Hospital Quality Institute
Leadership in quality and patient safety

Perinatal Mental Health Learning Community

Webinar August 19, 2021 12 – 1 p.m.

Child Abuse Reporting & Perinatal Mental Health

Faculty:

- **Patrisha Taylor**, Ph.D., LMFT, Assist. Reg. Admin, LA County Dept. of Children and Family Services
- **Anna King**, LCSW, PMH-C, Clinical Training Specialist, Maternal Mental Health NOW

CHCF

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CommonSpirit

Housekeeping

- Everyone is automatically muted upon entry.
- Raise your hand if you'd like to be unmuted.
- Use "Chat" to interact with everyone ("all panelists and attendees.")
- Use "Q&A" to ask questions of panelists and organizers.
- Download slides from Chat.

Our Team

Anna King
Clinical Training Specialist,
Maternal Mental
Health NOW

Gabrielle Kaufman
Clinical Director,
Maternal Mental
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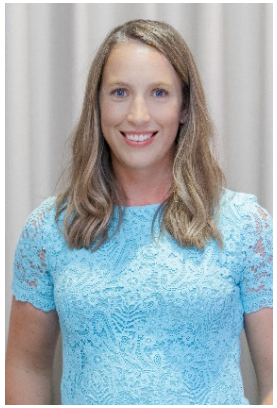

Kelly O'Connor-Kay
Executive Director,
Maternal Mental
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Barbara Sheehy
System Director, Perinatal
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Program Manager,
PMH Learning Community
Hospital Quality Institute

Boris Kalanj
Director of Programs,
Hospital Quality Institute

Hospital Quality Institute

Program Website

https://www.hqinstitute.org/post/perinatal-mental-health-learning-community

Timeline – *Perinatal Mental Health Learning Community*

Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
- 1:1 Technical Assistance (on demand)
- In-Person Regional Events (Nov '20)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

Case Studies Developed	Case Studies Available

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AB-3032: Hospitals Maternal Mental Health Act

- It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
- All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
- Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.

Past Topic Recordings Available

- Staff education on perinatal mental health
- Patient and family information & education
- Resource and referral development
- The Impact of Covid 19 on Hospitals and Birthing Families
- Disparities in Perinatal Mental Health Care
- Supporting Patients with Perinatal Loss
- Supporting NICU Families
- Birth Trauma and Perinatal Mental Health
- Substance Use Disorders and Perinatal Mental Health

Recordings and slides available on program website:
https://www.hqinstitute.org/pmh-learning-community

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Remaining Topics in 2021

Date	Topic
January 21	Perinatal Loss Office Hour
February 18	NICU and PMH Webinar
March 18	NICU and PMH Office Hour
April 15	Birth Trauma and PMH Webinar
May 20	Birth Trauma and PMH Office Hour
June 17	Substance Use Disorders Webinar
July 15	Substance Use Disorders Office Hour
August 19	Child Abuse Reporting and PMH Webinar
September 16	Child Abuse Reporting and PMH Office Hour
October 21	Breastfeeding and PMH Webinar
November 18	Breastfeeding and PMH Office Hour
December 16	Fathers and Partners and PMH Webinar

Register on the program website:

https://www.hqinstitute.org/pmh-learning-community

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Save the Dates: Capstone Events!

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In Focus for Aug. and Sept.: Child Abuse Reporting

Learning Objectives:

- Learn about the impact of child welfare involvement on parent and infant mental health.
- Discuss hospital staff's role in addressing and reporting child abuse in the perinatal period.

Featured Speakers: Dr. Patrisha Taylor and Anna King

Patrisha Taylor, Ph.D., LMFT (she/her)
Assistant Regional Administrator
Los Angeles County Department of Children and Family Services

Anna King, LCSW, PMH-C (she/her)
Clinical Training Specialist
Maternal Mental Health NOW

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Perinatal Mental Health
&
the Child Welfare System

Patrisha Taylor, Ph.D. – Los Angeles County Department of Child and Family Services (DCFS)

Anna King, LCSW, PMH-C - Maternal Mental Health NOW

August 19th, 2021

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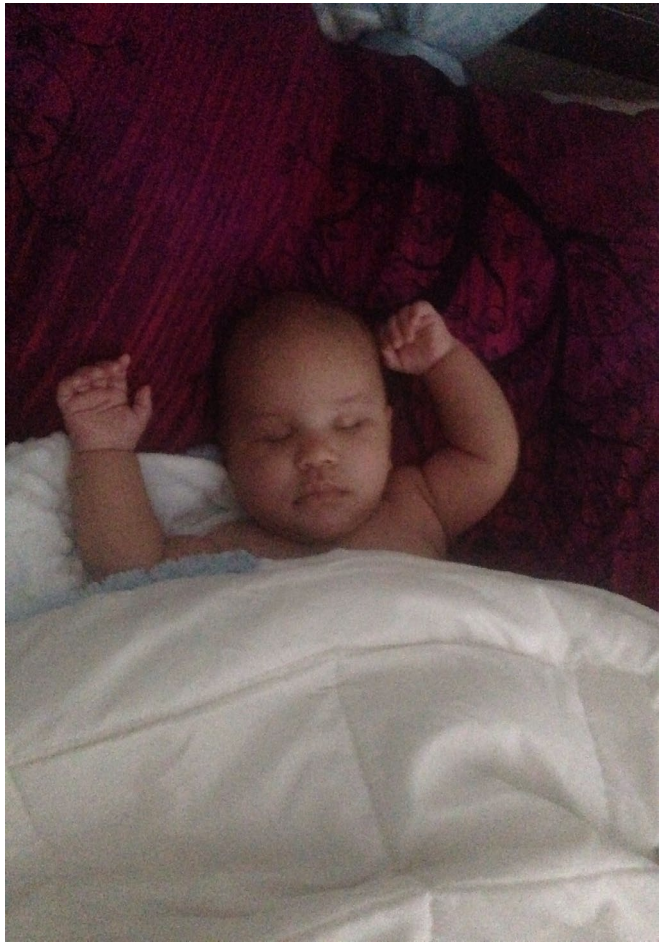
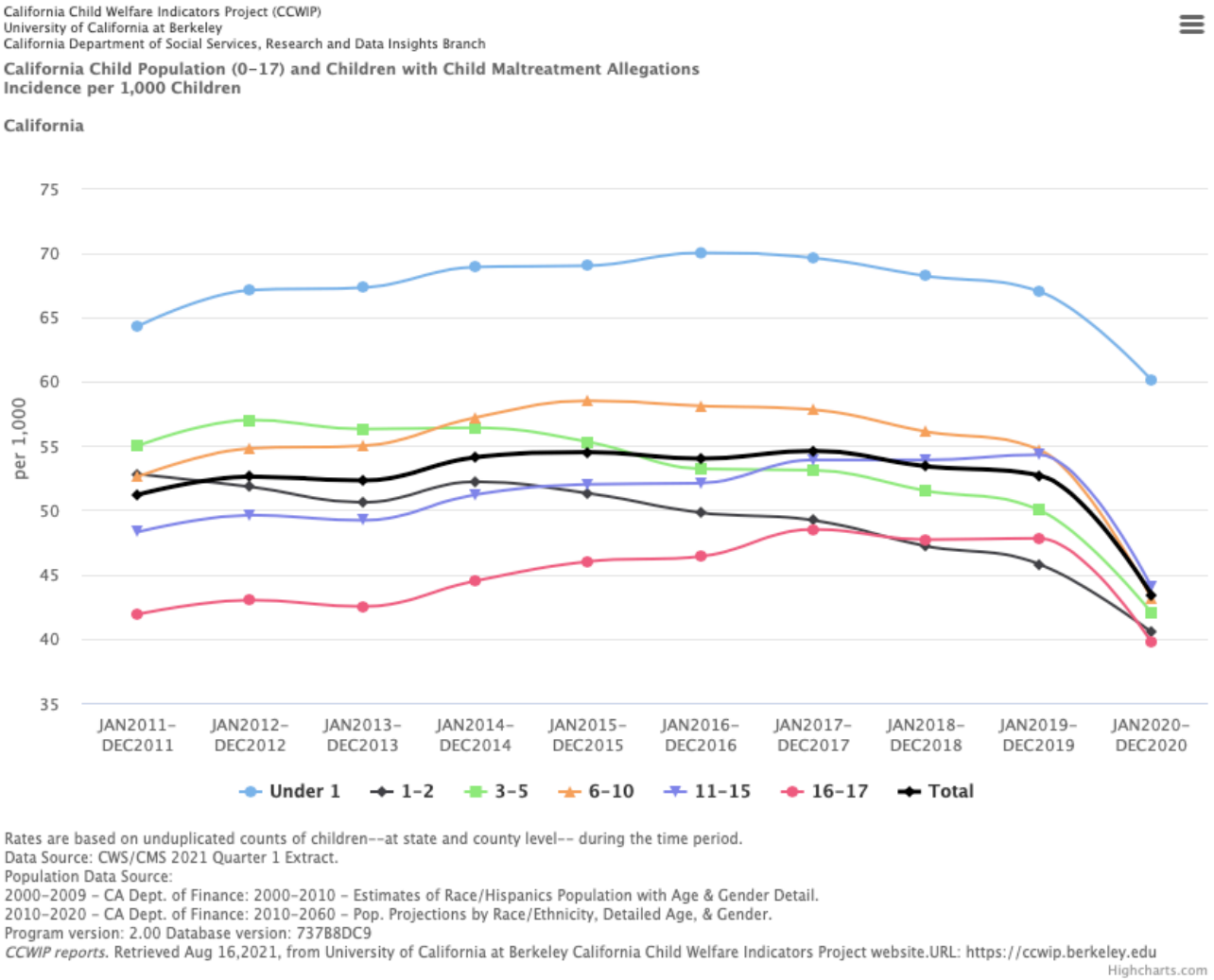
WHY ARE WE HERE: OBJECTIVES

- Contextualize the issue
  - Statistics
  - Relationship between PMADs and child maltreatment
  - Adverse Childhood Experiences (ACEs)
- Identify disparities and cultural implications
- Identify short and long-term effects
- Reference California Mandatory Reporting Laws
- Discuss LA County DCFS Roles & Responsibilities: Structured Decision Making (SDM) & DCFS Policy & and Procedures
- Perinatal Mood and Anxiety Disorders (PMADs) and Child Welfare
- Review prevention measures



California Child Welfare Indicators Project: Ages



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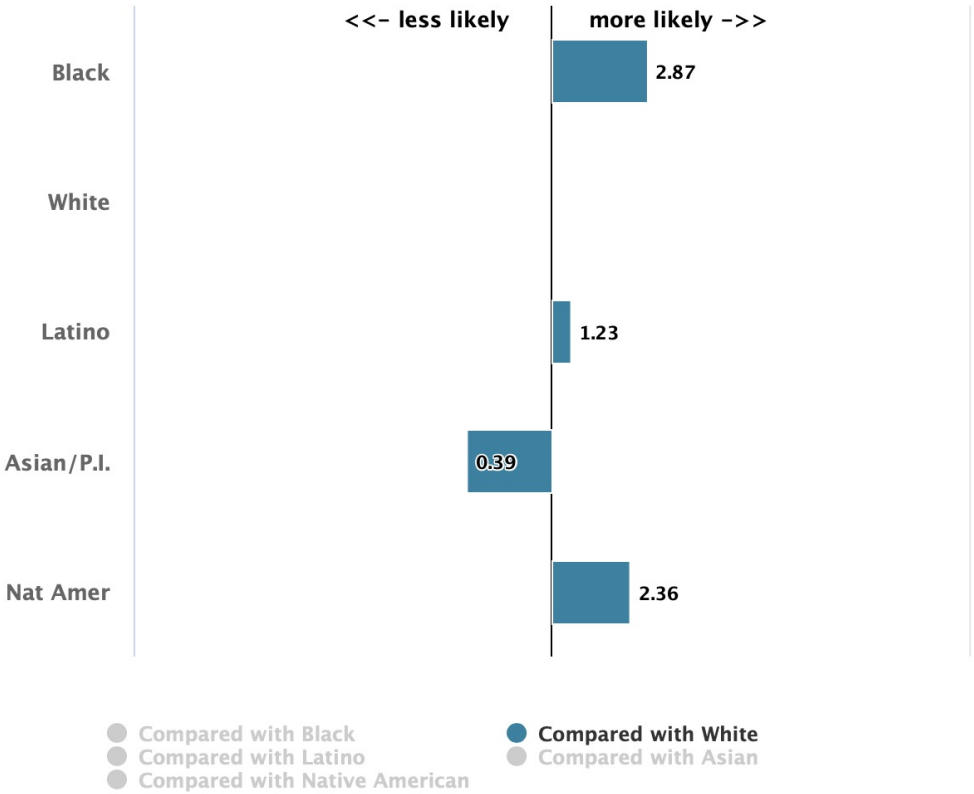
California Child Welfare Indicators Project: Disparities

California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley
California Department of Social Services, Research and Data Insights Branch

2020 Disparity Indices by Ethnicity
Selected Subset: Type of Analysis: Allegations

California



This graph employs a logarithmic scale, which allows for symmetry regardless of whether a group was more or less likely to experience the specific child welfare contact type than the comparison. As such, the length of lines will appear di
Data Source: CWS/CMS 2021 Quarter 1 Extract.
Program version: 2.00 Database version: 737F7A3E
CCWIP reports. Retrieved Aug 16,2021, from University of California at Berkeley California Child Welfare Indicators Project website.URL: https://ccwip.berkeley.edu

Highcharts.com

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Cultural Influence

- Overrepresentation of Black, Latinx, and Indigenous families in the child welfare system
  - Higher rates of mental health disorders
- Fears of detainment
  - Barrier to treatment and cooperation
- Variability in cultural practice
  - Discipline and parenting styles
  - Institutional mistrust
- Consider cultural context
  - Historically institutionalized racism
  - Variable engagement/response depending on ethnic background
  - Criminalization of substance use during pregnancy (Huggins et al., 2020)
    - 1980's crack-cocaine epidemic in Black communities

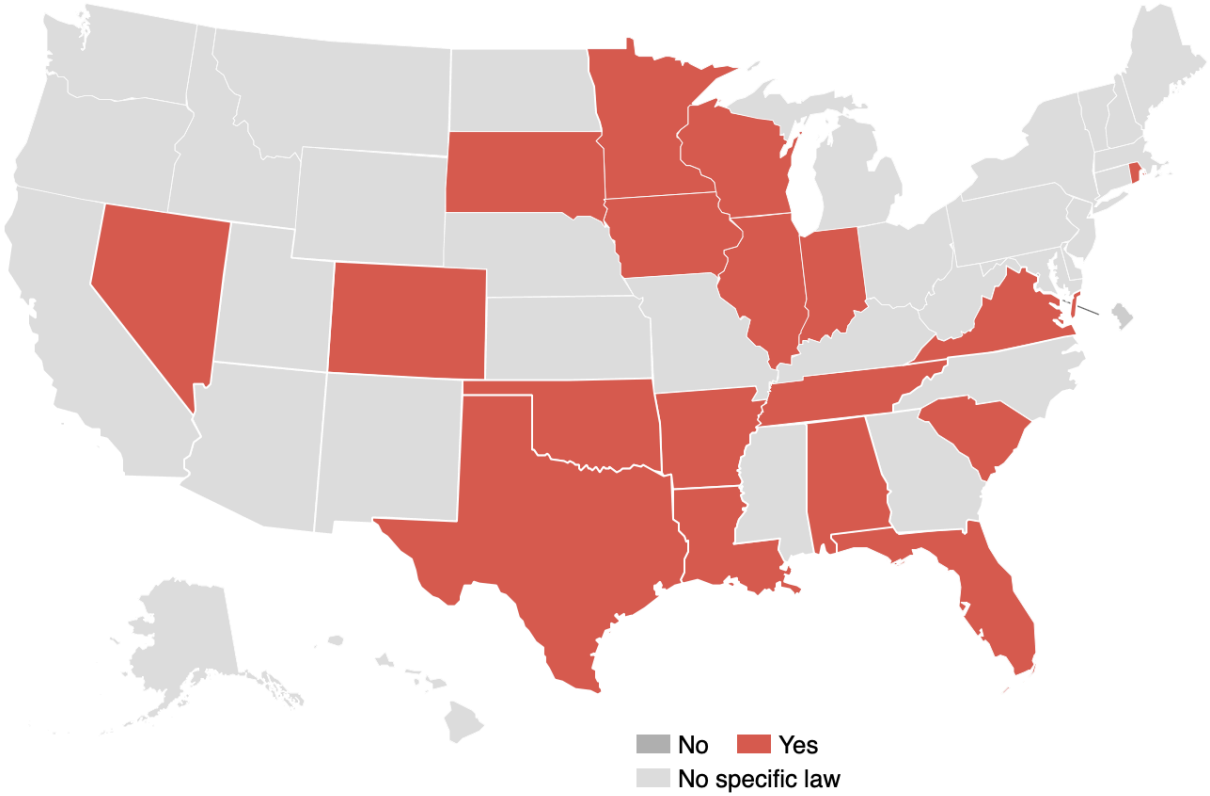
about drug testing at your hospital.

Compare states by

- Substance abuse during pregnancy is a crime
- Women have been prosecuted for drug use during pregnancy
- Substance abuse during pregnancy is child abuse

Eighteen states have laws that say drug use during pregnancy is child abuse.

- Substance abuse during pregnancy is grounds for civil commitment
- Health care workers must report drug abuse during pregnancy
- Testing is required if drug use during pregnancy is suspected



ProPublica, 2015

Risk factors for child welfare involvement

- Parental age (<18yo)
- Parental substance abuse
- Intimate partner/domestic violence
- Parental mental health affecting functioning and ability to provide care
- Parental isolation and poor support network
- Financial and housing challenges
- Poor prenatal care
- Parental history of trauma and neglect

- Abuse (will define further)
- Neglect (will define further)

Short-Term Effects

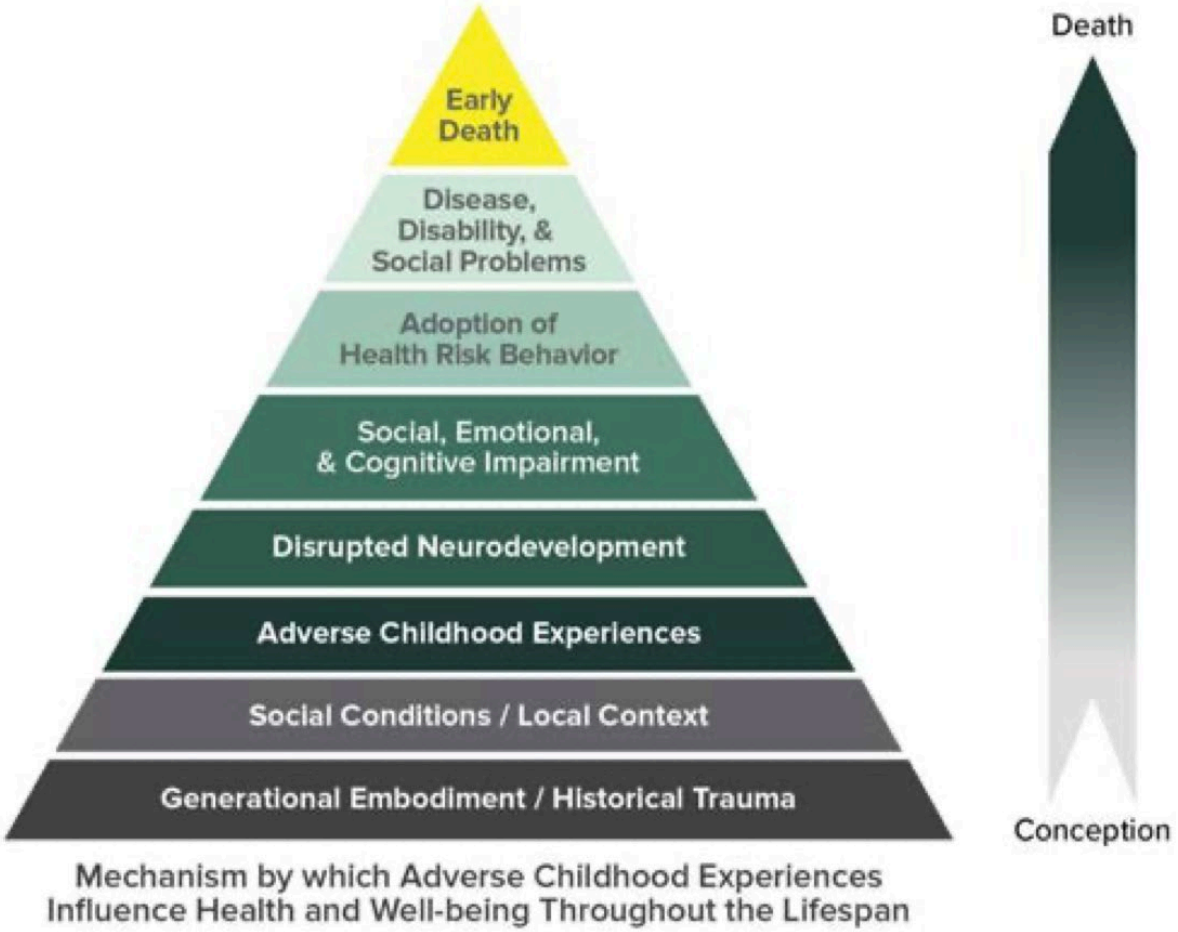
- Congenital medical conditions, LBW/SGA, prematurity
- Infant mental health issues
- Impact attachment and bonding
- Potential for PMADs exacerbation

Long-Term Effects

- Expensive!
  - "…the annual cost of nonfatal child maltreatment in the United States to be **$428 billion** (based on the number of substantiated cases of nonfatal maltreatment) or **$2 trillion** (based on the number of investigated instances of nonfatal maltreatment). The costs in this study include both tangible costs (e.g., child welfare, health care, juvenile justice) and intangible costs (e.g., pain, suffering, grief)."

    (Child Welfare Information Gateway, 2019)
- Intergenerational trauma
  - Increased risk of mental health issues and poverty for child
- Physical, psychological, behavioral, developmental, social impairments

(Child Welfare Information Gateway, 2019; Norman et al., 2012)



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (n.d.). *Adverse childhood experiences presentation graphics: The ACE pyramid.* Retrieved from https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html

Child Abuse and Neglect Reporting Act CANRA)

- **Penal Code 11164-11174.3**

- The intent and purpose of this act is to protect children from abuse and neglect. In any investigation of suspected child abuse or neglect, all persons participating in the investigation of the case shall consider the needs of the child victim and shall do whatever is necessary to prevent psychological harm to the child victim.

- Professionals required to report under CANRA are referred to as **"mandatory reporters."**

- Mandated reporters must report suspected abuse and neglect cases to:
  - The appropriate law enforcement agency, police department, or sheriff's department, and;
  - Social services agencies, such as the County Welfare Department

CANRA California Penal Code, ARTICLE 2.5. Child Abuse and Neglect Reporting Act [11164 - 11174.3] (Heading of Article 2.5 amended by Stats. 1987, Ch. 1444, Sec. 1.) ;

Child Abuse and Neglect Reporting Act CANRA)

- Written reports must be made within 36 hours from when they first suspect abuse or neglect.

- A report of abuse and neglect shall include such information as:
  - the name and contact information of the reporter,
  - the title that makes the person a mandatory reporter, and
  - the information that gave rise to their reasonable suspicion of abuse.

- **"Child neglect"** is legally defined as the negligent treatment or the maltreatment of a minor by a person responsible for his/her welfare. The term includes both acts and omissions on the part of the responsible person.

- **"Child abuse"** is legally defined as any form of cruelty to a minor's physical, moral or mental well-being.

Child Abuse and Neglect Reporting Act CANRA)

- One does not have to be physically present or witness the abuse to identify suspected cases of abuse, or even have definite proof that a child may be subject to child abuse or neglect. Rather, the law requires that a person have a "reasonable suspicion" that a child has been the subject of child abuse or neglect. Under the law, this means that it is reasonable for a person to entertain a suspicion of child abuse or neglect, based upon facts that could cause a reasonable person, in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect.

- If a professional required to report under CANRA fails to do so, that person will be charged with a misdemeanor offense. As such, the crime is punishable by:
  - imprisonment in a county jail for up to six months, and/or
  - a maximum fine of $1,000.

- If a person fails in their child abuse reporting duties, and an instance of abuse or neglect leads to death or great bodily injury, the person can be punished with:
  - imprisonment for up to one year in a county jail, and/or
  - a maximum fine of $5,000.

Child Abuse and Neglect Reporting Act CANRA)

Rights to Confidentiality and Immunity

Mandated reporters are required to give their names when making a report. However, the reporter's identity is kept confidential. Reports of suspected child abuse are also confidential. Mandated reporters have immunity from state criminal or civil liability for reporting as required.

California: Mandated Reporting

- State Training for California Abuse Reporting Law (CARL):
  - https://www.mandatedreporterca.com/
- DCFS Overview for Community:
  - https://dcfs.lacounty.gov/about/who-we-are/
- Hotline- 1-800-540-4000
  - Available to Public
  - Emergent Child Abuse Reports
- Child Abuse Electronic Reporting System (CARES)
  - https://mandreptla.org/cars.web/
  - On-Line Report for Mandated Reporters Only
  - Non-Emergent Child Abuse Reports (10 qualifying questions to assist)

Role of Child Protective Services

- **Children's Protection Services Legal Mandate:**

  CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 300-304.7 *(WIC 300)*

  a. Physical Harm
  b. Neglect
  c. Emotional Damage
  d. Sexual Abuse
  e. Severe Physical Abuse Age 0-5
  f. The child's parent or guardian caused the death of another child through abuse or neglect
  g. The child has been left without any provision for support; physical custody of the child has been voluntarily surrendered
  h. The child has been freed for adoption by one or both parents
  i. The child has been subjected to an act or acts of cruelty
  j. The child's sibling has been abused or neglected pursuant to (a), (b), (d), (e), or (i)

Welfare & Institutions Code Section 300 (a) - (j)

LA County DCFS Policies & Procedures

- **Hotline Referral: No Current DCFS Supervision**
  - Physical Abuse, Sexual Abuse, Interpersonal Violence, Drugs/Alcohol, Emotional Abuse, Exploitation, Fetal Alcohol Syndrome, Failure to Thrive, Medical Neglect, Parental Incapacity or Absence, Shaken Infant Syndrome, Neglect
- **Assessing the Safety and Risk of Newborns for Families Already under DCFS Supervision: *Open Cases***
  - Policy: Policy 0070-548-.07

http://policy.dcfs.lacounty.gov/

DCFS Policy: 0070-548.007

Assessing the Safety and Risk of Newborns for Families Already under DCFS Supervision

The decision regarding whether or not a newborn will be removed from a home or is allowed to remain in a home under DCFS supervision or without supervision, should be made in the context of, and in consideration of, the current DCFS recommendation with respect to the siblings. Previous abuse of the newborn's siblings may be sufficient to establish a risk of harm to the newborn, especially where reunification was terminated or not offered. County Counsel should be consulted when CSW is unsure of how to proceed.

Structured Decision Making (SDM)

- To assist California's CWS workers in making these critical assessments and decisions, the California Department of Social Services (CDSS) initiated the Structured Decision Making (SDM) Project in 1998.

- The contractor for the SDM Project is the Children's Research Center, a division of the National Council on Crime and Delinquency.

- The Children's Research Center has assisted or is assisting 40 states across the United States.

https://www.cdss.ca.gov/inforesources/child-welfare-protection/structured-decision-making

Structured Decision Making (SDM)

The California SDM model includes the following tools:

- **Hotline Tools,** to screen referrals for in-person response and determine how quickly a response must be made.
- **Safety Assessment**, to determine if it is safe for a child to remain home or what actions need to be taken to assure safety.
- **Risk Assessment**, to support decisions about opening a case for court-ordered or voluntary supervision based upon the characteristics of the household associated with likelihood of future maltreatment.
- **Family Strength and Needs Assessment**, to determine the underlying caregiver needs, strengths and services that would benefit the family.
- **Reunification Reassessment**, to determine if children are able to return home after time spent in relative care or foster care.
- **In-Home Family Risk Reassessment,** to determine if a Family Maintenance case can be closed or if the children will continue to remain at home.

https://www.cdss.ca.gov/inforesources/child-welfare-protection/structured-decision-making

What Are the Possible CPS Findings & Recommendations

- Inconclusive/Unsubstantiated/Substantiated (SDM)
- Alternative Response Services (ARS)
- Voluntary Family Maintenance (VFM)
- Voluntary Family Reunification (VFR)
- Non-Detained
- Court Family Maintenance (FM)
- Removal Warrant
- Detention
- Family Reunification (FR)
- Enhancement Services
- Adoption/Termination of Parental Rights (TPR)

Perinatal Mental Health Concerns

- "…34.6% of infants born to mothers with a MH disorder were reported to CPS within one year, and a majority of those reports were made within the first month of life (77.2%)." (Hammond et al., 2017, p. 1)
  - Half of those had substance abuse issues
  - Those with serious mental illness were less responsive to baby
  - Staff clarify lacked training to assess appropriate range of parenting skills
- Foster placements double for children with mothers with mental illness (Kohl et al., 2011)
- Parents with mental illness:
  - Less likely to engage in safety practices
  - Less able to follow medical provider recommendations for care
  - Less likely to nurse
- Bi-directional impact
  - Infant temperament can impact parental mental health and vice versa (Rode et al., 2016)

Perinatal Mental Health Concerns

- Postpartum Psychosis
  - Highest risk
  - Potential for infanticide, filicide, and suicide
  - Intervention: hospitalization
- Postpartum OCD
  - Less risk
  - Concern w/ intrusive thoughts
  - Intervention: therapeutic support
- Postpartum anxiety
  - May exhibit passive parenting styles and/or rigidity

- **SLEEP** is so important
- Involve support people
- Child welfare involvement itself can be a risk factor for PMADs and trigger feelings of shame, guilt, defeat, isolation

Working With Social Workers

- Hospital social worker vs. children's social worker
  - Help patients understand they're both there to help
  - CPS involvement ≠ detainment
- Understand mandated reporting requirements
  - Your report goes into the record and **can** influence the case conceptualization
- Accurate documentation
  - Visitation patterns and interactions with the family
  - Include strengths and points of resilience!
- Cooperate with department staff who become involved
- How & when to inform the family that a report has been made??

Prevention: Your role

- Whole family care
  - Focus typically on mother/birthing person – involve father and partners
  - Focus typically on risk to infant – consider parental needs too (Taylor et al., 2019)
- Teach and support parenting skills EVEN and ESPECIALLY when child welfare is involved
- Suspend judgment
- Identify and address biases
  - Explore your internalized bias about what it means to have CPS involved
  - Reduce stigma of mental health and substance use
- Focus on building relationships and empowerment
  - Can't make promises about the outcome but you **can** contribute with your support
  - Proceed as if the family unit will be preserved
- Trauma-informed care

Prevention: Your role

- Assessment and early intervention : increase protective factors
  - Assess for perinatal mental health
  - Assess for substance abuse
  - Establish protocols and resource coordination
- Community perspective vs. operating in silo
  - Understand that the care and intervention begins before conception and extends beyond discharge
  - Home visitation

Thank You

"Connection is the energy that exists between people when they feel SEEN, HEARD, and VALUED; When they can give and receive WITHOUT JUDGEMENT; And when they derive sustenance and strength from

THE RELATIONSHIP."

~Brené Brown

The Gifts of Imperfection- 10th Anniversary Edition

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Questions

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Coming Up

Sept 16: Group Office Hours (Noon – 1 pm)

- Child Abuse Reporting and Perinatal Mental Health, cont'd
- Reflections on staff and patient education about PMH

October 21: Webinar (Noon – 1 pm)

- Breastfeeding and Perinatal Mental Health

Register on HQI website: https://www.hqinstitute.org/pmh-learning-community

Webinar Evaluation

Polling questions:

1) Today's webinar was a good use of my time

   (agree-disagree-unsure)

2) Today's webinar increased my understanding of substance use disorders in the context of perinatal care

   (agree-disagree-unsure)

Open Text feedback – type into "Chat":

What could have been done better or differently?