

# Coordinating Care for Perinatal Women in Rhode Island Who Use Substances

New Hampshire Perinatal Substance Exposure Collaborative

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RHODE ISLAND DEPARTMENT OF HEALTH

# The Team

Katie Gonzalez
Certified Peer Recovery Support Specialist, Perinatal Peer Services, VNA of Kent County

Sara Remington
Chief, Family Visiting, Rhode Island Department of Health (RIDOH)

Stevens Robillard
Substance Use Coordinator, Rhode Island Department of Children, Youth and Families (DCYF)

# Our principles

- Substance use disorder is a treatable disease – like diabetes -- not a moral failing.
- Embody compassion, rather than contempt
- Protect the maternal-child dyad when appropriate
- Provide extra special attention early in pregnancy
- Build interdisciplinary relationships; increase warm hand-offs and case conferencing
- Be mindful of the intersections of substance use disorders and maternal mental health, housing insecurity, interpersonal violence

# All of Rhode Island is local

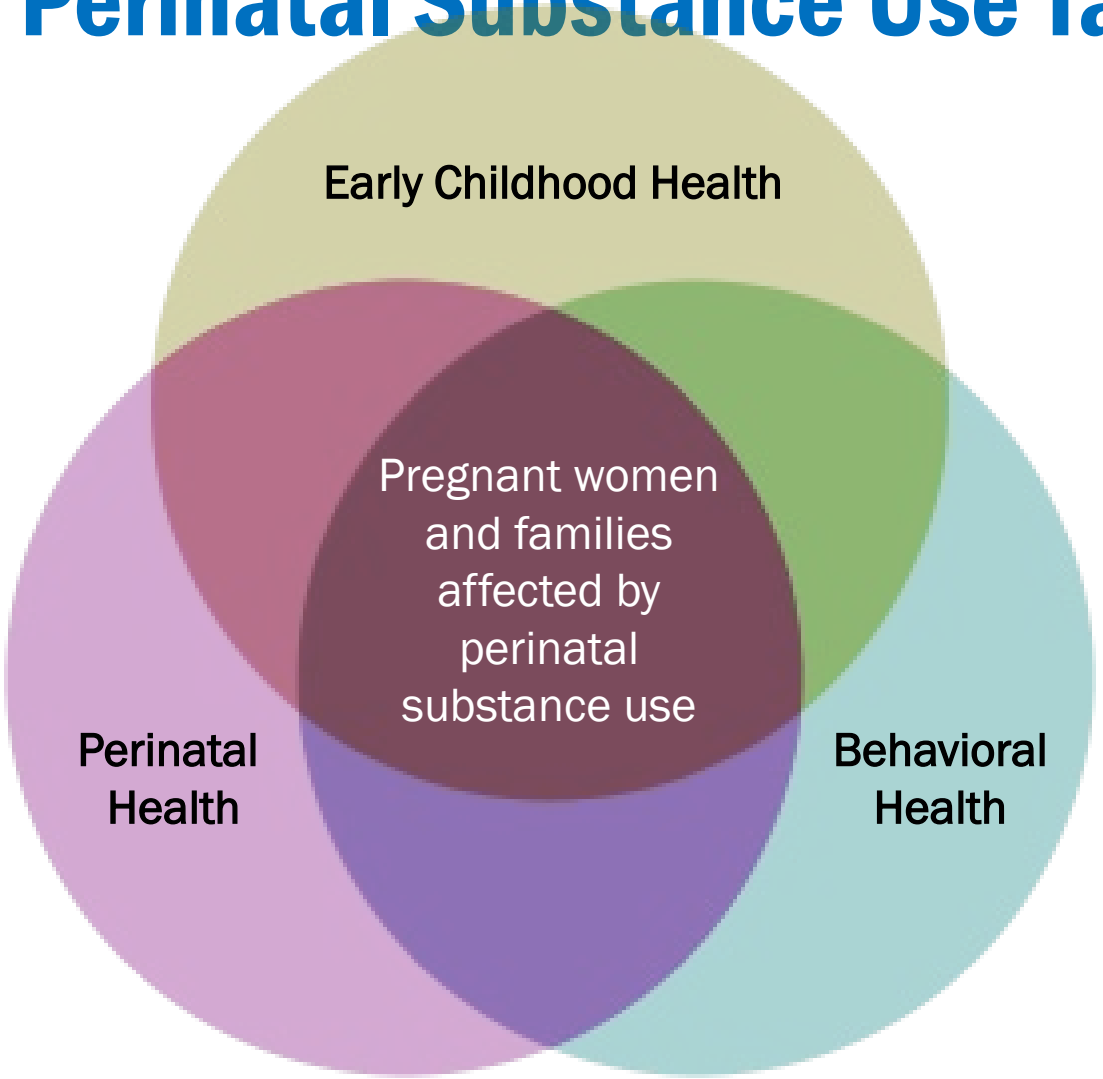

- Smallest state in the US, 1,214 sq mi
- Second most densely populated state
- Population just over one million
- Five counties, 39 cities and towns
- Five birthing hospitals
- One centralized Health Department with both local and state responsibilities
- One centralized Child Welfare Department with both local and state responsibilities

# Substance-Exposed Newborn (SEN)



- A baby who has been exposed in-utero, between conception and delivery, to one or more substances that have the potential to affect their short- and/or long-term biopsycho-social health and well-being
- Annually, at least 5% of RI's ~10K births are substance-exposed
- Substances of exposure: alcohol, cannabis, opioids, illicit stimulants

# Perinatal Substance Use Task Force

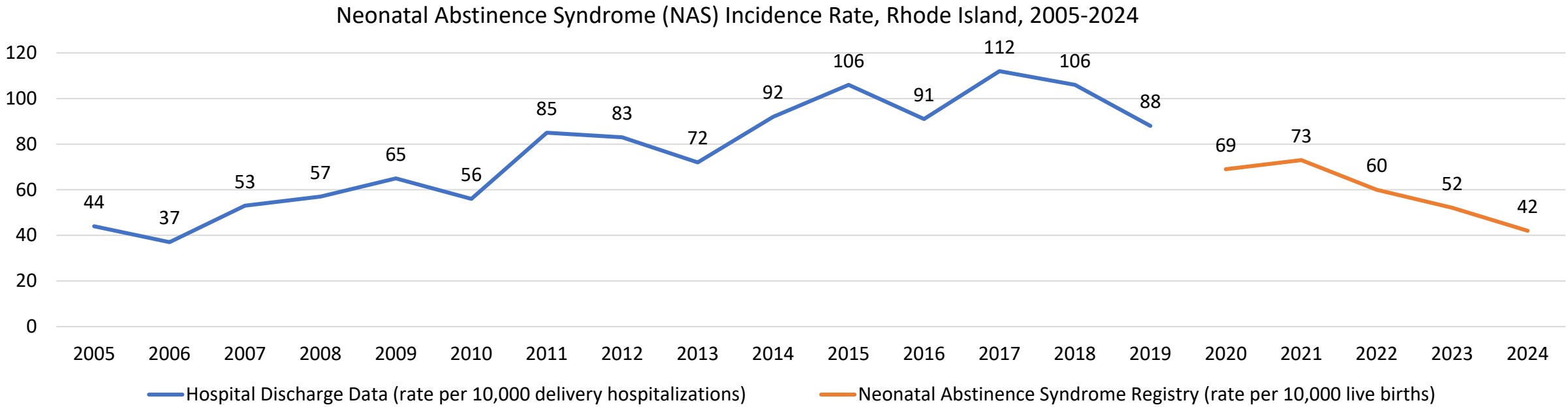



A robust, multidisciplinary group of professionals with a vested interest in improving the **biopsychosocial health and well-being** of pregnant women and families affected by perinatal substance use

# The state of perinatal substance use in Rhode Island


- RI's opioid crisis is now a polysubstance crisis
- Fentanyl in the drug supply
- Anecdotally, illicit stimulant use on the rise
- Cannabis is the #1 substance of prenatal exposure in RI (>80%)
- Prenatal alcohol screening & exposure
  - Fetal Alcohol Spectrum Disorders vastly under-diagnosed and under-reported

# Bi-generational implication of prenatal opioid use




- Neonatal Abstinence Syndrome (NAS): Result of in-utero opioid exposure, baby withdrawal symptoms
- Not all opioid-exposed babies get NAS
- In 2024, 8% of the substance-exposed newborns cohort had an NAS diagnosis

Note: Case methodology changed in 2020. 2005-2019: Hospital Discharge Data used, with ICD-9 code 779.5 or ICD-10 code P96.1 defined as an NAS case. 2020-present: NAS cases were confirmed via medical record review & include confirmed & probable cases. Source: 2005-2019: Hospital Discharge Data, RIDOH; 2020-present: Neonatal Abstinence Syndrome Registry, RIDOH

# Perinatal substance use in Rhode Island, 2024 data

- Documented substances of prenatal exposure
  - Cannabis 84.9%
  - Opioids 13.2%
  - Alcohol 7.7%
  - Illicit Stimulants 5.6%

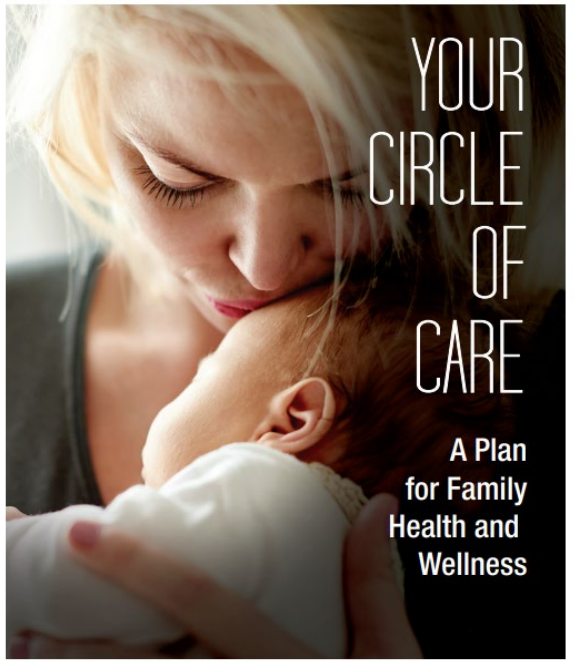
- Illicit only 7%
- MOUD 93%
  - Licit only: MOUD + OPI-RX 50%
  - MOUD + alcohol, cocaine, cannabis 32%
  - MOUD + illicit opioids 18%

# 2x award-winning messaging campaign




# Circle of Care Plan

- Plan of Safe Care, CAPTA federal mandate
- RI's Plan of Safe Care is Circle of Care Plan
- Completed online at the birthing hospital, managed by RIDOH Perinatal Substance Use Program
- Biological parents with a substance-exposed newborn are offered a Circle of Care Plan. They may accept or decline.
- Foster parents with a substance-exposed newborn must accept a Circle of Care Plan; they may not decline.
- DCYF may view accepted plans only for children known to them



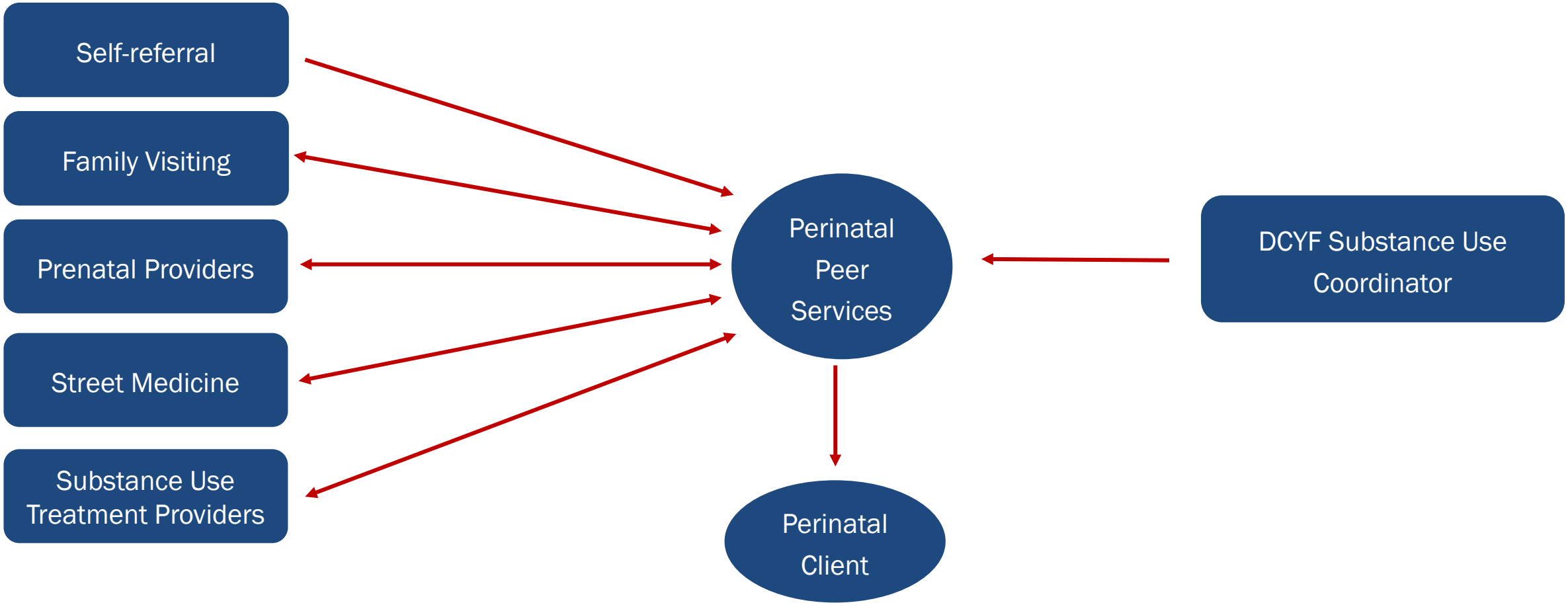
# Family Visiting

- Healthy Families America, Parents as Teachers
- First Connections – short term program
- All substance-exposed newborns are automatically referred to First Connections
- All substance-exposed newborns with neonatal abstinence syndrome are automatically referred to First Connections and Early Intervention
- Regular trainings on substance use disorders, prenatal substance use, substance exposure
- Bi-directional referrals with perinatal peer services

# Rhode Island DCYF in the context of prenatal substance use

- Mandatory reporting state for child abuse and neglect
- Prenatal substance use reporting guidelines
  - REPORT: Illegal substances, non-prescribed medications, or misusing of medications
  - DO NOT REPORT: Stable and in treatment, taking opioids or any medication as prescribed + no other child safety issues
- "No baby, no case policy" precludes the ability to investigate, open or close cases, or offer support until the baby's born
  - WORKAROUND: Substance Use Coordinator refers hotline calls about prenatal substance use to Perinatal Peer Services
- Care coordination meetings
- Hotline call process

# Perinatal Substance Use Referrals

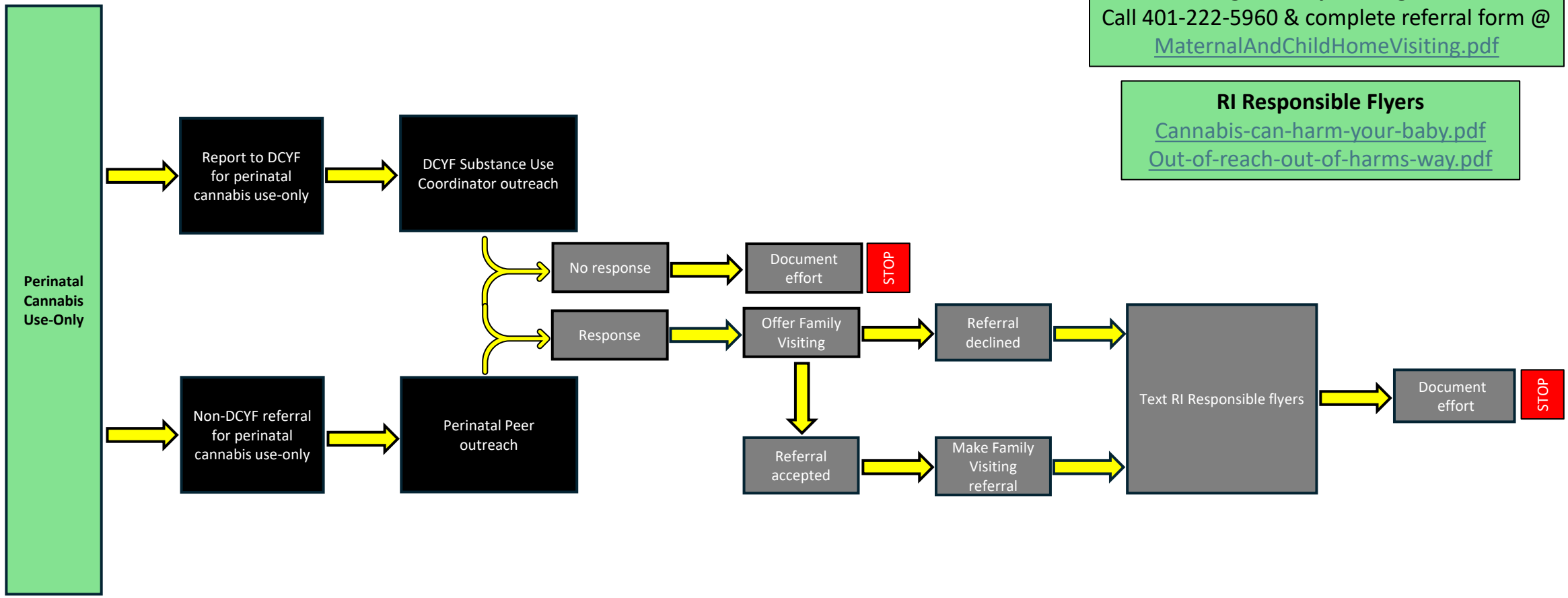


# Perinatal Substance Use Care Coordination: Cannabis Use-Only Algorithm

When there is a perinatal referral for cannabis use-only*, the goals are to: a) provide education on the maternal-child harms and risks of cannabis use, and b) offer a Family Visiting referral.

**Making a Family Visiting referral**
Call 401-222-5960 & complete referral form @ MaternalAndChildHomeVisiting.pdf

**RI Responsible Flyers**
Cannabis-can-harm-your-baby.pdf
Out-of-reach-out-of-harms-way.pdf




*Cannabis use-only, in this context, refers to no additional known use of alcohol, opioids, or illicit stimulants and no known social issues that would constitute the need for a child safety investigation.

# Rhode Island Perinatal Peer Services, Jul 24 – Feb 26

- **128 referrals received**
  - 65.6% prenatal referrals
- Referral sources
  - 44.5% DCYF
  - 34.4% Birthing hospital

**Call or text Katie Gonzalez**

**401-895-6592**

- 128 (100%) **outreach** attempts
- 90 (70.3%) **engaged** and were provided services
- 38 (29.7% **not engaged**
  - 26 (20.3%) did not pick up the phone
  - 11 (8.6%) did not have a phone that was in service
  - 1 (<1%) picked up and declined services

# Case presentations

# Case presentation 1 – V.G.

- 34 years old
- White
- Not Hispanic
- Grade 12 education
- Single
- English language

# Case presentation 2 – S.M.G.

- 32 years old
- Black
- Not Hispanic
- Some college but not a degree
- Single
- English

# Case presentation 3 – A.A.

- Age 28
- White
- Not Hispanic
- Grade 12
- Single
- English

# Case presentation 4 – S.P.

- 38 years old
- White
- Not Hispanic
- Some college but not a degree
- Single
- English

# Case presentation 5 – B.C.

- 37 years old
- White
- Not Hispanic
- Some college but not a degree
- Single
- English

# Client feedback

She's honest, she's caring, she's safe. She tells you like it is. Never judges me. She always accepts that I f**k up and it's okay, She holds me accountable and knows her sh*t like anything about a baby. She's educated. I trust her. She has my back.

About a Family Visitor

Thank you for being such an inspiration, such a big help, and a new friend. You believe in me, encourage me, and inspire me. You are so strong and a stronger power of example. You always have such a big heart and always help me realize what kind of life I can have.

About Katie

I'm so happy I agreed to meet with him. I have peace of mind and won't be so stressed out for the rest of my pregnancy. He really brought me re-assurance.

About Stevens

# Contact information

katie.gonzalez.ctr@health.ri.gov
401-895-6592

margo.katz@health.ri.gov

sara.remington@health.ri.gov

stevens.robillard@dcyf.ri.gov