

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

Dr. Angela Harnden, Project Director  
Georgia Beake Litle, J.D., Graduate Research Assistant

# **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

Parent-Child Assistance Program  
Outcomes Suggest Sources of  
Cost Savings for Washington State





# 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

A low-angle shot looking up at a person standing on a concrete ledge. The person is wearing a dark t-shirt and dark pants, and is reaching up with their right hand towards a large, white safety net that is suspended above them. The net is made of a thick rope and has a diamond-shaped mesh. The background is a bright blue sky with scattered white clouds. The overall mood is one of hope and progress.

- 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.

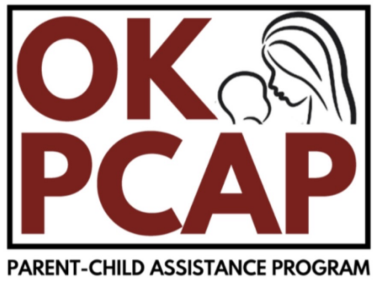
## New Referrals

- 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

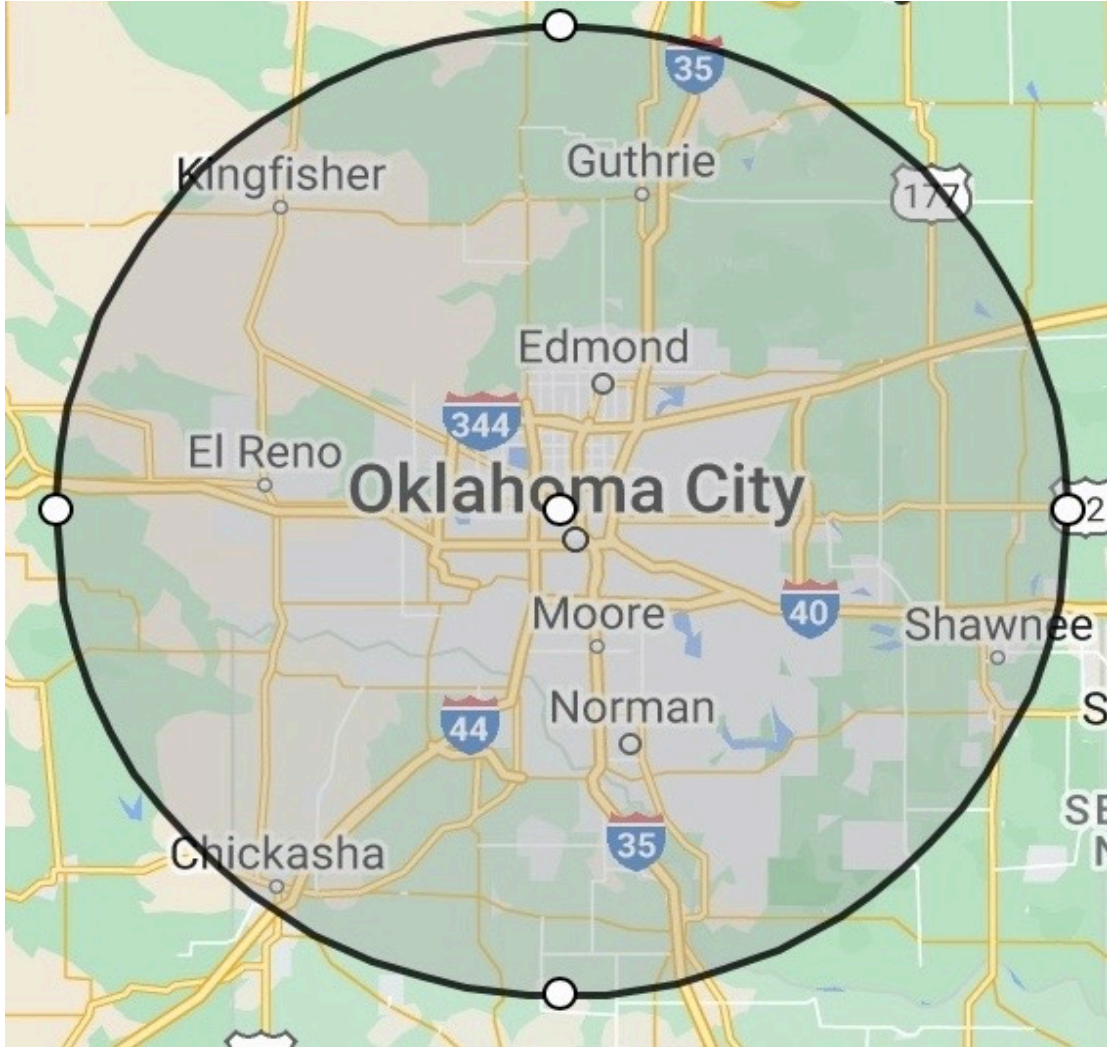
**OR**

- 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



\*Radii displays estimated 40-mile radius

## OKLAHOMA CITY AREA COUNTIES\*:

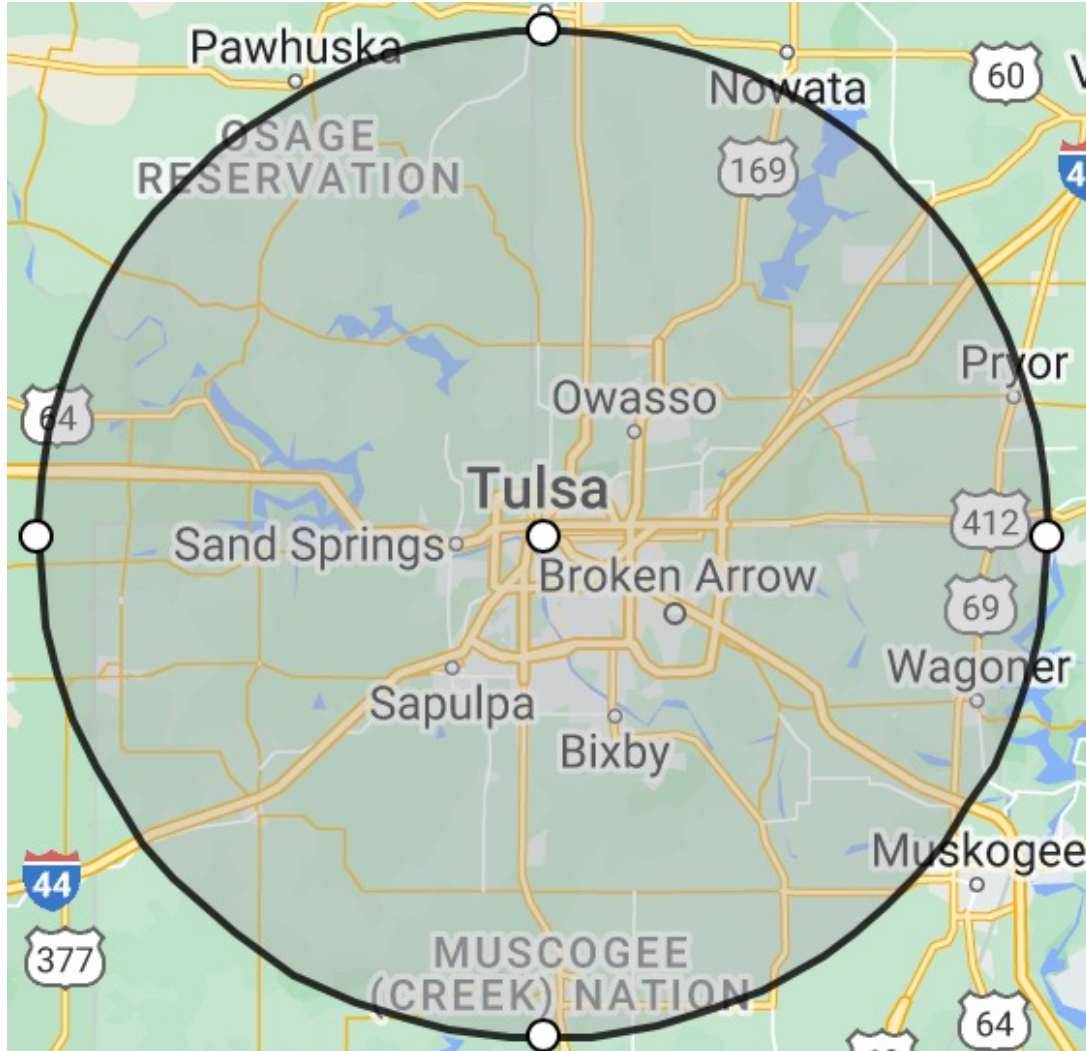
CANADIAN  
CLEVELAND  
GRADY  
KINGFISHER  
LOGAN  
LINCOLN  
MCCLAIN  
POTTAWATOMIE

\*SOME COUNTIES ONLY  
PARTIALLY INCLUDED



# 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

<b>Heroin</b>	<b>8%</b>
<b>Fentanyl</b>	<b>22%</b>
<b>Other Opiates</b>	<b>6%</b>
<b>Any Opiates</b>	<b>26%</b>

## 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

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

*\*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)

<b>Heroin</b>	<b>0%</b>
<b>Fentanyl</b>	<b>6%</b>
<b>Other Opiates</b>	<b>7%</b>
<b>*Any Opiates</b>	<b>7%</b>

## 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

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

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

# Washington Opioid Use

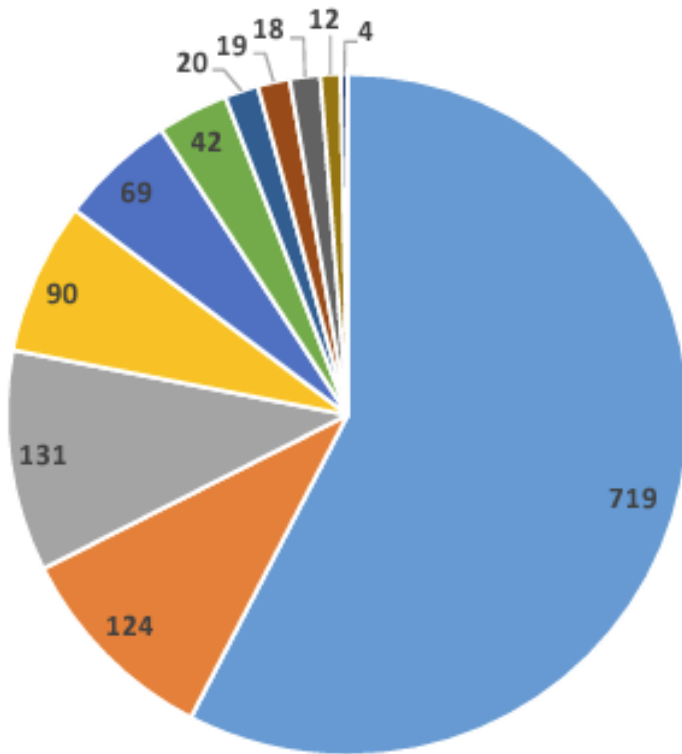
## Opioid Use with Other Substances During Pregnancy and/or Month Prior to Enrollment

<b>Did Not Use Opioids with Other Substances</b>	<b>55.6%</b>
<b>Used Opioids with Other Substances</b>	<b>44.4%</b>

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

# Substance-Exposed Newborns

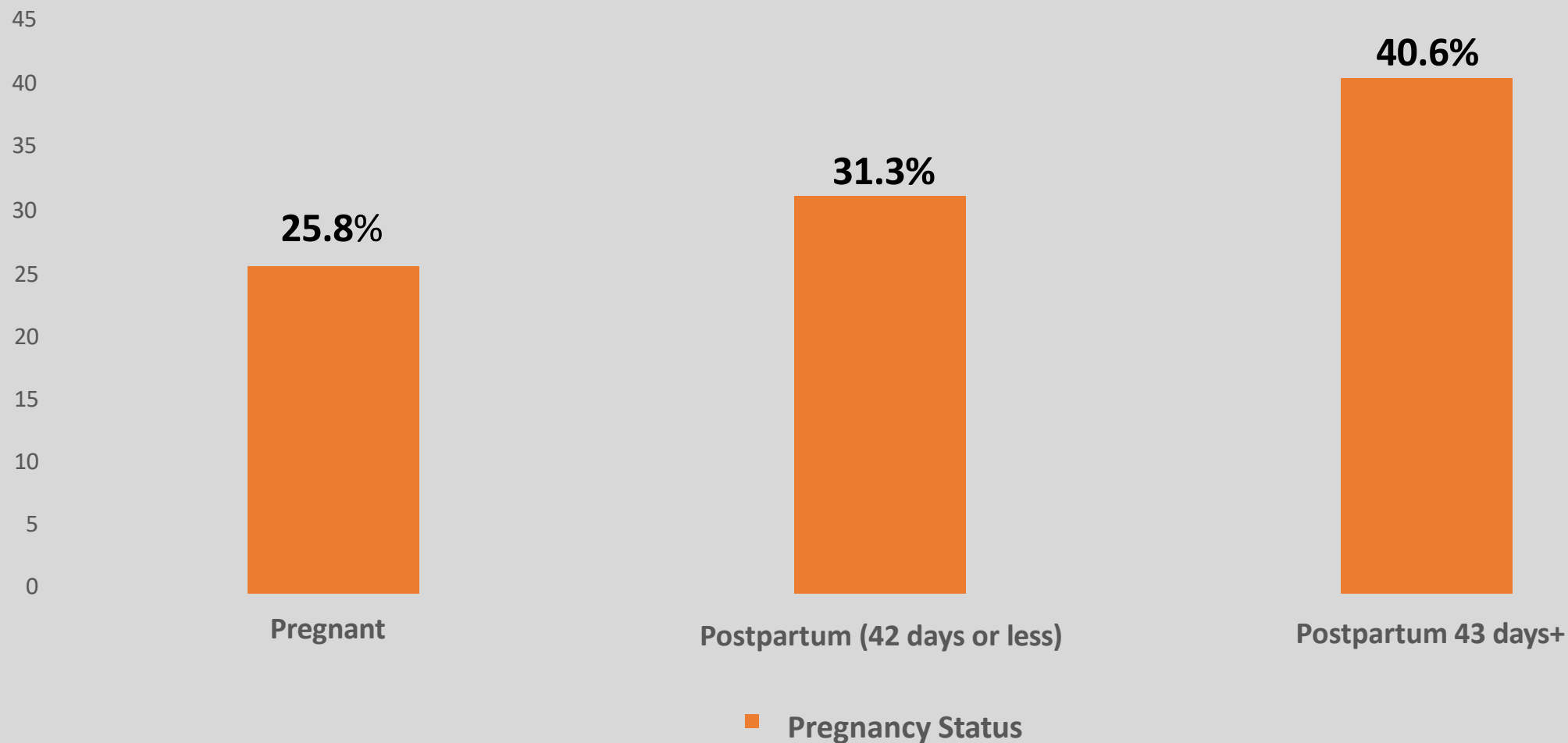
Substance-Exposed Newborns by Drug Type



■ Marijuana  
■ Amphetamine  
■ Methamphetamine  
■ Opiates  
■ Other  
■ Prescription Drugs  
■ Cocaine / Crack Cocaine  
■ Methadone  
■ Barbiturates  
■ Suboxone  
■ Alcohol

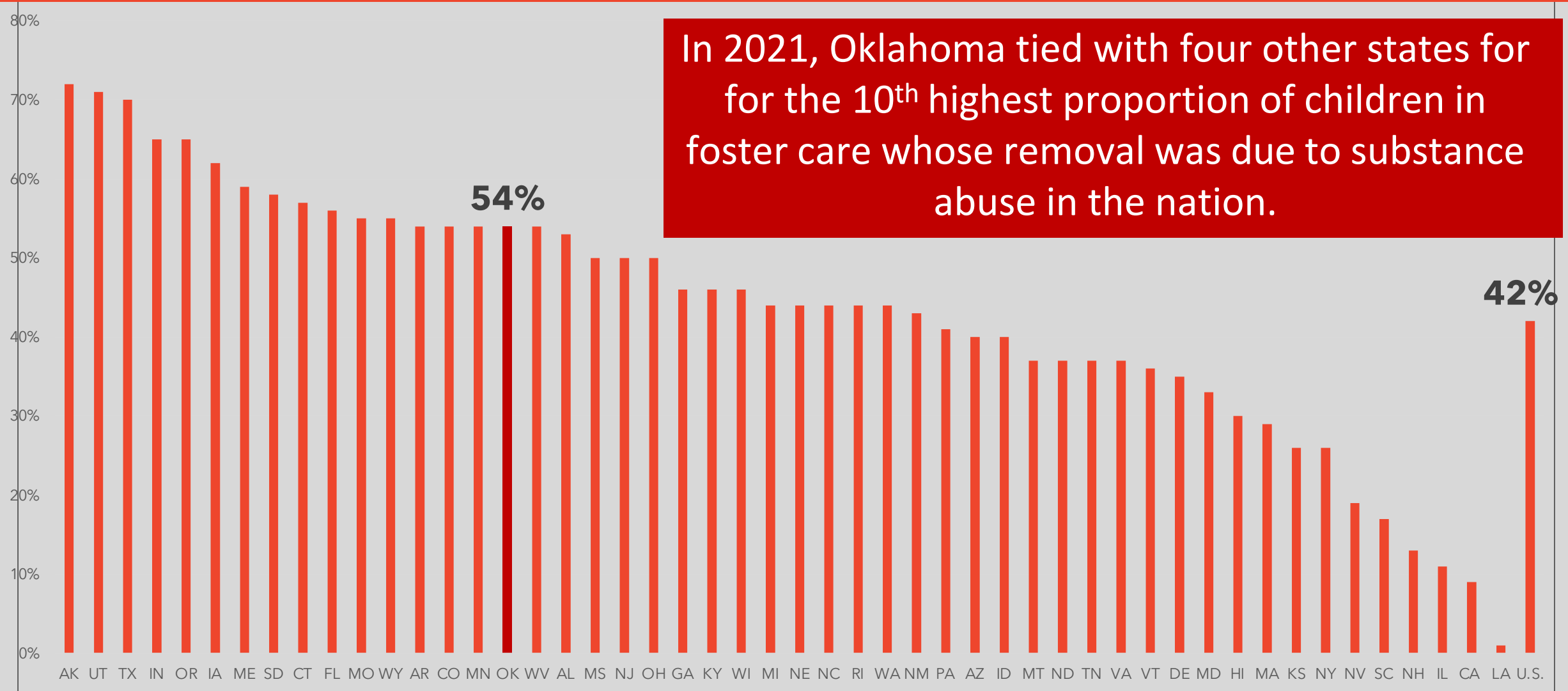
Substance	Count	Percent
Marijuana	719	58%
Amphetamine	124	10%
Methamphetamine	131	10%
Opiates	90	7%
Other	69	6%
Prescription Drugs	42	3%
Cocaine / Crack Cocaine	20	2%
Methadone	19	2%
Barbiturates	18	1%
Suboxone	12	1%
Alcohol	4	< 1%

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



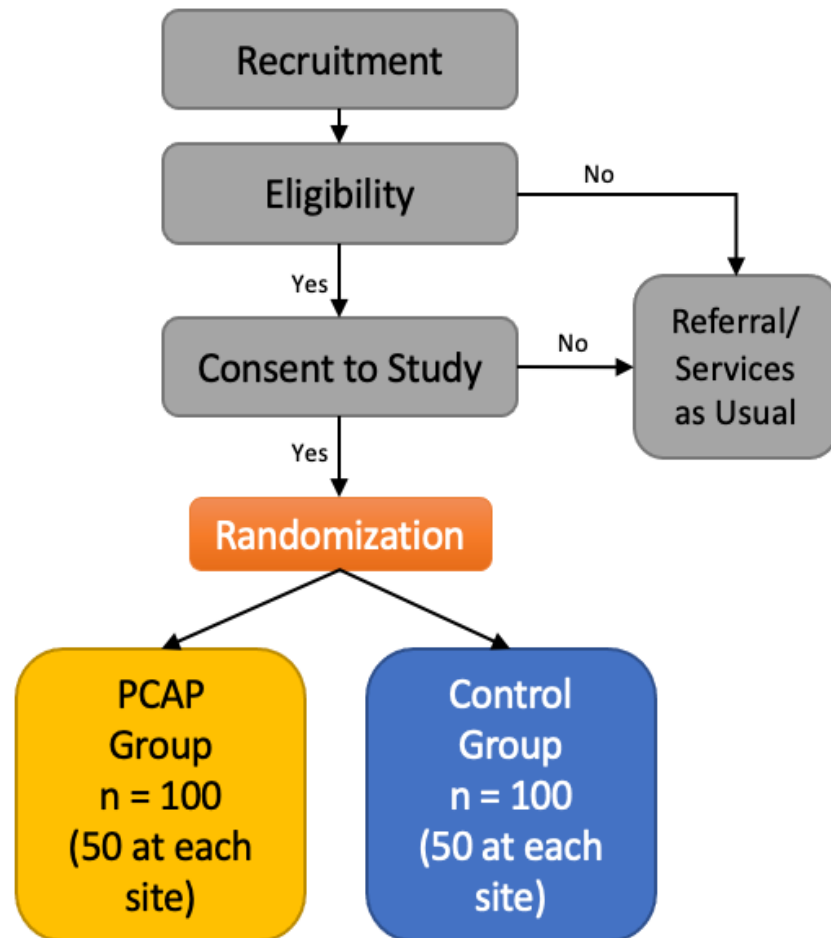
Source: Oklahoma Maternal Mortality Review, October 2020

# 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*

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

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

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

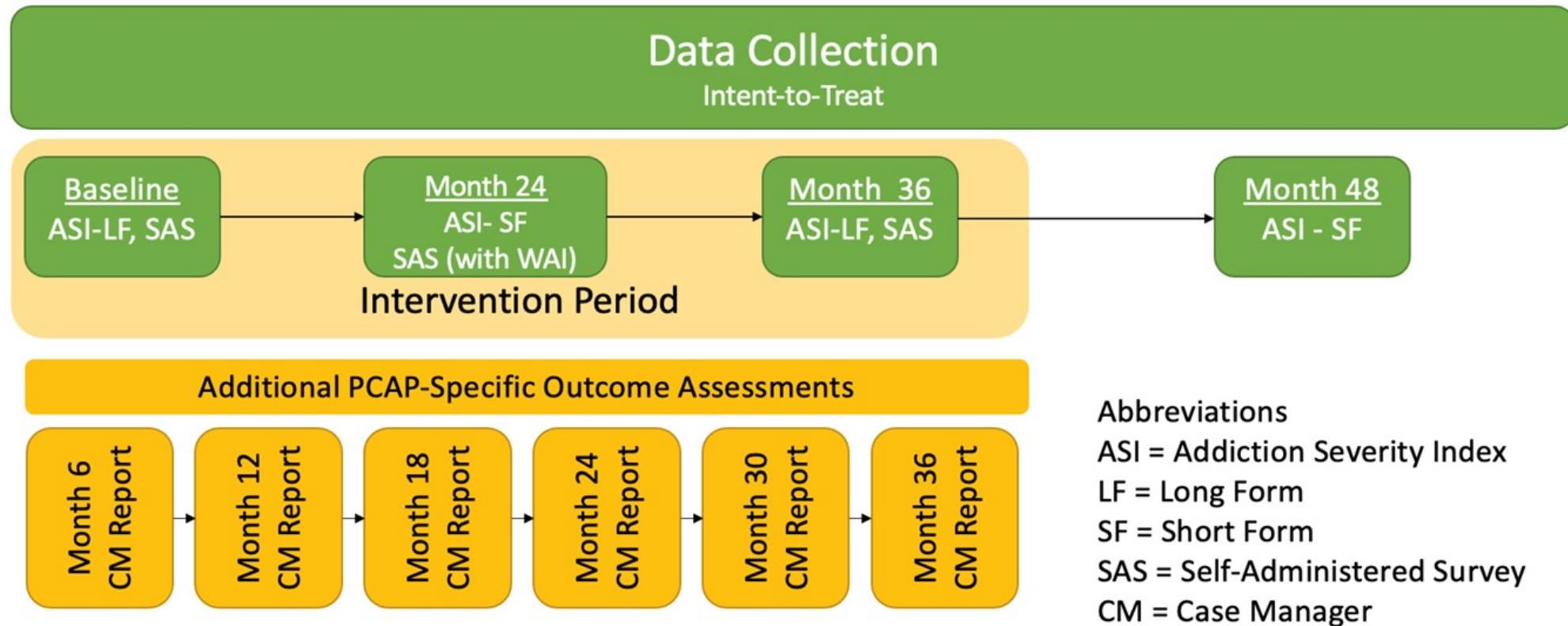
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Randomization allows researchers to isolate the impact of a program on outcomes of interest to policymakers.

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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

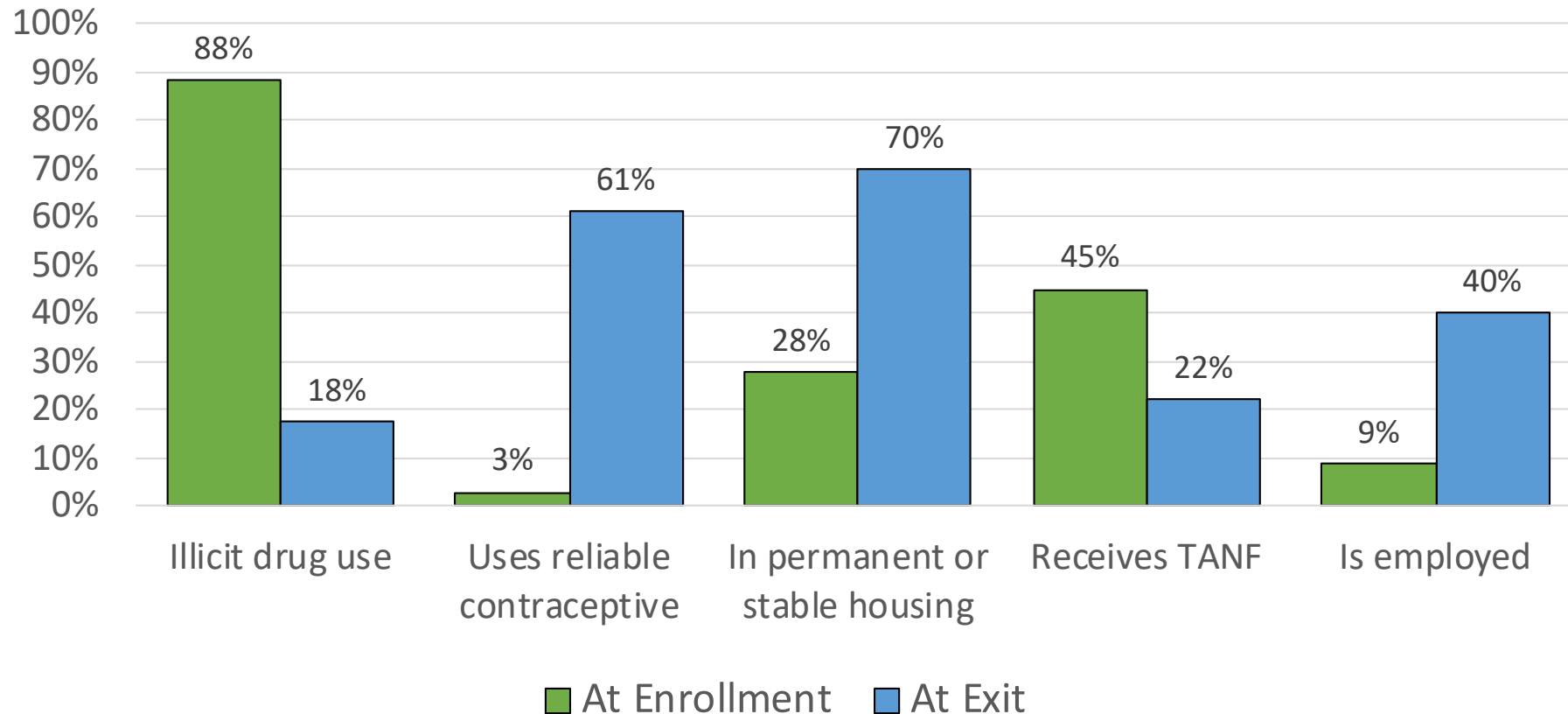
## As Treated (AT) Analyses

- 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

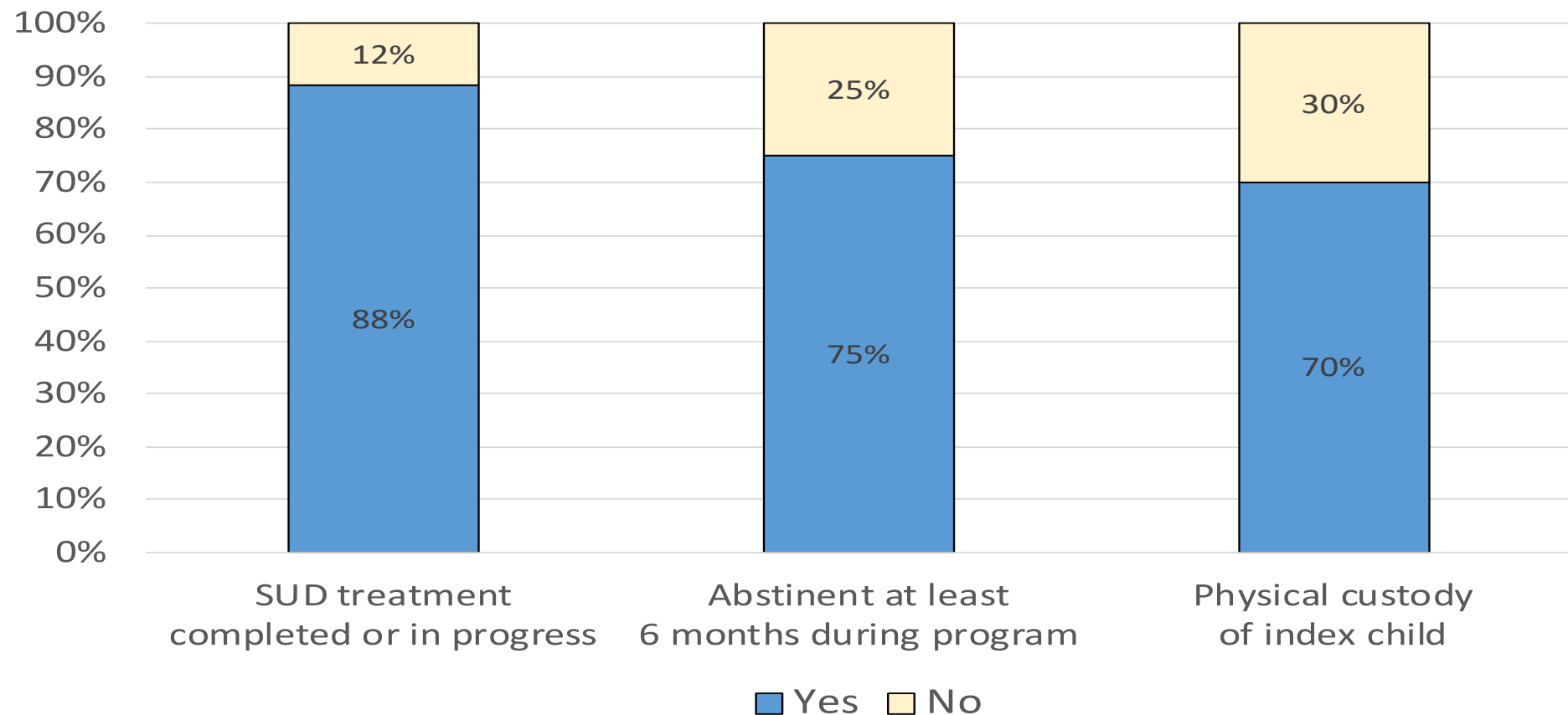
# PCAP Outcomes from WA: Pre- and Post- Design

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



# PCAP Outcomes from WA: Pre- and Post- Design

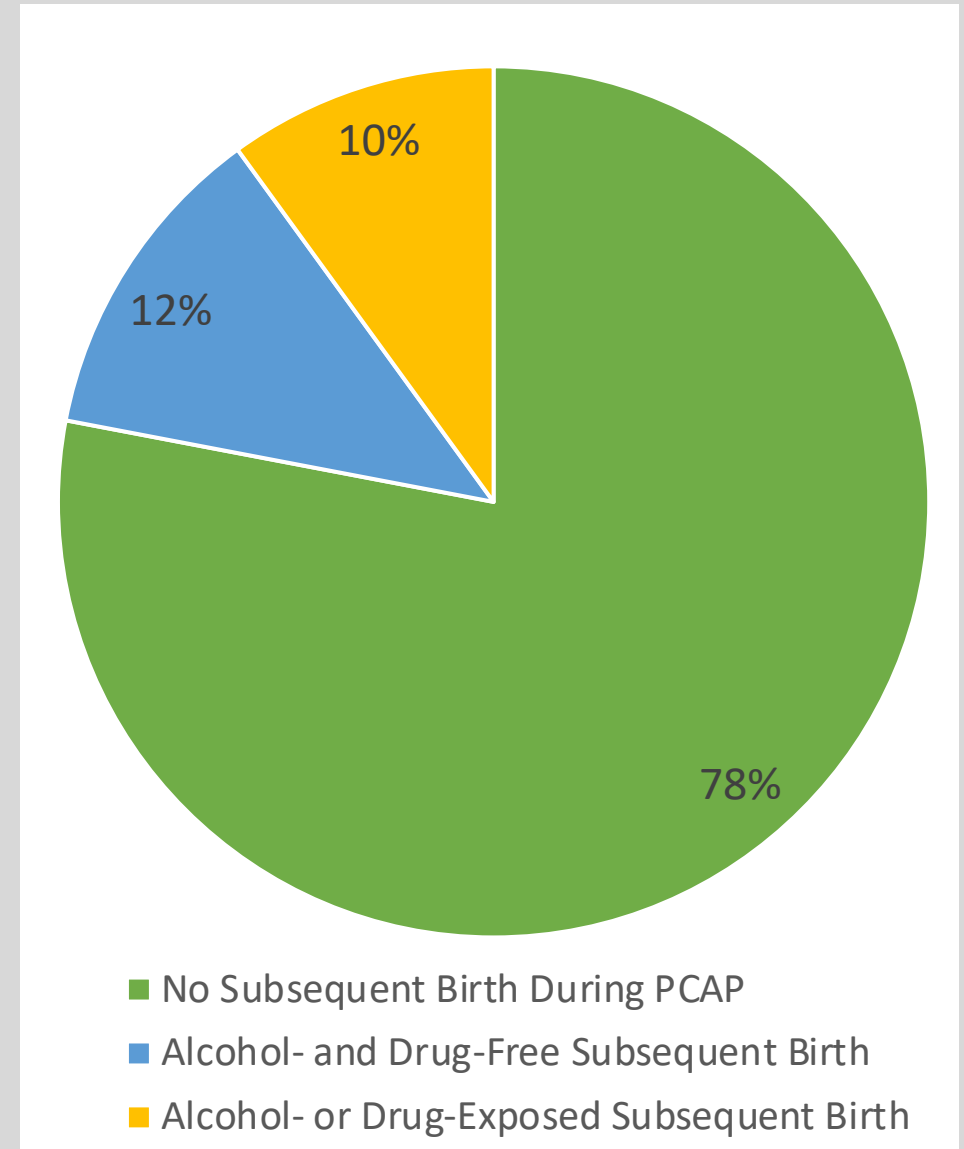
**Among N = 1,783 PCAP Graduates 2015-2021**



# 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





# 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.**



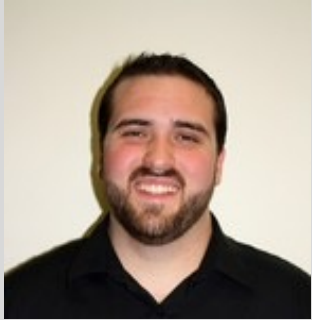


## Strategies for Referrals

### 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



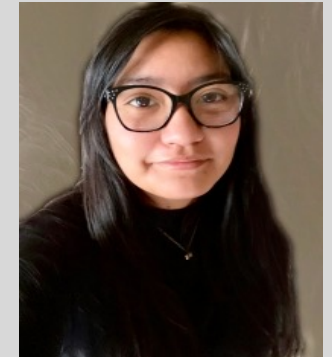
**Whitney Roberson**  
Tulsa PCAP Case Manager



**Alexiss Turner**  
OKC PCAP Case Manager



**Day Daymude**  
OKC PCAP Case Manager



**Rachael Lawson Pena**  
OKC PCAP Case manager

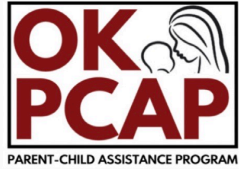
# How to Refer

## KNOW SOMEONE WHO MIGHT BENEFIT FROM PCAP?



You can refer yourself or someone else by going  
to: [ou.edu/pcap/refer](https://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?		
<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
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)?		
<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Cell Phone	Email Address	
Cell phone # (including area code)	Email address	
<input type="text"/>	<input type="text"/>	
Organization	Relationship	
What organization do you represent, if applicable?	What is your relationship to the person you are refer	



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](https://ou.edu/pcap/refer)



**(405) 876-2095**

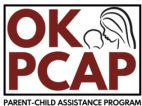
**[ou.edu/pcap](https://ou.edu/pcap)**

 **PARENT-CHILD ASSISTANCE PROGRAM**  
The UNIVERSITY of OKLAHOMA

[HOME](#) [WHAT IS PCAP?](#) [PCAP MANUAL](#) [RESOURCES](#) [TEAM AND PARTNERS](#)

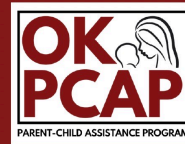


## Parent-Child Assistance Program (PCAP)



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](mailto:PCAP@OU.EDU) WITH YOUR:

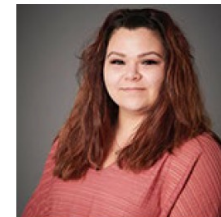
- ORGANIZATION NAME
- To the attention of
- mailing address
- how many copies you would like

# Our brief, but deep thanks to our:

## OK PCAP Partners and Funders



## 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

- Research consultant
- Lived experience expert
- Strategic Sharing

### CONSULTATION

- 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](mailto:pcap@ou.edu)**

**or**

**Angela Harnden, PhD – Project Director**

**[aharnden@ou.edu](mailto:aharnden@ou.edu)**

**Visit our website at: [www.ou.edu/pcap](http://www.ou.edu/pcap)**

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

