Taking Care of Pregnant Women and their Babies

Illinois Department of Human Services
Division of Substance Use Prevention and Recovery
Dani Kirby, Director
**SOR PPW-OUD Pilot**

*Purpose:* to pilot family-based services to pregnant and postpartum women with a primary, secondary, or tertiary diagnosis of opioid use disorder (OUD).

- **May 2019 started with 3 sites:**
  - Chestnut Health Systems
  - McDermott Center
  - The Women’s Treatment Center

- **July 2019 - 2 additional sites funded**
  - PCC Community Wellness
  - The Catholic Charities of the Archdiocese of Chicago

- **Through March 31, 2020, 74 women**
  - Pregnant: 44 (59%)
  - Postpartum: 30 (41%)
Key Components of the PPW-OUD Pilot

- Ability to enhance OUD services to pregnant and post-partum women either directly as an OTP or with a strong relationship with an OTP. Develop a plan for access to methadone and buprenorphine for the targeted population.
- Facilitate the availability of family-based treatment and recovery support services. This includes the provision of services for pregnant and postpartum women, their minor children, age 17 and under, and other family members of the women and children as deemed necessary.
- Strong collaborative relationship with a hospital and/or or FQHC and OBGYN’s.
- Trauma-informed system of assessments, interventions, and social-emotional skill building services;
- Certified Doula Peer Recovery Specialist requires certification as a CPRS as well as obtaining both the birth and postpartum doula certifications
- Care coordination and case management to ensure Medicaid benefits and other mainstream benefits are assessed and coordinated.
Key Components of the PPW-OUD Pilot (cont)

- Promote effective and efficient coordination and delivery of services across multiple systems and providers (e.g., behavioral health, primary care, housing, child and family services).
- Recovery support services (e.g., child care, vocational, educational, and transportation services)
- Outreach, engagement, screening, and assessment
- Provide developmentally appropriate screenings and activities
- Ensure culturally appropriate services
- Ability to serve 25 PPW and their families annually during the project period.
- Other components (not required but encouraged):
  * Staff with the Gender Competency Endorsement (GCE).
Highlighted Strategies

- Doula/Certified Peer Recovery Specialist
- Home Visiting
- Infant Mental Health Consultation
- Gender Competency Endorsement
- Building Cross System Collaborations
Doula/Certified Peer Recovery Specialists (CPRS)

Doula Certified Peer Recovery Specialist- An individual in active recovery or with personal family/significant other experience of substance use who obtains dual certification as both a birth and a postpartum doula to assist the recovering mother through all phases of obstetrics and the CPRS to assist in recovery from her addiction.

Many of these women have a lot of guilt. I tell them that parenting is a skill they can learn and not to worry about what they don’t know. They need education about parenting and their addiction—we work with them to understand their emotions and triggers, that recovery is the foundation for everything else. –Doula/Peer Quote

It’s the most important part of my job. I’ve lived this life—I’m able to hand down the knowledge I have with DCFS, criminal justice, and things that I’ve been through. I try to be an example and be the person I needed. –Doula/Peer Quote

http://www.iaodapca.org/credentialing/certified-peer-recovery-specialist-cprs/
http://doula-services.com/category/become-a-doula/
Benefits of Inclusion of Home Visits

- Reduces childcare barriers to accessing services
- Reduces transportation barriers to accessing services
- Increases family engagement opportunities
- Increases parenting education opportunities
- Allows for child development activities
Illinois Children’s Mental Health Partnership:

In order to incorporate best practices and support consistency in the delivery of infant/early childhood mental health services across the state, Illinois has developed a model that is informed by the diverse nature of systems designed to serve the youngest and most vulnerable in our state and, yet, is adaptable for use by each.

Women’s specific substance use disorder (SUD) treatment services are distinguished as those that:

- Address women’s treatment needs
- Reduce barriers to recovery from SUD that are more likely to occur for women
- Are delivered in a context that is compatible with women’s lifestyles and orientations and is safe from exploitation
- Consider women’s role, socialization and relative status within the larger culture

http://www.iaodapca.org/credentialing/womens-endorsement/
Professionals competent in the GCE Domains have enhanced abilities to assist families, reduce infant mortality, break family cycle of addiction, increase engagement and retention of women in treatment, improve treatment success and outcomes, as well as support on-going recovery and aftercare. Four performance domains for the GCE were identified:

- Assessment of Women
- Case Management of Women
- Professional Responsibility with Women
- Counseling of Women
Building and Strengthening Collaborations

- Illinois Perinatal Quality Collaborative
- Illinois Maternal Mortality Review Committee
- Interagency Governmental Agreement – Illinois Department of Human Services and Department of Children and Family Services
- Governor’s Office of Early Childhood Learning/Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Illinois Maternal Health Task Force
- OMNI Learning Collaborative
- Illinois Substance Use Disorder Advisory Council
- Women’s Committee
Client Stories

Pregnant PPW Client

Postpartum PPW Client
Subset of Illinois Data

51,044 total admissions in State Fiscal Year 2019
(SABG and state-funded: does not include Managed Care data)

- 512 pregnant women
- 45.1% (231) reported opioids as their primary substance of use at admission
**Baseline Demographics**

- Female: 100%
- Hispanic: 6%
- Black or African American: 14%
- White: 86%
- Other/Multiracial: 6%
- 18-24 Years Old: 8%
- 25-34 Years Old: 68%
- 35-44 Years Old: 24%
- 45+ Years Old: 0%

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020, N=74
Baseline Pregnancy (vs Post-partum) and Children

- Currently Pregnant: 59%
- One or More Children: 78%

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
Baseline Frequency of Substance Use

Heroin/Opioid Use
- 15+ days: 22%
- 5-14 days: 7%
- 1-4 days: 4%
- None: 68%

Crack/Cocaine Use
- 15+ days: 7%
- 5-14 days: 7%
- 1-4 days: 10%
- None: 77%

Alcohol Use
- 15+ days: 3%
- 5-14 days: 7%
- None: 91%

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
Baseline Frequency of Substance Use Treatment & Recovery Support

**Substance Use Tx Including MAT (Times)**
- 55%: 15+ Days/Times
- 12%: 5-14 Days/Times
- 8%: 1-4 Days/Times
- 24%: None

**MAT (Days)**
- 42%: 15+ Days/Times
- 5%: 5-14 Days/Times
- 5%: 1-4 Days/Times
- 47%: None

**Support, Faith, or Self Help Group (Times)**
- 11%: 15+ Days/Times
- 11%: 5-14 Days/Times
- 12%: 1-4 Days/Times
- 66%: None

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
### Baseline Frequency of Mental Health Problems

<table>
<thead>
<tr>
<th>Mental Health Problem</th>
<th>15+ days</th>
<th>5-14 days</th>
<th>1-4 days</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Mental Health Problems</td>
<td>49%</td>
<td>8%</td>
<td>10%</td>
<td>34%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>40%</td>
<td>18%</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Depression</td>
<td>32%</td>
<td>16%</td>
<td>7%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
Baseline Physical Health, Employment, Housing, Relationships, Justice System Involvement

- Physical Health (Fair/Poor): 46%
- Employment (Full/Part-time): 13%
- Housed (Own/Rent): 28%
- Relationship Satisfaction (Satisfied/Very Satisfied): 70%
- Any Criminal Justice Involvement: 53%

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
• Analysis of change in the following slides focuses on change between
  • “Currently” at intake to currently at 6 month interview; or
  • Change from the 30 days before intake to the 30 days before the 6 month follow-up

• For the latter, we focused on change in the subgroup that reported 15 or more days or times of each variable.

• While we have marked changes that are statistically significant at p<.05 with *, it is important to note for this analysis the sample size is small (n=33 pairs) and results may change with a large sample size.
Changes in Percent Substance Use 15+ days in the Past 30 days

- Heroin/Opioid Use 15+ days: Baseline 12%, 6 Month 3%
- Cocaine/Crack Use 15+ days: Baseline 3%, 6 Month 3%
- Alcohol Use 15+ days: Baseline 6%, 6 Month 0%

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
Changes in Percent Participating in Substance Use Treatment and Recovery Support 15+ times in the Past 30 days

- **Substance Use Tx (including MAT) - 15+ times**
  - Baseline: 49%
  - 6 Month: 61%

- **MAT - 15+ days**
  - Baseline: 30%
  - 6 Month: 39%

- **Attend Support, Faith or Self Help Group - 15+ times**
  - Baseline: 9%
  - 6 Month: 55%

* * p<.05

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
Changes in Percent with Mental Health Problems
15+ days in the Past 30 days

Any Mental Health Problem - 15+ days
Baseline: 33%, 6 Month: 36%

Anxiety - 15+ days
Baseline: 21%, 6 Month: 27%

Depression - 15+ days
Baseline: 18%, 6 Month: 6%

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020

* p<.05
Changes in Physical Health, Employment, Housing, Relationships, Justice System Involvement

- Physical Health (Poor/Fair): Baseline 50%, 6 Month 21%
- Employment (Full/Part-time): Baseline 16%, 6 Month 14%
- Housed (own/rent): Baseline 9%, 6 Month 21%
- Relationship Satisfaction (Satisfied/Very Satisfied): Baseline 75%, 6 Month 85%
- Any criminal justice involvement: Baseline 49%, 6 Month 33%

Source: SOR GPRA baseline and follow-up data – entered in SPARS as of 3/31/2020
What are we learning from the Pilot?

**Doula services are essential services!**
- Doulas connect and support clients through birthing process from prenatal to postpartum care
- Doulas provide and/or link clients to recovery support services
- Doulas’ peer status facilitates client engagement and retention

**Doula certification and training process can be challenging**
- Required trainings offered infrequently
- Certification process is time-consuming
What are we learning from the Pilot?

**Programs are successfully increasing access to family-based treatment and opioid use disorders**

- Increased access to medication assisted treatment/medication assisted recovery (MAT/MAR)
- Reduced MAT/MAR induction time
- Integrated prenatal care and MAT/MAR

**Client engagement can be challenging**

- Strict eligibility criteria
- Lack of understanding about MAT
- Concerns about DCFS involvement
- Lack transportation and childcare
What are we learning from the Pilot?

**Client recruitment and engagement**
- Lack of awareness about PPW-OUD services; Need for increased outreach and marketing of programs
- Strict eligibility requirements
- Multiple needs, multiple concerns

**Stigma**
- Negative provider attitudes
- Negative client/family beliefs about MAT/MAR
- Fear of DCFS involvement
Next Steps

- Continue the 5 SOR PPW-OUD sites
- Expand and enhance model
  - Central and additional Southern Region sites
  - Expand eligibility to include a diagnosis of all SUD’s not just OUD
  - Increase use of home visiting best practices
  - Identify missing skills of PPW teams.
Taking Care of Pregnant Women and their Babies: West Virginia

Christina R. Mullins, Commissioner
West Virginia Department of Health and Human Resources
Bureau for Behavioral Health
US and WV Resident Drug Overdose Mortality, 2000-2018*

*Note: Data from 2018 are preliminary and subject to change. WV Health Statistics Center data may vary from Centers for Disease Control and Prevention data due to the closure of the national data reporting window as well as other procedural differences.
US Data - Centers for Disease Control and Prevention, National Center for Health Statistics.
• West Virginia launched surveillance system in October 2016.

• Data quality and professional development activities:
  – WV Perinatal Partnership held trainings at every delivery hospital 2016 to 2017 to enhance reporting.
  – Unintended consequence: 2017 discharge data is comparable to 2017 Birth Score data.
Foster Care Placement

• Substance use has also directly impacted the State’s foster care system. Foster care placement in West Virginia has risen from 4,129 children in care in September 2011 to 6,895 in September 2019, an increase of 67%.

• Of those currently in foster care placement, the most common reasons are drug use by the parent (51.3%) followed by neglect (34.6%).

• Infants in foster care were 420% more likely to have been diagnosed with NAS.

• More younger children are removed due to parental drug use than older children.
**Pregnant and Postpartum Women**

*The West Virginia Timeline*

- **2009**
  - **Baseline Data**
  - Funded a cord tissue study with Marshall University.

- **2011**
  - **Outpatient Treatment**
  - Established Drug Free Moms and Babies as a public private partnership.

- **2016**
  - **Surveillance System**
  - Developed a near real time surveillance system for intrauterine substance exposure.

- **2018**
  - **Residential Treatment**
  - Residential treatment access expanded. Medicaid began to fund residential treatment through 1115 waiver.

- **2019**
  - **Supporting Services**
  - Began to focus on supporting services like transportation and childcare.
An Evolving Continuum

Successful treatment is more than a bed.
System Components

Outpatient Treatment

Residential Treatment

Recovery Services
The Drug Free Moms and Babies (DFMB) Project is a comprehensive and integrative medical and behavioral health program for pregnant and postpartum women. The project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services.
West Virginia Birthing Facilities and Drug Free Moms and Babies Sites

October 2019

24 birthing hospitals, 1 freestanding birthing center
16 DFMB programs
Key Aspects of DFMB

• **Screening, Brief Intervention, Referral and Treatment (SBIRT)** services integrated in maternity care clinics.

• **Collaboration with community partners** for the provision of comprehensive medical, behavioral health, and social services.

• **Long term follow up** for two years after the birth of the baby provided by a recovery coach.

• **Program evaluation** of effective strategies.

• **Provider outreach education** to other maternity care clinics in West Virginia to facilitate the duplication of successful model programs.
Demographic Information

• 1,532 women from 14 sites
• Average age is 26.5 with a range of 16-41
• Number in household 3.3 with a range of 1-8
• Number of children 1.9 with a range of 0-8
• 69% never married
• 18% planned pregnancy
• 66% live in a permanent residence
• 67% are not employed
• 21% have no HS degree
• 61% have an income less than $15,000
• 50% intend to breastfeed
• 89% have Medicaid
Percent of Positive Non-Prescribed Screenings

West Virginia Perinatal Partnership, Drug Free Moms and Babies
Access to Medication Assisted Treatment

- 8 counties do not have a Medicaid prescriber that prescribes buprenorphine or naltrexone
- 10 counties only have a Medicaid prescribers that prescribe naltrexone
- 8 counties only have a Medicaid prescribers that prescribes buprenorphine
- 29 counties have Medicaid prescribers that prescribe both buprenorphine and naltrexone
- 9 counties have a methadone provider
Access to Medication Assisted Treatment

• Waivered prescribers
  o January 2019 465 prescribers with a capacity of 44,225
  o January 2020 637 prescribers with a capacity of 56,425
Residential Treatment Structure

• Prior to 2016, there were 197 residential substance use treatment beds available.

• Since 2016, the number of beds have increased to 789.

• This was made possible through an investment of drug settlement funds.
Residential Treatment for PPW

- Of the 789 total beds, 119 are specific to pregnant women/children.
- 4/6 behavioral health regions have at least one residential treatment program for pregnant and post partum women.
- One additional region has a residential treatment program under development.
- Strategic expansion is occurring in regions without a residential treatment program and regions with high burden of SUD for this population.
Stable Recovery Housing

• 33% of available recovery beds are for women.
• 64% of available recovery beds are for men.
• 3% accept either gender.

WV Recovery Residence Capacity Survey. West Virginia Alliance of Recovery Residences and West Virginia Bureau for Behavioral Health, 2020
Typically, children can visit parents at a recovery residence, but cannot stay.

WV Recovery Residence Capacity Survey. West Virginia Alliance of Recovery Residences and West Virginia Bureau for Behavioral Health, 2020
Infants Experiencing Withdrawal

• In 2008, the neonatal intensive care units (NICU) were full, and providers were frustrated.
• The NICU was not optimal for infants experiencing withdrawal.
• Providers began searching for better options.
Treating Infants with NAS

• Many hospitals have developed a neonatal therapeutic units (NTU).

• NAS Centers:
  – In 2014, the first NAS Center opened in WV.
  – In 2018, WV became the first state to receive CMS approval for NAS treatment services by amending the state plan.
Supporting Services

• Peers are available to pregnant and post partum women as part of residential treatment, outpatient treatment and recovery services.

• Working to establish Sobriety, Treatment and Recovery Teams (START) with Child Protective Services.

• Job training, treatment, transportation, and childcare.

• Partner with child welfare agency to provide childcare.

• Link women/families in residential and outpatient treatment to evidence-based home visitation programs.
Other Supporting Services

- Transportation for treatment, recovery and employment services.
- Early intervention services.
- Expungement of criminal record
- Restoration of drivers' license.
- Family Treatment Court
- Comprehensive reproductive health services (including Long-Acting Reversible Contraception) are now being offered in 2 regional jails. To date, 2,217 women have received reproductive education and 86 have initiated a long-acting contraceptive method.

Reference.
Financing a Solution

Funding the continuum is a complex braid.

General Revenue  Medicaid  CDC  HRSA  Philanthropy
Settlement Funds  Substance Abuse Block Grant  State Opioid Response  Department of Justice
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