State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder

Wednesday, October 24, 2018
1:00-2:15pm ET

Supported by the Health Resources and Services Administration

This project was supported by the Health Resources and Services Administration (HRSA) of the US. Department of Health and Human Services (HHS) under grant number UD3OA22891, National Organizations of State and Local Officials. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the US government.
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• Webinar Audio
  o Audio will be coming through your computer speakers
  o If you are experiencing audio difficulties, you may dial in via your phone:
    ▪ Call-in: 800-581-5838
    ▪ Passcode: 119657

• Q&A
  o Please submit all questions via the chat box
Webinar Overview and Agenda

Welcome, Introductions, and Overview
• Carrie Hanlon, Project Director, NASHP

Colorado’s Strategies to Promote Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder
• Amy Cooper, Women’s Services Coordinator, Office of Behavioral Health, Colorado Department of Human Services
• Susanna Snyder, Maternal Child Health Policy Specialist, Health Programs Office, Colorado Department of Health Care Policy and Financing
• Dr. Kaylin Klie, Physician, Denver Health; Assistant Professor, University of Colorado Department of Family Medicine

Questions and Discussion

Wrap Up
About NASHP

• An independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice.

• As a non-profit, nonpartisan organization, NASHP is dedicated to helping states achieve excellence in health policy and practice by:
  o Convening state leaders to solve problems and share solutions
  o Conducting policy analyses and research
  o Disseminating information on state policies and programs
  o Providing technical assistance to states
Pregnancy and Substance Use

- Substance use is common during pregnancy
- Rapid increase in opioid use disorder (OUD)
  - 1999-2014: 4x increase at delivery
- Medicaid is a critical source of coverage during pregnancy
  - Covered 43% of births in 2016

### Rates of substance use in previous month among pregnant women

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>14.7%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>7.1%</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>5.2%</td>
</tr>
<tr>
<td>Opioids (misuse)</td>
<td>1.4%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.4%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

The Postpartum Period

- Women with substance use disorder (SUD) are at particular risk during the postpartum period
  - Elevated risk of relapse
  - Recent study in MA: 4x rate of opioid overdose compared to 3rd trimester
- Unique challenges postpartum include:
  - Lack of specialized and prioritized treatment
  - Loss of pregnancy-related Medicaid coverage
  - Stigma of having a substance-exposed infant
  - Postpartum depression, hormonal changes

Effects on Children

- Prenatal substance exposure
  - Effects vary by substance
  - Effects include: withdrawal (neonatal abstinence syndrome), birth defects, intellectual and behavioral disabilities
- Increase in children entering foster care
- Trauma and adverse childhood experiences (ACEs)

State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder

Interviewed policymakers from three states: CO, PA, and TX

Issue brief identifies:
- State strategies to facilitate recovery among pregnant and parenting women with SUD
- Key considerations for states
- Funding sources and financing approaches
State Strategies

- **Support access and coverage**
  - Promote early identification
  - Expand postpartum coverage for SUD treatment
  - Facilitate transitions between care settings

- **Implement innovative care delivery models**
  - Integrate reproductive health care and SUD treatment
  - Promote family-centered care models
  - Address social determinants of health

- **Use cross-system financing and coordination**
  - Formalize collaboration
  - Leverage multiple funding streams
Special Connections and Additional Efforts for Women in Colorado

Amy Cooper, MA, LPC
Women’s Services Coordinator
Susanna Snyder, MA
Maternal Child Health Policy Specialist
## Maternal Mortality in Colorado

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide or accidental overdose</td>
<td>33.3%</td>
<td>63</td>
</tr>
<tr>
<td>Motor vehicle crash</td>
<td>11.1%</td>
<td>36</td>
</tr>
<tr>
<td>Non-cardiovascular conditions</td>
<td>11.1%</td>
<td>35</td>
</tr>
<tr>
<td>Cardiovascular conditions</td>
<td>7.4%</td>
<td>22</td>
</tr>
<tr>
<td>Embolism</td>
<td>6.3%</td>
<td>19</td>
</tr>
<tr>
<td>Homicide</td>
<td>5.2%</td>
<td>15</td>
</tr>
<tr>
<td>Infection</td>
<td>3.7%</td>
<td>10</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>2.1%</td>
<td>7</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1.2%</td>
<td>2</td>
</tr>
<tr>
<td>Other trauma</td>
<td>1.2%</td>
<td>2</td>
</tr>
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</table>

http://doi.org/10.1097/AOG.0000000000001695
Substance Use Disorder in Colorado

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Cocaine</th>
<th>Methamphetamine</th>
<th>Heroin</th>
<th>Rx Opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>13270</td>
<td>6872</td>
<td>3035</td>
<td>4557</td>
<td>1731</td>
<td>1536</td>
</tr>
<tr>
<td>2010</td>
<td>12701</td>
<td>6669</td>
<td>2522</td>
<td>4451</td>
<td>1789</td>
<td>1736</td>
</tr>
<tr>
<td>2011</td>
<td>12787</td>
<td>6350</td>
<td>2377</td>
<td>4367</td>
<td>2234</td>
<td>1931</td>
</tr>
<tr>
<td>2012</td>
<td>14033</td>
<td>6413</td>
<td>2288</td>
<td>5007</td>
<td>2746</td>
<td>2341</td>
</tr>
<tr>
<td>2013</td>
<td>13278</td>
<td>6069</td>
<td>1775</td>
<td>5745</td>
<td>3228</td>
<td>2282</td>
</tr>
<tr>
<td>2014</td>
<td>14058</td>
<td>6264</td>
<td>1683</td>
<td>6974</td>
<td>4528</td>
<td>2315</td>
</tr>
<tr>
<td>2015</td>
<td>14068</td>
<td>6545</td>
<td>1616</td>
<td>7721</td>
<td>5640</td>
<td>1993</td>
</tr>
<tr>
<td>2016</td>
<td>13675</td>
<td>5797</td>
<td>1421</td>
<td>8171</td>
<td>6406</td>
<td>2061</td>
</tr>
<tr>
<td>2017</td>
<td>14380</td>
<td>5665</td>
<td>1503</td>
<td>9354</td>
<td>7475</td>
<td>2219</td>
</tr>
</tbody>
</table>

SOURCE: Drug/Alcohol Coordinated Data System (DACODS), Office of Behavioral Health (OBH) Colorado Department of Human Services (CDHS)
## Maternal Mortality

### Substance Use Disorder (SUD) Diagnosis: ~10%
- Opioid Use Disorder (OUD) Diagnosis: ~1.5%

### Maternal Morbidity in Medicaid

- **Opioids**: 24 deaths (n=24)
- **Alcohols**: 19 deaths (n=19)
- **Benzodiazepines**: 11 deaths (n=11)
- **Cocaine/metabolites**: 10 deaths (n=10)
- **Sedatives/hypnotics**: 9 deaths (n=9)
- **Antidepressants**: 8 deaths (n=8)
- **Amphetamines**: 8 deaths (n=8)
- **Muscle relaxants**: 6 deaths (n=6)
- **Cannabinoids**: 4 deaths (n=4)
- **Acetaminophen**: 3 deaths (n=3)
- **Other toxicity**: 3 deaths (n=3)

Percentage of maternal death cases

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**Substance Use Disorder (SUD) Diagnosis:** ~10%

**Opioid Use Disorder (OUD) Diagnosis:** ~1.5%

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Special Connections

• Developed in 1992

• Combined effort between Medicaid and Colorado Department of Human Services

• Federal Waivered Program

• Measuring birth weight outcomes
Acronyms
CDHS: Colorado Department of Human Services
HCPF: Department of Health Care Policy and Financing
OBH: Office of Behavioral Health
SAPT: Substance Abuse Prevention and Treatment

Diagram:
- HCPF to Providers
- State of Colorado to HCPF
- Federal Government to State of Colorado
- Other: e.g., OBH's SAPF Federal Block Grant

Regulations:
- Federal Regulations
- State of Colorado
- The 6X of Social Security Act
- Code of Federal Regulations (CFR)
# Program Administration

<table>
<thead>
<tr>
<th>MEDICAID</th>
<th>OBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Payment</td>
<td>Provider Licensing</td>
</tr>
<tr>
<td>Federal Authority (1915 and State Plan)</td>
<td>Site Audits</td>
</tr>
<tr>
<td>Claims resolution</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>Articulation to Accountable Care Organization (ACO) Delivery System</td>
<td>New Site Recruitment</td>
</tr>
<tr>
<td></td>
<td>Contracting</td>
</tr>
<tr>
<td></td>
<td>Quarterly Meeting</td>
</tr>
</tbody>
</table>
# Reimbursable Services

<table>
<thead>
<tr>
<th>MEDICAID</th>
<th>OBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling</td>
<td>Room and Board</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>Miscellaneous</td>
</tr>
<tr>
<td>Prenatal Risk Assessment</td>
<td></td>
</tr>
<tr>
<td>Prenatal Care Coordination</td>
<td></td>
</tr>
<tr>
<td>Enhanced Prenatal Education</td>
<td></td>
</tr>
<tr>
<td>Daily Treatment Costs (per diem)</td>
<td></td>
</tr>
<tr>
<td><em>Standard Obstetric and Transportation Benefits</em></td>
<td></td>
</tr>
</tbody>
</table>
## Special Connections Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women Served</td>
<td>150-200/yr</td>
</tr>
<tr>
<td>Residential Services</td>
<td>~95% of costs</td>
</tr>
<tr>
<td>Available Beds</td>
<td>58</td>
</tr>
<tr>
<td>Avg Age</td>
<td>27</td>
</tr>
<tr>
<td>Avg Month at Admission</td>
<td>5th</td>
</tr>
</tbody>
</table>
Special Connections

Current Providers:

• Addiction Research and Treatment Services-The Haven Mother’s House: Residential and Outpatient provider, childcare available at Baby Haven through Child Care Assistance Program (CCAP)

• Mile High Behavioral Healthcare: Residential and Outpatient provider, children can remain with mother in treatment

• Crossroads’ Turning Points: Residential and Outpatient levels of care, children can remain with mother in treatment
Special Connections

Current Providers, Cont.:

• North Range Behavioral Healthcare-Wings Program: Residential and Outpatient levels of care, children can remain with mother in treatment

Referrals:

• Referrals can be made through the Managed Services Organization (MSO) who can refer the client to the Special Connections provider in their region

• Or, referrals can be made directly through the provider
Special Connections

• Mother’s Connection Media Campaign*: https://mothersconnection.com/
Special Connections

- Program Successes
  - Easing Billing
  - New provider recruitment

- Program Challenges:
  - Eligibility limitations
  - Capacity
Next Steps for Colorado: Efforts for the Future
OBH: Women in the CJS

• Jail Based Behavioral Health Services (JBBS)

• Efforts to increase clinician access in county jails

• Improving efforts around medication assisted treatment (MAT) services for women and men in jails
OBH: Child Care for Women in Treatment

- CCAP Prioritization
- Mobile Licensed Childcare
- Multi-provider operated childcare center
Colorado Medicaid Changes

- Physical Health and Behavioral Health under one Accountable Entity to ease care coordination between domains

- SUD Residential Benefit by Legislative Mandate

- Six behavioral health visits in primary care settings
Reflections

• Early SUD Benefit Strengths and Challenges
• Leveraging state and national dialogue on OUD
• Advantages and challenges of varied funding streams
• Interagency collaboration critical (data and relationships)
Reflections continued...

- Challenges to message costs in SUD Treatment
- Where should innovation happen?
- States we’re watching...
QUESTIONS?
No Wrong Door: Collaborative Perinatal Care for Incarcerated Women with SUD

Kaylin A Klie, MD, MA, FASAM
Addiction Medicine
Assistant Professor, Department of Family Medicine
University of Colorado School of Medicine
Priority Population

Pregnant women with opioid dependence are more likely to need treatment, but no more likely to receive it.

<20% of women who need treatment are able to receive it.
Inadequate screening for substance abuse by prenatal care providers
Fear of seeking care due to societal stigma and legal ramifications
High baseline anxiety and poor coping skills
Difficulty establishing trusting relationships with providers
Underlying psychiatric disorders
Lack of transportation and child care
Intimate partner violence and/or controlling behavior of partner

Incarceration
Access to MAT in Criminal Justice System

Jails and Prisons are among the largest SUD Treatment providers in the United States.

Of the estimated 2.4 million people currently incarcerated, 11% will receive evidence-based, specialty addiction treatment.

There is a severe underutilization of MAT in the criminal justice system, despite:

- Decreased relapse to use after release
- Decrease in overdose death after release
- Decreased recidivism
- Reduced transmission of HIV and Hepatitis C
- Increased post-release employment and family unit stabilization
Missed Opportunities

In the Community: Treatment? Prenatal Care?
Incarcerated: Prenatal Care> Treatment

Need to maintain access to both across boundaries of incarceration: Pregnant Women with SUDs need SUD treatment and prenatal care, no matter location or incarceration status
Jail

CCMF/OB Intake

Substance Team

Methadone Induction

Opened to Clinic

Follow up at clinic

Release
-OBAM appt
-OBHS appt
-Care Management

Methadone in jail via OBHS

Jail

Stabilization on Methadone

CCMF: Correctional Care Medical Facility (at Denver Health Hospital)
OBHS: Outpatient Behavioral Health Services (methadone clinic)
OBAM: OB Addiction Medicine Clinic
Maternal Deaths in CO

[Diagram showing cause of death among Colorado maternal deaths, pregnant up to one year post delivery, 2004-2012, N=211]
Post-Partum Deaths in CO

**Pregnancy Status at Time of Death Among Colorado Maternal Deaths, 2004-2012, N=211**

**Counts**
- 43 to 365 days after delivery (136)
- Within 42 days of delivery (48)
- Pregnant (26)
- Undetermined (1)

Source: Colorado Birth and Death Certificate Data, May 2014
Practice Change

• “Ramping up” intensity of care in post-partum period, whether women retain immediate custody or not
• Case management to assist patient in removing barriers to follow up
• Coordination of patient’s schedule to accommodate probation, drug court, CPS, treatment requirements
  • Prevents duplication of services/”treatment fatigue”
  • Enables patient/family to be successful across overlapping and potentially competing spheres
• Family/partner engagement critical
Outcomes

Duration of program (2015-)

2017

Engaged in Follow-up
Incarcerated
Transferred out of County
Lost to Follow-up

Eitan Halper-Stromberg
University of Colorado School of Medicine
New Developments

• Buprenorphine available in Denver Jails
• Buprenorphine inductions for opioid-dependent, pregnant women in Denver Jails
• Adams County partnering with ARTS for methadone treatment of opioid-dependent, pregnant inmates
• Jefferson County open to discussion about providing MAT for opioid-dependent, pregnant inmates
• Goal for 2018: No one discharged from jail without ongoing prenatal care established
Please type questions into the chat box.
NASHP Resources

- State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder (forthcoming)
- **State Strategies for Meeting the Needs of Young Children and Families Affected by the Opioid Crisis**
  - Issue brief
  - Webinar
- **Turning the Tide: State Strategies to Meet the Needs of Families Affected by Substance Use Disorder** (NASHP 2018 Preconference)
- NASHP policy academy for states to address MCH and SUD/behavioral health (forthcoming)
Thank you for joining today’s webinar!
Please take a moment to complete a brief evaluation survey.
The following resources will be emailed to all registrants next week:

- Webinar slides and recording
- NASHP issue brief: “State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder”