A Collaborative Community Approach to Reducing the Risk of Child Welfare Removals for Post-Partum Women Experiencing Opioid Use Disorder (OUD)

Presented by: Kathryn Shea, LCSW
Learning Objectives:

• 1.) List the benefits of collaboration between substance use disorder treatment programs and community hospitals/neonatal intensive care units.

• 2.) Assess effective engagement and treatment strategies for serving pregnant women with opioid use disorder.

• 3.) Describe common barriers faced by pregnant and postpartum women with opioid use disorder.
Addressing the Need

OBJECTIVE 1

• The opioid epidemic has been heavily impacting Sarasota County, FL since 2013, thus, creating significant strain on the hospital/medical systems, behavioral health care providers, the child welfare system, and the community as a whole.

• More people in Florida died from drug overdoses in 2016 than in any other year on record, and the majority of those overdoses involved an opioid.

• Since 2013, the number of heroin overdoses in Sarasota County has quadrupled. The rate of fatal opioid overdoses grew 300 percent in 2017 over 2016, due to the introduction of more deadly synthetic opioids.

Addressing the Need

- According to the Florida Department of Children and Families, Office of Child Welfare, Sarasota County had the second-highest child home removal rate in the state. Opioid abuse is the number one reason for child removal from the home in Sarasota County, accounting for an average of 21 cases of child home removals per month.

- Sarasota County also has the third-highest percentage of babies born with neonatal abstinence syndrome in the state.

Challenges in Managing Opioid Addiction During Pregnancy

The Problem in 2017

• Sarasota County programs/systems were working in silos and not talking respectfully with one another

• Increasing number of babies being monitored for Neonatal Abstinence Syndrome (NAS), treated for NAS and with a prolonged Length of Stay (LOS) from 2005-2016
Challenges in Managing Opioid Addiction During Pregnancy

• There was increasing substance use in our pregnant patients, seen at the Health Department and hospital in Sarasota County with increasing deaths in pregnant patients and increasing bias against these patients.

• There was also a lack of communication between available services among agencies and of services available to Sarasota County pregnant patients.
Challenges in Managing Opioid Addiction During Pregnancy

• So our question in early 2017 was...

“Can we safely do something different for healthier moms and babies?”

• Washington Clark Hill, M.D.
• Stephanie Hedstrom, M.D.
• Philip “P.J.” Brooks, MA, LMHC
• Pam Beitlich, DNP, ARNP, RN
A Systems Approach

• An initiative was begun, spearheaded by Dr. Washington Hill, a hospital physician practicing Obstetrics and Gynecology and Maternal-Fetal Medicine. The purpose of the initiative was to bring community stakeholders together to develop a successful integrated model of care for pregnant women using substances and their newborns.

• Sarasota Memorial Hospital, community partners/providers serving pregnant women with substance use disorders, and patients and their newborns/children were invited to form a comprehensive collaborative care team (CCCT), which led to the Addiction Support and Pregnancy (ASAP) program.
A Systems Approach – Forming ASAP

- Involve everyone who touches these patients in our community and develop a comprehensive model for addiction support and pregnancy (ASAP)
- Use a coordinated multidisciplinary approach
- Advocate for comprehensive and collaborative care
- Bring all available resources to patients-patient awareness
- Bring patients to all resources-access to all resources
- Cross the usual boundaries of community and clinical care to benefit patient and neonate
Gathered Partners Together
To Form Addiction Support and Pregnancy (ASAP) – Meet Monthly

- Coastal Behavioral Healthcare
- Florida Department of Children and Families
- First Step of Sarasota
- Mothers and Infants Program
- First Physicians Group/Bayside/MFM
- Healthy Start Coalition of Sarasota County
- Armor Correctional (SRQ County Jail)
- JHMI/ACH Sarasota
- SMH OB-GYN Hospitalists
- Operation PAR
- Planned Parenthood
- Sarasota Children's Clinic
- Florida Department of Health in Sarasota County
- Sarasota County Sheriff
- Sarasota Memorial Health Care System
- Sarasota Metro Treatment Center
- Suncoast Family Wellness
- The Florida Center for Early Childhood, Inc.
- Our Private OB-GYNs
Addiction Support And Pregnant (ASAP) Group Meeting

Used with permission by Dr. Washington Hill, ASAP
Support & Services Provided to Patients Through ASAP

- Peer support group
- Medication-assisted treatment
- Excellent team of providers
- Level III NICU
- Breastfeeding education
Support & Services Provided to Participants Through ASAP

- Judgment free coordinated collaborative care
- Inclusive
- Learn from one another through presentations and data
- Meet the other community agencies with similar goal
Some of the Benefits/Successes of this Community Collaboration

- Planned Parenthood goes to the Medication Assisted Treatment (MAT) clinic
- Immediate Postpartum (IPP), as in an Intrauterine device (IUD), and Long Acting Reversible Contraception (LARC) to decrease pregnancies while on drugs.
- Annual Regional Summit on The Opioid Addicted Pregnant Patient
Some of the Benefits/Successes of this Community Collaboration

- Drug court
- Babies monitored for NAS, requiring medication, and average LOS trending down
- Regional Summits
- Educational brochure with information on program, tour and support group
Pregnant and struggling with addiction? Trying to quit can be overwhelming—especially when you’re pregnant—but you don’t have to do it alone. We’re here to help!

The Addiction Support and Pregnancy (ASAP) coalition, a partnership of local medical and community support agencies, can provide you with the treatment, counseling, and resources you need to manage addiction and give your child a healthy start to life.

Drug use during pregnancy can have serious health consequences for mom and baby. But self-detoxing can put your life and your baby’s life at risk. Don’t be afraid to ask for help.

Simply reach out to an ASAP partner (contacts on back). We want the same things you do: a healthy you, a healthy baby, and a better future for you both.

Don’t be afraid to ask for help! Contact an ASAP partner today!

Sarasota Memorial OB Emergency Care Center
24/7 emergency obstetrical care
1700 S. Tamiami Trail, Sarasota 34239

First Step of Sarasota
Support, outpatient & residential treatment during & after pregnancy
941-366-5333 • www.fsos.org

Sarasota County Department of Health
Pregnancy, pediatric & adult healthcare
941-861-2900 • sarasota.floridahealth.gov

Healthy Start Coalition of Sarasota
Free support, education, home visits & resources
941-861-2905 • www.healthystartsarasota.org

Sarasota Metro Treatment Center
Medication-assisted recovery services
941-554-4551 • www.methadonecenters.com

Operation PAR Inc.
Medication-assisted recovery services
888-727-6398 • www.operationpar.org

First Physicians Group Maternal Fetal Medicine
Specialty care for complicated pregnancies (by referral only)
941-917-6260 • www.firstphysiciansgroup.com

Looking for help during pregnancy? Don’t be afraid to ask.

(Hill, 2019)
Next Steps for ASAP

Short Term

- Make a part of First 1000 Days of Sarasota County initiative and collaborate with all agencies who touch these patients and their children
- Push the collaborative care model nationwide

Long Term

- Safe medical detoxification with behavioral health during pregnancy in selected motivated patients.
- A shared decision model!

Slides 5-17 Used with permission from Dr. Washington Clark Hill
Results - ASAP from 2019-2020

• Sarasota Memorial Hospital significantly changed its protocol in 2019 in how it treats babies born with NAS as a result of the hospital’s participation in ASAP.

• As a result of these changes, infants born with NAS are needing fewer drugs and staying less time in the hospital.

• Morphine is still used to treat newborns with NAS, but hospital has raised its threshold for when drug is prescribed and lowered its dosage. Phenobarbital has been replaced with Clonidine as a secondary drug.

Results - ASAP from 2019-2020

• Practices also changed to improve maternal infant bonding:
  • The hospital is encouraging breastfeeding, more time together in room and skin-to-skin contact as much as possible.
  • There is a more concerted effort to connect mothers to resources following discharge; like Healthy Start and Healthy Families.
  • The goal is to pool community resources to support mothers with substance use disorders, through treatment services, recovery support groups, and peer support and prevent them from relapse, removal of their infant, or falling through the cracks.
  • Results: Avg. LOS in 2017 was 13.4 days. In 2019, that number reduced to 8.3 days.

OBJECTIVE 2

• First 1,000 Days Suncoast is a collaborative effort to give our most vulnerable neighbors the supports they need. By pulling together our partners’ resources, this initiative will provide better access to the prenatal, newborn, and early childhood development care that gives babies and families a crucial opportunity to thrive. (Initiative created and funded by the Charles & Margery Barancik Foundation)

• **Vision:** We envision a safe, healthy, caring and culturally sensitive community that supports families and helps newborns thrive and children to achieve their potential.

• **Mission:** To improve access and coordination of services for families and babies.
First 1000 Days Suncoast – A Community Collaboration

Why it matters

• At Sarasota Memorial Hospital, more than 56% of babies are born into low income or poverty-stricken families. Many of these babies start their lives at an immense disadvantage.

• Families often lack stable housing, food, healthcare, and other resources key to babies’ foundational physical, emotional and intellectual development. First 1,000 Days Suncoast partners are working together to create a continuum of care that will meet the comprehensive needs of our families.

First 1000 Days Suncoast – A Community Collaboration

Why 1000 Days?

- From the third trimester of pregnancy through babies’ second birthday, human brains undergo a period of rapid growth. During the first 1,000 days of life, children are hardwired in ways that have lifelong consequences. Fortunately children are resilient if they have the supports to help them thrive. Babies who have healthcare, good nutrition, stable homes, loving relationships and early childhood education start life with a strong foundation for success.
To build a navigable, supportive network for families and improve infant, child, and family health and well-being, the First 1000 Days Suncoast devised a blended framework with five key components, all independently grounded in science and/or guided by community, parent and stakeholder input. If successful, women will have access to prenatal care and supportive services for healthier pregnancies, families and children will be healthier and more resilient, and health inequities in pregnant women, infants and children in our region will be reduced.
First 1000 Days Suncoast – A Community Collaboration

Key Components

• Integrative Activities
• Partner Collaboration and Innovation
• Parent Empowerment
• Care Coordination
• Targeted Interventions and Services
First 1000 Days Suncoast – A Community Collaboration

2021 Results

• Coordination of partner organizations to present at community Pediatricians’ bi-monthly meetings to increase awareness of social and mental health services and initiatives available for families (Here for Youth, First Step of Sarasota, etc.).

• Plans for a region-wide trauma training for community partners delivered by Resilient Retreat. This will create a more standardized approach within our network to addressing trauma. From front-office clerks and support staff to providers and executives, it is key that all professionals working with families are trauma informed.
First 1000 Days Suncoast – A Community Collaboration

2021 Results

• Launched Color the Community campaign to increase awareness of The Basics principles and initiative’s parent portal website: First1000DaysSuncoast.com OR primeros1000dias.com

• Continued development of the Plan of Safe Care for substance-exposed newborns and their families

• Created an asset map of mental health supportive services for pregnant and postpartum women

• Fund The Basics Insights, a text messaging service that sends developmental tips and activities to families twice a week. A data dashboard provides zip code specific data on parenting behaviors to assist with any targeted interventions
First 1000 Days Suncoast – A Community Collaboration

2021 Results

- Community murals, painted by local artists, celebrate families and spread awareness about the initiative

- All Faith’s Food Bank takes on the local role as a Coordination Center for the Unite Us Care Coordination platform, responding to the initiative’s Assistance Request forms

- 68 community organizations use the county-wide care coordination platform, Unite Us, to send medical, mental health, and social services throughout the community. So far, over 1,000 referrals have been sent, with over 600 sent from Sarasota Memorial Hospital.
Common Barriers faced by Pregnant and Postpartum Women with Opioid Use Disorder

OBJECTIVE 3

Research indicates there are many barriers faced by pregnant and postpartum women. Some are:

• fear of Child Protective Services (CPS) and possible removal of their baby/child from their care
• identifying treatment programs and completing admission requirements
• wait times
• counselor ability to address woman-centered issues
• fear, safety, and stigma
Common Barriers faced by Pregnant and Postpartum Women with Opioid Use Disorder

- fear, safety, and stigma
- transportation
- lack of support or positive reinforcement from partner or family members to attend treatment

**Ways to Address Barriers:**

Reinforce women’s personal motivation for treatment was a facilitator. Suggestions to improve treatment programs included: to allow children to accompany their mothers, involvement of peer support, and women-only programs.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5151516/
Common Barriers faced by Pregnant and Postpartum Women with Opioid Use Disorder

List one barrier in chat box and 1 strategy to address that barrier - 5 minutes
Common Barriers faced by Pregnant and Postpartum Women with Opioid Use Disorder

VIDEO

• New study shows pregnant women face barriers to accessing opioid addiction treatment

https://youtu.be/ozFByoKohtM
Common Barriers faced by Pregnant and Postpartum Women with Opioid Use Disorder

VIDEO

Pregnant and addicted to opioids: A mother speaks
Webinar Summary

• Collaborative Community approaches between substance use disorder treatment programs and community hospitals/neonatal intensive care units significantly improve outcomes for mother and infant.

• Community initiatives such as ASAP and First 1000 Days Suncoast demonstrate that when communities come together to solve a community problem, then entire community benefits.

• Changing practices in hospitals for mothers and infants produced enhanced maternal-infant bonding, reduced medications for the NAS infant, and reduced LOS.

• There are many barriers faced by pregnant and postpartum women with opioid use disorder, but with creative thinking and partnerships, many of these barriers could be eliminated.
Resources

• A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders

• National Center for Biotechnology Information (NCBI)
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5151516/

• National Center on Substance Abuse and Child Welfare
  https://ncsacw.samhsa.gov/topics/pregnant-postpartum-women.aspx

• PSNet Patient Safety Network
  https://psnet.ahrq.gov/innovation/project-nurture-engages-pregnant-people-substance-use-disorder-improves-maternal-and
Questions/Comments

Any Questions?
THANK YOU!
References

Learning Objective 1 – (Slides 1-19)


• Gulf Coast Community Foundation; Opioid Crisis Response https://www.gulfcoastcf.org/our-initiatives/health-human-services/opioid-crisis-response

References

Learning Objective 2 (Slides 20-28)

Learning Objective 3 (Slides 29-34)
• National Center for Biotechnology Information (NCBI) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5151516/
• New study shows pregnant women face barriers to accessing opioid addiction treatment https://youtu.be/0zFBy0KohtM
• Pregnant and addicted to opioids: A mother speaks. https://youtu.be/6NBNKvYSWPo
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