



Innovative Care Models:

Integrated Prenatal Care and Substance Abuse Treatment

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Objectives

Review prevalence of SA in pregnancy

- **National**
- Oregon
- Our Clinic and Program

Discuss Policy implications, barriers and facilitators to integrated care provision

- **National Child Protective Legislation**
- Statewide Reporting Laws
- Organizational Policies

Provide evidence of benefits to collaboration between Child Welfare, Corrections, Recovery Support and Clinicians

- **The Carrot and the Stick**
- Shared Care Plans
- Accountability

Discuss Program and Outcomes

- **Numbers served**
 - Abstinence rates
 - Parenting rates
-

TEDS (Tx Episode Data Set)

CALIFORNIA		Total	Alcohol only	with secondary drug	Cocaine (smoked)	Cocaine (other route)	Marijuana	Heroin	Other opiates	PCP	Hallucinogens	Amphetamines	Other stimulants	Tranquilizers
Total	No.	152,107	15,162	14,544	4,660	1,491	23,299	36,851	8,157	354	77	46,500	33	328
	%	100.0	10.0	9.6	3.1	1.0	15.3	24.2	5.4	0.2	0.1	30.6	0.0	0.2

SEX

Male	%	63.5	64.7	65.1	65.3	78.1	70.6	68.8	52.0	58.8	70.1	56.3	42.4	49.7
Female	%	36.5	35.2	34.9	34.6	21.9	29.4	31.2	47.9	41.2	29.9	43.6	57.6	50.3
Unknown	%	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

AGE AT ADMISSION

12-17 years	%	8.8	5.1	6.8	0.3	4.8	44.6	0.3	0.6	1.4	22.1	1.9	15.2	4.0
18-20 years	%	4.0	5.5	5.5	0.6	6.7	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0
21-25 years	%	13.6	13.6	13.6	13.6	13.6	13.6	13.6	13.6	13.6	13.6	13.6	13.6	13.6
26-30 years	%	15.6	15.6	15.6	4.3	16.9	14.3	14.3	14.3	14.3	14.3	14.3	14.3	14.3
31-35 years	%	14.4	14.4	14.4	7.3	13.8	8.4	13.0	18.5	16.9	7.8	19.6	6.1	14.9
36-40 years	%	10.0	10.0	10.0	7.9	9.3	4.6	8.6	11.0	22.3	6.5	13.3	18.2	9.5

56.7% of women entering treatment are of childbearing age

Why focus on drug treatment in pregnancy?



Pregnancy is one of few times that women of childbearing age will access health care



All women want a healthy pregnancy

Substance use decreases with pregnancy



Each episode of sobriety improves the chances that relapses will be shorter and less severe



Let's talk about the scope of the problem of substance use in pregnancy as well as gender differences in addiction

Scope of the Problem: Alcohol

- Alcohol is 3rd leading cause of death in US
 - 30% of men and women meet criteria for Alcohol use Disorder
- What is high risk drinking for women?
 - > 8 drinks per week or > 4 at a sitting
- FASD remains the #1 cause of preventable mental retardation in the U.S.
 - (0.5-7/1000)
- Oregon 2011: 27.3% of women drank 1-14 drinks per week in the three months prior to pregnancy
 - 20% reported binge drinking
- ETOH use declines in pregnancy
 - Alcohol use = 8.5% Binge use = 2.7%
 - First trimester: 17.9% / 6.6%
 - 2nd trimester: 4.2% / 1.1%
 - 3rd trimester: 3.7% / 0.4%



Scope of the Problem: Illicit Substance use

- Illicit Drug Use in pregnancy has remained stable from 2009-2014
 - What is considered illicit?
 - Legal? Known harm?
- Overall 2.9% of women aged 15-44 use substances during pregnancy, differences by age
 - 15-17 years olds = 18.3%
 - 18-25 year olds = 9%
 - 26-44 year olds = 3.4%



Gender Differences

- **Methamphetamine use**

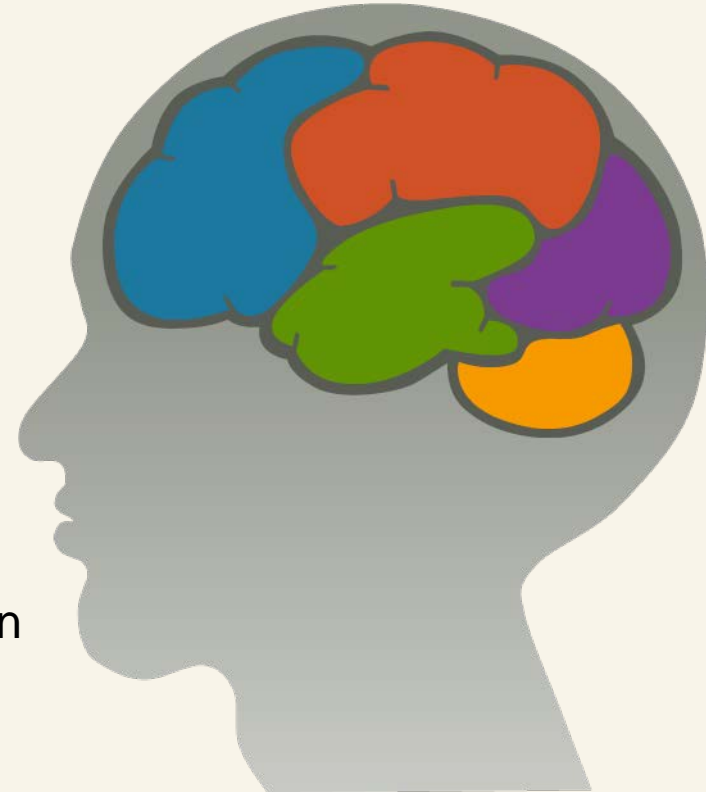
- 18-24 yo women use at more than double the rate of men
- Women start using at an earlier age.
- Emerging research suggests that women are more physiologically susceptible to methamphetamine dependence

- **Alcohol**

- Women become dependent faster and suffer physical damage much more quickly than men with the same amount of intake

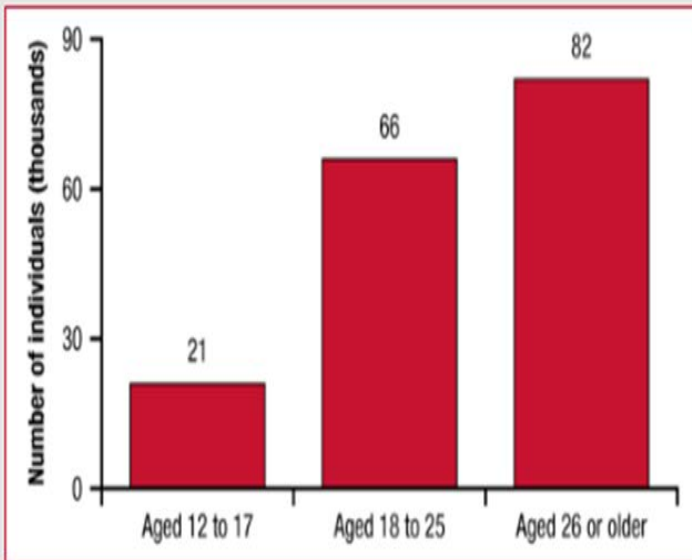
- **Heroin**

- Greatest increases in groups with historically low rates of use:
- Women who are insured and middle to upper income



“The Opiate Epidemic”

Figure 1. Past year initiation of heroin among individuals aged 12 or older, by age group: 2013



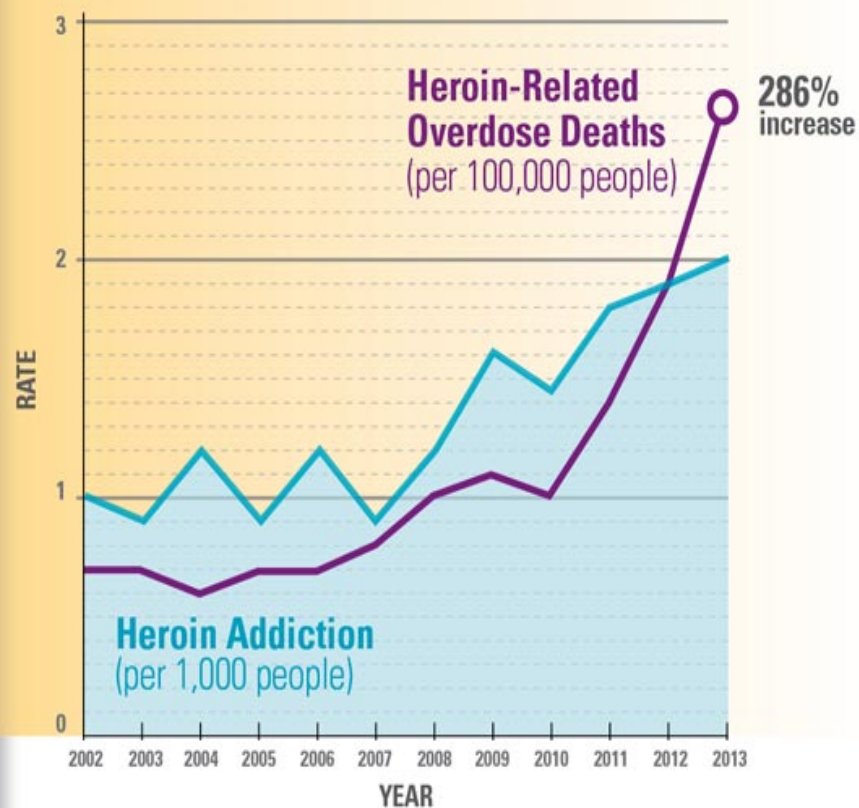
Source: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH), 2013.

- > 50% Rx or street sourced pills
- 2 people per hour die from opiate OD
 - *more than cocaine and heroin combined*
 - *Multnomah County Oregon 9 ODs per week, 2 deaths per week*
- **NIH:** 4.2 million people > 12 yo have used heroin at some point during their lifetimes.
- 25% will become addicted
 - 900,000 chronic heroin users in the US
- 2013-2014:
 - OD deaths increased by 26%
 - > 10,500 per year
- Non-Hispanic whites 18-44yo had the highest rate for heroin overdose death
 - 7.0 per 100,000

Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004*	2011-2013*	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE, YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than \$20,000	3.4	5.5	62%
\$20,000-\$49,999	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

Heroin Addiction and Overdose Deaths are Climbing



SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013.
National Vital Statistics System, 2002-2013.

Heroin use is part of a larger substance abuse problem.

10

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.

Responding to the Heroin Epidemic

11



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

What about Marijuana?

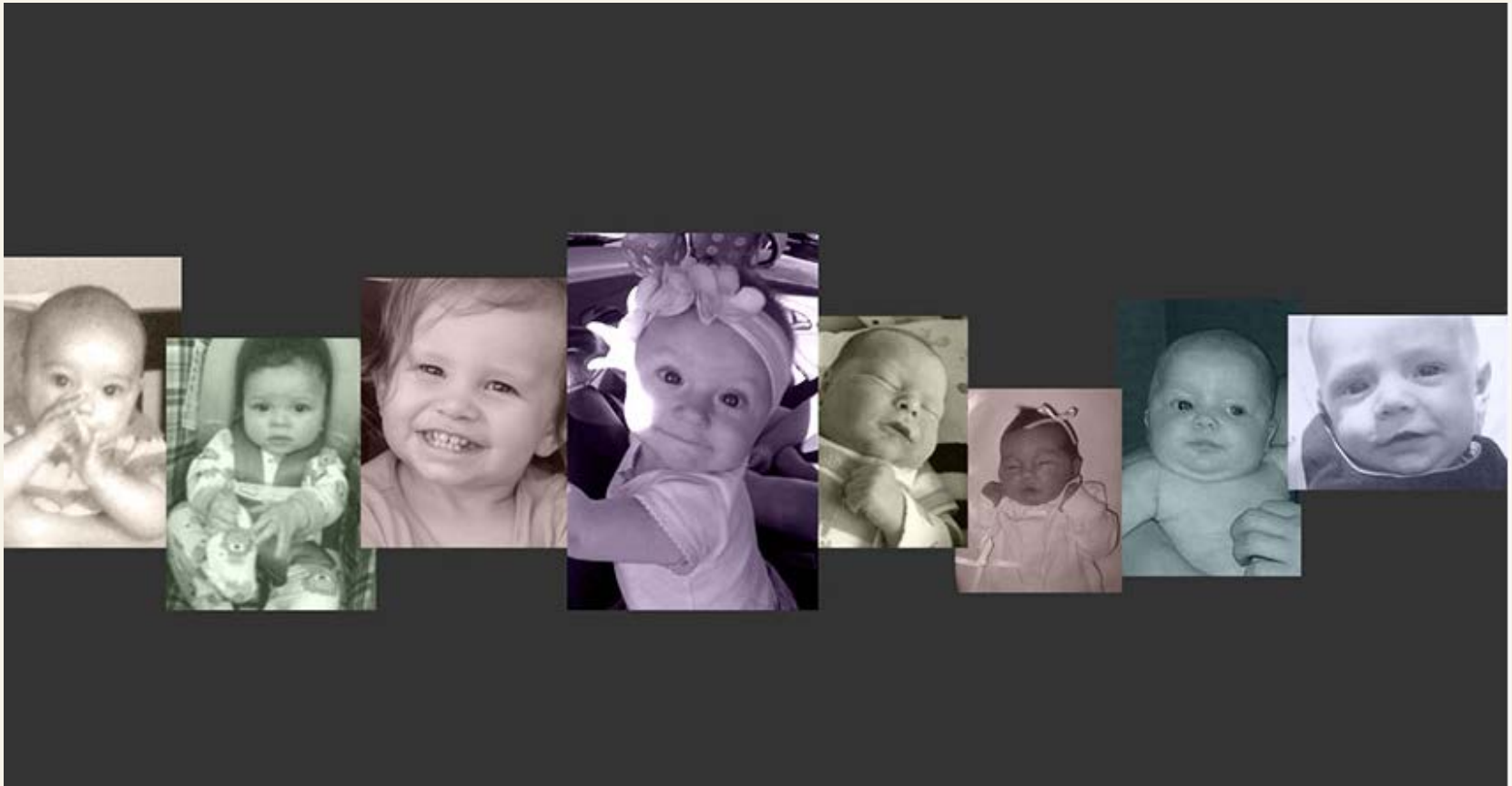


- Legal status is changing
- Medical vs recreational
- Newest information related to behavioral and cognitive difficulties in school age children
- Teen brains are particularly sensitive
- What do you say to pregnant women?
- ***TREAT MARIJUANA THE SAME AS ALCOHOL!***
 - *No safe level of use*
 - *There are safe medication alternatives that can be used to manage sx of pregnancy*
 - *Why take the chance?*

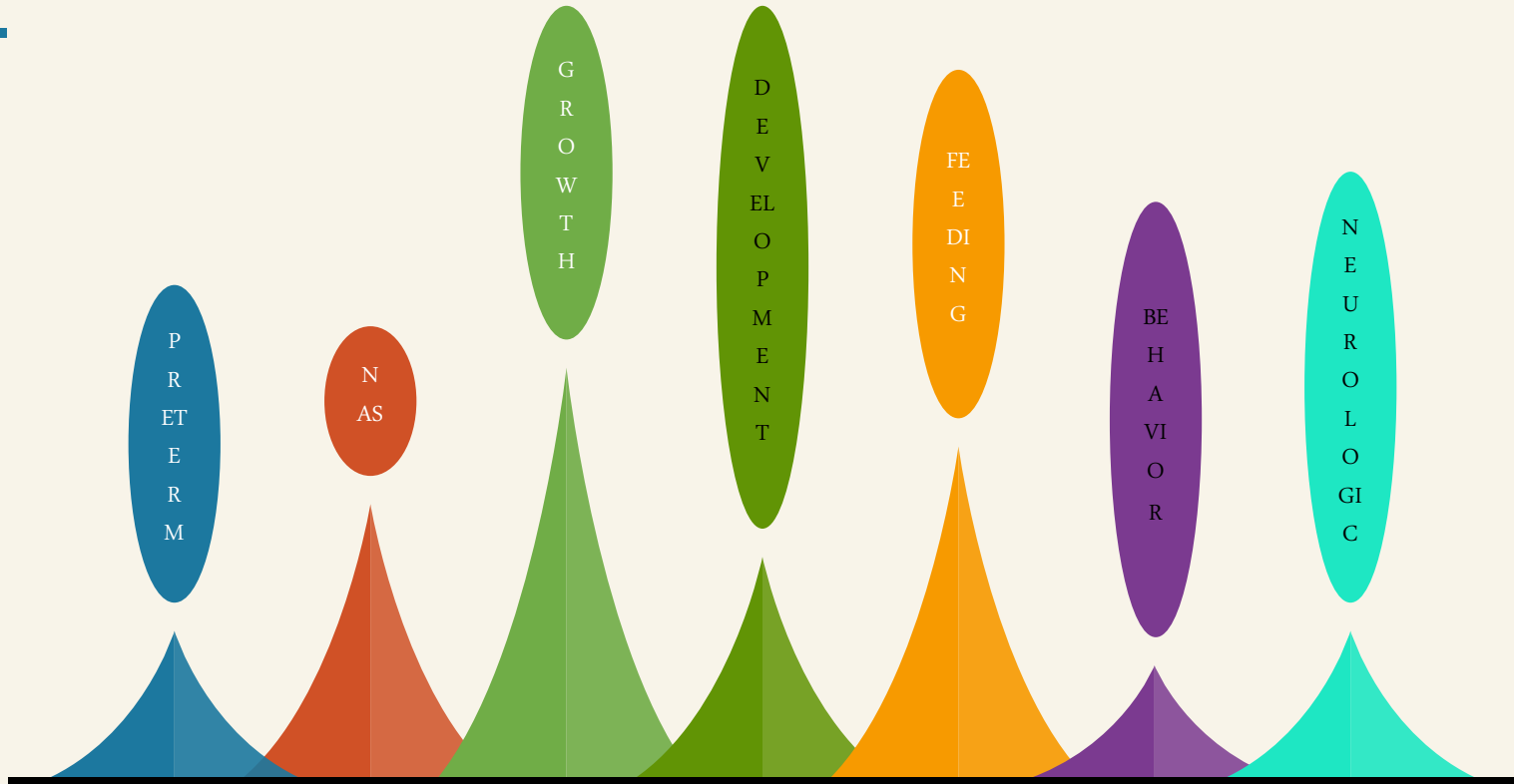
Impacts of fetal exposure to substances



Reuters December 2015 / CAPTA



Physical Effects



16 Costs of Infants Exposed in Utero

Increased use of health care, psychiatric and behavioral treatment

Millions of dollars that Medicaid spent in 8 states on FASD in one year

9 times the cost of controls, 2.8 x more than ID alone without FASD

Early Intervention and Special Education services and residential or other institutional care.

increased rate of foster care, juvenile and criminal justice involvement

The daily cost of one day in the NICU, not including medications, labs, physician fees

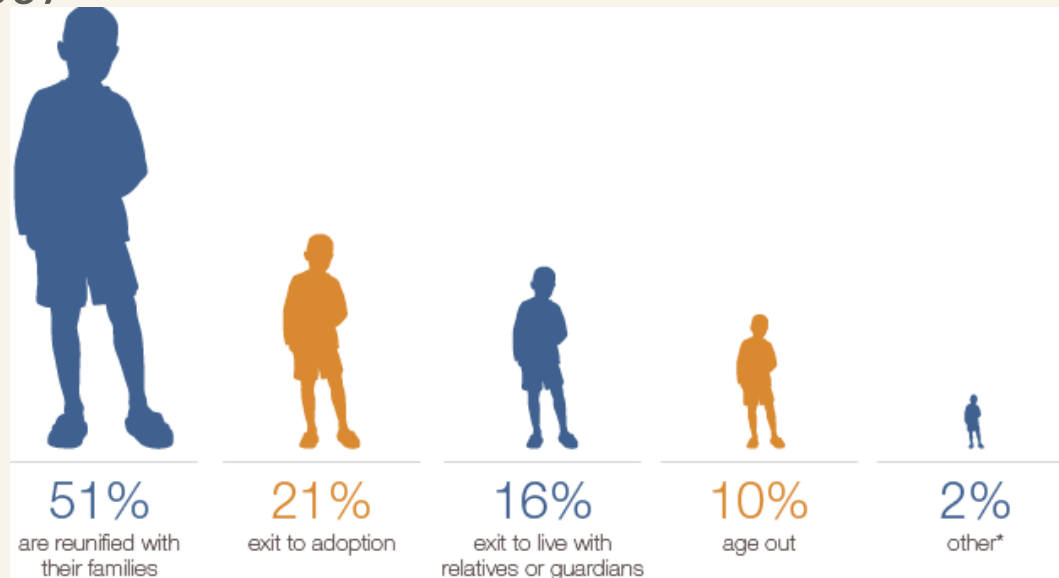
Social Security Disability Insurance payments, lost employment productivity and personal rates of substance abuse.



A Substance Affected Infant is born every 19 Minutes
28,000 per year

Foster Care

- Substance use and foster care placement
 - It is estimated that between 60-70% of all substantiated child protective service cases and over 80% of parents with children in foster care involve substance abuse disorders
 - Oregon:
 - 2,324, or 56.4% of Oregon children placed in foster care in 2012 were removed due to parental alcohol or substance abuse
 - 2014-2015 cost of \$31,367 per child per year.



Federal Law regarding CPS Reporting of Substance Exposed Infants

- 2003: Keeping Children and Families Safe Act
 - Requires reporting of SE infants to child protection
 - 36 states have laws or policies that relieve providers of reporting requirements
 - 9 states plus D.C. appear to conform
 - Remaining 5 are too confusing to interpret



Family First Act: Wyden/Hatch

- “A parent’s drug addiction is becoming a growing reason for removing children from their homes and placing them in foster care,” Wyden said.
- Allows states to use federal foster care funds to provide prevention and treatment services to addicted parents
 - Goal is to keep kids with parents
 - increased prevention, treatment and law enforcement.
- Shifting foster care funds to help parents cope with addiction will reduce costs

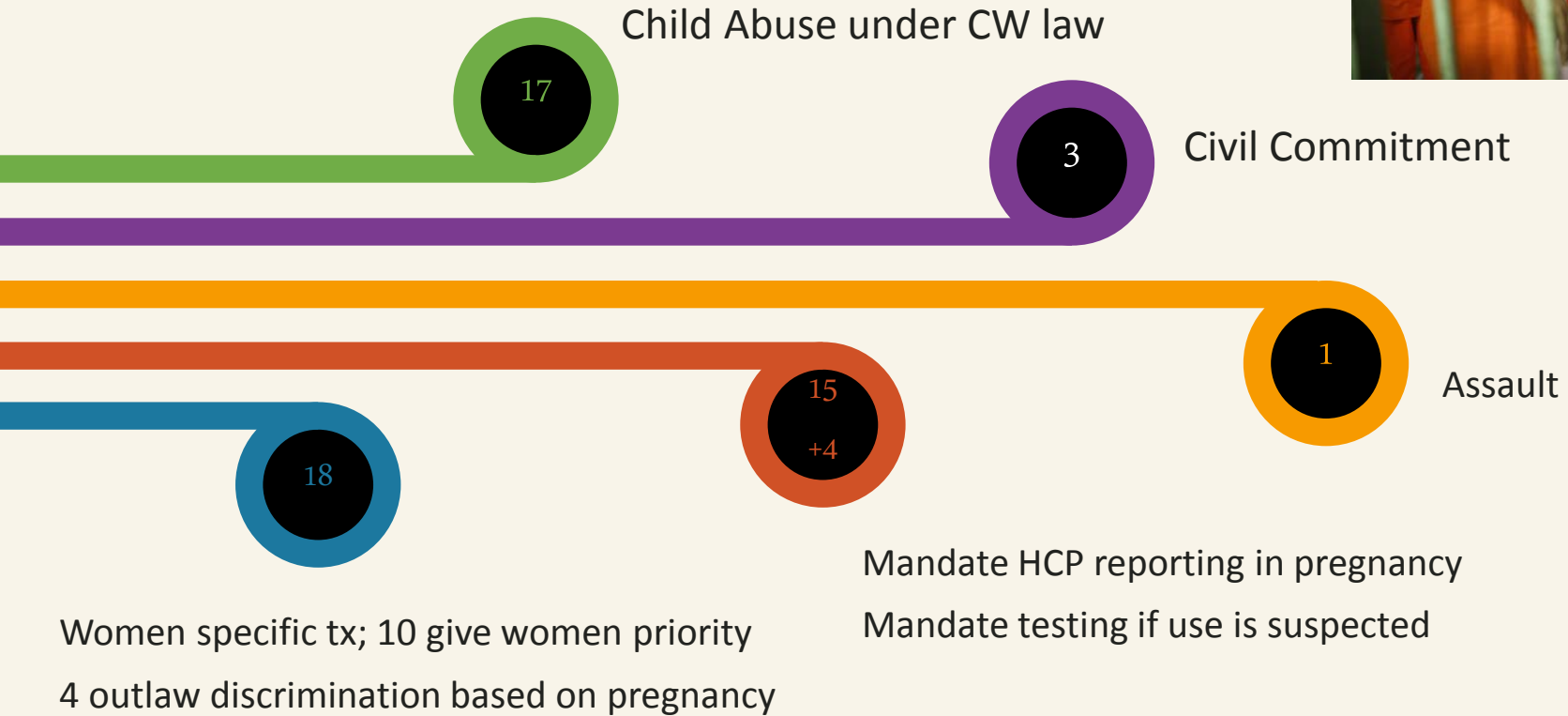


WAYS AND MEANS
CHAIRMAN KEVIN BRADY

Family First Prevention Services Act of 2016

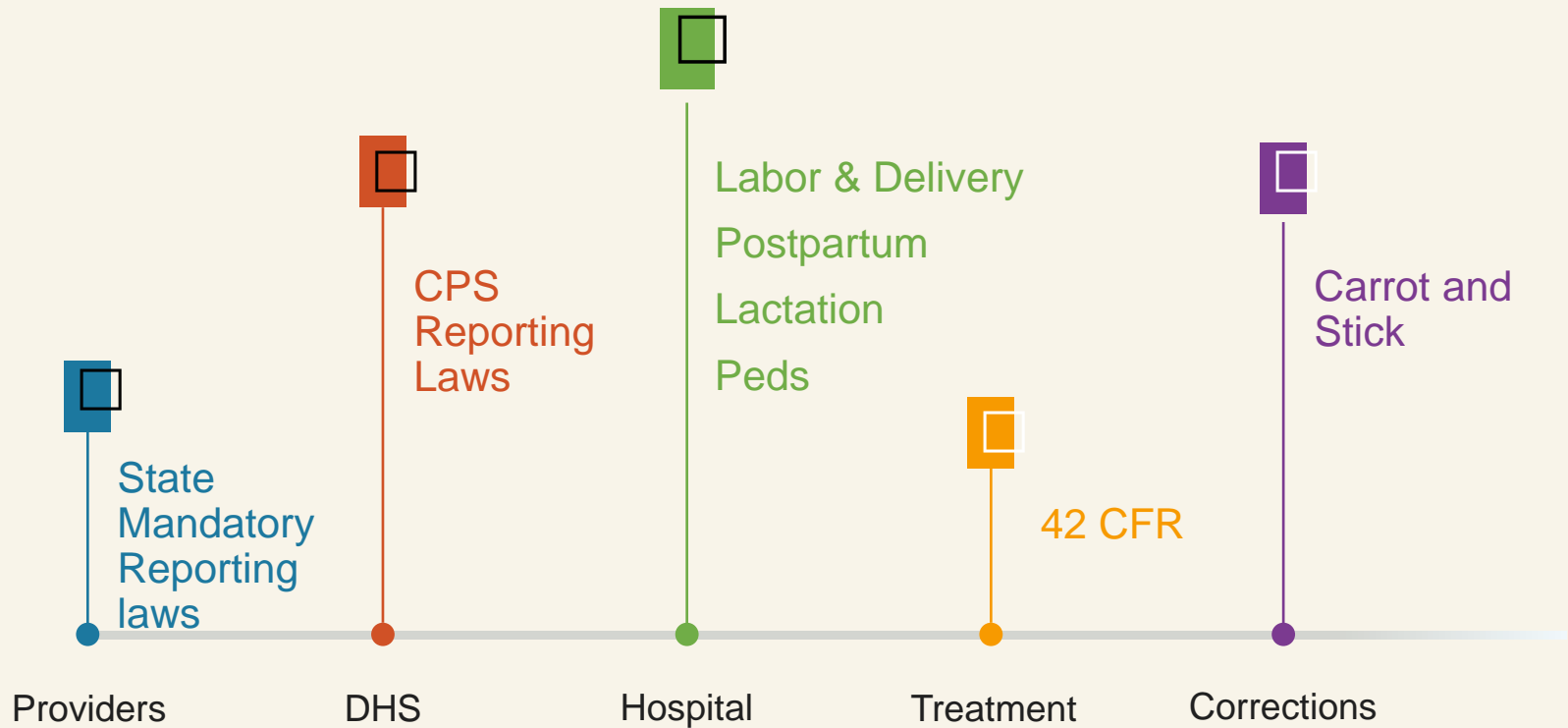
Strengthen families by providing evidence-based prevention services to keep children out of foster care and reduce inappropriate group home placements

State Legislation: Substance use in Pregnancy



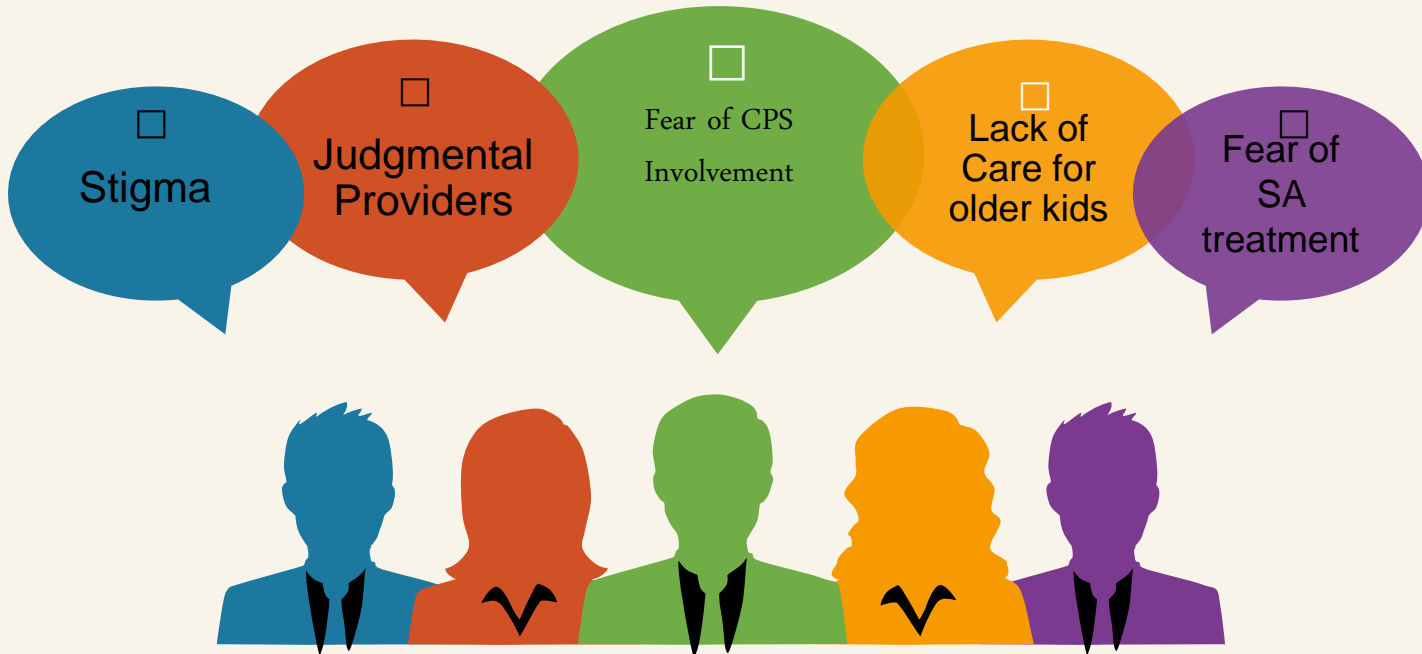


Policies: Mixed messages






Why do women avoid prenatal care?



Other Barriers to Health Care Access

- Poverty
 - At risk for homelessness
 - Transportation
 - Long term lack of Health care coverage
 - May be first time that women are eligible for Medicaid
 - First opportunity to address dental needs
 - High risk for HIV, Hep C
 - Preexisting medical conditions: HTN, DM
 - ACA and Mental Health Coverage
 - Untreated PTSD, CPMI, MH DOs



**Poverty is
a weapon of
mass destruction**

What does research show the ideal women's treatment should include?

- SA treatment for up to 12-18 months.
- On-site child care
- Women centered treatment
 - Education around self-sufficiency, parenting, trauma/sexual abuse, nutrition and health education.
- Results for women who complete treatment:
 - Lower rates of use, fewer arrests and parole violations, less unemployment and less use of government assistance.
 - Earlier placement of infants with their mothers in treatment resulted in longer lengths of stay, lower rates of maternal depression and higher self-esteem.



How does an integrated model address barriers

- Non-judgmental welcoming environment
 - Peer Recovery Mentor outreach
- Personal Support
 - Collaboration and Advocacy with CW and Corrections
- Family Support services
 - PRM- family outreach
 - Primary role to connect with Recovery Community
- Access to support services on site from SW / A&D
 - Medical Home
 - Collaboration with CPS, Treatment and Corrections

Why Co-location?

- Albrecht et al. (2011) used a retrospective cohort survey design to evaluate 10,661 pregnant treatment admissions during 2006.
- The effect of wait times to treatment entry impacted completions rates
- Women qualifying for OP tx that was immediately available (same day) were most likely to complete treatment.
- Even delaying admission **by one day** reduced completion by 31%
 - Women had more time to recognize barriers related to child care, employment or relationship conflict.
- Other things associated with treatment completion:
 - Employment
 - Referral to treatment by the court
 - High school education
- Therefore, recommendation is to coordinate services and modify policies to facilitate **immediate entry into care.**
- Both of these recommendations are met by the co-location of prenatal and substance abuse assessment and treatment services.



Two Original Clinical Sites: Integrated & Co-located Care



HOW WE ARE DIFFERENT ?

CADC within CNM Clinic
FP within MAT Clinic



WHO WE ARE ?

CNMs, MD, CADC, PRM,
Doulas, SW



WHAT WE DO ?

- Substance Use Tx and Health Care HOME
- Prenatal Care and Doula services
- Social Work interventions
 - IPV, housing, transportation, Trauma informed care
- Drug and Alcohol Assessment and Treatment
 - Referral to higher level of care if needed
 - Coordination of Medication Assisted Therapy (MAT)
 - Collaboration with inpatient tx providers







Project Nurture: Legacy Midwifery

Meet Our Team



Julia Vance, CNM
(Original Lead Clinician, Data Management, Program Design)



Telia Grant
Peer Recovery
Mentor & Doula



Chelsea Barbour,
MSW, Project Lead,
Parenting Group



Diana Smith,
CNM, Data
Management

Susan CADC, PN and PP
Groups, Assessments



Annie Johnson,
CNM Clinician

Tenets of Practice Change

- History of SA identification process at our site
 - SW Self-report 10%
 - Chart review 22.3%
 - Screening with 5 Ps Plus 31.58%
- Identification of SA in pregnancy
 - Implementation of universal screening
 - 5Ps Plus
 - Only validated tool for pregnancy
 - Parents, Peers, Partner, Past, Present, Smoking, Emotional and IPV
- Point of care identification
 - Immediate access to assessment & treatment

BEHAVIORAL HEALTH RISKS SCREENING TOOL
For Pregnant Women

Patient/Client Name _____ DOB _____
 Is patient pregnant? YES NO Gestational Age _____ Date _____
 Provider Site _____ Screener Name _____

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do any of your friends have a problem with alcohol or other drug use?	PEERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Check YES if she agrees with any of these statements. – In the past month, have you drunk any alcohol or used other drugs? – How many days per month do you drink? – How many drinks on any given day? – How often did you have 4 or more drinks per day in the last month? _____	PRESENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	TOBACCO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	EMOTIONAL HEALTH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	VIOLENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PROVIDER USE ONLY

Brief Intervention/Brief Treatment	Y	N	NA
Did you State your medical concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Advise to abstain or reduce use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Check patient's reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Refer for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Provide written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review risk.
 Refer to tobacco cessation program or addiction and/or recovery programs.
 Refer to domestic violence prevention.
 Refer to mental health program.
 Develop a follow-up plan with patient.

Moderate drinking for non-pregnant women is one drink per day. Women who are pregnant or planning to become pregnant should not use alcohol, tobacco, illicit drugs or prescription medication other than as prescribed.
 Developed by the Institute for Health and Recovery (IHR), Massachusetts, February, 2007. Adapted by the Southern Oregon Perinatal Task Force in partnership with AllCare Health Plan, Oregon, May 2013.



33 Peer Recovery Mentor Model

- Definition:
 - Person who has progressed in their own recovery (at least 2 years)
 - Alcohol, drug abuse or mental health disorder
- Role:
 - To assist others with chemical dependency or mental disorder from peer perspective
- Unique Perspective that training cannot replicate
- Traditional Health Worker Program
 - OHP billing for both PRM (and doula) services
- Certification (differs by state)
 - Training: 40 hours



Peer Addictions Recovery Support Counselor



- 500 hours supervised internship
 - 25 hours supervision by CADC
- Additional 40 hours education
 - HIPAA / 42 CFR
 - Fair housing
 - Mandatory Reporting
 - Civil Rights
 - Informed Consent
 - OAR and Medicaid Fraud

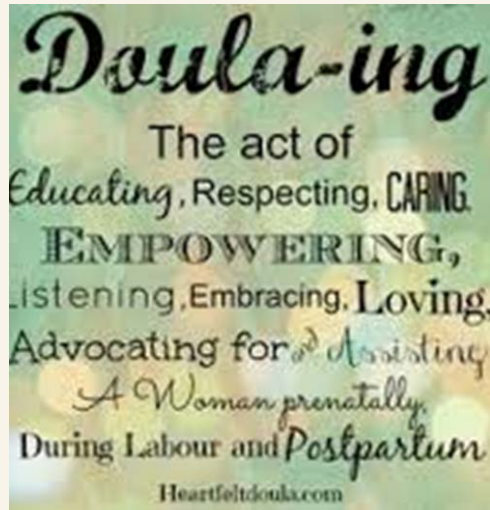


PMR Recovery Support



- Keeping Recovery First
 - Recovery role model
 - Relapse prevention and intervention services
- ***Outreach and Case management***
 - *Parenting, recovery, housingEVERYTHING!*
- Life skills training
 - Self-sufficiency in accessing resources
 - Self Care
 - Accessing Recovery Support
- Self advocacy
 - health care, treatment, parenting and mental health
- Focus on strengths
- Diversity and inclusion
- Self-direction, empowerment and choice
- Supportive rather than Directive

And.....She even helps women birth!



Doula services

- Care and support for mother and family during and after labor
- Breastfeeding education and support
- Care delivered during group/individual sessions and during hospital stay



Stories of Success

- Jeanine
 - Reunification / custody retained



- Nickie
 - Family relinquishment / recovery / parenting

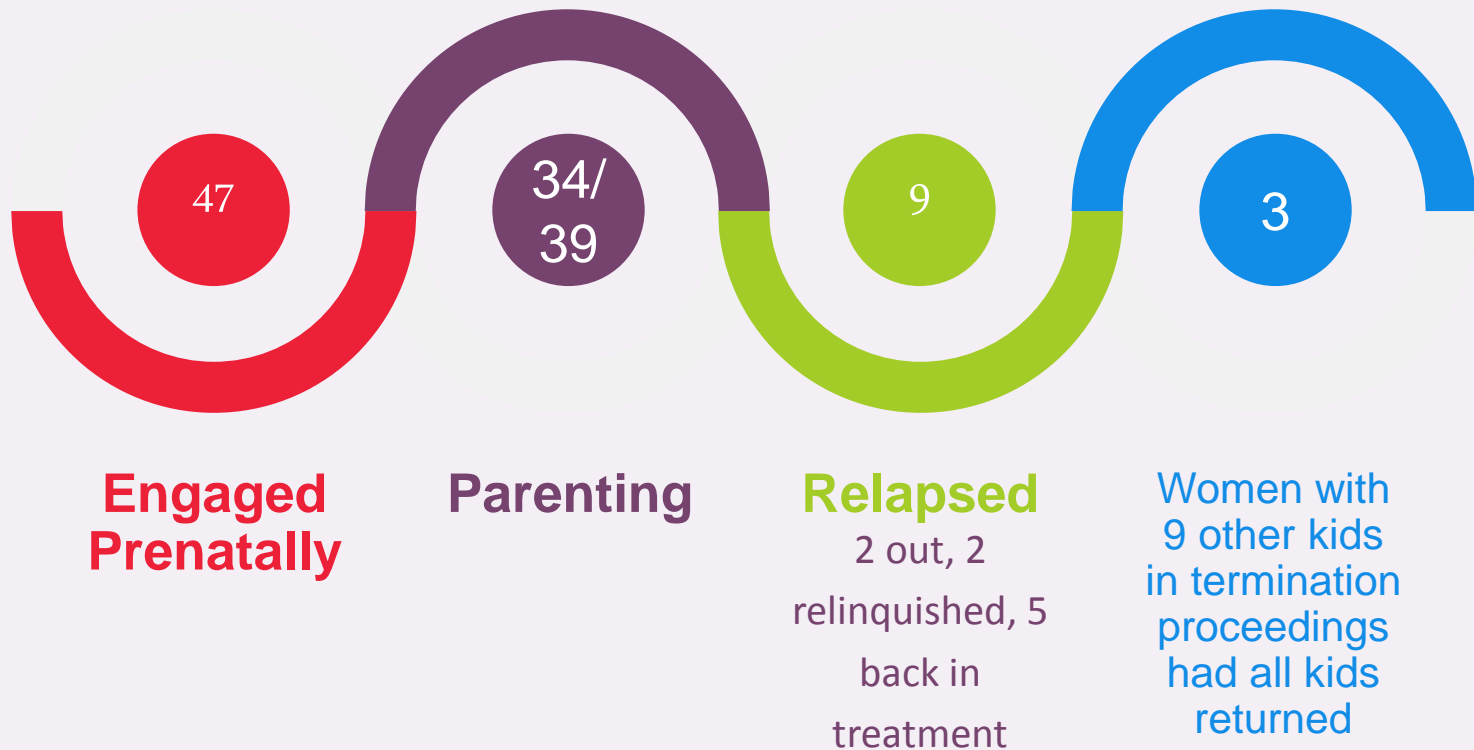


- Tasha
 - Relapse reentry into tx x4 / parented/removed/parented
 - Other child with father / engaging



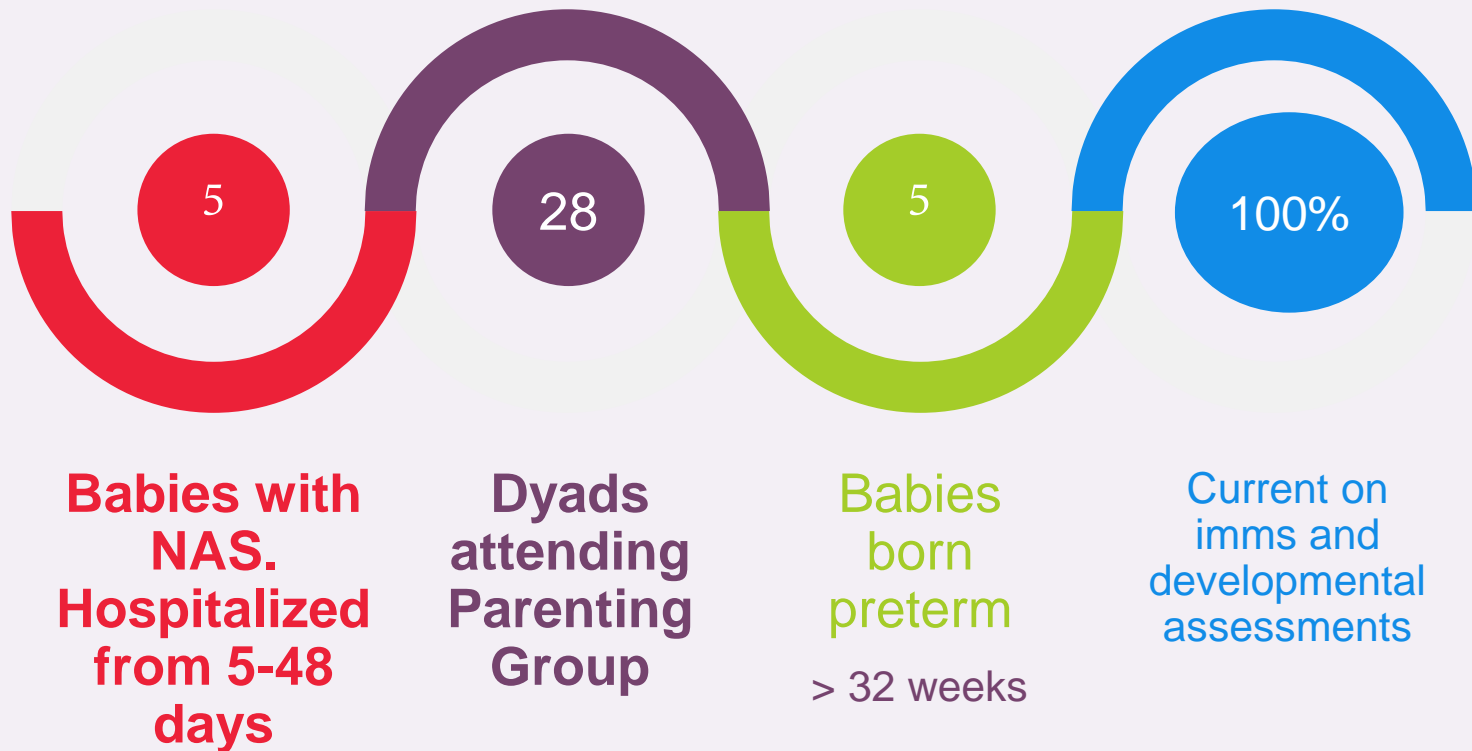
What have we seen thus far.....?

130 women eligible for Project Nurture, majority decline



What about the babies.....?

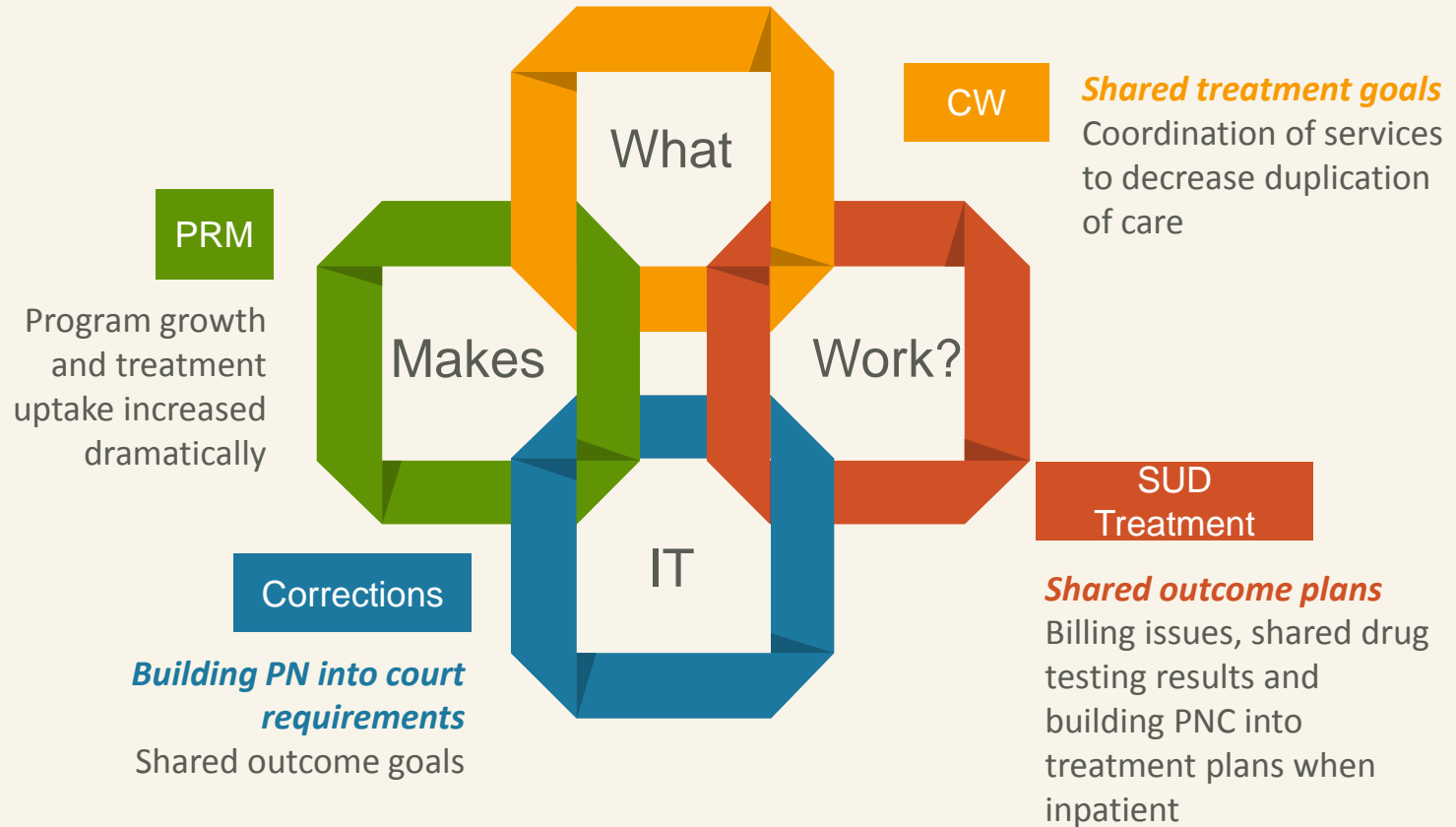
39 born thus far, additional 12 currently pregnant



Ongoing Barriers

- Need for tiered method of reimbursement for care provision of complex patients
 - Case Management
 - PRM and Doula
- Benzodiazepine detox while pregnant
- Housing especially with felonies or drug convictions
- Transportation and Child Care
- “Double dipping” with PN SA treatment groups and inpatient rules
- No Inpatient treatment available for women with children over 5 yo
- Lack of prescribers for MAT (OR bill would allow PA and NP Rxing)
- Continuing misinformation among medical providers, especially inpatient nursing and pediatric providers
- Data collection challenges

Collaboration is the Key!



Questions?



References

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O'Brien and Phillips,2011