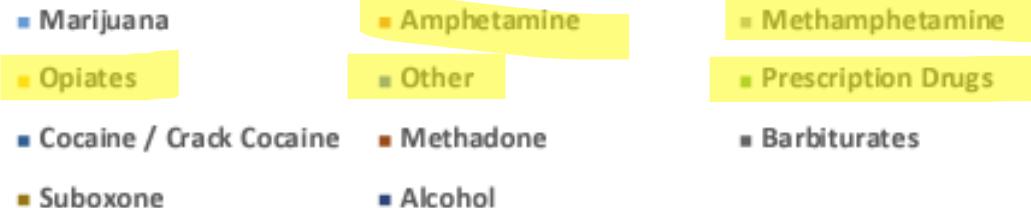
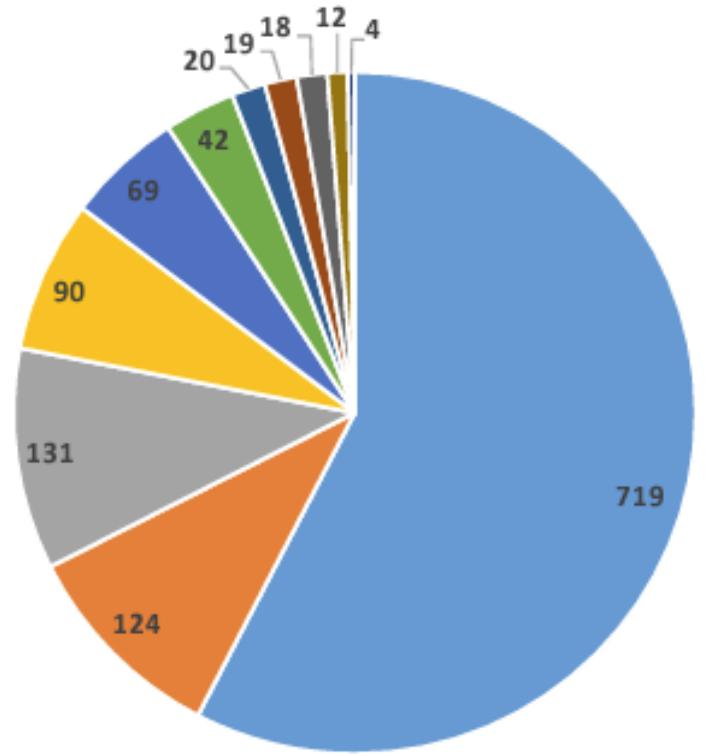
Opioid Use with Other Substances During Pregnancy and/or Month Prior to Enrollment

Did Not Use Opioids with Other Substances	55.6%
Used Opioids with Other Substances	44.4%

*Clients were enrolled between August 21,2003 and January 1, 2021
Valid percentages provided herein*

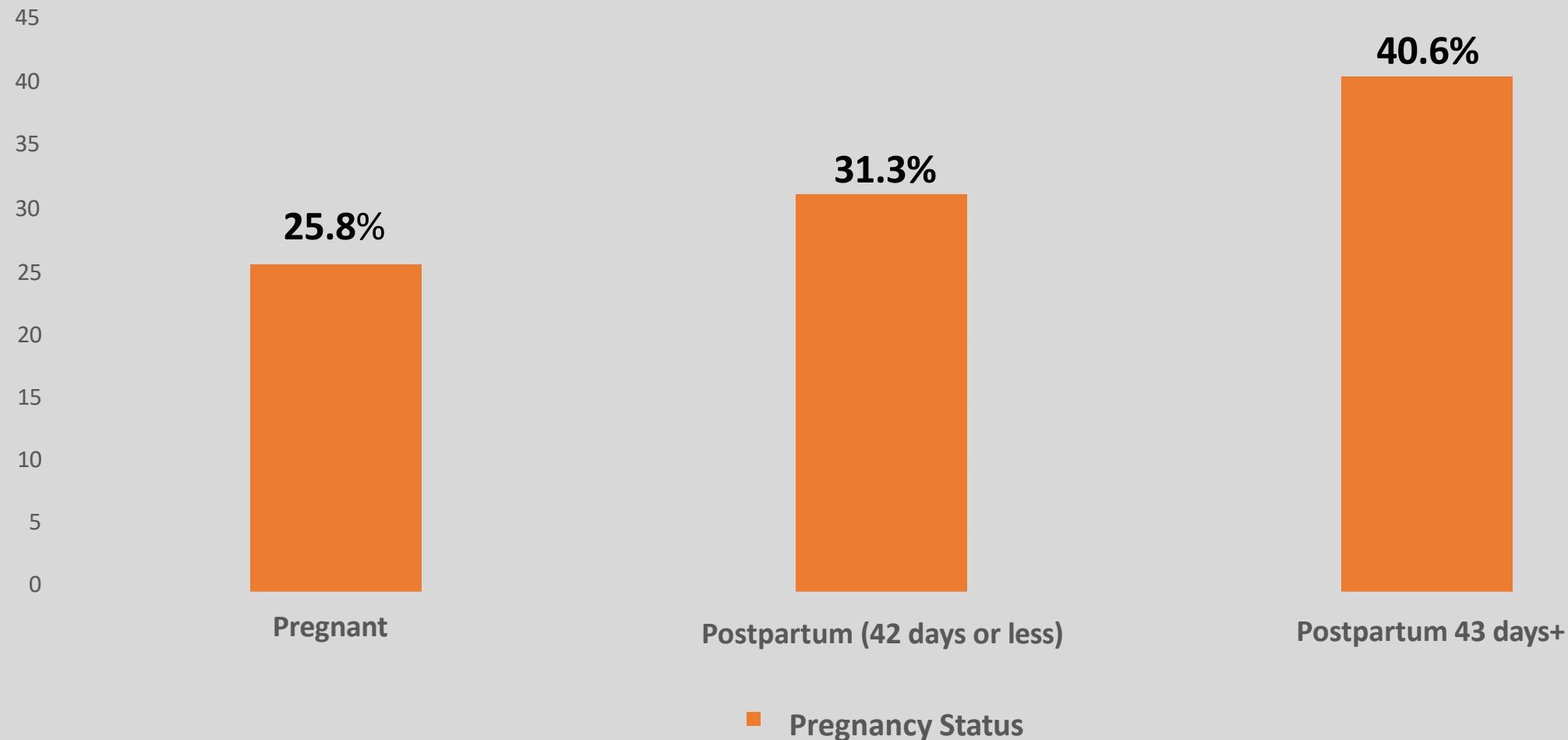
Substance-Exposed Newborns

Substance-Exposed Newborns by Drug Type

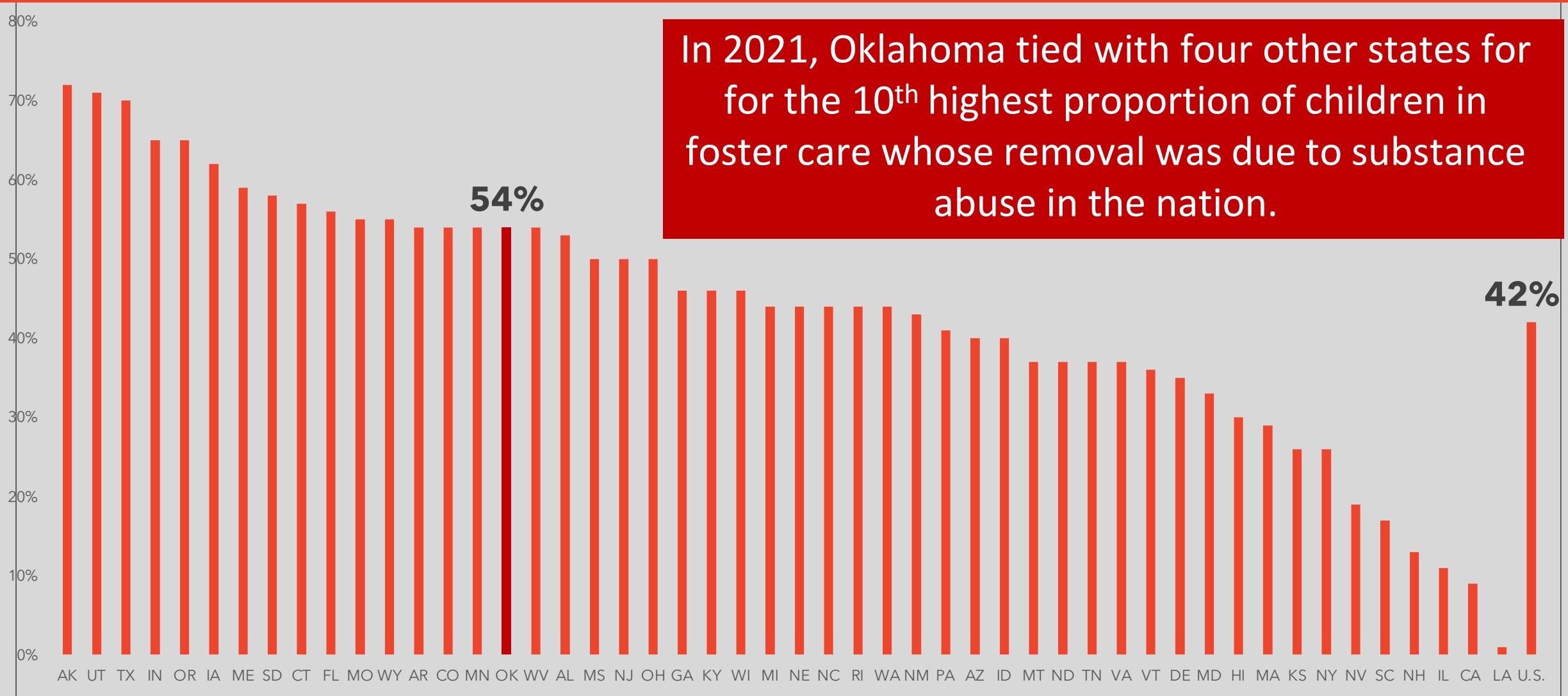


Substance	Count	Percent
Marijuana	719	58%
Amphetamine	124	10%
Methamphetamine	131	10%
Opiates	90	7%
Other	69	6%
Prescription Drugs	42	3%
Cocaine / Crack Cocaine	20	2%
Methadone	19	2%
Barbiturates	18	1%
Suboxone	12	1%
Alcohol	4	< 1%

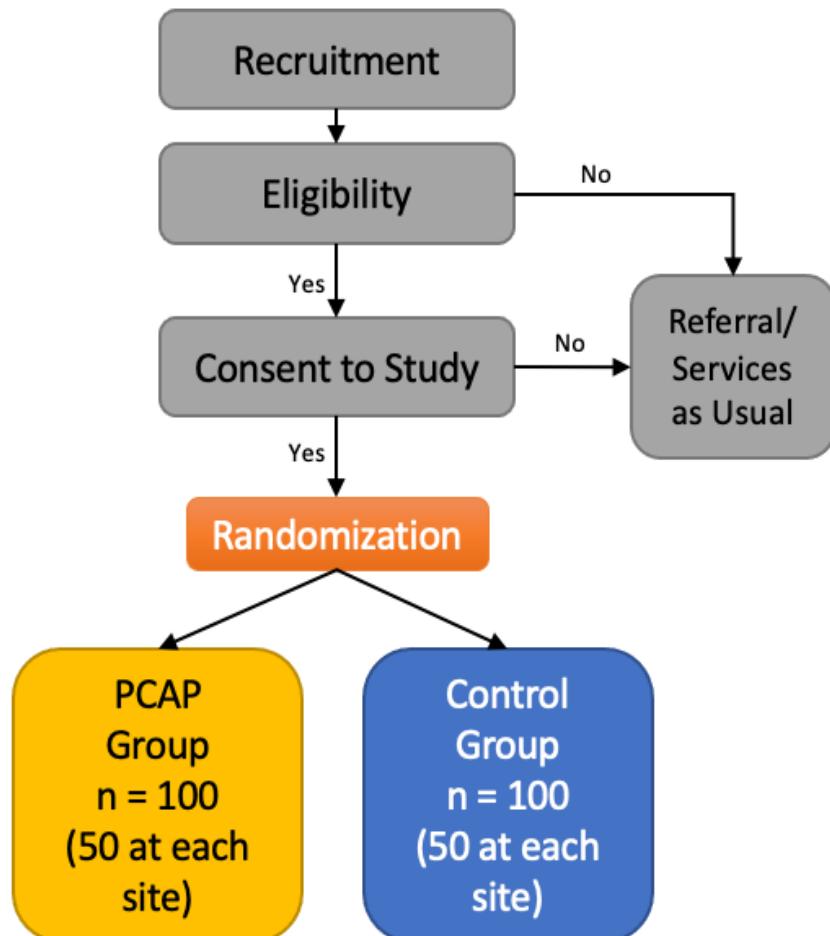
Percentage of Opioid-Related Maternal Deaths by Pregnancy Status, Oklahoma 2004-2018



Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States



OK PCAP Study Design & Washington Outcomes



PCAP TRIAL DETAILS

How the Research Process Operates and Why

Our goal is to establish PCAP as an **evidence-based program** through rigorous evaluation to support spread, replication, and financing.

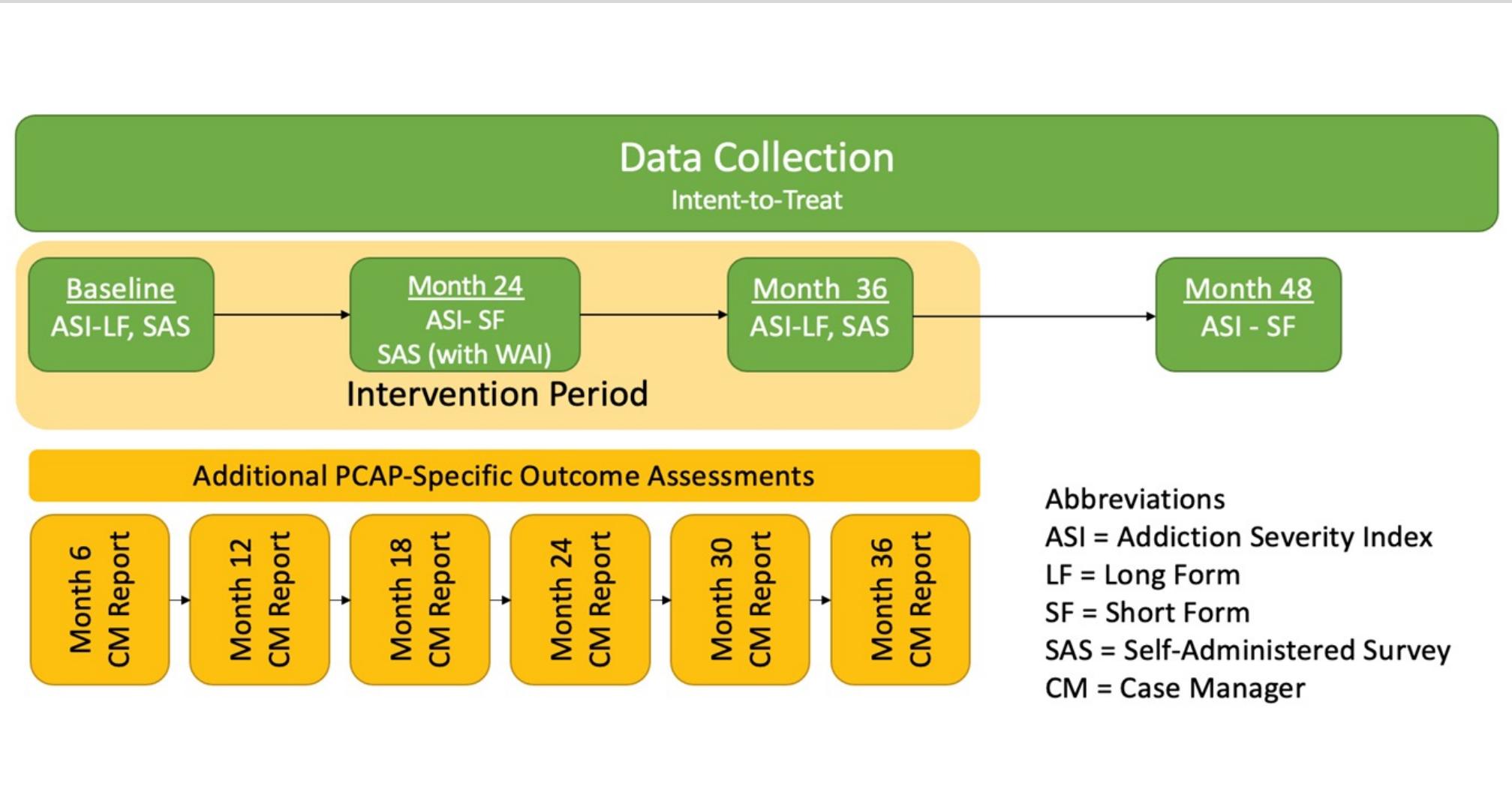
Evidence-based programs are established as such through experimental (randomized control trials) or quasi-experimental studies.

Federal legislation (e.g., MIECHV, FFPSA) increasingly ties federal funding to interventions that are evidence-based.

Randomization allows researchers to isolate the impact of a program on outcomes of interest to policymakers.

Treatment participants receive PCAP, and control group participants are referred to services in the community (services as usual, were it not for this study).

Data Collection Schedule and Content



Data Analysis Plan

Intent-to-Treat (ITT) Analyses

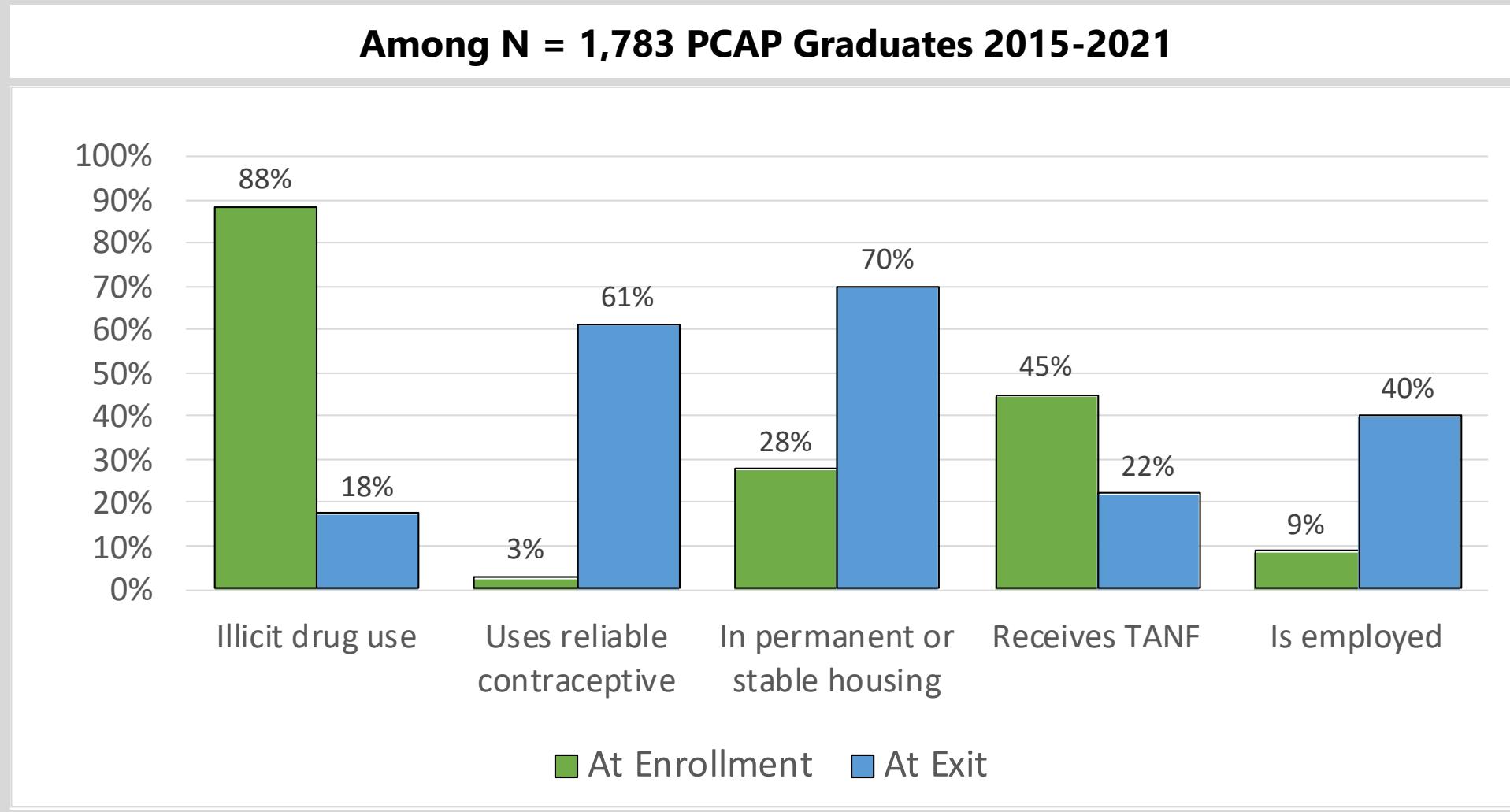
- Includes all participants who are randomly assigned, regardless of what treatment they received

As Treated (AT) Analyses

- Only participants who received the intended treatment are included in the analyses

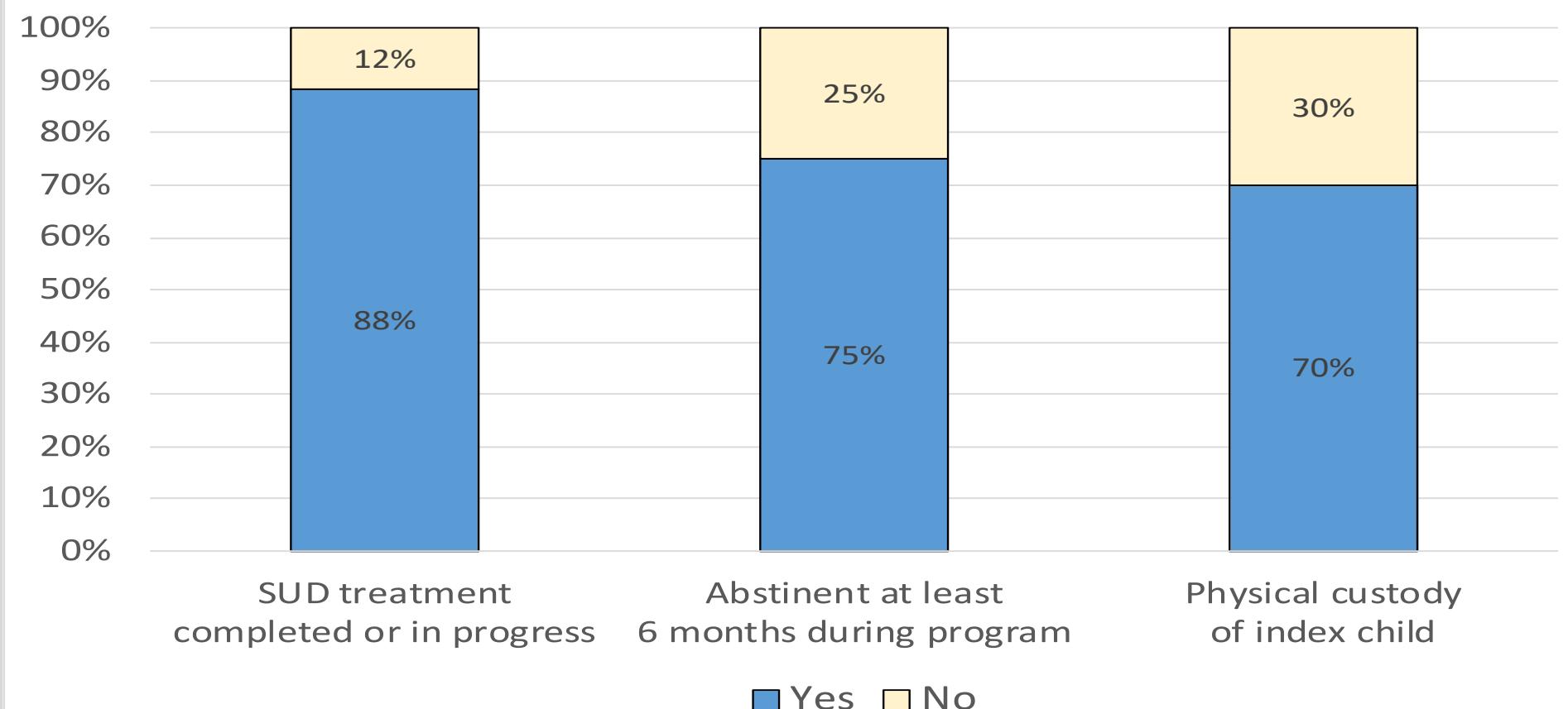
ITT reflects the practical or real-world outcomes, while AT demonstrates the efficacy of the program

PCAP Outcomes from WA: Pre- and Post- Design



PCAP Outcomes from WA: Pre- and Post- Design

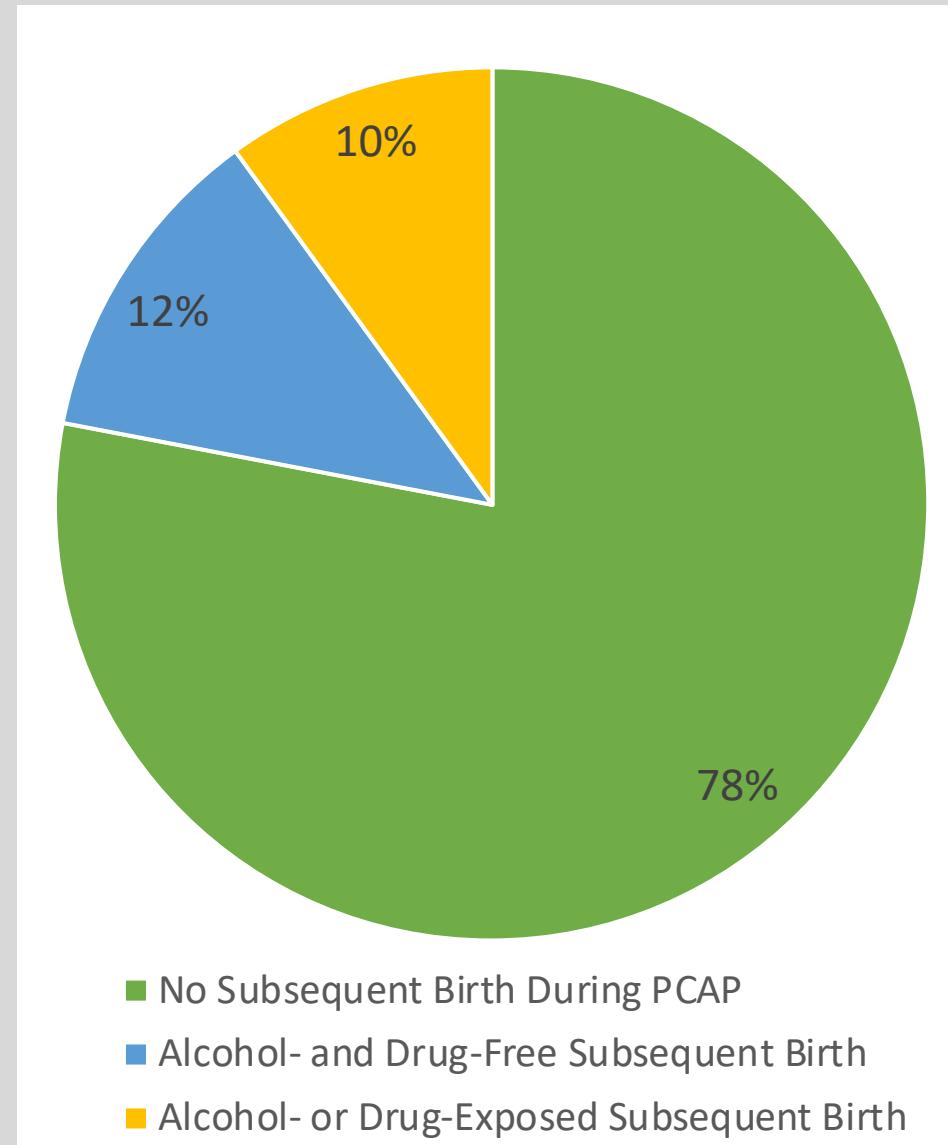
Among N = 1,783 PCAP Graduates 2015-2021



PCAP Outcomes from WA: Pre- and Post- Design

**Among N = 1,783 PCAP
Graduates 2015-2021**

- Most do not have a subsequent birth during the program
- Of those who do, more than half do not have an alcohol- or drug-exposed birth
- Only 10% of clients have a substance-exposed subsequent birth during the program



Community Outreach

Medical
Practitioners

Child
Welfare

Human
Services

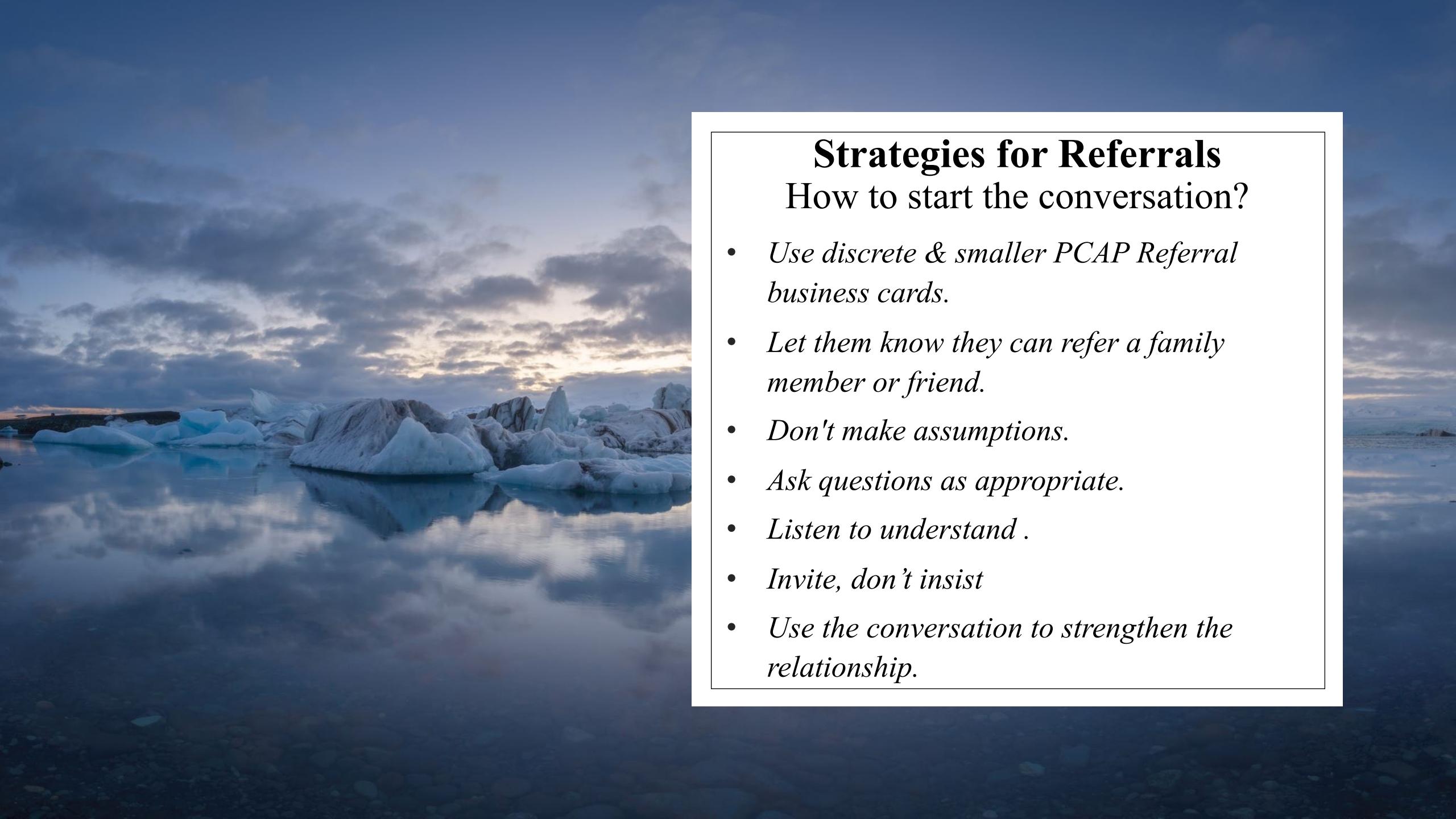


Principles of Recruitment

What motivates people to participate?

- **Main reasons to participate** include lack of access to community resources, lack of other sources of emotional support, and readiness to change.
- Recruitment can occur through a **variety of relationships and organizations**.
- **Confidentiality and privacy** is an integral part of our processes; we are committed to building trust in the confidentiality of our processes with participants.
- Helps both the **participant and serves the larger community**.
- Helps potential participant **make connections with resources in their community**.





Strategies for Referrals

How to start the conversation?

- *Use discrete & smaller PCAP Referral business cards.*
- *Let them know they can refer a family member or friend.*
- *Don't make assumptions.*
- *Ask questions as appropriate.*
- *Listen to understand .*
- *Invite, don't insist*
- *Use the conversation to strengthen the relationship.*

Meet The Oklahoma PCAP Team



Matthew Deel, MD
Clinical Lead



Erin Maher, PhD
Principal Investigator



Angela Harnden, PhD
Project Director



Susan Stoner, PhD
WA PCAP Director
& Co-PI



Belinda Biscoe, PhD
PCAP Implementation
Director



Julie Gerlinger, PhD
Quantitative Analysis
Lead



Camilia Zamir, MSW
Research Coordinator



Georgia Beake, J.D.
Graduate Research Assistant



Deven Carlson, PhD
Cost-Benefit
Analysis Lead



Charlene Shreder, MPS ICPS
PCAP Implementation
Manager

*Past Graduate Research Assistants: Heather Lepper-Pappan, Rin Ferraro, & Ali Jaffery

PCAP Direct Care Staff



Katy Fortune-Reagan
PCAP Case Management
Supervisor



Staci Shannon
Tulsa PCAP Case Manager



Whitney Roberson
Tulsa PCAP Case Manager



Alexiss Turner
OKC PCAP Case Manager



Day Daymude
OKC PCAP Case Manager



Rachael Lawson Pena
OKC PCAP Case manager

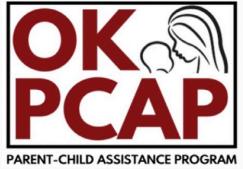
How to Refer

KNOW SOMEONE WHO MIGHT BENEFIT FROM PCAP?



You can refer yourself or someone else by going to: ou.edu/pcap/refer
or calling (405) 876-2095

Who are you referring to OK PCAP?	
<input type="radio"/> Myself <input checked="" type="radio"/> Someone else	
What is the name and contact information of the person being referred to OK PCAP?	
First Name	Last Name
First Name	Last Name
Cell Phone	Email Address
Cell phone # (including area code)	Email address
Has the person you are referring given permission to be contacted by our PCAP staff?	
<input type="radio"/> Yes <input type="radio"/> No	
What is the preferred way for the referral to be contacted (if known)?	
<input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Do not know/No preference identified	
Check all that apply.	
Is there a day of the week that it is best to get in touch with the participant for a 10 minute call (if known)?	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Any day	
Check all that apply.	
Is there a time that is best to get in touch with the participant (if known)?	
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Check all that apply	
What is your name and information (the referral source)?	
First Name	Last Name
First Name	Last Name
Cell Phone	Email Address
Cell phone # (including area code)	Email address
Organization	Relationship
What organization do you represent, if applicable?	
What is your relationship to the person you are referring?	



PCAP is an evidence-informed, three-year case management program for pregnant and parenting women with at-risk alcohol or drug use during pregnancy.



Know someone who might benefit from PCAP?
You can refer yourself or someone else by going to:

ou.edu/pcap/refer

(405) 876-2095

ou.edu/pcap



PARENT-CHILD ASSISTANCE PROGRAM
The University of Oklahoma



Parent-Child Assistance Program (PCAP)



The Parent-Child Assistance Program (PCAP) is an award winning, evidence-informed, home visitation, case management model for pregnant and parenting women with substance use disorders. PCAP goals are to help mothers build healthy families and prevent future births of children exposed prenatally to alcohol and drugs.

OKLAHOMA PARENT-CHILD ASSISTANCE PROGRAM



PCAP is an evidence-informed, three-year case management program for pregnant and parenting women with at-risk alcohol or drug use during pregnancy.



PCAP helps mothers get a solid footing in recovery and build healthy family lives.

Highly trained and supervised case managers provide visits in the home and community to assist mothers in...

- Obtaining substance use disorder treatment and other needed health care.
- Accessing community resources to promote family wellbeing.
- Preventing any future children from being exposed to alcohol or drugs prenatally.

TO RECEIVE COPIES OF OUR BROCHURE AND REFERRAL CARDS, PLEASE EMAIL **PCAP@OU.EDU** WITH YOUR:

- ORGANIZATION NAME
- To the attention of
- mailing address
- how many copies you would like

Our brief, but deep thanks to our:



Parent Advisory Committee



Cheyenne Nakanshi
Oklahoma City
North Care Parent Partner @
Oklahoma Parent Center



Tara Peterson
Tulsa
Community-based Doula
Tulsa Birth Equity Initiative &
Women in Recovery graduate



Michelle Jones
Washington PCAP
Case manager @ Washington
PCAP

ROLE
<ul style="list-style-type: none">• Research consultant• Lived experience expert• Strategic Sharing

CONSULTATION
<ul style="list-style-type: none">• Study design• Study and program implementation• Data analysis and interpretation• Dissemination and communication

For more information about the project or our referral process, please contact:

pcap@ou.edu

or

Angela Harnden, PhD – Project Director

aharnden@ou.edu

Visit our website at: www.ou.edu/pcap

Email us with your organization name and address and how many PCAP brochures and referral cards you would like!

