NATIONAL COUNCIL for Mental Wellbeing

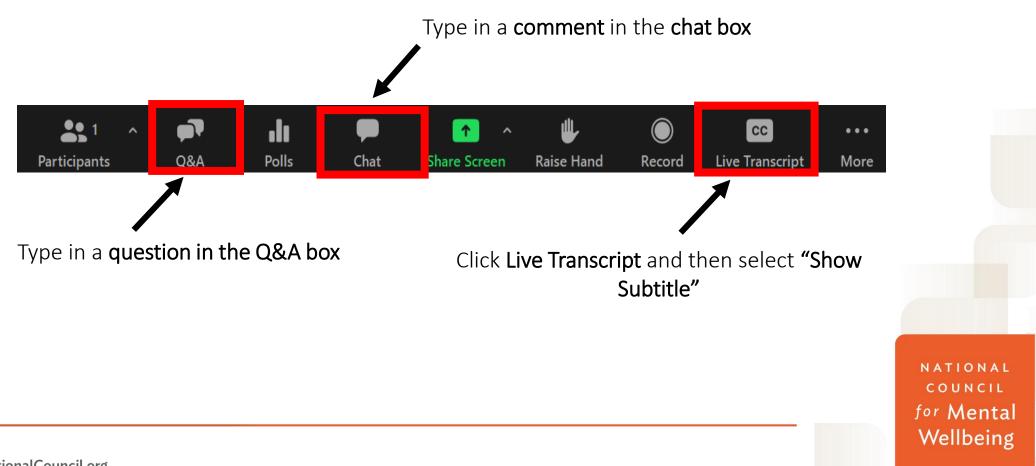
Perinatal Health Part 3: Integrating Services for Pregnant and Postpartum People in High Need Settings

June 23rd, 2022 2pm-3pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



www.samhsa.gov

Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

Perinatal Integrated Health Webinar Series

May 10: 1-2pm ET	The Case for Integration & Continuum of Care: Considerations
	Across Primary and Specialty Care

May 12: 2-3pm ETPerinatal Behavioral Health Care in a CCBHC

June 23: 2-3pm ET Integrating Services in High Need Settings

July 21: 2-3pm ET Addressing Serious Mental Illness

Today's Presenters



Dr. Maria Manriquez, MD, FACOG Obstetrics and Gynecology Specialist Hushabye Nursery



Tara Sundem, APRN, NNP-BC Founder and Executive Director, Hushabye Nursery



Tawni Carson, Dahlya's Mommy, Hushabye Nursery

Learning Objectives

After this webinar, participants will be able to:

- Understand trends in opiate use during pregnancy and related challenges
- Understand the need for Family-Centered Trauma Informed Care when integrating care for expecting families who experience substance use challenges
- Describe Hushabye Nursery's Care Model for Neonatal Opioid Withdrawal
 Syndrome and strategies for integrating medical and behavioral health services

Collaborative Approach to Addressing Perinatal Health, Substance Use and the Babies

- Dr. Maria Manriquez, Obstetrics and Gynecology Specialist
- Tara Sundem, Hushabye Nursery Founder and Executive Director
- Tawni Carson, Dahlya's Mommy



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Every 15 minutes, a baby is born passively dependent in the US...





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Pregnancy & Opioid Use Disorder/ Substance Use Disorder





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Opioid Use Disorder (OUD) A Brain Disease, not a moral failure!

- How we talk impacts the way we think.
- Improved understanding that opioid use disorder is a complex interplay of biology and environment will decrease stigma and increase access to healthcare.

Source: Olsen Y, Sharfstein JM. Confronting the Stigma of Opioid Use Disorder—and Its Treatment. JAMA. 2014;311(14):1393–1394. doi:10.1001/jama.2014.2147



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Opioid Use Disorder (OUD)

A Chronic Illness; relapsing is part of recovery!





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Source: Olsen Y, Sharfstein JM. Confronting the Stigma of Opioid Use Disorder—and Its Treatment. JAMA. 2014;311(14):1393–1394. doi:10.1001/jama.2014.2147



Maternal OUD Treatment Cold Turkey

Why not???

- Increases the risk of miscarriage
- High incidence of relapse
- Not recommended by the American College of Obstetricians and Gynecologists (ACOG)

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5457836/



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Pregnancy & OUD Complications

- Low birth weight
- Jaundice
- Long hospital stay
- Morphine treatment for neonate
- Increased risk of neglect or accidental death
- Research shows behavioral problems in children who experienced NAS as newborns*

*Results could have been skewed due to the unstable lifestyle that a child is exposed to with a parent with OUD/SUD, there is no way to control solely for NAS



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- NOT addiction
- Passive exposure
- No cravings for the drug





Rate of Neonatal Abstinence Syndrome (NAS)

- The national incidence rate of NAS/NOWS in 2016 was 7 cases per 1,000 hospital births.
- The highest rates were reported among American Indian/Alaska Native (15.9 per 1,000 births) and White Non-Hispanic (10.5 per 1,000 births) individuals.
- In 2016, hospital costs for NAS/NOWS births totaled \$572.7 million, after adjusting for inflation.

Healthcare Cost and Utilization Project (HCUP). Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations. (2019, December 12) Retrieved from https://www.hcup-us.ahrq.gov/faststats/nas/nasquery.jsp? Comparisons with earlier estimates are difficult because of the ICD-10-CM transition in 2015. Strahan AE, Guy Jr. GP, Bohm M, et al. Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016. JAMA Pediatrics. 2020;174(2):200-202.



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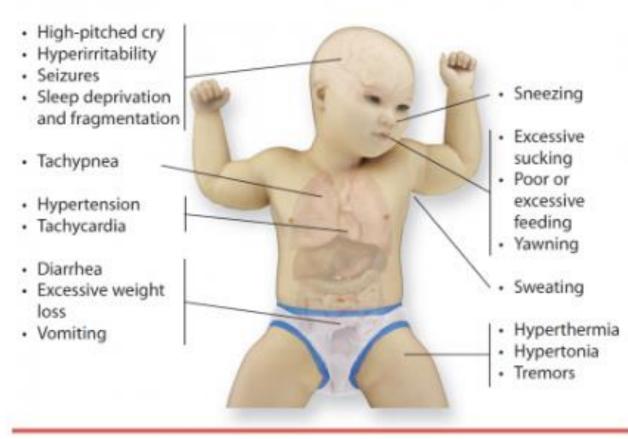
Neonatal Abstinence Syndrome (NAS) Withdrawal Symptoms

Similar to an adult

NAS signs

s

Signs of neonatal abstinence syndrome (NAS) primarily occur in the neurologic, respiratory, and GI systems.



https://www.myamericannurse.com/caring-for-infants-and-families-affected-by-neonatal-abstinence-syndrome/



How do we improve outcomes?





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How do we improve outcomes...

Decrease Stigma...

Remove "addiction, addicts, junkies" from our vocabulary

Refer to dependency by the diagnosis- Opiate Use Disorder, Substance Use Disorder, Alcoholism

Be kind

Don't Judge



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- Funded initially by the National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) in early 2018.
- 2021 Maricopa County received funding to continue the SHIFT work.
- Overall goal for the Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative is to ensure early identification of infants with prenatal substance exposure, reduce time to service engagement for parents and infants, increase cross-systems coordination and collaboration, and decrease the overall exposure to trauma for the impacted family.



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SHIFT is a multi-disciplinary team comprised of:

- Superior Court, Juvenile Department (Family Treatment Court)
- Department of Child Safety
- Parent's Attorney
- Maricopa County Department of Public Health (home visiting)
- Terros Health
- Hushabye Nursery
- Community Medical Services
- Arizona Early Intervention Program (AzEIP)
- Parent Partners Plus/Southwest Human Development
- University of Arizona College of Medicine, Phoenix
- Banner University Medical Center



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Substance Use Referral & Treatment for Moms

Dr. Maria Manriquez

Obstetrics and Gynecology Specialist



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HEAL Program

Halle Empowerment Affirmation Legacy

Individual (1:1)

Groups (Intensive Outpatient Program (IOP)/Supportive Outpatient Program (SOP))

Peer Supports Wellness Trauma and Addiction CBT for Anxiety Motivation Interviewing Dialectical Behavior Skills (DBT) Community Meal /positive psychology group



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Hushabye Nursery's Mission

"To embrace substance exposed babies and their caregivers with compassionate, evidence-based care that changes the course of their entire lives."



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Hushabye Nursery's Care Model

Integrating Medical & Behavioral Health

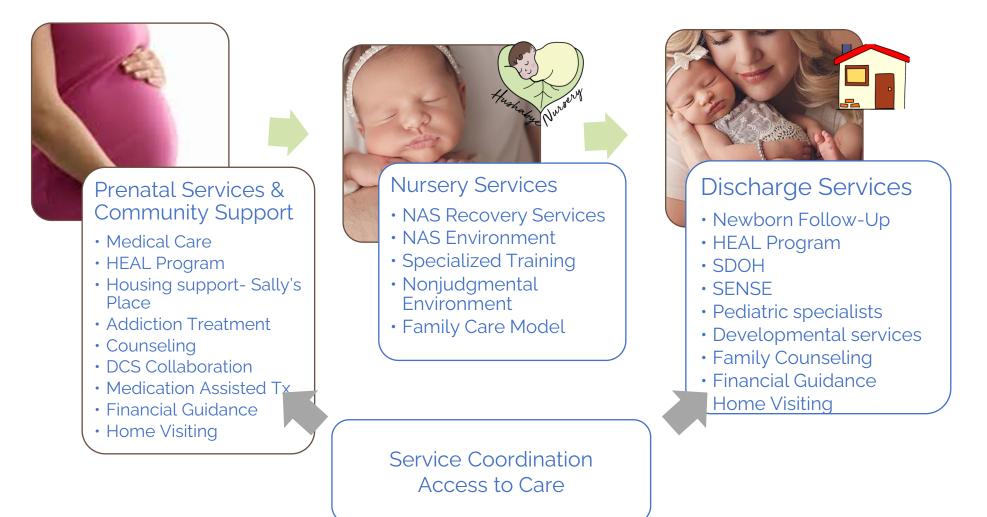




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Hushabye Nursery's Care Model NAS Center of Excellence





Hushabye Outpatient Services Trauma Informed

- Peer Supports
- Trauma Specialist
- EMDR
- Counseling
- Transportation, food and housing support
- NAS education-diagnosis treatment and follow-up care
- Infant CPR

- Car Seat Education
- Safe Sleep Education
- Baby Supplies and Resources
- Care Coordination
- Evidence Based Parenting Classes such as Triple P Parenting
- Baby Soothing Education
- Social Connections
- SMART Recovery



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Hushabye Nursery is Different

NICU Model Hushabye Model

NICU environment Design NICU for premature babies, not NAS babies Limited resources for family recovery and DCS navigation Restricted visitation due to COVID and space Ensure one caregiver to every three babies (1:3) Treat babies in guiet, dark, calm environment Private nurseries Educate families on how to care for NAS baby Family can stay in-room 24/7 Ensure one caregiver per baby (1:1) DCS specific Case manager Specially-trained staff with passion for NAS babies Promote bonding and breastfeeding Use five Ss, rock up and down, 6th S-squat techniques Wean and treat babies with medications as necessary Eat Sleep & Console Treatment Model (ESC) Validate Finnegan Neonatal Abstinence Scoring System Provide outpatient behavioural health treatment onsite

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Inpatient Services Family-Centered Trauma Informed Care

- Care for babies as they go through the withdrawal process
- Families may stay with their baby 24/7
- ESC model with Modified Finnegan assessment tool
- Phototherapy
- Gavage Feedings
- Pharmacologic care if needed

- DCS Support
- Family Education
- Counseling
- Family Coaching
- Lactation Support
- Developmental Specialist Consultations
- Trauma Support Specialist



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Postpartum Follow Up



Postpartum Services & Community Collaboration

- HEAL Program (Intensive Outpatient Therapy)
- Peer Support guidance
- Trauma Therapy
- MAT
- Edinburgh Assessments
- Family Counseling
- SDOH Support
- Home Visiting
- Maternal Mental Health
- HOPPE groups

Newborn Follow-up



- Trauma informed pediatrician
- Home health visits
- Hushabye check ins (48hours, 1 week, 2 weeks, 1, 2, 4, 6,9,12 months, then every 6 months) Edinburgh, Babies weight? How did your little one tolerate their immunizations? How are you sleeping? How is baby sleeping? do they need anything at all?
- Developmental follow up clinic
- OT, PT, Speech
- Home visiting program (Healthy Families or Nurse Family Partnership)
- VINES (Virtual Neonatal Support Program)
- WIC (Special Supplemental Nutrition Program for Women, Infants and Children)
- HRPP (High Risk Perinatal Program)
- AzEIP (Arizona Early Intervention Program)

Source: Torticollis in Infants with a History of Neonatal Abstinence Syndrome McAllister, Jennifer M. et al. The Journal of Pediatrics, Volume 196, 305 - 308



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IMPACT REPORT NOVEMBER 2020 - DECEMBER 2021

We offer compassionate, evidence-based care that changes lives.

Opioid Use Disorder (OUD) during pregnancy has been linked to serious negative health outcomes for pregnant women and developing babies including preterm birth, stillbirth, maternal mortality, and Neonatal Abstinence Syndrome (NAS).

Hushabye Nursery is working to improve systems to help ensure that every newborn experiencing NAS, and their family experiencing OUD, receive the right care at the right price for better overall health outcomes.

Reduced Length of Stay

Average NICU stay is 22 DAYS in Current Standard of Care

verage Hushabye Nursery stay is **7 DAYS**

Our innovative care model for treatment of NAS infants significantly decreases length of stay. PraMatic Decrease in Cr Average NICU cost is \$44,824 Average Hushabye Nursery cost is

\$6,874

The financial savings to the healthcare industry could substantial as a majority of newborns with NAS are insured by Medicaid.



COMMUNITY REFERRALS Hushabye Nursery helps families navigate the healthcare maze as well as other critical systems and social services. We made



Decreased Usage of Morphine

Hushabye Nursery's integrated, family-centered care model provides the ideal setting for implementation of the Eat, Sleep, Console method that minimizes the need for pharmacologic support.



of mothers who are enatally involved with shabye Nursery safely maintained custody of their infant. **50%** of mothers who are not prenatally involved infants were placed in foster/kinship care. Hushabye Nursery is meeting or exceeding NAS emerging models of care outcomes after 18 months of operation (November 17, 2020 – April 30th, 2022) and 254 infants served.

OUTCOME	Current Standard	Hushabye Nursery
NAS infants treated with morphine	98%	24%
NAS infants Average Length of Stay in NICU	22 days	7 days
NAS infants Average cost of hospitalization	\$44,824	\$6,874
Percent of infants who took majority of feeds from breast	20%	31.8%
Percent of infants who were safely discharged to a biological parent	Not reported	66.9% (79.7% if active with Hushabye Nursery prenatal program)

Source: Grossman, MR, Berkwitt AK, Osborn RR, et al. An Initiative to Improve the Quality of Care of Infants with Neonatal Abstinence Syndrome. Pediatrics. 2017; 139(6):e20163360.



What We've Learned...

- Families are scared
- They don't trust
- Don't judge a book by it's cover
- Be straightforward
- Families really don't "hear" everything
- We need to follow new moms for Perinatal Mood Disorder
- When new to recovery, it is common for people to be using on top of Medication Assisted Treatment (MAT) until they ramp up to a stable dose
- Weaning off MAT postpartum is not recommended
- MAT is the gold standard of care. It is a GOOD thing!



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•Centers for Disease Control and Prevention. (2016). Opioid use disorder documented at delivery hospitalization – United States, 1999-2014. Retrieved from <u>https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6</u>

Questions, Comments?



Tools & Resources (1/2)

- <u>Perinatal Health Part 1: The Case for Integration & Considerations Across the Continuum of</u> <u>Care</u>
- <u>Perinatal Health Part 2: Perinatal Behavioral Health Care in a CCBHC</u>
- Hushabye Nursery
- <u>https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/treatment-of-opioid-use-disorders-in-pregnancy.aspx</u>
- https://store.samhsa.gov/product/Opioid-Use-Disorder-and-Pregnancy/sma18-5071fs1
- <u>24 hour MAT</u>
- NAS/ NOWS & Navigating the system

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Tools & Resources (2/2)

- <u>Care Plus NJ</u>
- Centers for Medicare and Medicaid Services <u>Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the</u> <u>Children's Health Insurance Program (CHIP)</u>
- Fetal Alcohol Spectrum Disorders Research Briefs
- Integrating Substance Use Disorder and OB/GYN Care Brief
- Maternal, Infant, and Child Health Healthy People 2020
- <u>Perinatal Mental Health Alliance for People of color</u>
- <u>Perinatal Depression: Preventive Interventions</u>
- WNY Postpartum Connection Inc: Directory of Mental Health and Support Services for Pregnant and Post Partum People of Color
- HRSA Maternal & Child Health Maternal and Child Health Bureau
- <u>California Maternal Quality Care Collaborative (CMQCC) Toolkits</u>
- <u>Alliance for Innovation on Maternal Health</u>
- <u>American Academy of Pediatrics</u>
- <u>American Hospital Association Better Health for Mothers and Babies</u>
- Women's Health Journal Article: Improving Latinas' Perinatal Mental Health During COVID-19 Crisis

Upcoming CoE Events:

CoE-IHS Webinar: CHI Part 3: Measuring Integration and Choosing Metric <u>Register here</u> for the next webinar in this series on Tuesday, June 28th from 2-3pm ET

CoE-IHS Webinar: Integrated Care Partnerships with School Based Health Centers <u>Register here</u> for this webinar on Tuesday, July 12th from 1-2pm

CoE-IHS Webinar: Perinatal Health Part 4: Addressing Serious Mental Illness <u>Register here</u> for this webinar on Thursday, July 21st from 2-3pm

Interested in an individual consultation with the CoE experts on integrated care? Contact us through this form here!

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Questions? Email integration@thenationalcouncil.org

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