



PARENT VOICE

AZ

Did You Know?-Shared-Parenting: Birth & Foster Parent Experience

Shared-Parenting: Birth & Foster Parent Experience

Shared-parenting has always been associated with divorced families trying to find a way to share custody of their children, setting aside their differences for the well-being of the children. In today’s world, shared-parenting is finding its way into the foster care system for the same reason: the wellbeing of the children.

As a former foster parent, this concept was something foreign to me. I’ll be honest, not something that I thought would work. I had my doubts, a lot of doubts. The first thing I learned was to let go of the anger that I felt toward the birth-parents. Next, I had to learn to trust them and learn to have patience with them.

I thought of it like a partnership and relationship, in a way both words are similar. Partnership makes me think of business deals. Relationship suggests a married couple, at least for me. You need both when shared-parenting: First, establishing that partnership of trust. Second and most importantly, be united in a relationship that shows the child that both sides are committed, and they are loved.

For me, when the anger lessened, I saw a different picture in front of me. I saw birth-parents that were really trying to get their child back. They never missed a visit. They were at every court hearing. They asked for additional things that they could do that would help them obtain their goals of reunification, including parenting classes and behavioral sessions.

Their anger toward me also lessened as well. They started asking me questions about their child. They asked things like: how is she doing in school? Do you have her on a schedule for homework and bedtime? I invited them over to my home so they could see where she lived the past few years. I also welcomed them to attend a school function. At first, it was taking small steps. Building trust on both sides.

The partnership/relationship didn’t stop once Melissa was reunited with the children. There were late night calls when her daughter was having a tantrum. Sometimes it was me just talking to her daughter on the phone to calm her down a little. Sometimes it was asking me how I cooked something that her daughter liked.

Five years later that partnership/relationship continues. I still get to see her on holidays and birthdays. She stays with me on school vacations. She walks into the house and yells “Momma, I’m home.”

Shared-parenting, whether it’s a divorced couple or foster/birth-parents is setting aside their differences for the wellbeing of their children.

Source: [Laura Armijo, Foster/Resource Parent](#)



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Shared-Parenting: Birth & Foster Parent Experience Continued

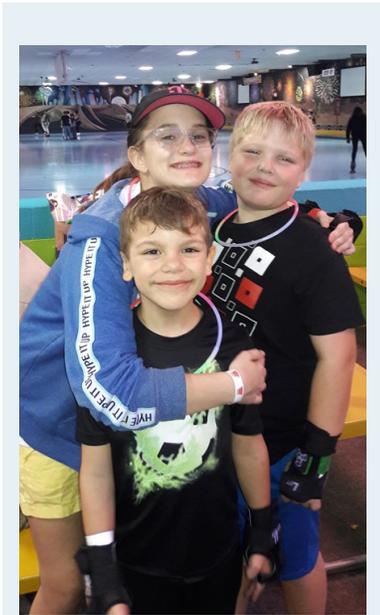
Co-parenting or shared parenting as a birth parent was unheard of, especially during the time my case was occurring. I had never thought of shared-parenting with a stranger. I was willing to give it a try. Especially, if it meant I was able to see and talk with my daughter more. There were no introductions as to who was taking care of my daughter or even the option of getting to know this person. It was completely foreign to me.

Previously mentioned, the process of connection started slowly. I was in rehab and my daughter was brought to the location by the foster/resource parent. It was very scary. I was going to meet this person who was caring for my child. I was going to be able to talk to her and find out how my daughter was doing. It did not happen the way that I

expected it to go, but it was a start. She was willing to drive my daughter to see me. She did this until my parent aide got the go ahead to bring her to my location.

We started with a communication notebook. I got a notebook just for this purpose. I started using the notebook. I would ask questions about my daughter. Because I was only able to see her for two hours once a week, I asked questions like “what did she do that week?” I wanted to see or at least know what she was doing. It was rather challenging because I would only get a couple of sentences, but I continued with it. The communication in the notebook stopped but I had graduated to phone calls. It was only once a week and usually on a Sunday. Those phone calls were great. At least we were trying, both of us.

“Today, I am proud to call her my friend, my family.” Melissa Zimmerman



The next step was getting invited over to the foster/resource parents house. I got to see her room and how she had it decorated. I was still super nervous about how to act around this person. I was quiet and reserved about what I said and how I acted around her because I thought this individual could make or break my time with my daughter or worse getting her home.

We were invited to a school event. We were able to hang out with the foster/resource parent and my daughter. We talked about things “How work was going? How I was doing?” It was great. She was finally seeing me as a parent who loved her daughter very much. I was able to let my guard down for the betterment of my daughter. My daughter could see that I could talk and communicate with the foster/resource parent. When my daughter was able to come home for good, I sometimes had a tough time with her but I was able to pick up the phone and call Laura (foster/resource parent). Having someone to talk to and help me was a godsend. I do not know how I would have done it if it was not for our foster/resource parent.

Today, I am proud to call her my friend, my family. We talk about how my daughter is doing in school and she helps when it comes to my daughter’s schoolwork. We both reinforce the rules about house and homework, for example when my daughter is not supposed to be on electronics, Laura (foster/resource parent) will not allow electronic use in her home either. I have a back up if I need it. She is always there to lend an ear or to give advice. I am happy to have her in my life and my daughter’s life. By having her and her family involved in our lives, gives my daughter and I a sense of belonging. The sense of belonging is something that I did not have when I was growing up. I was asked when my daughter came home if I would allow contact afterwards, I was on the fence about it, but I am glad that I chose to allow her to still be in our lives.

Source: [Melissa Zimmerman-Birth/Bio](#), Parent Parent Advisory Collaborative Member



Public Interest Story-Hushabye Nursery

MISSION

Hushabye Nursery’s mission is to ‘embrace substance exposed babies and their caregivers with compassionate, evidence-based care that changes the course of their entire lives.’ The organization was founded by Tara Sundem, a neonatal nurse practitioner who witnessed firsthand the challenges of newborns exposed prenatally to opioids and those families trying to care for them. Hushabye Nursery offers a safe and inclusive space where mothers, family mem-



Hushabye Nursery Continued

bers and babies – from conception through childhood – can receive integrative care and therapeutic support that offers each child the best possible life outcomes. Programs will include prenatal and postpartum support groups, inpatient nursery services and outpatient therapies.

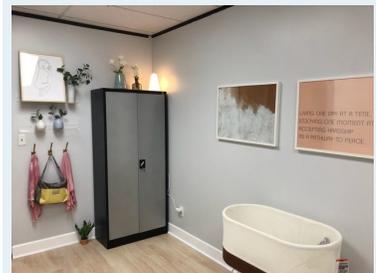
PROBLEM

With nearly 50,000 opioid-related deaths in 2017, today's opioid epidemic is the deadliest drug crisis in American history. Opioid addiction is made more complex when considering the growing phenomenon of co-occurring pregnancy. Women who become pregnant while using opioids – both illegal and medically-monitored – are typically prescribed opiates throughout their pregnancies due to the risk of prenatal withdrawal and miscarriage. As a result, their babies are born into an opiate dependent state known as Neonatal Abstinence Syndrome (NAS) which requires a complex and painful detoxification process in the days following birth. According to Arizona's Department of Health Services, there have been at least 1,665 Arizona babies born into NAS since June 15, 2016.

When an opiate-using woman learns she is pregnant, she faces the difficult decision of pursuing help at the perceived risk of losing her baby. Even mothers who have achieved long-term recovery through physician-monitored medication assisted therapy deal with the judgmental stigma of addiction and NAS. It is imperative that pregnant mothers across the spectrum of opiate use are offered low barrier prenatal care that minimizes harm to their babies in utero. When born, NAS babies are most often delivered in hospitals and quickly transferred into Neonatal Intensive Care Units (NICU's) for monitoring and medication management to support their withdrawal. While NICU's specialize in the care of ill or premature newborns, they are not well-equipped to care for the unique needs of NAS babies. An ever-growing body of research agrees that NAS babies need a quiet, dark environment with a dedicated caregiver providing continual one-on-one soothing through the painful waves of withdrawal. This low stimulation, high-touch environment is the virtual opposite of the average NICU experience, where bright lights and noisy alerts occupy the attention of busy nurses who are unable to provide uninterrupted caregiving to any one baby for a prolonged period of time.



Recovery center
for
Neonatal Abstinence
Syndrome





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Phone: 480-628-7500

Address:
2473 S. Higley Road Suite 104,
PMB 240 Gilbert., AZ 85295

Website:
<https://www.hushabyenursery.org/>



Contact Information
602-281-6192

Website
<http://www.thriveaz.org>

Hushabye Nursery Continued

SOLUTION

Hushabye Nursery will offer a variety of programs that together form a continuum of supportive care for mothers, babies and families (Fathers) journeying through opiate dependence and recovery: pre-natal and postpartum support groups, outpatient substance abuse therapies, and specific to the scope of this funding request, a flagship 12-room inpatient nursery specializing in the treatment of NAS babies and their family members. The nursery will offer a soothing and attentive environment desperately needed by NAS babies in their first weeks of life. The facility will be located on the third floor of Native American Connection's community center on Central Avenue in Phoenix, easily accessible via light rail and other public transit.

This facility will be the first of its kind in Arizona, and only the third in the entire nation. Babies born with NAS will be transferred to Hushabye Nursery following a short hospital stay, where they will receive round



-the-clock attention from 1:1 caregivers, a dedicated room that is both quiet and softly lit, and close monitoring from nurses specifically trained in the nuances of NAS care. When safe and appropriate, family members will be offered the opportunity to 'room-in' with their newborn during their stay. Family members may opt to engage in the aforementioned therapies or support groups concurrently with their baby's stay.

Source: *Jim Burke, Hushabye Nursery*, <https://www.hushabyenursery.org/>

Community Resource-Thrive, AZ

Thrive AZ is a Foster Care Prevention, Reunification, and Age Out program. The program cares for biological families in either preventing their children from going into the care of the Department of Child Safety or reunifying those families whose children have already been in the state's care. In addition, Thrive AZ also helps with Aged Out Youth as well. Families are able to receiving the basic needs of beds and furniture for families and youth and transitional housing when available.

In November of 2018, Alicia called Thrive AZ needing help due to homelessness. She had heard about us through a local mom's group that suggested calling Thrive for help. Alicia wasn't sure how she would be able to find housing while having to send her 6 year old to school every morning and take care of her other 2 children during the day. It seemed like an impossible situation until she called Thrive AZ. She was directed to some organizations and people who could help her get the housing she needed. A Thrive employee let her know that once that housing was established, Thrive would bring in the things needed for her, her husband, and their three children.

Three months later, Thrive AZ received a call worth celebrating! The family had worked to get housing and was moving in to their house. Thrive was able to set up a delivery time with them just a few days out and bring them all of the things they needed to make their house a home.

The family received 2 new beds and a crib for their children, a new refrigerator, a dresser, couch, and a dining room table. In addition to the furniture, they received diapers, toilet paper, and educational toys. Thrive was able to bring everything Alicia and her family was needing to keep their family off the streets and together in their home.

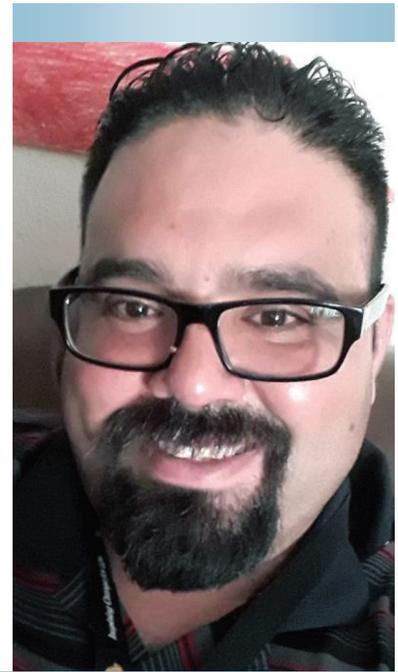
Thrive AZ works with 70+ families a month just like Alicia's to be able to receive the resources to not just get by but to Thrive as a family!

Source: *Lauren Russell, Thrive AZ*, <http://www.thriveaz.org>

Thrive AZ

Parent Advisory Collaborative BIO Featuring Jeremiah Caldwell

Jeremiah Caldwell is a proud father of two children, ages 11 and 14 years of age. He and his family live in Phoenix. He is a single father who gets lots of concrete supports and social connections through his children's involvement with the Boys and Girls Club. Currently, Jeremiah is employed at TERROS Health as a Families F.I.R.S.T. Recovery Coach. He works closely with parents who are involved with the Department of Child Safety (DCS). He assists parents in navigating the complex DCS system while they are working on their recovery from substance use. Jeremiah has a good understanding of the difficult challenges that these parents face because of his previous personal experiences of navigating different systems related to substance use issues and mental health. He was able to successfully overcome major challenges with substance use and turn his life around. Today, he is six years sober and is also a certified peer support. Through his own involvement with the child welfare system, he learned how important it is to use his voice and advocacy skills to demonstrate his authenticity as a committed father and provide a positive role model for his children. He also learned the importance of setting boundaries and establishing safe and supportive relationships. He recognizes that his own life experiences place him in a unique position to help others. Jeremiah is an active leader in his community and serves on the Prevention Advisory Collaborative. Jeremiah is committed to working in partnership with DCS to help parents learn how to use their voices and advocate for themselves and their children. **Source:** *Jeremiah Caldwell, Parent Advisory Collaborative Member*



“Jeremiah recognizes that his own life experiences place him in a unique position to help others”



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