

**Wednesday, April 19, 2023
12PM/11CT**

Clearinghouse on Supervised Visitation Phone Conference/Webinar Agenda



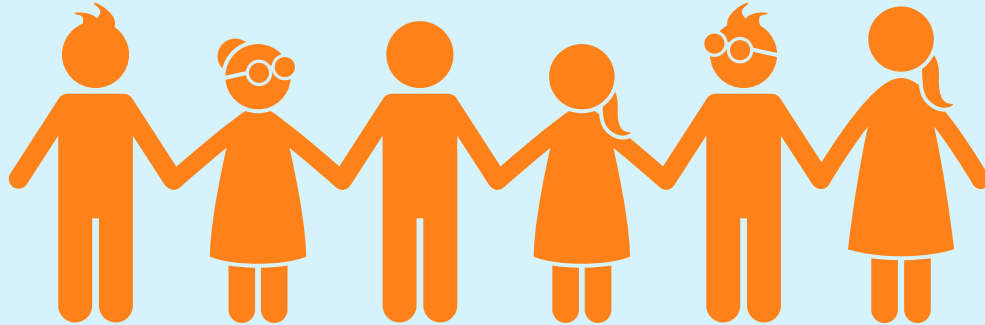
Discussion

- 1. Welcome and Announcements – Everyone is invited!**
- 2. Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything, email Lyndi Bradley at lbradley2@fsu.edu**
- 3. May Phone Conference: May 17, 2023**
- 4. Questions from Directors**
- 5. May is National Foster Care Month**
- 6. Resources for the Opioid Crisis:
<https://serotarcnetwork.org/pdf-library/>**
- 7. New Clearinghouse Poster: Motivational Interviewing in Supervised Visitation**
- 8. Continue Discussion on Therapeutic Visitation for 2023-2024:
Please let me know if you'd like to work on this issue separately as a small committee.**
- 9. Training: Trauma-Informed Policies & Practices**

May is

NATIONAL FOSTER CARE MONTH

#DARETOCARE



HISTORY

In 1988, the first presidential proclamation was made in recognition of National Foster Care Month. The month is aimed at showing appreciation and gratitude for foster parents across the country. The purpose and goal of the month often change to fit the needs of that year. 2022 focused on increasing visibility for the needs of youth in foster care and prioritizing it as an option to families where reunification is a goal. Foster care is a program whose purpose is to provide a temporary safe environment for children who are unable to live with their parents at the moment.

FACTS & STATISTICS

- A third of all children in foster care are in *kinship care*, mainly grandparents.
- Out of home care can increase stability, reduce trauma, and help youth maintain a sense of belonging.
- Exploring kinship placement can lead to future legal permanence.
- The Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services along with other local, state, and federal agencies work year-round to raise awareness for issues impacting foster youth.
- Some people wear light blue as the official color to raise awareness for National Foster Care Month.



WHY DO SOME FOSTER PARENTS QUIT?

Half of foster parents that quit cite poor communication, lack of support and autonomy in the child's well-being, and insufficient resources to care for the child as reasons for quitting.



WHAT SETTINGS EXIST FOR CHILDREN IN FOSTER CARE?

Placement settings may include kinship care, non-relative care, group homes, residential care facilities, emergency shelters, and supervised independent living.

MAY IS National Mental Health Awareness Month



#DARETOCARE

End the stigma!

1 in 5 U.S. adults experience mental illness. Suicide is the 2nd leading cause of death among 10-14 year olds.

Gaps in Treatment

Less than half of adults with mental illness received treatment in 2020. However, ~65% of U.S. adults with serious mental illness received treatment.

2023 Theme

MHA month 2023 will direct focus to how neighborhoods and physical surroundings impact the mental health of individuals and the community population.

Importance

Mental Health month focuses on raising awareness of trauma and the impact it can have on individuals and communities. Mental health is essential to one's overall physical health. Mental health month was established and proclaimed for the first time in 1949. The goal is to promote awareness of the importance of mental health and wellness in the lives of Americans.



What is Mental Health

Mental health is dynamic, not static, and can change based on many factors.

Mental health impacts how we think, feel, and act. Mental health problems can be caused by a number of factors. Adverse childhood experiences, experiences related to chronic medical conditions, biological factors, use of substances, feelings of loneliness/isolation, and many more contribute to the risk of a mental health diagnosis. Mental illnesses can occur over a finite period of time or be episodic and be ongoing or long-lasting. It is common for an individual to experience co-occurring mental health disorders.



SAMHSA: Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to lead efforts of public health and delivery of services to promote mental health, prevent substance misuse, and ensure equitable access to treatment and supports that lead to better outcomes.

MAY 2023

WATER SAFETY AWARENESS MONTH

THE 5 LAYERS OF PROTECTION

• 1: Barriers and Alarms

Most drownings occur during non-swim hours. To limit these drownings, barriers that limit unauthorized access to the pool and alarms that alert if the barriers are accessed.

• 2: Supervision

Close, constant, and capable supervision are necessary. Active supervision without distraction is needed when near/in water. Water watchers and lifeguards are a useful tactic.

• 3: Water Competency

Everyone should learn to swim. It is recommended for children to begin learning to swim around age 1. Classes should be continuously maintained. Competency is essential.

• 4: Life Jackets

Life jackets are to be worn in open/natural bodies of water. by everyone regardless of age. The device must be approved by the US Coast Guard to be fully effective.

• 5: Emergency Preparedness

These above prevention efforts are helpful, but having a phone nearby to call 911, learning CPR, taking a water safety course, and learning proper rescue techniques are vital for intervention in an emergency.



IMPORTANCE

National Water Safety Month's goal is to raise water awareness and promote swim safety. NSWM is a collaboration between the World Waterpark Association, National Recreation and Park Association, the Pool & Hot Tub Alliance, and the final agency to join was the American Red Cross who joined as a key partner. Throughout the year, and particularly in May, these organizations promote educational programs, public service announcements, proclamations, business promotions, and access to water safety materials.

STATISTICS

- Drowning is the leading cause of death for 1-4 year olds. There are an average of 10 drowning related fatalities a day.
- Drowning can be quick and quiet, so multiple layers of protection are most effective.
- A quarter of youth drownings occur during family gatherings near bodies of water.
- Drowning does not discriminate by age, gender, race, or social class.

Information obtained from: National Drowning Prevention Alliance, American Red Cross, & National Water Safety Month

MAY 2023

ASIAN AMERICAN PACIFIC ISLANDER HERITAGE MONTH



Asian American and Pacific Islanders encompass the Asian continent and Pacific Islands of Melanesia, Micronesia, and Polynesia. Asian/Pacific American Heritage month began in Congress. Originally only 10-days long proposed in 1977, Congress passed Public Law 101-283 in 1990 to make it a month-long celebration. In 1992, Public Law 102-450 designated the month for annual celebration without needing to be proclaimed yearly.

May was chosen to honor the first Japanese immigrant to the US and to mark the anniversary of the completion of the transcontinental railroad.

In the United States in 2019, there were approximately 22.9 million individuals of Asian or Pacific Islander descent.

In 2021, we witnessed history when **Kamala Harris** become the first Asian American Vice President

2023 AAPIHM THEME:
"RENEW AND REBUILD:
Our Communities and
Beyond"

Information obtained from:
Asianpacificheritage.gov,
history.com, whitehouse.gov, &
asianresource.indiana.edu

Asian Americans and Pacific Islanders have contributed greatly to American culture and society



Science

Medicine



Literature

Art



Sports & Recreation

Government & Politics



Activism

Law



In May and throughout the year, we must continue to raise awareness about the contributions of AAPI communities to society and condemn Xenophobic actions and discrimination.



Cómo Reconocer una Sobredosis

Cómo Reconocer una Sobredosis

Respiración lenta

Una persona puede tener la respiración muy lenta y superficial, hacer gorgojeo, o parar de respirar.



Dificultad para despertar

Una persona puede estar despierta pero no puede hablar, o puede no responder cuando tratan de despertarla.



Cambios en el tono de piel

La piel de la persona puede volverse gris, ceniza o purpura azulada.



Otros efectos secundarios

Nausea y/o vomito Boca seca Escozor y sudor Aumento de la sensibilidad al dolor



¿Qué hacer DESPUÉS?

Llame al 9-1-1, proporcione naloxone y ventilación asistida si la persona no responde.



Para más información contáctenos
o visítenos en serotarcnetwork.org



Síganos en las redes sociales

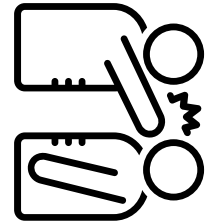




Cómo Responder a una Sobredosis

Trate de despertarlos

Llameles por su nombre y frote con puño cerrado en el medio del pecho.



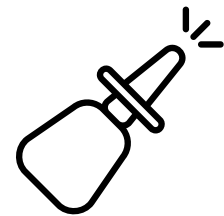
Llame al 9-1-1

La mayoría de los estados cuentan con la Ley del Buen Samaritano que lo protege de arresto por posesión de drogas.



Provea Naloxone

Siga las indicaciones del Naloxone para el kit nasal o intramuscular.



Si es necesario, ofrezca apoyo respiratorio

Inicie RCP si la persona no está respirando Y no tiene pulso. Presione fuerte & rápido en el centro del pecho al ritmo de la canción *Stayin Alive*.



Posición de Recuperación

Si no puede quedarse a esperar por ayuda, ubique a la persona de lado apoyandose con una rodilla doblada



Para más información: serotarcnetwork.org





How to Recognize an Overdose

Slow breathing

A person may have very slow, shallow breaths, make gurgling noises, or stop breathing.



Trouble waking up

A person may be awake but unable to talk, or may not respond when you try to wake them up.



Changes to skin tone

A person's skin tone can turn grayish or ashen to bluish purple.



Other side effects

Nausea and/or vomiting Dry mouth Itching and sweating Increased sensitivity to pain



What to do NEXT?

Call 9-1-1, give naloxone, and support ventilation if the person does not respond.



For more information, email Savannah Collier at ssmith24@fsu.edu or take a FREE Overdose Prevention Training at bit.ly/3isbhLJ

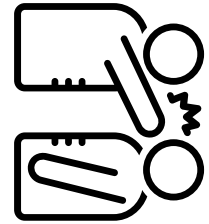




How to Respond to an Overdose

Try to wake them up

Call their name and rub the middle of their chest with a closed fist.



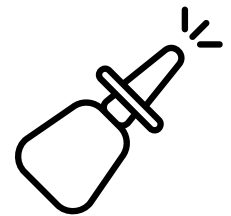
Call 9-1-1

Most states have The Good Samaritan Law that protects you from arrest for possession of drugs.



Give Naloxone

Follow the directions for nasal or intramuscular naloxone kits.



If needed, Give Support Ventilation

Start CPR if the person is not breathing AND has no pulse. Push hard & fast in the center of the chest to the beat of the classic song, *Stayin' Alive*.



Recovery Position

If you can't stay to wait for help, put the person on their side supported by a bent knee.



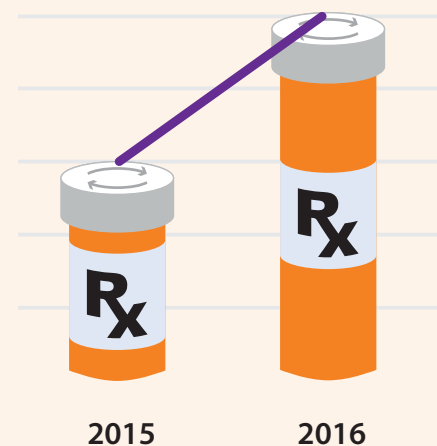
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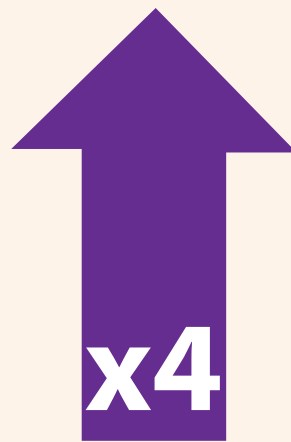
US Opioid Crisis: Addressing Maternal and Infant Health

Opioid use disorder (OUD) can cause many negative health outcomes for mothers and their babies, both during pregnancy and after delivery. Infants can be born with breathing and feeding problems, and mothers are at risk of opioid-related overdoses. As part of its overarching five-point strategy to prevent opioid overdoses and harms, CDC is taking specific actions to prevent OUD among pregnant women and women of reproductive age and to make sure women with OUD get proper treatment.

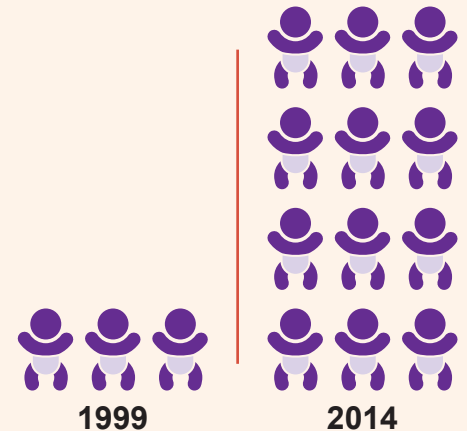
The Toll



The rate of overdose deaths among women rose 20% in one year.



Opioid use disorder has gone up more than 4 times among pregnant women.



4 times as many infants were born with neonatal abstinence syndrome (NAS) in 2014 than in 1999.

Health Outcomes

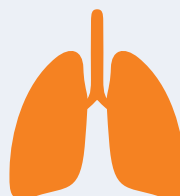
Opioid use disorder during pregnancy has been linked to:



Preterm
Birth



Low
Birthweight



Breathing
Problems

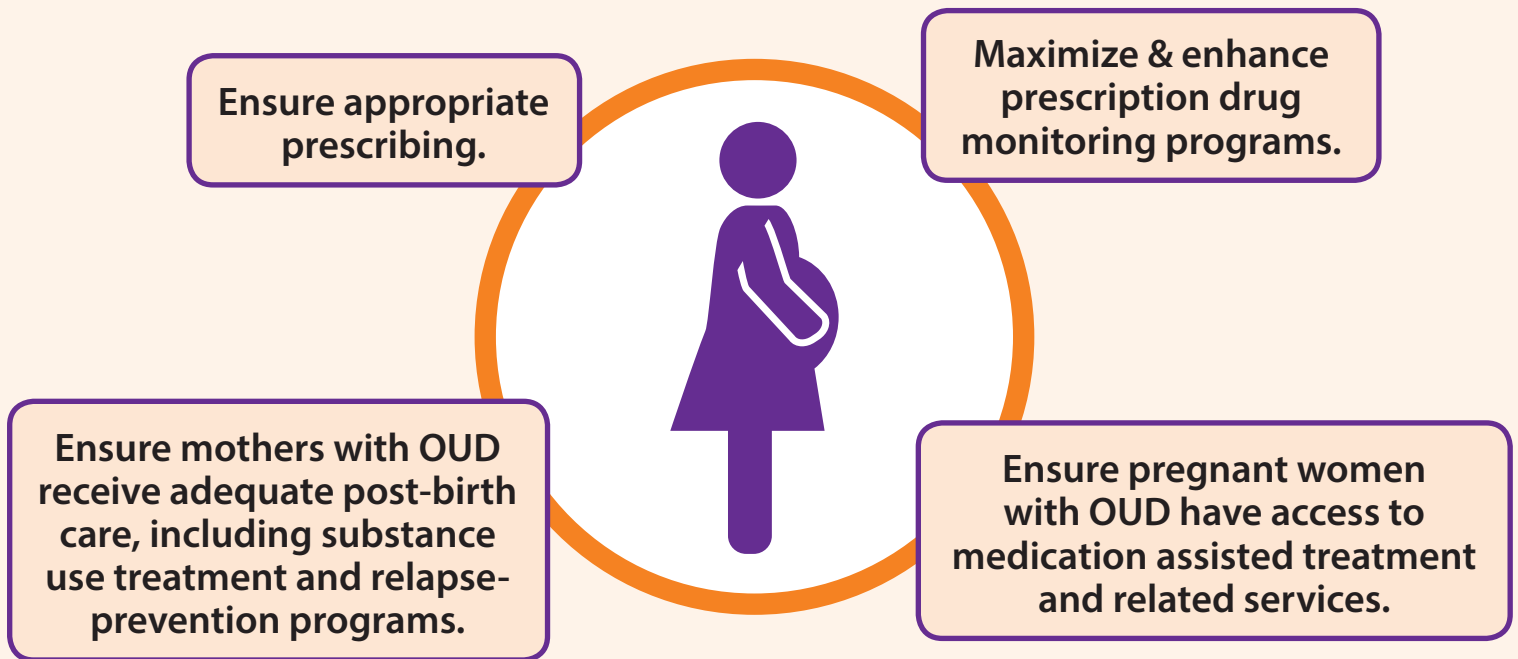


Feeding
Problems

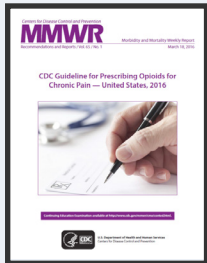


Maternal
Mortality

Strategies for Addressing OUD among Pregnant Women



CDC's Response



Issuing guidance on opioid prescribing for chronic pain, including for pregnant women



Conducting surveillance using the Pregnancy Risk Assessment Monitoring System (PRAMS) to document substance use before and during pregnancy among mothers who recently gave birth



Improving data quality and standardization for pregnancy-associated overdose deaths to inform prevention



Building state capacity to better identify women with OUD during pregnancy and standardize care for mothers and NAS-affected infants through perinatal quality collaboratives (PQCs)



Monitoring and reporting on the incidence of NAS

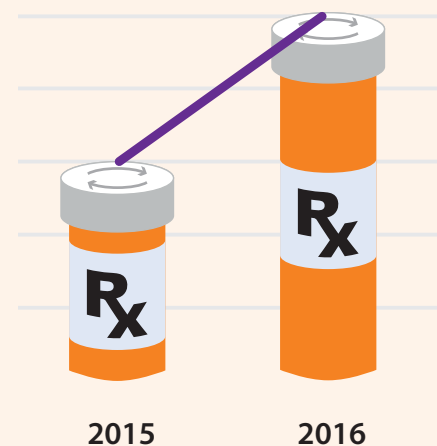


www.cdc.gov/reproductivehealth/opioid-use-disorder-pregnancy/index.html

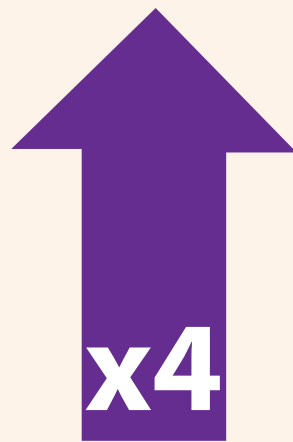
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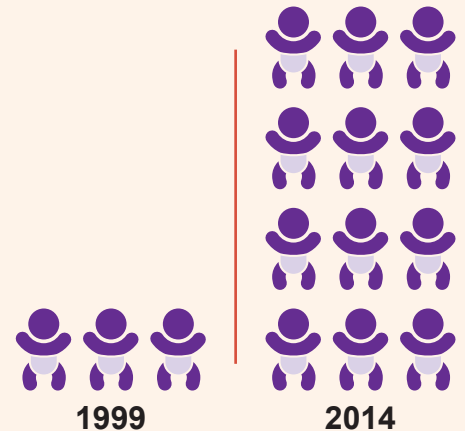
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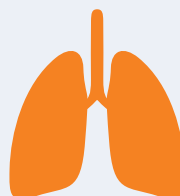
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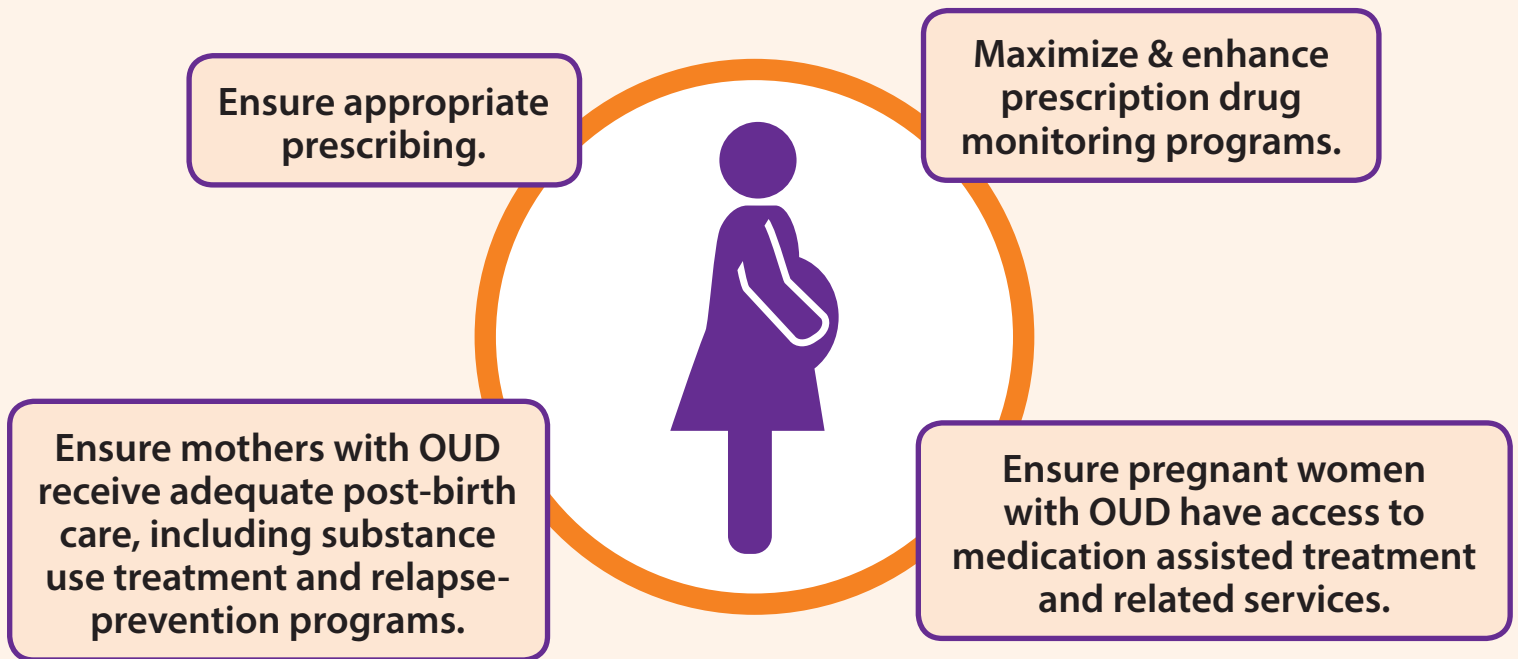


Feeding
Problems

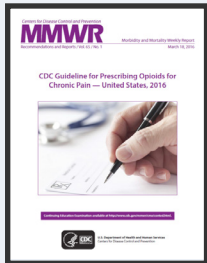


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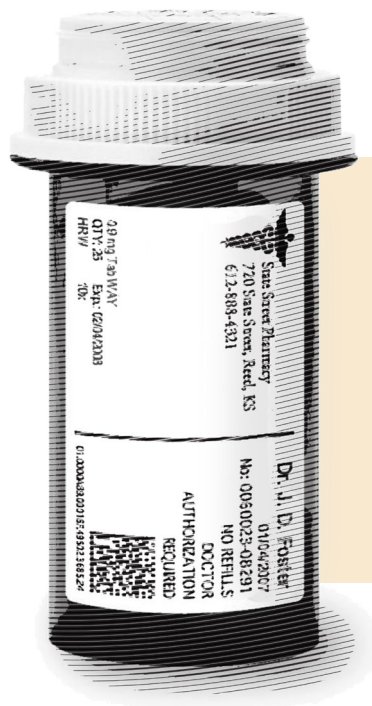
www.cdc.gov/reproductivehealth/opioid-use-disorder-pregnancy/index.html

PREGNANCY AND OPIOID PAIN MEDICATIONS

Women who take opioid pain medications should be aware of the possible risks during pregnancy.

WHAT ARE OPIOID PAIN MEDICATIONS?

Opioid pain medications are prescribed by doctors to treat moderate to severe pain. Common types are codeine, oxycodone, hydrocodone, and morphine.



Talk to your provider before starting or stopping any medications to help you understand all of the risks and make the safest choice for you and your pregnancy.



ARE OPIOID PAIN MEDICATIONS SAFE FOR WOMEN WHO ARE PREGNANT OR PLANNING TO BECOME PREGNANT?

Possible risks to your pregnancy include^{1,2}:

- **Neonatal Opioid Withdrawal Syndrome (NOWS):** withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever, and poor feeding) in newborns³
- **Neural tube defects:** serious problems in the development (or formation) of the fetus' brain or spine
- **Congenital heart defects:** problems affecting how the fetus' heart develops or how it works
- **Gastroschisis:** birth defect of developing baby's abdomen (belly) or where the intestines stick outside of the body through a hole beside the belly button
- **Stillbirth:** the loss of a pregnancy after 20 or more weeks
- **Preterm delivery:** a birth before 37 weeks



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

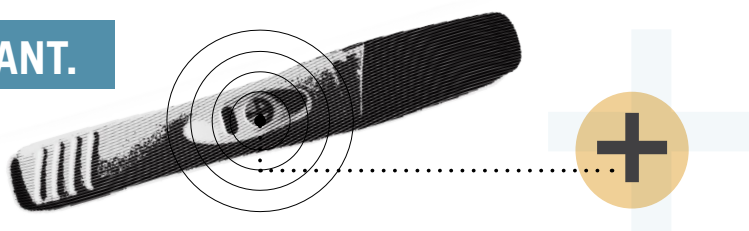
I JUST FOUND OUT THAT I'M PREGNANT.

Should I stop taking my opioid pain medication? What are the risks?

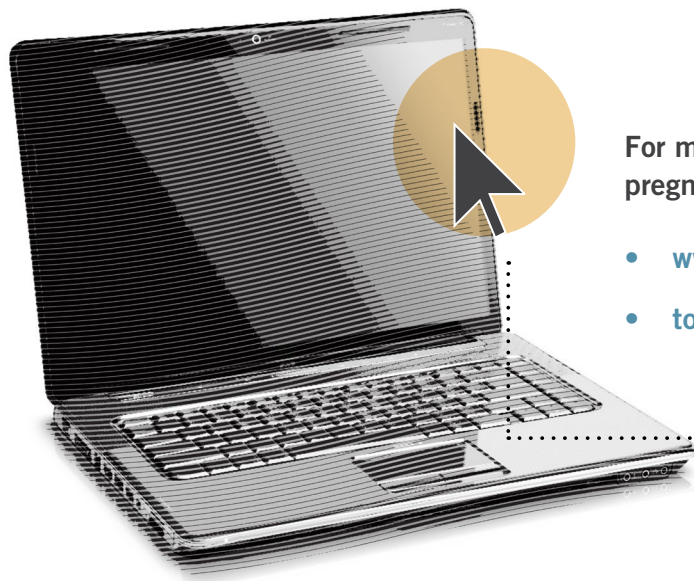
- First, talk to your provider. Discuss all risks and benefits of continuing any medication use during pregnancy.
- Some women need to take opioid pain medication during pregnancy and quickly stopping your medication can have serious consequences.
- In some cases, avoiding or stopping medication use during pregnancy may be more harmful than taking it.

WHAT ABOUT BREASTFEEDING?

- Women without HIV who are already taking opioid pain medications regularly (and not using illicit drugs) are generally encouraged to breastfeed.
- Be sure to ask your doctor about breastfeeding if you are taking any other medications.
- During breastfeeding, avoid codeine whenever possible, and if used, ask your doctor for the lowest possible dose due to possible risk of newborn illness and death⁴.



The information provided here applies to the use of opioid medication for pain. Opioid medications may also be used in medication assisted therapy (MAT) for treatment of substance use disorders. There are unique benefits and risks associated with MAT. To learn more about opioid medication use for substance use disorder treatment and considerations in pregnancy, visit www.samhsa.gov/medication-assisted-treatment/treatment.



For more information on opioid and other medication use in pregnancy or breastfeeding, go to:

- www.cdc.gov/treatingfortwo
- toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

¹Broussard CS, Rasmussen SA, Reefhuis J, et al. Maternal treatment with opioid analgesics and risk for birth defects. Am J Obstet Gynecol 2011; 204:314:e1–11.

²Kellogg A, Rose CH, Harms RH, Watson WJ. Current trends in narcotic use in pregnancy and neonatal outcomes. Am J Obstet Gynecol 2011; 204:259:e124.

³Hudak ML, Tan RC, Committee On Drugs, Committee On Fetus and Newborn, American Academy of Pediatrics. Neonatal drug withdrawal. Pediatrics 2012;129:e540–60.

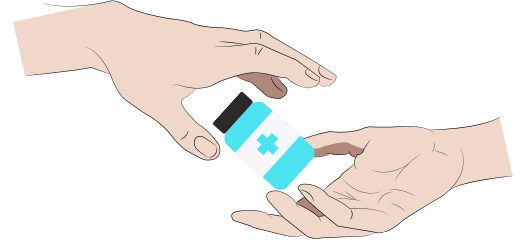
⁴National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain; 2010. Available at: <http://nationalpaincentre.mcmaster.ca/opioid/documents.html>.

REMOVE THE RISK

Options to Safely Dispose Opioids

TAKE-BACK SITES

The best option is to take your leftover opioids to a take-back site for proper disposal. Search "medication disposal near me" in Google Maps to find take-back sites in your community!

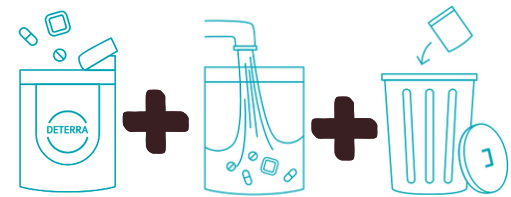


STEP 1: DISPOSE SUBSTANCES

Mix Opioids (do not crush) with used coffee grounds or kitty litter. Place them in a plastic bag and toss in your household garbage.

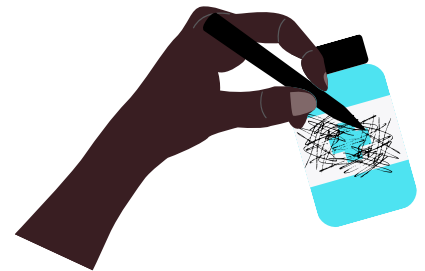


Additionally, you can use a Detera pouch, a simple, environmentally safe way to get rid of unneeded drugs. Just add water, seal, shake, & dispose. **(see back for more information)**



STEP 2: DISPOSE BOTTLES

Scratch out personal information on prescription labels and dispose of the original medicine containers.



For more information & resources to combat Opioid use in your community, visit <https://serotarcnetwork.org/>

For more information on safe disposal options, visit

<https://michigan-open.org/safe-opioid-disposal/>

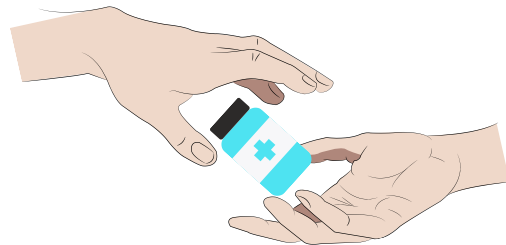


REMUEVE EL RIESGO

Opciones para la Eliminación Segura de Opioides

SITIOS DE RECOGIDA

La mejor opción es llevar los opiáceos sobrantes a un punto de recogida para su correcta eliminación. Busca "eliminación de medicamentos cerca de mí" en Google Maps para encontrar puntos de recogida en tu comunidad.



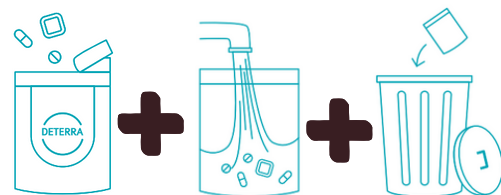
PASO 1: ELIMINA SUSTANCIAS

Mezcle los Opioides (no los tritures) con restos de café usado o arena de gato. Colóquelos en una bolsa plástica y tírelos en la basura domestica.



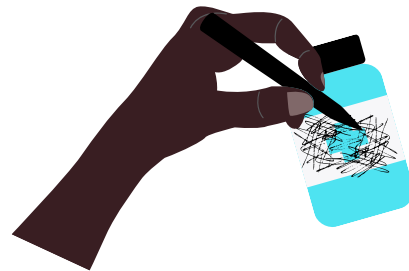
Adicionalmente, puede usar una bolsa de Detera, una forma sencilla y ecológica de deshacerse de medicamentos innecesarios. Solo añada agua, séllela, sacúdala, y tírela.

(vea más información al reverso)



PASO 2: ELIMINA BOTELLAS

Remueva la información personal de las etiquetas de los medicamentos recetados y deseche los envases originales.



Para mayor información y recursos para combatir el uso de Opioides en su comunidad, visite <https://serotarcnetwork.org/>
Para mayor información sobre la eliminación segura de opioides, visite <https://michigan-open.org/safe-opioid-disposal/>



DETERRA

Instrucciones y Maneras de Distribución

DESCRIPCIÓN:

El Sistema de Desactivación y Eliminación de Medicamentos Deterra es un contenedor seguro para la eliminación de medicamentos que puede usarse en casa o en una clínica. Es una opción segura y efectiva para destruir y desechar adecuadamente medicamentos sin usar, no deseados y vencidos simplemente añadiendo agua del grifo.

CÓMO USAR:

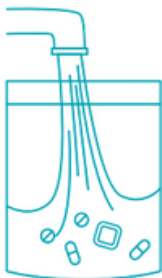
1



PONGA EL MEDICAMENTO EN LA BOLSA

Abra la bolsa y ponga adentro los medicamentos no usados

2



LLENE HASTA LA MITAD CON AGUA

Llene hasta la mitad con agua tibia y espere 30 segundos.

3



SELLE, SACUDA Y TIRE A LA BASURA

Selle firmemente, sacuda suavemente y tírela en la basura normal.

CÓMO DISTRIBUIR DETERRA EN LA COMUNIDAD:

1. Envíe por correo bolsas de desactivación y eliminación de medicamentos a los hogares locales
2. Distribuya recursos en eventos
3. Inclúyalo en los kits de prevención de la sobredosis.
4. Busque alianzas
5. Amplíe sus opciones: considere otras formas para facilitar las bolsas.
6. Eduque a las personas
7. Difunda el mensaje
8. Involucre a la comunidad
9. Cree eventos: amplifique sus esfuerzos de distribución en torno a momentos importantes
10. Inicie o amplíe una campaña de eliminación



Para mayor información sobre Deterra, visite <https://deterrasystem.com/resources/>

Motivational Interviewing in Supervised Visitation



Motivational interviewing is a collaborative and goal-oriented approach to communicating effectively with parents involved in supervised visitation. Motivational interviewing focuses on engaging and empowering parents as they work through their personal plan toward change.

Motivational interviewing encourages parents to make personal changes and reach achievable goals.

Motivational interviewing promotes a productive partnership between the professionals and the parents.

FOUR PROCESSES OF MOTIVATIONAL INTERVIEWING:

1

Engage

To **engage** parents, professionals should:

- Practice active listening skills and ask open-ended questions
- Identify the parent's strengths and believe that they can improve
- Establish a mutually trusting relationship through demonstrating compassion and empathy
- Understand and acknowledge the parent's ambivalent feelings

2

Focus

In the **focus** process, professionals should:

- Identify the parent's specific needs; promote conversations toward change
- Work collaboratively with the parent on mutually agreeable goals
- Guide and empower the parent to meet objectives

3

Evoke

During the **evoke** process, professionals should:

- Explore the parent's attitude, ambivalence, and personal reasons for change
- Brainstorm outside support services to help the parent reach their goals
- Use affirmations, validation, and echoing when talking with the parent
- Recap key points from the discussion with the parent

4

Plan

To develop a **plan**, professionals should:

- Focus on the parent's personal values when offering options, and use strategies that have worked for the parent in the past
- Empower the parent to build self-efficacy and confidence in their decision-making, goal-setting, and follow-through.

**Contact the Clearinghouse at
850-644-1715**

