VAYAHEALTH

Perinatal Services for Women with Substance Use Disorders

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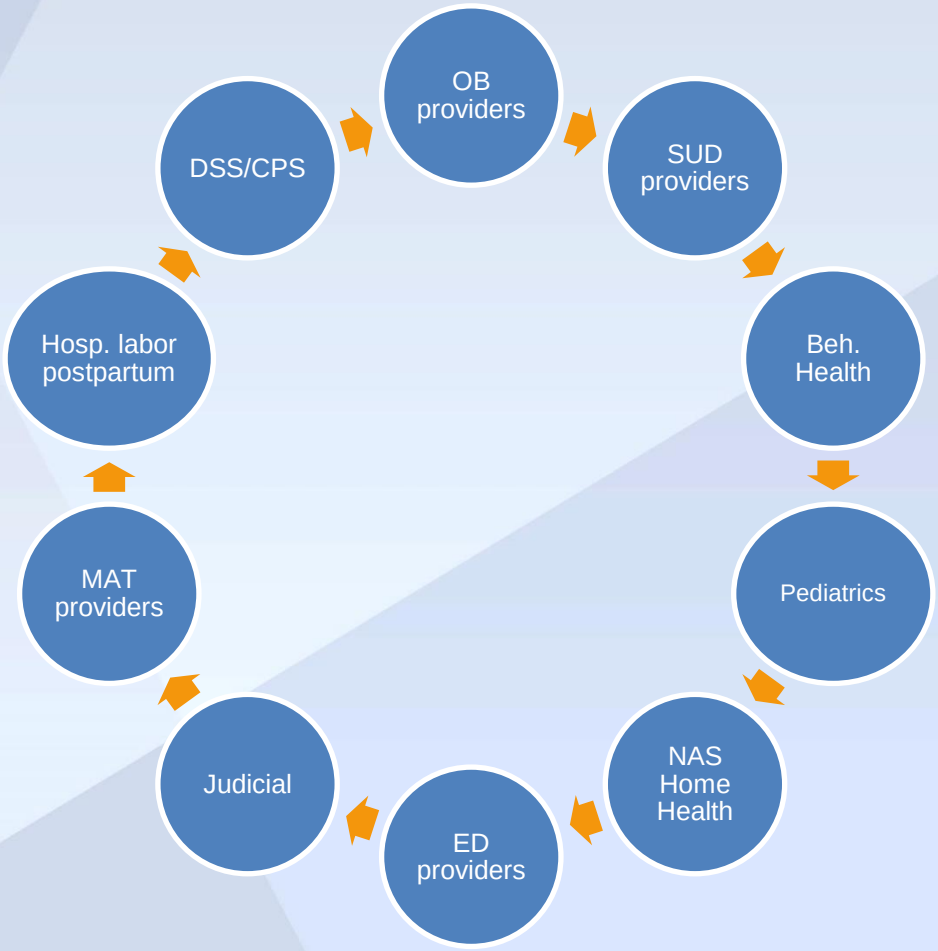
Jargon Alert

- SUD- Substance Use Disorders
- MAT- Medication-Assisted Treatment
- SACOT- Substance Abuse Comprehensive Outpatient Treatment
- SAIOP- Substance Abuse Intensive Outpatient Program
- NAS- Neonatal Abstinence Syndrome
- NFP - Nurse Family Partnership

Addiction

- An brain disease – an illness
- Characteristics of the illness
- Challenges of the illness
- Challenges of pregnancy and addiction

Situation



WNC is in need of a regional system of care for pregnant women with substance use disorders

Situation

- About **400** babies were delivered with positive toxicology from mothers at Mission Hospital last year
- **320** children (160 under the age of 5) in Buncombe County in the past year (2015) were in foster care of which 85% were related to Substance Abuse (SA) issues. In FYTD16, 44 % were children under the age of 2

Infant Toxicology

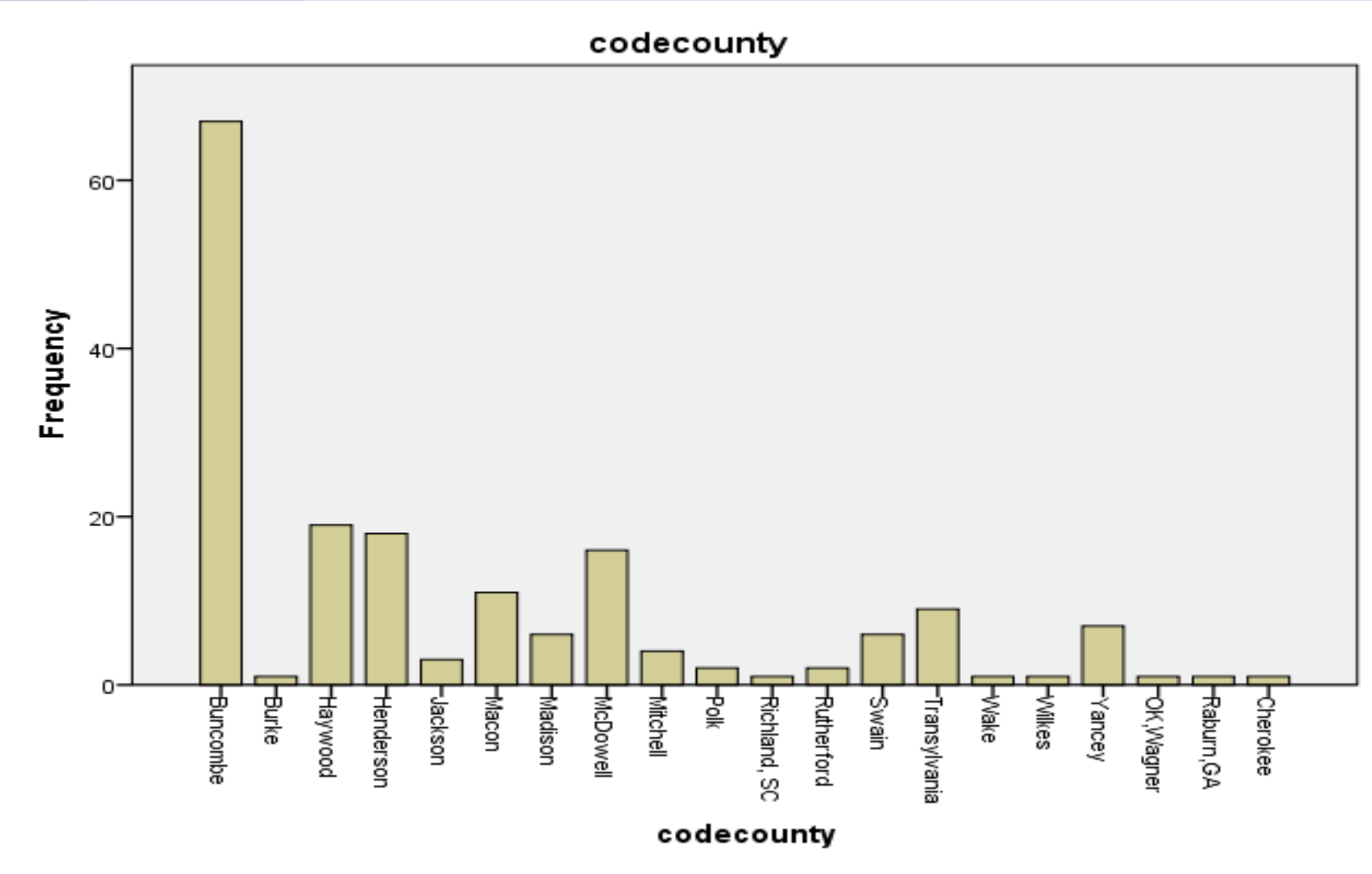
- Includes:
- Stimulants
- Opioids
- Sedative-Hypnotics:Barbiturates
- Sedative-Hypnotics: Benzodiazepines
- Hallucinogens
- Cannabinoids

Results through 2nd Quarter 2016 Mission Health

- Opioids 74 infants
  - Methadone = 37 infants
  - Buprenorphine = 11 infants*
- THC – marijuana = 52 alone
- THC with other drugs = 18
- Benzodiazepines = 38
- Amphetamines/methamphetamines = 11
- Barbiturates = 8

Prepared by Mary Ellen Wright, PhD, APRN, CPNP May, 2016

Infants Positive Toxicology by County, Mission Health, Oct 1, 2015 – March 27, 2016 n=182 infants



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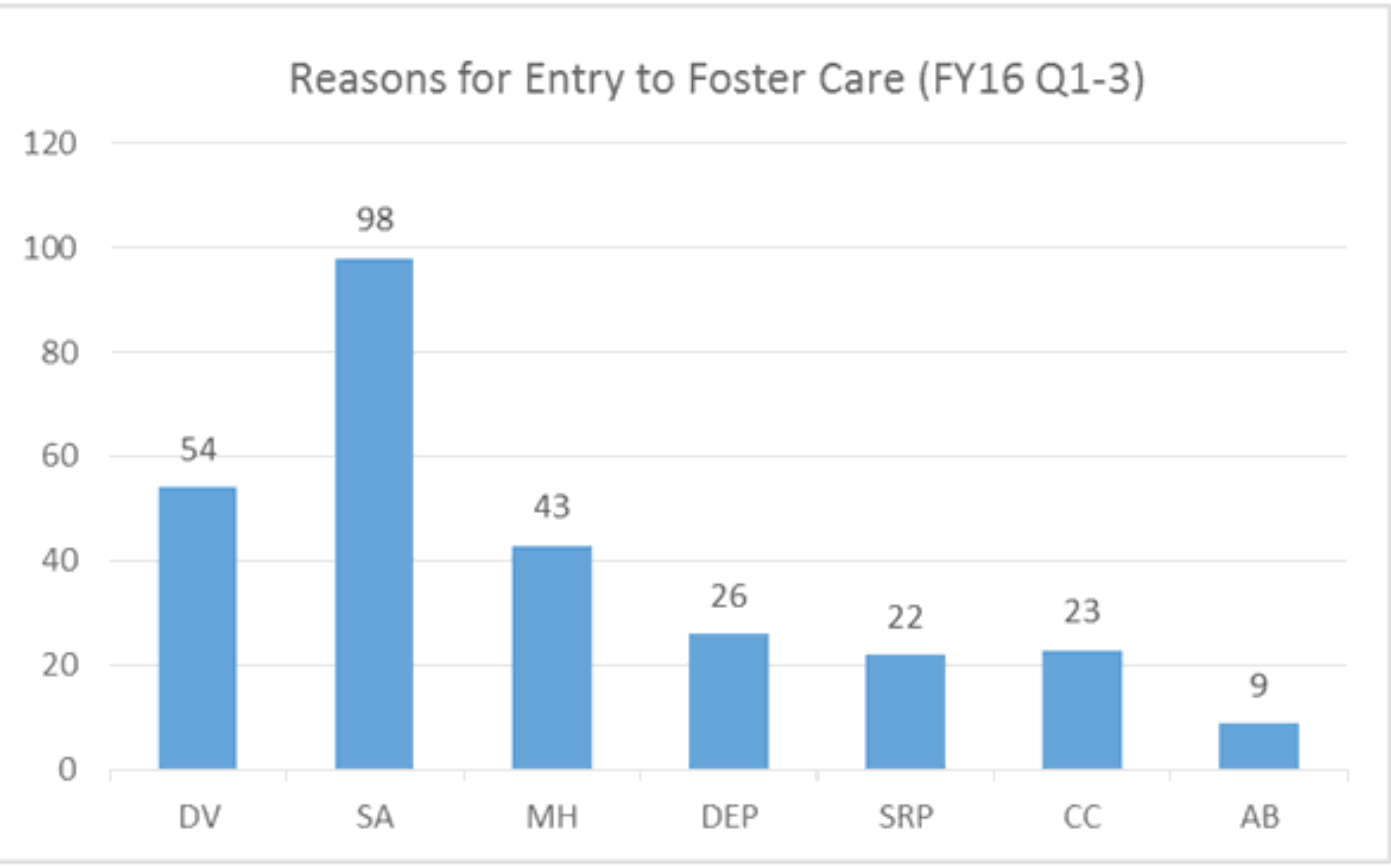
Primary Referral Reason, Buncombe County



Situation

- Obstetrical providers in the region have become more comfortable in caring for women with Substance Use Disorders issues but **lack connection** to Substance Abuse services
- Medication-Assisted Treatment (MAT) is considered the treatment of choice for pregnant women with opioid dependence/abuse. MAT includes methadone and suboxone/ buprenorphine/ subutex/naltrexone

Background

- Mothers presenting early in pregnancy face obstacles to engaging in services in a timely manner
  - ✓ Those diagnosed in the emergency setting lack an engagement mechanism to care, do not routinely receive engaging behavior, usually lack insurance (Medicaid).
  - ✓ Those presenting initially to an obstetrician generally lack timely linkage to Substance Use assessment (and other mental health issues) and treatment as well as engagement/navigation services prior to the onset of Medicaid

Background

- **Access point: OB office**
  - ✓ No standardized screening
  - ✓ National OB guidelines recommend verbal screening (like 4Ps)- not yet utilized across the region
- **4 P's for Substance Abuse**
  - ✓ 1. Have you ever used drugs or alcohol during **P**regnancy?
  - ✓ 2. Have you had a problem with drugs or alcohol in the **P**ast?
  - ✓ 3. Does your **P**artner have a problem with drugs or alcohol?
  - ✓ 4. Do you consider one of your **P**arents to be an addict or alcoholic?

Ewing H. Medical Director, Born Free Project. Contra Casta County, Martinez, CA

Background

- No standardized screening
  - ✓Urine drug screen not utilized in standard format and interpretation is variable when utilized
- No regional standard referral process
  - ✓Varying OB understanding of addiction and SUD support needs
  - ✓Timing of linkage to services varies
- Support services vary widely by region
- Pregnancy Medical Home model

Resources

There are a number of services available to pregnant women with SUD issues especially once Medicaid has been activated:

- Alcohol and Drug Abuse Treatment Center (ADATC) provides detox services and residential treatment as well as collaboration onsite with MAHEC OB high risk clinic
  - ✓ ADATC can administer MAT
- Neil Dobbins: detoxification first trimester case by case
- Community Care of Western North Carolina (CCWNC) and Vaya Health previously Smoky Mountain MCO care coordination services

Resources

There are a number of services available to pregnant women with SUD issues especially once Medicaid has been activated:

- Mary Benson House provides residential option for women with young children and coordinates with WRC for SACOT
- October Road SAIOP for pregnant/non-pregnant women (+MAT)
- Comprehensive SAIOP/outpatient SUD services across the region
- Perinatal Health Partners (PHP) of Women's Recovery Center (WRC) provides engagement and support as well as SACOT for Mary Benson House clients and others. Perinatal Health Partners (WRC) collaborates onsite with MAHEC and WNCCHS OB high risk clinics

Resources

There are a number of services available to pregnant women with SUD issues especially once Medicaid has been activated:

- MAHEC High Risk OB Clinic provides prenatal care and SUD assessment and linkage to services.
  - ✓ Does not offer transportation or child care
- WNCCHS (Minnie Jones Clinic) provides prenatal care, case management, transportation, SUD assessment and therapy, and linkage to other services.
  - ✓ Does not provide childcare or MAT
- Comprehensive SUD providers provide SAIOP and support groups
- MAT programs (BHG, Crossroads, McLeod, etc.) provide opioid replacement and basic SUD therapy

Resources

There are a number of services available to pregnant women with SUD issues especially once Medicaid has been activated:

- Nurse Family Partnership (NFP) provides home engagement, education, and transportation when appropriate, but is limited to first pregnancies and generally does not get activated until after Medicaid achieved, before third trimester (several counties)
- Project NAF (Nurturing Asheville & Area Families): case management program for African American women (Buncombe)
- YWCA Mother Love Program: case management program for teen pregnancy (Buncombe)

Background

Perinatal delivery issues

- Inconsistent screening for patients in labor and delivery
  - ✓ Patient profile
  - ✓ Test choice
  - ✓ Limitations of testing
    - **Accuracy**
    - **Cost**
    - **Timing**
  - ✓ Provider interpretation (subjective)

Barriers

Perinatal delivery issues

- Barriers
  - ✓ Patient access to resources varies by county
  - ✓ Transportation
  - ✓ MAT clinic hours
  - ✓ Childcare
  - ✓ Home Health
  - ✓ MAT providers accepting Medicaid (buprenorphine)
- Decision concerning the need for foster care is based on a number of complex issues that leads to variability in outcome

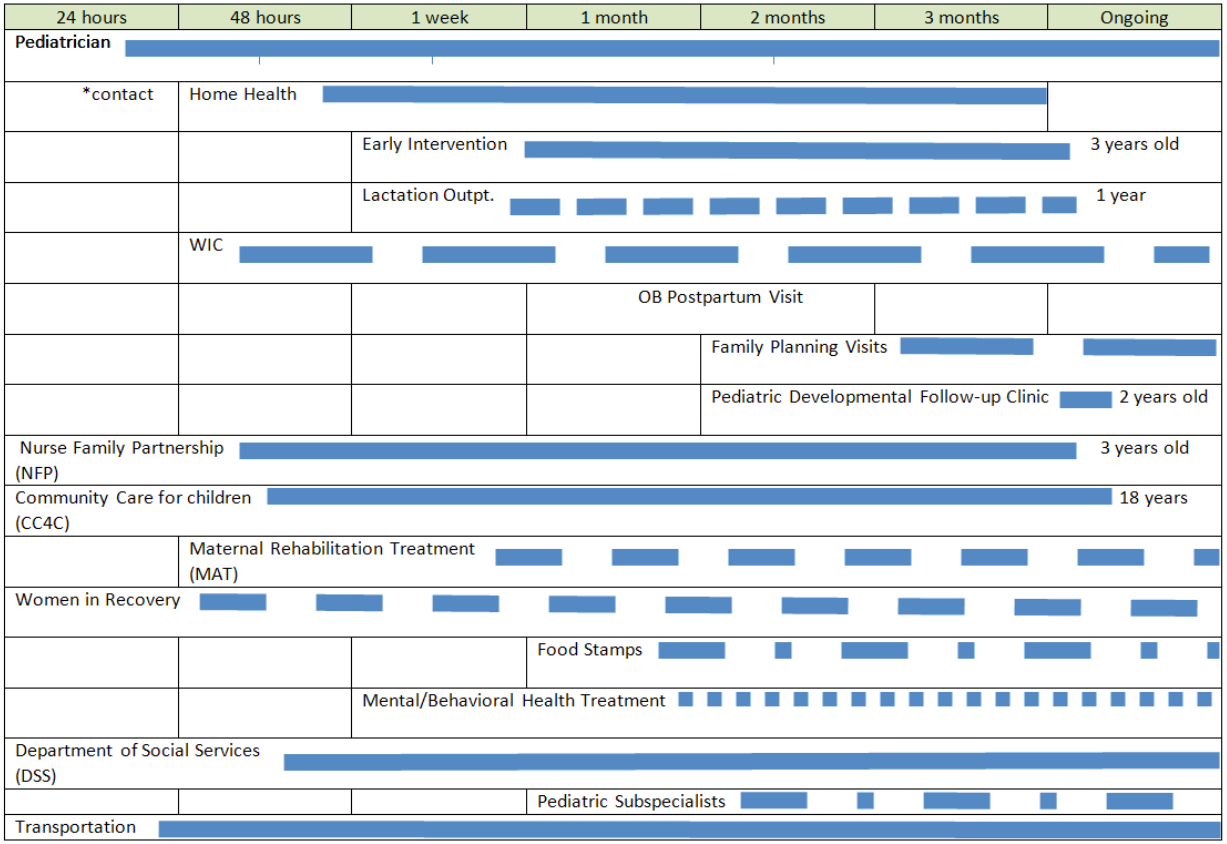
Barriers

Perinatal delivery issues

- Even those adherent in MAT programs may bear children with Neonatal Abstinence (withdrawal) Syndrome (NAS)
- Long inpatient stays for NAS babies lead to difficulties for mother-baby bonding and logistical hurdles for mothers on outpatient MAT
- NAS program identifying need for standardization of infant care for appropriate length of observation and or treatment that allows for mother-baby bonding whenever possible, in the least restrictive and most family centered environment.
- Opportunity for a transitional residential option for earlier discharge from neonatal ICU(NICU) that allows mother-baby programming and support not feasible in most home settings

Let Us Complicate Your Newborn Care

Table of Postpartum Potential Service Schedule for Mothers Affected by Perinatal Substance Exposure



Barriers

Post-partum Resources

- WIC and Food and Nutrition Services (FNS) - previously called food stamps
- NAS newborn services for families can be robust/overwhelming/redundant: Home Health, Early Intervention, CCWNC, NFP
- Services for the mother likely to drop off after 6 week post-partum visit due to loss of Medicaid
- Foster care services: available but limited (first 6 weeks not eligible for Day Care). Variability of DSS approach from county to county.
- Day care capacity for newborns is limited
- Home Health services for NAS babies across the region

Assessment


ED Diagnosis
SA/MH group
Navigation/
Engagement
MAT
OB or Family
Practice Office
Diagnosis
CCNC/ NFP

Assessment

- Need standardized screening for addiction and mental health
- Need mechanism to promote, support, and maintain engagement that can be activated at the time a substance dependent woman is diagnosed as pregnant
- Need regional ability to initiate the process of engagement for those substance dependent women whose pregnancy is diagnosed in an emergency department in the region (e.g. mobile crisis teams)
- Need navigation to assist engagement with the appropriate mix of services already available in most communities across the region

Assessment

- Need MAT and prenatal care to be blended (co-located?)
- Need to promote MAT dosing of buprenorphine and support services that minimizes NAS
- Need layering of residential options in relationship with engagement services: detox, residential with treatment, community residential, and foster care
- Need system level development of adequate foster care options
- Need for Medicaid to be extended beyond six weeks post-partum for those mothers engaged in treatment

Assessment

- Need “pre-planning” by Health & Human Services (DSS) at high risk OB sites.
- Consider new model for decision-making on hospital weaning vs. home care vs. foster care for neonates born to substance abusing mothers whether in treatment or not
  - ✓ Standardized risk assessment for most appropriate placement for weaning
  - ✓ Routine case conference
- Need system coordination/development at the regional level to include deployment of engagement/navigation services at the time of pregnancy diagnosis. 24/7 availability whether diagnosed in ED, OB office, family practice office or elsewhere

Recommendations

Regional program

- Regional Project Coordinator/Manager
  - ✓ Responsible for development of regional consortiums of care to provide the range of services needed.
  - ✓ Manages engagement/navigator programming and staff
- Engagement specialists
  - ✓ Engagement with patient in the community using Community Health Worker Model (or similar framework) with involvement through first year up to 18 months post-partum when appropriate
  - ✓ Transportation when appropriate
  - ✓ Childcare
  - ✓ Navigation with appropriate array of services

Recommendations

Regional program (cont.)

- Potential Engagement/Navigation Specialist staffing
  - ✓ Re-scoping of Perinatal Health Partners of Women's Recovery Center program
  - ✓ Smoky Care Coordination/Community Care of NC
  - ✓ Possibly Nurse Family Partnership /Others/Community Service Navigators
  - ✓ Neonatal Abstinence Syndrome Coordinator
  - ✓ Mission/MAHEC already in place : potential for broader regional coverage

Recommendations

- Promote co-location of MAT programming and providers of high risk OB care or family practice offices
- SUD providers in western sub-regions providing treatment groups with childcare and nutrition as well as transportation when appropriate
- Obstetrical Medical Home Program funding for routine care plus SAIOP in SUD subset of high risk patients. (OB practice could have MOA with SUD agency to provide services in order to qualify.)
- Expand Mary Benson House or that concept in western region
- Develop Mobile Crisis role in connecting those diagnosed pregnant in Emergency Rooms across the regional program

Summary

Grass-roots effort led to proposed system change

- Shifting from informal work group to formal partnerships and program implementation
- Next Steps:
  - ✓ Regional Program Coordinator to convene Task Forces to develop a strategy for implementing the recommendations across 23 counties
  - ✓ Establish a time line and deliverables
  - ✓ Establish gaps in services in each county and address, as needed

Metrics of Success

- Early SUD identification and engagement of woman
- Gestational age at entry into care system
- Increase percentage of all mom's positively screened for SUD who are in recovery
- Decreased NAS incidence
- Decreased Length of Stay for NAS babies
- DSS involvement
- Child placement consistent
- Increased utilization of adequate care services

References

- Dr. Jim Hartye, MD – Mission's Integrated Care Director

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