POLICYLAB ISSUE BRIEF | FALL 2024

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EXPERT PERSPECTIVES ON CHILD HEALTH POLICY ISSUES

THE ROLE OF CHILD CARE IN FAMILY-CENTERED APPROACHES TO TREATMENT FOR SUBSTANCE USE DISORDER

Pregnant and parenting people with substance use disorder (SUD) face numerous challenges accessing treatment, including the absence of services in rural areas, lack of transitional housing, and difficulty locating clinical care providers with appropriate experience and who are receptive to their needs. Access to reliable and high-quality child care also serves as a potential facilitator or barrier to parenting people seeking and remaining in treatment.

PolicyLab conducted interviews with key stakeholders across Pennsylvania—including pregnant and parenting individuals, maternal health care providers, county officials, and those working in SUD treatment spaces—which highlighted the ways absence of quality child care prevents parents from accessing substance use treatment.

Actors such as the ***White House Office of National Drug Control Policy*** and the ***Substance Abuse and Mental Health Services Administration (SAMHSA)*** have stated a commitment to addressing the unique needs of the maternal–infant dyad. Yet achieving this vision of family-centered care remains challenging in practice.

As a research center with expertise in ***child care*** and supporting ***caregivers with SUD***, we are interested in exploring the intersection of these two areas and how to better align systems to improve family outcomes and equity. In this brief, we look at how improving outcomes and recovery trajectories for pregnant and parenting individuals with SUD requires serving the whole family unit, not just the individual parent. Specifically, we explore how providing access to quality child care positively affects a parent's ability to access and sustain SUD treatment.

This brief outlines potential solutions emerging from PolicyLab's research, discussion with stakeholders, and innovation from other states and jurisdictions across the United States. While this resource presents a case study of the child care landscape for caregivers with SUD in Pennsylvania, the takeaways may be broadly applicable to other states seeking to bolster their own programs and family supports.

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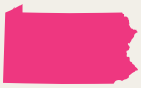

SUD and Maternal Health in Pennsylvania

Pennsylvania's *Maternal Mortality Review Committee (MMRC)* concluded that mental health conditions, primarily substance use, were the leading cause of maternal deaths in the Commonwealth in 2020. **Approximately 40% of cases identified SUD as a contributing factor in a maternal death** within the first year after giving birth.

PolicyLab's community-partnered *2020 Pennsylvania Family Support Needs Assessment (FSNA)* reflects the MMRC findings, pointing to substance use as one of the most pronounced issues facing families across the Commonwealth. Compared to the rest of the nation, *pregnant and postpartum people in Pennsylvania* have **about a two times higher rate of diagnosed SUD, and more than a two times higher rate of neonatal abstinence syndrome** in newborns. When seeking treatment, pregnant or parenting individuals in the state may encounter barriers based on their pregnancy status, increased stigma, long wait times and limited access to recommended medications.

Medication for Opioid Use Disorder (MOUD) is the *recommended standard of care* during pregnancy and the postpartum period for people with an opioid use disorder. Yet, according to the FSNA, as of 2021, **only 20% of substance use treatment centers in the state had specialized programs** for pregnant and postpartum people and offered MOUD to their clients. Regions in Pennsylvania with higher rates of pregnant and postpartum people experiencing SUD have *even fewer* specialized programs offering MOUD.

BARRIERS TO SUD TREATMENT AND MOUD FOR PREGNANT AND PARENTING PEOPLE

Pregnant and parenting people wishing to start SUD treatment face numerous legal, social, and structural barriers to accessing and sustaining treatment, including concern for who will care for their children, fear of child welfare and criminal policies, stigma, economic hardship, and treatment provider shortages.

Criminalization of substance use during pregnancy causes pregnant people to fear losing custody of their children and facing other criminal charges when seeking treatment. In some jurisdictions, their use of MOUD can trigger an ***automatic report*** to Child Protective Services as part of Plans of Safe Care. A ***PolicyLab study*** examining access to MOUD in pregnancy and in the postpartum period shows that pregnant people living in states with punitive policies related to substance use in pregnancy have the lowest rate of medication use.

Many health care providers lack knowledge and comfort in providing and monitoring tailored MOUD treatment for pregnant patients, despite ***strong evidence*** for the safety and efficacy of this treatment in pregnancy. In communities with ***existing maternal health care shortages***, locating a provider to prescribe MOUD during pregnancy can be even more challenging.

PolicyLab research also points to lower MOUD usage during pregnancy and the postpartum period for Black and Hispanic people, indicative of ***systemic racism*** manifested in the criminal justice and child welfare system policies and practices, a lack of culturally competent care, and clinician attitudes and biases that contribute to racial disparities in access to evidence-based treatment.

Intersecting with these barriers to treatment access are those specific to local contexts, including shrinking access to maternal care in Pennsylvania's rural communities and a statewide child care crisis (see *"The child care crisis in Pennsylvania"* on page 3). These intersecting crises impact parenting people with SUD in unique ways, which we will explore.

HOW LACK OF ACCESS TO QUALITY CHILD CARE AFFECTS PREGNANT AND PARENTING PEOPLE WITH SUD

The postpartum period is often physically and emotionally tumultuous for the birthing individual. During this time, they are at increased risk for postpartum mood disorders, may experience heightened financial insecurity, are adapting to changes in roles and relationships, and are exposed to increased scrutiny for health behaviors. Structural support for new parents navigating this time is often limited.

Child care is essential for a family's economic stability and equity. Time in high-quality child care, with caregivers trained in developmentally appropriate practice, positively affects children's healthy development. Access to child care is also essential for accessing and sustaining SUD treatment and employment in the postpartum period. While exploring the debate on how best to measure ***quality*** child care is outside of

The child care crisis in Pennsylvania

Families face many well-documented challenges accessing high-quality child care, including *high costs* and limited financial support, despite *recent state efforts* to offer more financial support to families. Additional barriers include irregular work schedules for families, a shortage of high quality child care slots, a lack of paid family leave and a *shortage of infant slots*. The child care sector also faces significant challenges, including administratively burdensome subsidy processes, rising costs, and high staff shortages and turnover.

In Pennsylvania:

- ***57% of people live in a child care desert*, and this number goes up to 73% for rural families.**
- **Child care programs *reported* 2,395 open child care provider positions, resulting in the closure of 934 classrooms.**
- **46% of child care slots meet *standards set by the state* to be defined as "high-quality."**

PolicyLab interviews with key stakeholders in Pennsylvania related to SUD treatment access for pregnant and parenting people

As part of the research project, *Improving Equitable Access to Evidence Based Treatment for Pregnant and Postpartum People with Opioid Use Disorder*, PolicyLab researchers interviewed key stakeholders across the Commonwealth. In-depth semi-structured interviews with pregnant and parenting people with SUD, treatment center administrators, maternal health providers, and drug and alcohol Single County Authority leadership were de-identified and coded using grounded theory. Researchers identified key barriers to accessing treatment for parenting individuals and outlined the structural and social determinants of well-being for this population.

the scope of this brief, important components of child care for this population include strong communication, responsiveness to families' needs, a trauma-informed approach using an evidence-based social–emotional curriculum and supporting early identification of children's needs.

Parents also need child care support for attending inpatient and outpatient treatment, and if they are prescribed methadone as their form of MOUD, accessing it daily. Yet, PolicyLab's key stakeholder interviews demonstrate that parents with SUD are left navigating fragmented systems that are not designed to support a family-centered approach to recovery, pushing parenting individuals with SUD further from the treatment they are trying to access.

These interviews also highlighted attempts by drug and alcohol Single County Authorities, SUD treatment centers and child care providers to overcome the child care barrier. For example, one treatment center previously maintained a memorandum of understanding with local Early Head Start agencies to prioritize children of those in treatment. Another county previously partnered with a treatment facility to pay for in-house child care, utilizing a time-limited prevention-focused funding source. These efforts struggled and eventually ended due to limited capacity, long-wait lists and loss of funding.

While exploring the debate on how best to measure quality child care is outside of the scope of this brief, important components of child care for this population include strong communication, responsiveness to families' needs, a trauma-informed approach using an evidence-based social-emotional curriculum and supporting early identification of children's needs.

Treating an individual without supporting their role as a parent affects both those seeking and those providing treatment, as well as the safety and healthy development of the children of those with SUD, in the following ways:

First, from a parenting perspective, lack of access to high-quality, affordable child care interferes with parenting individuals' ability to engage in an appropriate level of SUD treatment.

Parents cannot attend inpatient residential treatment programs without full-time care for their infant and/or other children. There are limited mother and baby residential treatment programs, and the person needing treatment may still require additional child care support for their older children. Given how few of these facilities there are, it is also likely that they are far from the parenting person's community. Parents are hesitant to enter treatment far from their home community, which would disrupt family stability, including older children's school, friend and family networks.

Parents also ***face challenges*** to participating in medical, counseling, and therapy appointments, including intensive outpatient group therapy programs that do not offer child care support during therapy (which few do). New parents in particular, who are learning new skills like breastfeeding, may be stressed and unable to participate in group therapies with their newborn present.

For example, in PolicyLab's interviews, one parenting person said,

> *"One of the biggest things is there's a lot of groups like mental health or co-occurring disorders where they have intensive outpatient. It's almost like going to a class. You go to group two hours, three hours, for three days a week. And because I'm a single mom, I have no one to watch my kids. So, I can't do those groups. I can only do individuals...like kids, no one really wants to have to deal with kids in like those sort of rotations, you know?"*

This experience is mirrored in national data. Despite child care being part of required wraparound services for the National Institute on Drug Abuse's (NIDA) comprehensive treatment programs, very few outpatient treatment facilities that serve women provide child care. Only ***16% of programs*** for postpartum women offered child care (according to data from 2018). Programs operating in rural communities were even ***less likely*** to provide wraparound services like child care or parenting classes.

Parents in recovery also require child care supports beyond the time they are in a treatment program, and these needs shift over time. As parents return to work or school, they may require more full-time child care in addition to support for attending treatment.

Second, from a treatment program perspective, organizations that want to take a whole-family approach face numerous barriers to incorporating child care into programs.

Incorporating child care into a treatment center may bring additional regulatory oversight and costs, including additional licensure, which is cumbersome to attain and requires engagement with unfamiliar state regulatory bodies. Onsite child care also requires having child-friendly and child-safe spaces and certified child care providers with experience in supporting children with higher social needs. For example, one treatment center in PolicyLab's interviews said,

> *"You can't just have a babysitter on site, you know, to watch the children. You need the whole licensing and everything else. So, it does turn into a complicated situation."*

Another treatment center that wanted to offer child care said,

> *"We've talked a lot about creating some sort of child care entity... But the legalities of some of that are challenging to navigate. We're trying to better understand this. Our understanding is if you wanted to set up and offer child care, like at an outpatient treatment facility, you would need to become [a] licensed [child care facility]."*

In addition to attaining licensure, SUD treatment centers wanting to provide child care while the parenting individual is in therapy must navigate all the challenges that the child care industry is already struggling to address, such as hiring child care providers with appropriate training, compensation and ratios (see *"The child care crisis in Pennsylvania"* on page 3). Providing these wraparound services is expensive and treatment facilities may struggle to access appropriate funding for them. Without a clear funding source, treatment centers are hesitant to engage in providing this service.

Lastly, access to quality, affordable child care positively impacts a child's development and is a protective strategy against maltreatment and neglect.

In ***a study*** of mothers entering substance use treatment, difficulty finding child care was a stronger predictor of self-reported maternal neglect than almost any other factor. ***Another study*** showed that waitlists to access subsidized child care are associated with an increase in child maltreatment investigations.

Pregnant and parenting people with SUD may have fewer healthy social support networks, including strained relationships with family members, making informal care arrangements a less desirable option for parents. Furthermore, informal care arrangements are a risk factor for child injury; maltreatment-related injuries (as opposed to neglect) happen with increased incidence when a child is left in the care of a non-primary caregiver.

In a PolicyLab ***study***, respondents identified maltreatment-related injuries as having occurred most frequently in the context of a mother's male partner who is not the child's father. Having a non-parental male caregiver may ***increase*** a child's likelihood for experiencing physical abuse.

While unstable child care arrangements are related to child maltreatment, ***time spent in quality child care*** buffers against detrimental effects of household stresses. Safe, stable, nurturing child care environments create continuous stable relationships and environments for children. These benefits can also have a ***spillover effect*** to improve the quality of a family's home environment, and can decrease risk of maltreatment or neglect.

EXAMPLES OF CREATIVE APPROACHES THAT COULD SUPPORT CHILD CARE NEEDS OF PREGNANT AND PARENTING PEOPLE WITH SUD

Meeting the needs of a parent in recovery by taking a family-centered approach and addressing child care needs can take different, and complementary, approaches. We highlight examples that seek to address child care challenges through working within existing child care networks to better meet families' needs, creating novel partnerships, or stepping outside the typical child care service model:

1. **Community Minded Enterprises in Spokane County, Washington offers a *Child Care Assistance Program* that partners with existing child care facilities in the community.**

   This program provides free child care placement for the children of parents in substance use recovery, including outpatient programs and individual and group support meetings. The program covers children aged 6 weeks to 12 years old and helps place children in appropriate infant or toddler care, preschool, before and after school programs, and summer camps.

2. **The *Lehman Center Crisis Nursery* in York, Pennsylvania offers respite care, or short-term child care, a caregiving model that is in *severely short supply* in most areas.**

   Models like this can be highly beneficial to parents without a strong family safety net who are seeking SUD treatment. The program provides day and overnight services (for up to three nights) and walk-in services for families with overwhelming stress, lack of a healthy family support system, and emergency situations, including medical issues or homelessness and eviction. Care is provided for newborns and children through age 6, and includes home-cooked meals, play, and social activities including arts-based therapy, family advocacy and parent support groups. As part of Children's Aid Society, funding comes from local child welfare services, the United Way and individual donors.

3. **Illuminate Colorado has created *mobile child care units* serving outpatient treatment facilities.**

   Their program includes four RVs renovated to serve infants and toddlers, that park at multiple outpatient treatment centers every week.

   The project required a change in ***legislation*** allowing for exceptions to licensure rules for child care centers. Funded through a mixture of state dollars, federal grants, and private donations, the fleet of mobile child care units are staffed by child care workers with additional training in resource navigation to support families.

4. **The *Family Services* program run by Los Angeles County's Public Health Department Substance Abuse Prevention and Control requires all treatment programs that support pregnant or postpartum people to treat the family as a unit and admit both women and their children together into programs.**

   They provide numerous wraparound services for children during this time, including housing, case management, cooperative child care or licensed-like child care, and transportation for parents and children.

Each of these approaches requires special attention to appropriately meet the needs of children in a family with SUD. Approaches that move beyond the traditional child care model, like mobile units or cooperative models, often rely on workarounds to licensure requirements, but still require appropriate oversight. Serving families with additional challenges may require further funding to support specialized teacher training, behavioral health expertise and connections to other community providers.

Approaches that seek to work within the existing child care landscape must consider how to build the capacity of existing services to best support children of people with SUD. To do so, services must be accepting and supportive, use a trauma-informed approach, and may include further supports like additional developmental screenings and therapies, and options for flexible and irregular hours.

WHERE THIS TAKES US TO IMPROVE POLICY AND PRACTICE

"Substance use disorders are family diseases because there can be an intergenerational transmission that affects the entire family unit and its individual members. Family-centered treatment promotes the delivery of comprehensive services that can transform these families into healthy, functioning entities that can raise children, reach their economic goals, and support the wellbeing of all members. Family-centered treatment offers a solution to the intergenerational cycle of substance use and related consequences by helping families reduce substance use and improve child health and safety."

Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements, and Challenges [SAMHSA]

There are a broad set of policy and system changes that could better support pregnant and parenting people with SUD. This brief focuses on child care and SUD treatment systems, understanding that broader changes are necessary to support family-centered approaches to recovery.

In addition to the national strategies already mentioned, there has also been welcome attention to ***what states can and are doing*** to meet the needs of pregnant and parenting people with SUD. Child care is consistently recognized as a barrier to treatment access in these and other plans and strategies, yet there are few concrete supports for improving access to child care for this population.

SAMHSA, and in turn the Pennsylvania Department of Drug and Alcohol Programs (DDAP), identify pregnant and postpartum people as a priority population for the purposes of the state's Substance Use Prevention, Treatment, and Recovery Services block grant, and it should be noted that this block grant can be used to cover child care costs when a parent is in treatment. Yet, there is an opportunity and necessity to use this stated commitment to drive changes in policy, practice, and cross-agency collaboration, and broaden the lens to consider the family unit as the target population.

We offer the following opportunities for action and investment to improve access to child care for those pregnant or parenting with SUD.

→ Support SUD treatment and child care providers in meeting needs; support families in systems navigation.

SAMHSA's recent National Strategy to Improve Maternal Mental Health Care recommends investing federal funding in support of creating trauma-informed, accessible, and equitable family-friendly health care facilities by ensuring free, embedded child care across the spectrum of inpatient, residential and outpatient care.

There are a number of steps that state and county leaders as well as SUD treatment providers can take while working towards this goal.

State and county leaders could partner with SUD treatment providers in ensuring there is strong comprehension of requirements for child care licensure, including situations in which it is not required, and support those who wish to seek licensure. SUD treatment providers working to support caregivers with SUD may consider scheduling treatment groups to accommodate child care availability for parents and providing simultaneous intergenerational therapeutic models. They may also partner with local Early Learning Resource Centers to increase child care knowledge among case managers and similar roles so they can actively help families navigate the child care system and select high-quality care providers.

County, state and federal officials should also direct funding support towards child care programs. Given the existing challenges within the child care industry, additional funding should be directed towards child care programs with capacity to develop and tailor services that meet the needs of parenting people with SUD. Funding or subsidies may support training and technical assistance grants, as well as increased rates which incentivize child care programs to support this specific population. Critical to this approach, particularly in rural areas, is supporting and training home-based child care providers, who may offer a more flexible alternative than center-based care.

State and county leaders could look to financially and technically support families and SUD treatment providers with child care navigation and placement. For example, Children's Hospital of Philadelphia's ***Community Clinical Systems Integration*** initiative includes an early childhood education support component. This initiative sponsors a child care navigator to help families enroll their children in quality child care and improve communication between families, child care centers and health care professionals.

→ Leverage different state and county funding streams that serve this population.

The U.S. Administration of Children and Families has ***actively encouraged*** states to use the Child Care and Development Fund (CCDF) block grant to support those with SUD. Pennsylvania's CCDF plan for 2025–2027 includes a number of populations that are placed on a priority waiting list to receive child care funding. Through regulatory change or legislative action, this list could be expanded to include children of parents actively engaged in SUD treatment.

Other opportunities related to the CCDF block grant include:

- Lead agencies have flexibility in defining the "job training or education program" in which a caregiver is required to be enrolled in order to access child care subsidies, and can include time spent in treatment for substance use in their definition as an eligible activity. Knowing their families would have eligibility for child care subsidies would encourage SUD treatment centers to build relationships with local child care providers and support directing their families to these centers.
- CCDF block grant funds could be used to train child care staff in supporting children in families with substance use, to provide family child care navigators, and to increase subsidies to child care by opening slots for this priority population.
- Block grant funds could also be used to identify areas with a lack of child care (home- and center-based) and high rates of SUD, and provide training and support for family-based child care provision.

Federal programs may also expand their eligibility criteria to include the children of families whose parents have SUD. For example, Early Head Start (EHS), an income-based program for parents with a child under 3, provides some child care opportunities. Consideration of EHS as a services provider for families with parents who have SUD could create opportunities to fill the need for parental support and child care. Also, Head Start, an income-based child care program for children ages 3–5, expands its income requirements for families who have other designated social needs like being in foster care placements or having a teen parent. By designating children of parents with SUD as a priority population for eligibility, families may be able to access subsidized child care slots.

In addition to these opportunities, Pennsylvania counties are receiving an ongoing influx of money from the opioid settlement fund. They have flexibility in how they use these funds to meet their needs in responding to the opioid epidemic, including using them to address trauma and adverse childhood experiences of children whose parents use substances. One allowable use of the funds is to provide comprehensive wraparound services to individuals with opioid use disorder (OUD), including housing, transportation, job placement and training, and child care.

As of mid-2024, in the information available on ***how counties are spending these funds***, ***Allegheny County has highlighted*** using the money to fund new Early Head Start Childcare Partnership program slots for children ages 0–3 impacted by OUD. The funding provides child care slots for caretakers with OUD who need child care support while undergoing treatment or looking for a job and who do not qualify for state-funded child care subsidies. Other counties could consider a similar approach or other uses for this funding stream to invest in child care system gaps and potential models raised in this brief.

We hope this information can inform the development of family-centered programs and policies to optimize evidence-based treatment access for pregnant and postpartum people, support their recovery, and ultimately, help them and their families thrive.

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ACKNOWLEDGEMENTS

The authors thank Jen DeBell, Executive Director, Pennsylvania Association for the Education of Young Children, and Pamela Lilleston, Director, Office of Applied Research & Evaluation, Scientific Advisor, New Jersey Department of Children and Families, for their input on this brief.

They also thank all of the pregnant and parenting people with SUD, treatment center administrators, maternal health providers, and drug and alcohol Single County Authority leaders interviewed as part of PolicyLab's research.

SUGGESTED CITATION

Whittaker J, Rosenquist R, Gerdes M, Chatterjee A, Kellom K, Matone M. *The role of child care in building family-centered approaches to treatment for substance use disorder*. PolicyLab at Children's Hospital of Philadelphia; 2024. Retrieved from *bit.ly/ChildCare-SUD-Brief*

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