DMHAS Programs for Pregnant and Parenting Women with Opioid Use Disorders

Council on Medical Assistance Program Oversight
Women and Children's Health Committee
March 13, 2017

Kimberly Karanda, PhD, LCSW, Director of Statewide Services
Janet Storey, MSW, IRB Chair, Behavioral Health Program Manager
Overview of PPW* Services

• Who we serve
• What services we offer
• Where services are located
• When services can be accessed
• How services are accessed
• Collaborations

*Pregnant and Parenting Women
WHO WE SERVE
Hospital Data, Connecticut 2006-2014

- Total NAS Hospital Discharges (Birth and Non Birth Encounters)
- Women Giving Birth with Concurrent Diagnosis of Drug Dependence
- Women Giving Birth with Concurrent Diagnosis of Opioid Dependence

Source: Office of Health Care Access
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Admissions</th>
<th>Pregnant</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>11,721</td>
<td>3.06%</td>
<td>.08%</td>
</tr>
<tr>
<td>2015</td>
<td>12,860</td>
<td>3.29%</td>
<td>.1%</td>
</tr>
<tr>
<td>2016</td>
<td>13,126</td>
<td>2.80%</td>
<td>.1%</td>
</tr>
</tbody>
</table>
Heroin Primary Substance at Admission to Tx, Women by Age Group

Number of Admissions

- **18-24**
  - 2013: 663
  - 2014: 882
  - 2015: 1,056
  - 2016: 1,226

- **25-34**
  - 2013: 1,731
  - 2014: 1,827
  - 2015: 2,028
  - 2016: 2,024

- **35-44**
  - 2013: 913
  - 2014: 907
  - 2015: 1,112
  - 2016: 961

Source: DMHAS EQMI
## Pregnant and Parenting Women Residential SUD Services Data 2016

<table>
<thead>
<tr>
<th>Total Admissions</th>
<th>272</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay</td>
<td>117 days</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>2.2%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>20.2%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>75.3%</td>
</tr>
<tr>
<td>Other</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Children Served</strong></td>
<td></td>
</tr>
<tr>
<td>With mother at admission</td>
<td>19%</td>
</tr>
<tr>
<td>With mother at discharge</td>
<td>40%</td>
</tr>
<tr>
<td>Health on Admission</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Pregnant</td>
<td>37.0%</td>
</tr>
<tr>
<td>Substance use and chronic medical condition</td>
<td>7.0%</td>
</tr>
<tr>
<td>Co-occurring disorders</td>
<td>36.8%</td>
</tr>
<tr>
<td>Both chronic medical and psychiatric conditions</td>
<td>42.7%</td>
</tr>
<tr>
<td>Substance use disorder only</td>
<td>13.2%</td>
</tr>
</tbody>
</table>
WHAT SERVICES WE OFFER
Residential SUD Treatment for Pregnant and Parenting Women

- Seven facilities, total capacity 70 women with child(ren)
- 20 hours of treatment per week
- **Attention to:**
  - Trauma
  - Safety
  - Sexuality
  - IPV
  - NAS
  - Attachment
  - Parenting
  - Infant Mental Health
- Child resides with mother, participate in **Early Head Start**
- Specialized care management for women transitioning to community-based recovery services

DMHAS Oversight

- Trauma and Gender fidelity reviews
- Contract monitoring
- Ongoing Technical Assistance
Outpatient & Intensive Outpatient SUD Treatment for Pregnant and Parenting Women

• Treatment varies in intensity and flexibility based on client needs

• In general, services include:
  – Comprehensive assessment
  – Psychiatric evaluations and medication management
  – SUD and MH education
  – Individual, couple, and family therapy
  – Parenting and child development training
  – Specialized groups for relapse prevention, trauma and co-occurring disorders
  – 24 hour crisis coverage
  – Childcare
  – Discharge planning and aftercare

• Emphasis on participation in self-help recovery groups and/or other community supports
Evidence-Based Practices

Medication Assisted Treatment

- Use of medications *in combination with* counseling and behavioral therapies
- Enhances opioid-dependent woman's chances for a trouble-free pregnancy and a healthy baby
- Lowers risk of pregnancy complications and of having a child with neurobehavioral problems
Evidence-Based Practices

Trauma and Gender Specific Services

- Behavioral health care that is sensitive and responsive to the needs of those who have experienced psychological trauma and services are gender specific

Two Generation Interventions

- Office of Early Childhood/Early Head Start Initiative - small grants to enhance physical space for bonding activities
- Circle of Security
  - Attachment theory
  - Gives parents a ‘map’ for understanding and responding to children’s emotional needs in a loving and consistent way
WHERE SERVICES ARE OFFERED
Residential SUD Services
Pregnant and Parenting Women

• Liberation Programs, Families in Recovery Program, Stamford
• The Connection, Inc., Hallie House, Middletown
• Connecticut Valley Hospital, STAR Program, Middletown
• Apt Foundation, Amethyst House, New Haven
• Community Health Resources, New Life Center, Putnam
• The Connection, Inc. Mother's Retreat, Groton
• InterCommunity Coventry House, Hartford
• Wellmore Behavioral Health Women & Children's Program, Waterbury
Outpatient & Intensive Outpatient Services
Pregnant and Parenting Women

• Outpatient
  – CASA, Inc., Project Courage, **Bridgeport**
  – Wheeler Clinic, Lifeline, **New Britain**
  – MCCA, Women & Children’s Program, **Danbury**
  – The Connection Counseling Center, **Groton**
  – APT Foundation, Access Center, **New Haven**
  – Wellmore Behavioral Health, **Shelton and Waterbury**

• Intensive Outpatient
  – Family & Children’s Agency, Project Reward, **Norwalk**
  – Wheeler Clinic Lifeline, **New Britain**
Opioid Treatment Programs
Pregnant and Parenting Women

- Bridgeport
  - Liberation Programs, Inc.
  - New Era Rehabilitation Center, Inc.
  - Kinsella Treatment Center
- Bristol
  - Hartford Dispensary
- Danbury
  - Connecticut Counseling Centers, Inc.
- Manchester
  - Hartford Dispensary
- Hartford
  - Hartford Dispensary (2 locations)
  - Connecticut Substance Abuse Centers, Inc.
- New Britain
  - Hartford Dispensary
- Norwalk
  - Connecticut Counseling Centers Inc.
- Norwich
  - Hartford Dispensary
- New London
  - Hartford Dispensary
- New Haven
  - APT Foundation Inc. (2 locations)
  - Chemical Abuse Services Agency Inc. (CASA)
  - Multicultural Ambulatory Addict Services (MAAS)
  - Cornell Scott Hill Health Center, Inc.
  - New Era Rehabilitation Center, Inc.
- Stamford
  - Liberation Programs, Inc.
- Stratford
  - Regional Network of Programs
- Torrington
  - Hartford Dispensary
- Waterbury
  - Connecticut Counseling Centers, Inc.
- Willimantic
  - Hartford Dispensary
- Windsor
  - Community Health Resources (CHR)
Opioid Initiatives Related to Pregnant and Parenting Women

• Federal Opioid Treatment Provider (OTP) standards require special services for pregnant women
  – Policies and procedures that reflect the special needs of pregnant women
  – Prenatal care and other gender specific services for pregnant women provided either by OTP or by referral to appropriate healthcare providers
  – Monitored by DMHAS Community Services Division

• Quarterly OTP Learning Collaborative focuses on quality improvement through review of evidence-based practices and engagement and retention strategies

• DMHAS Local Mental Health Authorities are involved in a learning collaborative to expand availability of Buprenorphine as part of MAT
WHEN SERVICES CAN BE ACCESSED
Priority Admission

• Pregnant women and women with dependent children who seek or are referred to state-funded substance use treatment have **priority access**

• Advanced Behavioral Health (ASO) **Women’s Behavioral Health Services Program** facilitates access to services

• Recovery Specialists work with women while they are in treatment, offer resources and support to build **recovery capital** and **sustain recovery** when they return to the community
Project SAFE

Substance Abuse Family Evaluation

• Statewide, collaboratively funded by DCF and DMHAS, administered by ABH
• Families referred by DCF when a substance use disorder is a concern
• Parents/caregivers offered
  – Centralized intake process, priority access to evaluation for substance use disorder
  – Recovery Case Management (RCM) - Recovery coaching and assistance with basic needs
• Bridgeport, Hartford, Manchester, Middletown, New Britain, Norwalk, Norwich, and Willimantic
RSVP

Recovery Specialist Voluntary Program

- Partnership of DMHAS, DCF, Judicial, and ABH
- Training offered through CT Women’s Consortium
- Offered to parents/caregivers at risk of having children removed as a result of alleged substance use disorder
- Recovery Specialists
  - Provide outreach, engagement, support, advocacy, and recovery coaching
  - Ongoing communication with DCF, treatment provider, Juvenile Court, and attorney
  - New Britain, Bridgeport, Willimantic, Hartford, Norwich, Middletown, and Waterford
Treatment Outcomes for RSVP Clients

• 84% of RSVP clients enrolled in treatment
  – 5% Detoxification only
  – 18% Methadone maintenance
  – 30% Outpatient
  – 28% Intensive outpatient/partial hospitalization
  – 19% Residential

• Median length of stay was 88 days

• 76% of RSVP clients had a successful discharge compared to 43% of clients statewide
SAMSS

Substance Abuse Managed Service System

• Facilitated by DCF with active participation from DMHAS, ABH, treaters and other local service providers
• Case overview presented by DCF Social Worker
• Through collaborative problem-solving and resource identification, group develops a plan of action to reduce barriers to client recovery, increase recovery capital
• Client followed at subsequent SAMSS meetings for coordination of services
• Participation by MAT providers is increasing
COLLABORATIONS
CT K.I.D.

Keeping Infants Drug-free

• Improve the capacity of professionals to diagnose, treat and prevent prenatal substance exposure*

• Collaboration with public and private health care systems

• Five Year Strategic Plan to provide training for health care professionals and support DCF and allied agencies in developing policy and practice to further compliance with Child Abuse Prevention and Treatment Act (CAPTA)

• Funded by DMHAS and DCF; managed by ABH

*Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Spectrum Disorder (FASD)
CT K.I.D.

Workgroups

- Executive Implementation Team
- Core Team
- Early Identification & Screening Workgroup
- Data Workgroup
- Training Workgroup
- CAPTA - Plan of Safe Care (handout)
Central CT NAS Workgroup

- **Goals**
  - Decrease length of stay for newborns experiencing NAS
  - Improve patient experience for mothers and babies
  - Encourage moms to be more involved and provide more direct to baby during the hospital stay

- **Piloted by Hospital of Central CT and Midstate Medical Center**

- **Partner with Hartford Dispensary**
NASCENT

Neonatal Abstinence Syndrome
Comprehensive Education and Needs Training

• CT Hospital Association Key Goals
  – Initiate standardized approaches to recognition and treatment of NAS across hospitals
  – Improve early recognition of substance use disorders in pregnant women

• Educating Practice In the Community (EPIC) approach
  – Practice outreach on best practices in opioid prescribing
  – Monitor, evaluate and report outcomes
  – Develop Practice Quality Improvement activity with credits from the American Board of Pediatrics
Behavioral Health Homes

• Integrated healthcare service delivery model that is recovery-oriented, person and family centered
  – Comprehensive care management and coordination
  – Health promotion
  – Comprehensive transitional care
  – Individual and family support
  – Referral to community and support services

• CMS goals
  – Improve experience in care
  – Improve population health
  – Reduce per capita costs of health care
WSPIC

Women’s Services Practice Improvement Collaborative

• Partnership of the Connecticut Women's Consortium, DMHAS, and DMHAS funded women's specialty service providers

• Members meet quarterly to share experience and learn from expert presenters on topics specific to women and children

• Improves quality of behavioral health services for women so that services are trauma-informed, gender-specific, holistic, and promote self-determination
Every Woman CT

• Collaborative initiative of consumers, health care providers, state agencies, professional organizations, and community-based partners

• Healthy Body, Healthy Mind, Healthy Environment

• Working to help spark rapid improvements in how we care for women and men of childbearing age
  – Greater Torrington area
  – Danbury
  – East Shore region
  – Norwalk
  – Waterbury
  – New Haven
  – Southeastern CT region
  – Hartford

March of Dimes - One Key Question:
"Would you like to become pregnant this year?"
SHIP

State Health Improvement Plan

• Mental Health and Substance Use
  – Improve overall health through the lifespan through access to quality behavioral health services that include screening, early intervention, prevention and treatment
    ▪ Reduce non-medical use of pain relievers across the lifespan

• Maternal, Infant and Child Health
  – Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations
CT ADPC

Alcohol and Drug Policy Council

• Best practices in the treatment of alcohol and substance use disorders, including MA) and other evidence-based treatments

• Collaborative effort to educate all prescribers on overprescribing, current best practices in identifying substance use disorders, and resources available for treatment

• Strategy to make overdose reversing drug naloxone widely available and affordable to first responders, in pharmacies and to any individual who may be able to use it to reverse an overdose
CT Women and Opioids Workgroup

- Region 1 Women and Opioids Invitational Symposium sponsored by the Office of Women’s Health
- Representatives from DMHAS; UCONN; provider system including MAT and PPW programs; CWC/Training and Education; Recovery Community (includes ad hoc members as needed)
- Three target areas:
  - CAPTA (public health approach; interface with treatment community; dosing; upstream interventions POSC)
  - Life span Issues - reproductive health
  - EBPs on pain management for women with SUD
Ongoing Training

• November 2016 Symposium – *Opioid Epidemic: Assessment, Intervention, and Call to Action: A Public Health Approach*

• September 2016 - *Understanding Substance Exposed Infants, Children and their Families*

• Opioid Overdose Prevention/Naloxone (Narcan) Initiative

• CT Women’s Consortium training related to Opioid Health Crisis, substance use, treatment, recovery, and trauma to staff at partner agencies

• CT Judges Institute 2017
  – Biology of Addiction and a panel to address questions related to women and children
  – Potential for Continuing Legal Education credits for family court judges and attorneys
MAT Expansion Grant

Sept. 2016 – August 2019 – Federal funding amount - $1,000,000 annually

3 geographic high risk areas – tx admission and OD death data: Willimantic; New Britain, berlin, Plainville, Bristol; Torrington

4 MAT treatment providers: CHR, (Willimantic); CMHA (New Britain, Berlin); Wheeler Clinic, (Plainville, Bristol); McCall Foundation, (Torrington)

Buprenorphine and/or naltrexone will be offered and Naloxone for OD reversal

1. Full time recovery coach
2. Flexible funds for individualized recovery supports
3. Ongoing clinical staff training and TA in EBP’s (MI, CBT, 12 Step Facilitation
4. Increase OP clinics that have MAT available
5. Non-billable physician time for policy and procedure development, training staff training and TA
STIGMA

• A major barrier to treatment for pregnant women with SUD
• When a woman seeking help feels judged and unwelcome, she is likely to isolate, skip appointments, or avoid treatment altogether
• The unique treatment needs of women
  – Most women with SUD also have co-occurring mental health disorders
  – Large proportion have been sexually and/or physically abused
  – Progress more quickly than men into dependence
  – Deserve nonjudgmental, compassionate care that will support their needs long after the babies are delivered
  – “To treat the baby, treat the mother”
Women and Children's Services

Kimberly Karanda, Ph.D., LCSW, Director of Statewide Services,
860-418-6630, kymberlyKaranda@ct.gov

Janet Storey, MSW, Behavioral Health Program Manager,
860-418-6823, jJanet.storey@ct.gov

Recovery Services for Women

In recognition of the unique experiences and challenges that women in need of substance abuse treatment services face, DMHAS provides specialized and comprehensive programs for women and their children. These include residential treatment, outpatient treatment, and specialized care management for women transitioning from a residential setting to community-based recovery services.

While programs are located statewide in many communities to allow a woman to remain "local", she is also eligible for programs outside her immediate area, based on availability. The treatment programs are located in both urban and rural settings, thereby offering unique experiences, opportunities and features.

For more information about each program click on the links listed below. You may also call us for assistance.

- Specialty Treatment Program for Women & Children
- Women's Behavioral Health Services Program (Care Management)
- Women's Specialty Programs Brochure
- Project Safe
- LGBT Services

Special Initiatives for Women

- CT Trauma Initiative
- Women's Services Practice Improvement Collaborative (WSPIC)
  - Gender Responsive Treatment Guidelines
  - Gender Responsive Program Self-Assessment Tool
  - Consumer Guide: 20 Questions to Determine if a Program Is Responsive to the Needs and Issues of Women
  - Women's Services Practice Improvement Collaborative (WSPIC) VIDEO!
- The CT Women's Consortium
- CT's Recovery Specialist Voluntary Program (RSVP) VIDEO!
- RSVP Description of Program