

**Behavioral Health Update: Policy, Resources, and Tools to Support Maternal and Child Health**

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U.S. Department of Health and Human Services

Maternal Health Collaborative  
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Substance Abuse and Mental Health Services Administration (SAMHSA)

**Mission**  
Reduce the impact of substance use and mental illness on America's communities

- Behavioral Health is Essential to Health
- Prevention Works
- Treatment Is Effective
- People Recover




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Substance Abuse and Mental Health Services Administration (SAMHSA)

<p><b>Core Principles:</b></p> <ol style="list-style-type: none"> <li>1. Adoption of evidence-based practices</li> <li>2. Increasing access to mental and substance use disorder services</li> <li>3. Support clinicians, grantees, patients, public</li> <li>4. Collecting, analyzing &amp; disseminating data</li> <li>5. Behavioral health is integral to health</li> </ol>	<p><b>Core Priorities:</b></p> <ol style="list-style-type: none"> <li>1. Combat the opioid crisis by expanding prevention, treatment, recovery services</li> <li>2. Addressing serious mental illness and serious emotional disturbance</li> <li>3. Advancing (broader) substance abuse prevention, treatment, &amp; recovery</li> <li>4. Strengthen provider education &amp; training</li> </ol>
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### Top Region VI Behavioral Health Priorities

- Mental Health: *Depression, Anxiety & Suicide*
- Substance Use/Misuse: *Alcohol, Methamphetamine & Opioid Addiction*
- Health Promotion & Prevention: *BH Literacy/Reducing Stigma*
- Access to Care: *Technology and Tele-Health*
- Integrative/Collaborative Care: *Primary Care/BH Integration*
- Behavioral Health Practitioner Education and *Training/Workforce Shortage*
- Special Populations: *Tribal, Criminal Justice, Veterans*



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### Elements of Mental Illness & Addiction Treatment

- **Community Prevention/Health Promotion**
  - M/SUDs are *chronic illnesses*
  - Community Health / Education / Literacy
- **Urgent/Crisis Care: 1<sup>st</sup> Responders / ER / Psych ER / Detox**
- **Primary Care (mild => moderate)**
  - Screening / Diagnosis / Outpatient Treatment / Chronic Disease Management / Medication (MAT)
- **Specialty Care (moderate => serious/complex)**
  - Diagnostic Evaluation / Testing / Outpatient Treatment / Inpatient Treatment / Medication (MAT) / Case Management / Chronic Disease Management / Rehabilitation and After-Care
- **Rehabilitation/Recovery Support Services**
  - Health / Home / Community / Purpose





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### Language Matters


SUDs are chronic illnesses: ***Not Moral Failings***

SUD treatment works: ***Saves Lives and Money***

Remember person-first language. Labels turn people into things.

*“If you want to care for something, you call it a flower. If you want to kill something, you call it a weed.” (William White, 2015)*





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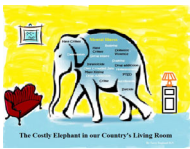
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It's not just Stigma... *Cultural Bias, Prejudice, & Discrimination*



**DISCRIMINATION** - "occurs when an individual is treated less favorably than another person in a similar situation for a reason related to a prohibited ground."

(Committee on Economic, Social, and Cultural Rights, 2016)

1. People with a mental illness and addiction are **more likely to encounter law enforcement than get medical help**. Currently, more people with mental illness in jail and prison than in hospitals.
2. They're **blamed for violence** when they're **more likely to be the victims**
3. They have **higher rates of homelessness**
4. They're seen as a **danger to society, to other people, to themselves**



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Mental Illness and Addiction



**75%** People with a psychological condition do not feel that others are understanding or compassionate about their illness.

**95%** People with a substance use disorder don't believe they need help

**3 : 5** People with a mental illness who get treatment

**1 : 9** People with a substance use disorder who get treatment



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Factors Affecting Mental Illness & Addiction

- Family history
- Family and peer relationships
- Trauma experience
- Limited access to health care
- Early exposure to illicit drugs & alcohol
- Poverty



- Poor health
- Chronic pain
- Lower educational level
- Homelessness / Unsafe living environment
- Unemployment
- Exposure to criminal behavior



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# Opioids, Substance Use, and Pregnancy



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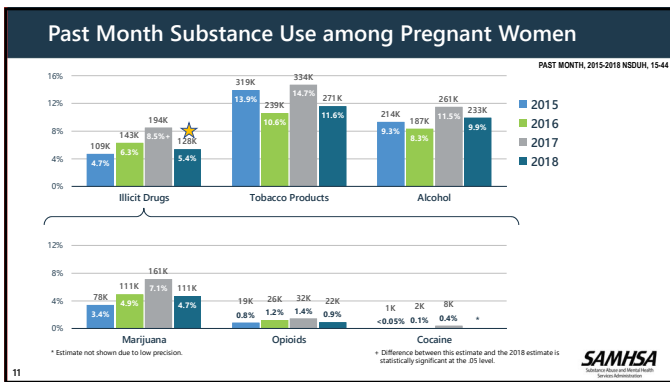
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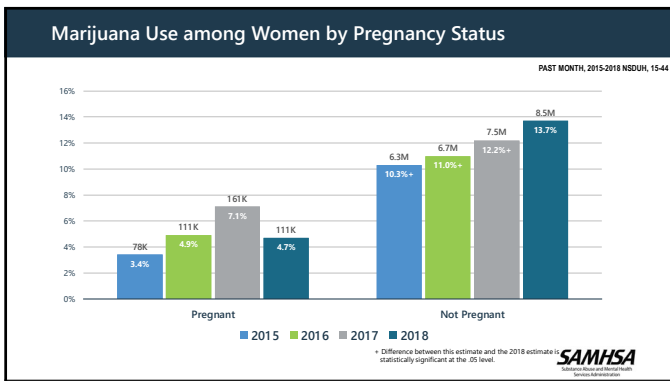
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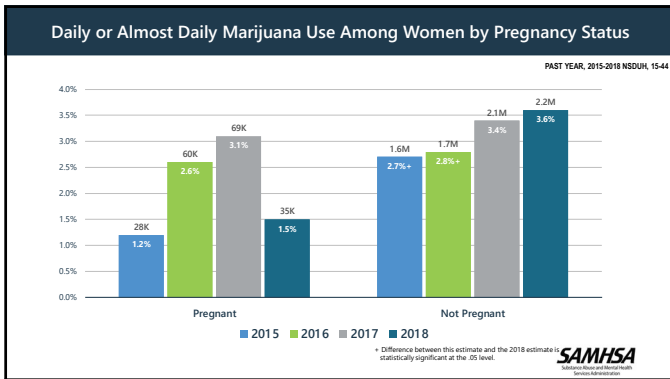
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### Neonatal Abstinence Syndrome (NAS)

*Also known as Neonatal Opioid Withdrawal Syndrome (NOWS)*

Physiologic and neurobehavioral signs of withdrawal that may occur in neonates following *in utero* substance exposure

NAS develops in **50 – 80%** of infants with in utero exposure

**Occurs in 5.8 per 1000 births** but is as high as 50.6/1000 in some states! (Patrick et al, 2015)



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### NAS and Cognitive development

Differences in cognitive development may widen with age:

- Exposed children showed **significantly lower performance scores** as measured in many studies
- Exposed children 3-6 years of ages had **significantly lower IQ scores, Verbal, Performance, and Full Scale scores** than controls
- Lower IQ, higher total behavioral problem scores, higher proportion of school problems
- Impairments in verbal working memory, cognitive impulsive, and cognitive flexibility in preschool children

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### Many Perinatal "Exposures"




**During pregnancy:**

- Prescription medications
- Maternal stress
- Polysubstance use

**Following birth:**

- Stressful environments
- Parental attachment behaviors
- Exposures during breastfeeding
- Nutrition
- Many others!

"Most mothers who were exposed to opioids used other substances, including marijuana, stimulants, cigarettes, and alcohol. Maternal opioid exposure was associated with a higher risk of pregnancy complications and poor birth outcomes as well as adverse postnatal child physical health and neurodevelopmental outcomes." (Auine et al, 2019)



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### Substance Use in Pregnancy: Trends in the Right Direction

**2017: Showed a startling increase in substance use and particularly marijuana use in pregnancy:** may be associated with fetal growth restriction, stillbirth, and preterm birth; may cause problems with neurological development, resulting in hyperactivity, poor cognitive function

**SAMHSA/HHS efforts:**

- Public awareness efforts, information sharing with stakeholders and the public
- Launch of SAMHSA.gov/marijuana
- Launch of Substance Abuse Prevention Technology Transfer Centers with a focus on marijuana and other substance use in pregnancy
- Expansion of treatment programs for pregnant/post partum parenting women: both residential and outpatient through CARA
- Publication of Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder
- Publication of Healthy Pregnancy/Healthy Baby Factsheets for women and their families
- Use of STR and SOR funding for opioid use disorder in pregnancy and prevention interventions
- Joint article from Assistant Secretary for Mental Health and Substance Use and Surgeon General addressing treatment of opioid use disorder in pregnancy



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### Parenting and Substance Use Disorders

Having a substance use disorder makes it more difficult to parent

- **Executive functioning** (self-regulation skills, mental processes involved in planning, remembering instructions, focusing attention, making decisions)
- **Emotion regulation**
  - Additionally impacted by lack of sleep, hormonal changes, and potential symptoms of postpartum depression.

Babies born with substance exposure can be harder to parent

- Sensitivity to noise and lights
- Excessive crying
- Difficulty eating and sleeping



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### Opioids Impact on Children and Families

**At least 2.2 million children** had been affected by the U.S. opioid crisis by 2017  
Majority of these children are under the age of five

The **home environment is often unstable** and children are exposed to a variety of experiences

May result in secrecy, loss, conflict, violence, and fear

Older children may **experience a role reversal** as they take on the role of caregiver for the younger children, filling the void of a parent who is emotionally or physically absent




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### Approaches for Treatment in Pregnancy

- Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants
- Medication assisted treatment is the **treatment of choice**
- Many women **do not have access** to any treatment at all
- **Detoxification has been reexamined** due to concerns about the impact on development




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### Medication Assisted Treatment

**Combination of FDA-approved medication (Medication Assisted Treatment (MAT))** for as long as the person benefits from the care

- **Naltrexone:** blocks effects of opioids (long lasting injectable)
- **Methadone:** long acting, once-daily, opioid from specially licensed programs
- **Buprenorphine/naloxone:** long acting, once-daily, opioid from doctor's offices; available by prescription (film, pill, implant)

**Medical Withdrawal ("Detoxification")**

- > 80% relapse rate in the year following treatment
- High risk for overdose and death when relapse occurs
- Should not be a stand alone treatment




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**Isn't this just substituting one drug for another?**

These medications **relieve withdrawal symptoms and psychological cravings** that cause chemical imbalance in the body.

MAT programs provide a **safe and controlled level of medication** to overcome the use of an abused opioid.

Research has shown that when provided at the proper dose, MAT medications have **no adverse effects** on a person's intelligence, mental capacity, physical functioning and employability.



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**Adverse Childhood Experiences and Trauma-Informed Support**



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**Adverse Childhood Experiences (ACEs)**

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member



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### Types of ACEs

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

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### ACE Impacts

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STIs
Heart disease	Cancer	Stroke	COPD	Broken bones

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### ACEs Can Be Prevented

- Strengthen economic supports to families**
  - Strengthening household financial security
  - Family-friendly work policies
- Change social norms to support parents and positive parenting**
  - Public engagement and enhancement campaigns
  - Legislative approaches to reduce corporal punishment
- Provide quality care and education early in life**
  - Preschool enrichment with family engagement
  - Improved quality of child care through licensing and accreditation

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### ACEs Can Be Prevented




**Enhance parenting skills to promote healthy child development**

- Early childhood home visitation
- Parenting skill and family relationship approaches



**Intervene to lessen harms and prevent future risk**

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence




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### Possible Signs of Trauma in Pre-Schoolers

- Separation anxiety or clinginess towards teachers or primary caregivers
- Regression in previously mastered stages of development (*e.g., baby talk or bedwetting/toileting accidents*)
- Lack of developmental progress (*e.g., not progressing at same level as peers*)
- Re-creating the traumatic event (*e.g., repeatedly talking about, "playing" out, or drawing the event*)
- Difficulty at naptime or bedtime (*e.g., avoiding sleep, waking up, or nightmares*)
- Increased somatic complaints (*e.g., headaches, stomach aches, overreacting to minor bumps and bruises*)




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### Possible Signs of Trauma in Pre-Schoolers

- Changes in behavior (*e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal*)
- Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (*e.g., bells, slamming doors, or sirens*)
- Increased distress (*e.g., unusually whiny, irritable, moody*)
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (*e.g., fear of the dark, animals, or monsters*)
- Statements and questions about death and dying




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### Trauma-Informed Support

- **Maintain usual routines.** A return to “normalcy” will communicate the message that the child is safe and life will go on.
- **Give children choices.** Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- **Increase the level of support and encouragement** given to the traumatized child. Designate an adult who can provide additional support if needed.
- **Set clear, firm limits** for inappropriate behavior and logical—rather than punitive—consequences.
- Recognize that behavioral problems **may be transient and related to trauma.** Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.




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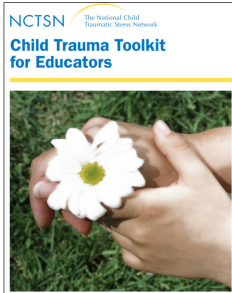
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### Trauma-Informed Support




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### Resources




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**Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC)**

Prevention-based service that **pairs a mental health consultant with families and adults who work with infants and young children** in the different settings where they learn and grow, such as child care, preschool, and their home.



<https://www.samhsa.gov/iecmhc/about>

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**National Child Traumatic Stress Network**

**Mission:** To raise the standard of care and improve access to services for traumatized children, their families, and communities across the United States.

Research suggests that approximately **25% of American school children will experience a traumatic event by the age of 16**. A child's reaction to trauma can interfere considerably with their school performance and behavior.



<https://www.nctsn.org/>



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**National Child Traumatic Stress Network**

- Resources for **specific audiences** (child welfare, families, healthcare, CJ) and **types of trauma** (early childhood, disasters, abuse)

<p><b>Training</b></p>  <p>The NCTSN offers both online and in-person training on a range of topics.</p>	<p><b>Información en Español</b></p>  <p>Le ayudamos de parte de La Red Nacional para el Estrés Traumático Infantil.</p>	<p><b>Public Awareness</b></p>  <p>Raising public awareness about the scope and serious impact of child traumatic stress is central to raising the standard of care and increasing access to quality services for traumatized children and their families.</p>
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### Additional SAMHSA Technical Assistance Centers

- National Resource Center for Mental Health Promotion & Youth Violence Prevention
- National Center on Substance Abuse & Child Welfare (NCSACW)
- GAINS Center for Behavioral Health and Justice Transformation (GAINS Center)
- Homeless and Housing Resource Network
- Center for Integrated Health Solutions (CIHS)
- SSI/SSDI Outreach, Access and Recovery (SOAR)
- Suicide Prevention Resource Center (SPRC)
- Bringing Recovery Support Services Technical Assistance Center (BRSS-TACS)
- Tribal Technical Assistance Center (T-TAC)



**National Center on Substance Abuse and Child Welfare**

**NATIONAL CENTER FOR HEALTHY SAFE CHILDREN**

**BRSS TACS**  
Bringing Recovery Supports to Scale  
TECHNICAL ASSISTANCE CENTER STRATEGY

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### SAMHSA Technology Center Network


**ATTC**  
attcnetwork.org

**MHTTC**  
mhhtcnetwork.org

**PTTC**  
pttcnetwork.org

**MAIN TABS**

**Your ATTC:** Find your center  
**Education:** Training and events  
**Resources:** Products & Resources catalog  
**Projects:** Areas of focus, special projects  
**Communication:** News, messages, newsletters  
**About:** general information



**One-stop shop online training portal for the TTC program**

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### American Indian Alaskan Native Technology Transfer Centers

[National American Indian Alaskan Native PTTC](#)

[National American Indian Alaskan Native ATTC](#)

[National American Indian Alaskan Native MHTTC](#)



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**Provider Clinical Support System**




Providers  
Clinical Support  
System

**PCSS provides evidence-based training and resources** to give healthcare providers the skills and knowledge they need to treat patients with OUD.

**Numerous resources related to substance use and pregnancy** including webinars, educational brochures, and clinical practice guidance.

<https://pcssnow.org/>




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**SMI Adviser: Clinical Support System for Mental Illness**



[SMI Adviser](#)




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**Opioid Response Network**



**State Targeted Response Technical Assistance (STR-TA)**  
The Opioid Response Network operates the STR-TA Consortium to support local, state, and Tribal systemic efforts in addressing opioid use disorder prevention, treatment and recovery.

[OpioidResponseNetwork.org](https://OpioidResponseNetwork.org)




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**Opioid Resources: [www.samhsa.gov](http://www.samhsa.gov) & [www.hhs.gov/opioid](http://www.hhs.gov/opioid)**

The collage includes the following resources:

- TIP 63:** Medication for Opioid Use Disorder
- Opioid Overdose Prevention Toolkit:** A guide for preventing opioid overdoses.
- SBIRT:** Screening, Brief Intervention, and Referral to Treatment.
- Treatment Locator:** Find alcohol, drug, or mental health treatment facilities.
- Supernicotine Treatment Physician Locator:** Find practitioners authorized to treat opioids.
- National Helpline:** 1-800-662-HELP (4357)
- ATTC:** Addiction Technology Transfer Center Network.
- Training:** Various training modules for providers and the public.

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**NEED TO TALK? WE'RE HERE TO HELP.**

**Suicide Prevention Lifeline 1-800-273-TALK (8255)**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.

**SAMHSA's National Helpline 1-800-662-HELP (4357)**  
[www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)  
Also known as, the Treatment Referral Routing Service, the Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

**Disaster Distress Helpline 1-800-985-5990**  
[www.samhsa.gov/find-help/disaster-distress-helpline](http://www.samhsa.gov/find-help/disaster-distress-helpline)  
Stress, anxiety, and other depression-like symptoms are common reactions after any natural or human-caused disaster. Call this toll-free number to be connected to the nearest crisis center for information, support, and counseling.

**Veteran's Crisis Line 1-800-273-TALK (8255)**  
[www.veteranscrisisline.net](http://www.veteranscrisisline.net)  
Connects veterans (families and friends) in crisis with qualified, caring VA responders through a confidential, toll-free hotline, online chat, or text.

**Drug-Free Workplace 1-800-WORKPLACE (967-5752)**  
[www.samhsa.gov/workplace/resources/drug-free-helpline](http://www.samhsa.gov/workplace/resources/drug-free-helpline)  
Assists employers and union representatives with policy development, drug testing, employee assistance, employee education, supervisor training, and program implementation.

**FIND YOUR CLOSEST TREATMENT LOCATION**  
**Behavioral Health Treatment Services Locator**  
Find alcohol, drug, or mental health treatment facilities and programs around the country at [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov).

**Buprenorphine Practitioner & Treatment Program Locator**  
Find information on locating practitioners and treatment programs authorized to treat opioids at [www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator](http://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator).

**Early Serious Mental Illness Treatment Locator**  
Find treatment programs in your state that treat recent onset of serious mental illnesses at [www.samhsa.gov/esmi-treatment-locator](http://www.samhsa.gov/esmi-treatment-locator).

**Opioid Treatment Program Directory**  
Find treatment programs in your state that treat addiction and dependence on opioids at [go2.samhsa.gov/treatment/](http://go2.samhsa.gov/treatment/).

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**Public Health Messages**

**PREVENTING SUICIDE**  
Help Prevent Suicide  
Suicide can touch anyone, anywhere, and at any time. But it is not inevitable. There is hope.

**Learn About Marijuana Risks**  
Know the Risks of Marijuana  
Marijuana use comes with real risks that can impact a person's health and life.

**LEARN ABOUT Methamphetamine**  
Know the Risks of Meth  
Methamphetamine (meth) is a powerful, highly addictive drug that causes devastating health effects, and sometimes death, even on the first try.

**Living Well with SERIOUS MENTAL ILLNESS**  
Learn how treatment and support make it possible for people with serious mental illness (SMI) lived experience manage their disorder and live healthy and rewarding lives.

**YOUNG ADULTS: IT'S OKAY TO ASK FOR HELP**  
Mental Illness and Substance Use in Young Adults  
Entering adulthood can be an emotional time, but sometimes the ups and downs can mean something more.

**FAMILIES SUPPORTING A LOVED ONE**  
Resources for Families Coping with Mental and Substance Use Disorders  
Every family is unique, but all families share a bond that can be used to support one another during trying times.

<https://www.samhsa.gov/public-messages>

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**Psychological First Aid**

**Goals of Psychological First Aid**

Psychological first aid (PFA) promotes and sustains an environment of:

- SAFETY
- CALM
- CONNECTEDNESS
- SELF-EFFICACY
- HOPE

• <https://www.redcross.org/take-a-class/coronavirus-information/psychological-first-aid-online-course>

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**Opioid Overdose Reversal – Naloxone Training**



<https://www.ndci.org/resource/training/e-learning/naloxone-training/>

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Northwest (HHS Region 10)  
**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

Evidence and steps and materials for implementation of practice available at\*

**Staying In Touch:**  
 Using *Caring Contacts* to sustain connection with your clients

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### So what exactly is a Caring Contact?

This is just a note to let you know that we are interested in how you are coming along.

If you have the inclination, feel free to drop us a note and let us know.

Sincerely,  
*Ursula Slatt*

A *Caring Contact* is:

- A personalized written form of practitioner outreach to individual clients
- Based on communication that expresses caring concern for the client
- Brief, appropriate, and easy to understand
- Inviting, yet not requiring, a response from the client

Sources: [Carter et al., 2005](#); [Motto & Bostrom](#)

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### Caring Contacts, An Example

This example of a *Caring Contact* is by Ursula Whiteside, a clinical psychologist in Washington state. It exemplifies how a practitioner's style as well as the tone of the therapeutic work with the client may be incorporated.

Image source: [CBS News](#)

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### Caring Contacts, Another Example

Here is an example of a *Caring Contact* from the Puyallup Tribal Health Authority that includes a message in the Puyallup language with English translation. The card is sent in an envelope to protect client confidentiality.

Source: [ZeroSuicide](#)

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### Leveraging Technology-Oklahoma Case Study



- [Leveraging Technology-Oklahoma Case Study](#)



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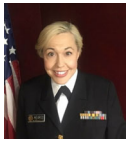
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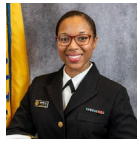
### Thank You

**SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.**

HHS Region VI:  
AR, LA, NM, OK, TX and 68 Federally Recognized Tribes



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