Update for Comprehensive Perinatal Treatment for Opioid Use Disorder, Peer Support and a Plan of Safe Care

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Objectives

1. To describe the core ASAM and SAMHSA components for comprehensive substance use treatment for perinatal women, including pharmacological treatment methods for perinatal women.
2. To list three core concepts and delivery methods to provide evidenced-based peer support and mentorship.
3. To describe the new federal regulation and state plans to address PLAN OF SAFE CARE.

The Tale of Two Cities

11,314

Annual number and age-adjusted rate of drug overdose deaths* involving heroin and synthetic opioids other than methadone,** by sex, age—United States, 2016 and 2017

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Fentanyl-Heroin-Cocaine-Methamphetamine Drugs Involved in U.S. Overdose Deaths, 1999 to 2017

Kentucky Resident Neonatal Abstinence Syndrome (NAS) Numbers and Rates, 2000-2016*
Definition of Addiction Medicine

Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. Reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

https://www.asam.org/education/live-online-cme/fundamentals-of-addiction-medicine

ABC’s of Addiction

- Inability to consistently Abstain;
- Impairment in Behavioral control;
- Craving, or increased “hunger” for drugs or rewarding experiences;
- Diminished recognition of significant problems with one’s behaviors and interpersonal relationships; and
- A dysfunctional Emotional response.

Why offer treatment?

Addiction can cause disability or premature death, especially when left untreated or treated inadequately.

Cognitive changes in addiction

- Preoccupation with substance use;
- Altered evaluations of the relative benefits and detriments associated with drugs or rewarding behaviors; and
- The inaccurate belief that problems experienced in one’s life are attributable to other causes rather than being a predictable consequence of addiction.

Emotional Changes in Addiction

- Increased anxiety, dysphoria, and emotional pain;
- Increased sensitivity to stressors associated with the recruitment of brain stress systems, such that “things seem more stressful” as a result; and
- Difficulty in identifying feelings, distinguishing between feelings and the bodily sensations of emotional arousal, and describing feelings to other people (sometimes referred to as alexithymia).
ASAM Continuum of Care

Individualized Treatment Plans

- Patients should participate in development
- Motivation should be assessed and noted along with resources
- When possible the ITP should follow a complete psychosocial assessment
- Need for family education on NARCAN

Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Consider past and current experiences of substance use and withdrawal:
  - History of seizure
  - History of overdose
  - Recent incarceration
  - Length and severity of use

Dimension 2: Biomedical Conditions and Complications
- Physical health history and current condition
  - Hepatitis C
  - Endocarditis, osteomyelitis, other infection of skin, body or blood
  - Chronic pain
  - Diabetes
  - Other
Dimension 3: Emotional, Behavioral, Cognitive Conditions and Complications

Thoughts, emotions, mental health needs, and behavioral health history
• Anxiety or Depression—severity and history
• Social impact of these conditions
• History of self-injury, suicidal thoughts
• History of aggression toward others
• Trauma history
• Available support system/stressors

Dimension 4: Readiness to Change

Readiness and interest in changing
• What a patient says
• What a patient does
• How a patient is equipped

Tools:
• Quarterly assessment
• Recovery capital scale
• Individual counseling

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Likelihood of relapse or continued use or continued behavioral health problems
• Inconsistent attendance
• General instability
• Erratic changes in life

Dimension 6: Recovery and Living Environment

Relationship between recovery and living environment (people, places, and things)
• How appropriate is the home environment?
• How do we know?
• Trust but verify
• Are they required to do anything in exchange for housing?

Treating Substance Use Disorder Reduces Health Risks

• Identify ongoing health concerns
  • Hepatitis A, B, C
  • HIV
  • STIs
  • Endocarditis
  • Osteomyelitis
  • Bacteremia
  • Cellulitis
  • Oral health
• Presence of active substance use
• Screen for alcohol and marijuana use
• Offer family planning services to reduce repeat NAS birth

Maternal Opioid Treatment: The MOTHER Trial

Compare methadone to buprenorphine in pregnancy
• Double-blind randomized control trial (n=175)
• Evaluated maternal and neonatal outcomes

For those babies who developed NAS, those exposed to buprenorphine
• required significantly less morphine (1.1 mg vs. 10.4 mg)
• significantly shorter duration of morphine treatment (4.1 vs. 9.9 days)
• had significantly shorter hospital stays (10 vs. 17 days)
Neonatal Abstinence Syndrome

Standard NACU Care
- Care by parent
- Family participation
- Support for breastfeeding
- Kangaroo care and baby wearing
- Infant massage, music therapy, jin shin jyutsu, pastoral care, Happiest Baby on the Block
- Art therapy
- Animal assisted therapy

Rooming In is Better for Babies

32 Babies Received Care by Parents*
Their average length of stay at the hospital was 6 days.

32 Babies Received Traditional Care*
Their average length of stay at the hospital was 13 days.

Opioid Use in Pregnancy

Happiest Baby on the Block

Mother's Buprenorphine Treatment During Pregnancy Benefits Infants

Infantile Depression

Hospital Costs

Costs for newborns in withdrawal:
- $3,500
- $6,700
- $10,000
- $15,000
- $20,000
- $30,000
- $40,000
- $50,000
- $60,000
- $70,000

*The mothers of the 64 infants were matched according to gestational age, smoking, and breastfeeding status.

Rooming in is better for babies.
Rooming In is Better for Babies

32 Babies Received Care by Parents

32 Babies Received Traditional Care

*The mothers of the 64 infants were matched according to gestational age, smoking, and breastfeeding status

Two required medication for neonatal abstinence syndrome

Twelve required medication for neonatal abstinence syndrome

The NACU was established to keep moms and babies together

Beyond Birth
Comprehensive Recovery Center

An outpatient substance use disorder treatment program for women parenting children five years of age or younger.

COMMUNITY OUTREACH

A safe, supportive environment

Offering Support
A life saving program

Building Relationships and Trust

Where would you be without this program?

• "I'd be either dead or in jail because I'm a repeat offender. I was carrying a lot of guilt and shame."

• "I get emotional because my children now have a mother. I can fully protect my children now."

Anything else you would like us to know

• "I don't feel judged in this program."

• "Not only am I present, but I'm also present. Had I not been in this program, I probably wouldn't have my baby."

• I'm very thankful for the program because I'm here and I'm not just wandering around existing. I'm living a life and it's very beautiful...

Recovery

Relapse Prevention Plans

Every patient should have a relapse plan and education about types of triggers

Peer Support Services

Prenatal

NACU

Postpartum
The science on recovery support is emerging

Focus Groups
- 9 postpartum women
- Ages 27-39
- Education
  - Less than high school: 1
  - High school or GED: 2
  - Some college: 3
  - College graduate: 2

“Just because you’ve been in the field for 13 years doesn’t mean that you can relate to us in any way, shape, or form. You may know the scientific part of it. I think it makes a huge difference to talk to someone that’s been there and done that, versus somebody that studied it.”

The science on recovery support is emerging

What are the benefits of working with peer support specialists?

“I had to go a week without my medicine. I was bawling, terrified, afraid of relapsing. And (Peer Support Specialist) was a phone call away, a message away, the whole entire week. She didn’t care what time of day, what time of night. She was there and really helped me through that week.”

“She’s had years of recovery. She’s upbeat. She’s cheerful, but she’ll kick your ass if you need it. And, that’s really what every addict needs.”

The science on recovery support is emerging

How can our peer support service program be improved?

“Don’t tell me how I should feel. Don’t tell me how to act. Support me and help me make the right decision. I need a teammate, not a parent.”

“Don’t tell me how I should feel. Don’t tell me how to act. Support me and help me make the right decision. I need a teammate, not a parent. It doesn’t help to tell me to get out of a bad situation. I know I need out of this. But help me figure it out myself. Even if you just let me run my mouth until I find the answer. Help me come to the right conclusion, don’t tell me what the conclusion is. I have to be able to figure it out on my own.”
The science on recovery support is emerging

What are drawbacks to peer support services?

"I hear there are problems with peers tattling. I heard someone got their baby taken away because of it."

"I guess some lines can be crossed. Like, are we buddies that can discuss everything? You're a professional that's on my level. But how close can we be?"

"Sometimes different peers want to push you to do things the way they did them. And everybody’s recovery looks different. So it's fine to say, 'Oh, here's what I did.' But I have been—not necessarily here—but I have been pushed to do things the way they did it. I will always take your advice. But when you get angry with me because I didn't do it your way, well, I don't like that. Each individual is different."

Plan of Safe Care

Recovery is a lifelong process

What is a Plan of Safe Care?

- An amendment of the Child Abuse Prevention and Treatment Act (CAPTA) requires development of best practices for safe care of substance exposed newborns
- Included are all infants affected by:
  - Nega substance abuse
  - Withdrawal symptoms
  - Fetal Alcohol Spectrum Disorder (FASD)
  - Prenatal substance exposure
Plan of Safe Care: improving connection and care

• Focus on mom and baby
• Treatment referrals for family members
• Decrease ACEs

A plan of safe care improves connection

• Focus on mom and baby
• Treatment referrals for family members
• Goal of decreasing Adverse Childhood Events

Adverse Childhood Experiences: the main determinant of health and social well-being of the nation

Experiences Matter

of IV drug users have 7 or more ACEs

76%

A Snapshot of a Substance Using Home
Identification of SUD during pregnancy
Referral for SUD services
Referral for prenatal care
Preparing women and families for NAS
(as with UK PATHways Program and UKHC Neonatal Abstinence Care Unit-NACU)
Consistent Hospital Policies for universal screening at birth
Hospital standards that promote bonding at birth (NACU)
Consistent reporting to the Department for Child Protective Services
Cooperation with DCBS risk assessment findings
Comprehensive assessments of social/emotional health and parenting capacity
Development of discharge plan and multi-disciplinary plan of coordinated care
Ongoing care plans for families that include recovery supports
Referring parents for services when identified as at risk within the healthcare system
Sufficient follow-up and support to continue to meet children’s needs as well as the parent/family

Key Practices: Plan of Safe Care

The Beyond Birth Comprehensive Recovery Center excels in the specialty care of postpartum and parenting women with substance use disorders through evidence based medical and behavioral health services using accountability, individualized care, and support in an outpatient setting.

Mission

The Beyond Birth Comprehensive Recovery Center excels in the specialty care of postpartum and parenting women with substance use disorders through evidence based medical and behavioral health services using accountability, individualized care, and support in an outpatient setting.

Establishment of Hepatitis C Treatment Program

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<td>HCV screening at Beyond Birth NP/MD Collaboration</td>
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<td>Individual counseling and discussion of results at Beyond Birth</td>
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<td>Patients placed in groups of 5, and transported from Beyond Birth to UK Hepatology for fibroscan</td>
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<tr>
<td>Patients complete course of treatment at Beyond Birth</td>
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<tr>
<td>85 screened</td>
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<td>85 counseled</td>
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<tr>
<td>Patients triaged for treatment based on severity</td>
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<tr>
<td>First treatment cohort n=17</td>
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<td>Treatment capacity=15 per month</td>
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<td>In process</td>
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Reduce Repeat and Short-Interval Pregnancy n=85

| Screening of pregnancy at intake |
| Family planning counseling |
| Most common choices: implants, IUD |
| 13 women >4 months postpartum received long acting contraception |

Beyond Birth Comprehensive Recovery Center Program Objectives

Provide excellent, individualized care
Serve all with kindness, through accountability and structure
Be efficient in process and scope
**WHAT WE DO:**

**Beyond Birth Comprehensive Recovery Center**

Provide a place for women to receive services that are part of the federal requirement for states to require a plan of safe care for infants and children.

Provide comprehensive care as part of A Recovery Oriented System of Care (ROSC)
- Warm connections to community partners
- Bringing services to those who need them
- Referrals for family members

**WHAT WE DO:**

**Beyond Birth Comprehensive Recovery Center**

Linking High Risk Women to Treatment

**Beyond Birth**

**A Plan of Safe Care Program**

- Ensure women's health
- Focus on safe birth
- Addressed maternal and child health
- Primary care services
- Maternal care services
- Social services
- Specialized mental health care
- Nurturing services

**Plan of Safe Care Begins in Pregnancy**

- Universal screening
- Detox during pregnancy associated with increase relapse rates
- Evidence should guide plan of safe care
- Provide education on NAS
- Connect patients to community resources
- Evaluate for medication assistance

**Your Role in Plan of Safe Care**

- States are required to develop and implement their own Plan of Safe Care
- This plan is required to:
  - Address needs of the entire family
  - Specify a plan to track referrals and to provide data as required by the state
  - Report on infants for whom a plan of safe care was developed and identify family members referred

**Goal #1: Increase quality of attachment with newborn**

- Rooming-in care is recommended
- Encourage breast-feeding when possible
- Offer Occupational Therapy (OT) to baby while in hospital
- Connect with in-home support
  - WIC (Women, Infants and Children)
  - HANDS-Home Visitation Program for mom and baby

**Goal #2: Assess and Refer**

- Discuss with mom parenting goals
- Service needs
- Level of motivation/Concerns
Goal #3: Provide connections to community

- Bring outside resources inside
- Engage family in discussion
- Offer referrals for all family members, including older children

Neonatal Abstinence Syndrome

- NAS is a clinical diagnosis of a constellation of signs and symptoms that involve multiple organ systems.
- Signs of significant withdrawal include diarrhea, sleeplessness, inconsolability, and/or disorganized feeding.

General DCBS Report Circumstances

- Automatic referral from hospital due to NAS status at birth. Mother may be receiving appropriate services which includes treatment with MAT (buprenorphine or methadone).
- Baby is positive at birth, but mom is connected and receiving services.
- Baby is positive, no identified imminent risk may be present, no family history, mother self-reported use and asked for help and no treatment for withdrawal was required for the infant.

Reporting Child Abuse or Neglect

- In cases of NAS requiring treatment or substance exposure in a newborn, a report must be made to the Department for Community Based Services for investigation. Reports of suspected abuse or neglect may be made through the Child Abuse Hotline: 877-597-2331 or through the Online Reporting System accessible at this address: https://prdweb.chfs.ky.gov/ReportAbuse/.

Your Plan of Safe Care

- Begin with the end in mind
- Plan to increase the number of mothers providing safe care to infants and children
- Improve discharge planning process to ensure each family is assessed and referred
- Train providers to identify risk of harm
- Engage with community partners
- Make referrals

Collaborations that Work

- Know the “who”, not just “where”
- Examine barriers to care with partners
- Increase access
### Identify Community Partners

- Community Mental Health Centers
- Case management Services
- KY Moms
- Public Health Department
- Hands
- WIC
- Treatment providers
- Primary care

### Checklist for Baby

- Family has safe crib
- Family received education on safe sleep
- Baby has room
- Low stimulation environment
- Pet safety plan
- Smoke-free home guidance
- Preparation of siblings
- Identify substitute caregivers
- Referrals to WIC, food banks made for mother/baby

### Early Interventions for those with Prenatal Substance Exposure

- Speech and language assessment
- Play therapy
- Physical therapy
- Early educational needs assessment
- Hepatitis C testing for those born to + mothers
- Immunizations
- Nutrition

### Services for Family

- Treatment resources—all family members
- Employment training or job referrals
- Housing assistance
- Food assistance

### Discharge Planning and Referral

- Case Manager established Name: Contact #:
- Connect with a peer support specialist
- Maternal substance abuse treatment program Name/Facility:
- Hands program
- Neonatal follow-up appointment scheduled Provider Name: Contact #: Date/Time:
- Neonatal follow-up appointment scheduled Provider Name: Contact #: Date/Time:
- Family planning discussion reviewed (encourage long acting)
- Other provider follow-up appointment scheduled (if applicable) Provider Name: Contact #: Date/Time:
- Verified provider accepts patients insurance Yes/No Information given to family regarding follow-up appointments (date/time of appointments, addresses, contact numbers) Yes/No
- Addressed barriers to follow-up (transportation, etc) Yes/No
- Care team contacts providers to ensure follow-up appointment attended
Knowledge is Power

- Nonpharmacologic management of NAS
- Knowledge of addiction from their own experience
- Open discussion about trauma/prevention of trauma in their own children’s lives
- Each success is a celebration

KY Moms Program/BPAN

- Available through every Community Mental Health Service Center
- Peer support specialists for the first month of life
- Financial resources.
- Housing resources.
- Nutritional information.
- Transportation to medical appointments.
- Help to stop using alcohol and other drugs.
- Help to quit smoking.
- Help to reduce anxiety or depression.

Women Infants and Children (WIC)

Kentucky HANDS Program

- By developmental delay - A child may be eligible for services if an evaluation shows that a child is not developing typically in at least one of the following skill areas: communication, cognition, physical, social and emotional or self-help.
- Established Risk Concern - A child may be eligible if he or she receives a diagnosis of physical or mental condition with high probability of resulting developmental delay such as Down Syndrome or prenatal substance exposure.
Safe Sleep
http://www.safesleepky.com/

Smoking Cessation
1-800-QUIT NOW

Keeping Communication Open

• Invite outside resources into your outpatient clinic
• Allow enrollment of HANDS/WIC on OB appointment dates
• Discuss benefits of prenatal case management services
• Consider this as a process of steps along a path to recovery

Sleep/Wake Control
• Assist with transition
• Gentle handling
• Appropriate stimulation

Motor/Tone
• Non-nutritive sucking (pacifiers)
• Containment, holding
• Swaddling
• Positioning aides
• Rocking

TOUCH: gentle, slow
VISUAL: dim lights
SOUNDS: speak quietly
MOVEMENT: hold, swaddle

Prepared, Connected Mothers Do Best

Successful Program Hallmarks

Accountability is a key component of long-term recovery
Frequency of patient encounters and random screens are key
Guidance through the recovery process is provided by a multi-discipline treatment team

No two roads to recovery are exactly alike but the components of successful recovery programs include:
• Urine drug screens are random and up to twice a week for new patients
• Multi-disciplines work together to provide case management and the opportunity for more targeted case planning
• High risk, high need patients will have the highest frequency of contact

Thank you