This project is supported by grant number 1H79SP082471-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Federal funds have provided $1,500,000 or 67% of the total project cost, and non-governmental sources have provided $739,440 or 33% of the total project cost.
State of the Perinatal Substance Use Disorder Issue
Objectives

Understand the prevalence of:

• perinatal substance use disorder,
• neonatal abstinence syndrome, and
• neonatal opioid withdrawal syndrome.
Addiction & Recovery

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.”

Adopted by the ASAM Board of Directors September 15, 2019

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Substance Abuse and Mental Health Services Administration (SAMHSA)
Women, Substance Use & Co-Occurring Disorders

• 5.6% of women 18 and older have a substance use disorder
• Marijuana use increased from 13.4% (2018) to 14.8% (2019) among women 12 and older
• 3.3% of women have misused opioids
  • 98.8% misuse prescription pain relievers
  • 5.0% misused heroin
  • 3.8% misused both prescription drugs and heroin
• 8.4% of those ages 18-25 and 4.8% of those ages 26-49 have co-occurring mental health and substance use disorder
  • 74% received treatment for one of these conditions
  • Only 12.9% received co-occurring substance use disorder and mental health treatment
15% of pregnant people use nicotine.

7% of pregnant people use marijuana during pregnancy.

1 in 9 report alcohol use in past 30 days.

7% of pregnant people report using opioids.

25% of pregnant people were prescribed an opioid during pregnancy.

Maternal opioid use has quadrupled since 2000.

Of those, 1 in 5 report misusing opioids.

15% of pregnant people use nicotine.

7% of pregnant people use marijuana during pregnancy.

1 in 9 report alcohol use in past 30 days.
Substance Use & Pregnancy Considerations

• Unplanned pregnancy
• Sexually transmitted infections (STIs)
• Co-occurring psychiatric conditions
• Psycho-social challenges
• Stigma
• Potential punitive measures
• Post-partum depression and overdose death risk
Pregnancy and Substance Use Disorder

- 131% increase in opioid-related diagnoses (2010-2017)
- 5% of all people who are pregnant have a substance use disorder
- Highest Opioid Overdose Death Risk 7-12 months after delivery 12.3 per 100,000
Fetal Alcohol Spectrum Disorders (FASD)

FASDs include several diagnoses related to exposure of the baby to alcohol during pregnancy. More specifically, fetal alcohol syndrome (FAS) is the most involved diagnosis, used when several physical and developmental abnormalities are present:

- 0.2-1.5 to 1.5 infants with FAS for every 1,000 live births
- A recent study found 0.3 out of 1,000 children 7 to 9 years of age have FAS, while in-person assessments show higher rates of 6 to 9 out of 1,000 children
- Experts estimate the number of children with FASDs to be 1%-5% of the population

As of 2002, the cost for one individual with FAS was estimated at $2 million. It is estimated that United States care for persons with FAS alone is over $4 billion annually.
Neonatal Abstinence Syndrome (NAS) & Neonatal Opioid Withdrawal Syndrome (NOWS)

NAS occurs when a child born to a substance using mother develops a passive dependency to the substance, and expresses symptoms once the supply of the drug is cut off after birth (Finnegan, 2016)

- The rate of NAS among Michigan infants peaked at 846.2 per 100,000 live births in 2015, and decreased to 761.2 in 2016
- The highest county three-year (2014-2016) rates of NAS were in the northern portion of the Lower Peninsula and in the Upper Peninsula.
- Infants with NAS have longer hospital stays, with costs near $1.5 billion nationally in 2012.

Rurality, SUD, NAS and NOWS

Nationally, over 21% of all infants born with NAS were born in rural communities.
References


References


References


Counties Included in the Grant

- Arenac
- Bay
- Gladwin
- Iosco
- Ogemaw
- Oscoda
Goal of the Grant

Decrease number of babies born with Neonatal Abstinence Syndrome (NAS) and substance exposed pregnancies.
SBIRT

High Tech, High Touch (HT2)
• Can be used on any electronic device
• Screening for Depression, SUD, Tobacco use
• Provides a brief intervention (If necessary)
• Refers to services
Treatment Capacity

CBT4CBT

- Can be used on any electronic device
- 6 sessions 35-40 minutes each
- Self paced
- Has shown to work better for patients than traditional therapy
- Patient can begin whenever
ECHO

• Hub & Spoke Model
• Perinatal focus
• Didactic
• De-identified Case presentation

www.svsu.edu/echo
Other Items

• Perinatal Conference
• Providing SBIRT education to partner organizations
• Increasing DATA waiver trained providers
Objectives

• Understand challenges that people who are pregnant and living with a substance use disorder face.

• Understand ways to engage pregnant people in treatment for substance use disorders.
Questions and Answers – Provider/Patient Panel
Resources
Objective

• Identify resources for people who are pregnant and living with a substance use disorder.
Prepaid Inpatient Health Plans (PIHPs)

- Manage Medicaid resources for behavioral health, developmental/intellectual disabilities and substance use disorder.
- Contract with Inpatient and Outpatient Substance Use Disorder service Providers.
- Contact your regions PIHP access line to access services for substance use disorders.
Community Mental Health Agencies

- Serve Children, Adolescents and Adults with mental health issues, developmental disabilities and substance use disorders.
- 24/7 free crisis line
- Infant Mental Health Services
  - Birth – 5 years old
  - Individual & Family Therapy
  - Case Management
  - Education on Child Development
  - Parenting strategies
  - Psychiatry (as needed)
Maternal Infant Health Program (MIHP)

- Support pregnancy and infant health
- All pregnant and infant Medicaid patients eligible
- Home visits
- Referrals to Community Based Services
- Individualized plans created
  - Registered Nurse
  - Social Worker
  - Registered dietician
  - Lactation Consultant
  - Infant Mental Health Specialist
Early On

• Home visiting program
• Infants & Toddlers Birth to three
• Diagnosed Developmental delays or at risk for developmental delays
• Find social, health & educational services
• Support parents to help their children learn using daily activities
• Possible developmental delay if taking longer to develop:
  ✓ Self help skills
  ✓ Cognitive skills
  ✓ Communication skills
  ✓ Physical development
  ✓ Social-emotional development
• Referrals can be made online, over the phone or via email
Great Start

Network public & private services & supports

Great Start Collaboratives

• Parents & Community Leaders
• Planning, implementation & On-going improvement of great start system
1. https://www.bayarenacgreatstart.org/

NMSAS RECOVERY SUPPORTS

... A world of possibilities connecting people to pathways

YOUPICKRECOVERY.ORG

Recovery Supports Cell# 989-370-7608

RECOVERY COACHING
• Daily Zoom Support Meeting
• All Veteran Support Meetings
  • Recovery Coaching
  • Trainings

All resources and training flyers/dates/times/links can be found at:
www.peer360recovery.org
UPHC

Upper Peninsula Maternal Opioid Misuse Model (UP MOM)

Katrina Keough, MPA, R.T.(R)
Project Director, UPHCS
kkeough@uphcs.org
www.uphcs.org
Community Health Worker Model

- Embedded in Maternal Infant Health Program (MIHP) - Marquette County Health Department
- Social Determinants of Health (SDoH)
  - Upon enrollment
  - Weekly or biweekly
  - Address positive SDoH screens <24 hrs
- Coordination between enrollee and their providers and services.

**REQUIRED SECTION**

<table>
<thead>
<tr>
<th>Parent/Guardian’s Name:</th>
<th>Parent/Guardian’s Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name:</td>
<td>Due Date/Child’s Date of Birth:</td>
</tr>
<tr>
<td>Address:</td>
<td>Is the patient a first time parent?</td>
</tr>
<tr>
<td>City:</td>
<td>YES or NO</td>
</tr>
<tr>
<td>State:</td>
<td>In the past 3 months, has the patient been diagnosed with:</td>
</tr>
<tr>
<td>Zip:</td>
<td>YES or NO</td>
</tr>
<tr>
<td>Phone:</td>
<td>Current home address:</td>
</tr>
<tr>
<td>Email:</td>
<td>Medicaid or Other Provider:</td>
</tr>
<tr>
<td>Text:</td>
<td>Private or Non-Medicaid:</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td>None</td>
</tr>
</tbody>
</table>

**NOTES AND SPECIAL INSTRUCTIONS:**

**OPTIONAL SECTION**

<table>
<thead>
<tr>
<th>Infant/Child</th>
<th>Date Taken:</th>
<th>Weeks of Gestation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Length: cm</td>
<td>Birth Weight: gm</td>
<td>Head Circumference: in</td>
</tr>
<tr>
<td>Current Height: cm</td>
<td>Current Weight: gm</td>
<td>Date Taken:</td>
</tr>
<tr>
<td>Hemoglobin: Date Taken:</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Pre-Pregnancy Weight: gm</td>
<td>Weight at Last Prenatal Visit: gm</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURES**

I understand that this information may be shared with agencies who provide home visiting services, as well as any local Health Department WIC office, so they can contact me with information to help connect me to local services. Signing this form does not guarantee services. I understand that not all services may be available to me.

Parent/Guardian Signature: __________________________ Date: __________

Referring organization/agency: __________________________

Referring Agency Signature: __________________________ Date: __________
Target Population

- Pregnant and <12mo. post partum from September 1, 2020
- Active or Hx of experiencing Opioid Use Disorder.
- Marquette County*
- Yr 1 Target - 11 enrollees
- YTD enrollment - 29
Contact Us!

Katrina Keough

kkeough@uphcs.org
www.uphcs.org/upmom/
Perinatal Quality Collaboratives

• Professionals and community members with interest in Perinatal Issues
• Drive the Mother Infant Health & Equity Improvement Plan
• Focus on:
  ✓ Health equity
  ✓ Health girls, women & mothers
  ✓ Optimal birth spacing
  ✓ Full term, healthy weight babies
  ✓ Infants safely sleeping
  ✓ Maternal emotional and behavioral well-being
Other Recovery Resources

Alcoholics Anonymous
https://alcoholicsanonymous.com/aa-meetings/michigan/

Narcotics Anonymous
https://michigan-na.org/

Cocaine Anonymous
Flint  (810) 235-2222  Lansing (517) 483-7213

Marijuana Anonymous
https://marijuana-anonymous.org/find-a-meeting/

Celebrate Recovery
https://locator.crgroups.info/

SMART Recovery
https://www.smartrecoverytest.org/local/meetings/?search_location=Michigan%2C+USA&search_radius=50&search_lat=44.3148443&search_lng=-85.60236429999999&listing_label%5B%5D=Public
Resources

- https://cmham.org/membership/pihp/
- https://cmham.org/membership/cmhsp-directory/
- https://www.michigan.gov/mihp/0,5421,7-311-66397---,00.html
- https://www.1800earlyon.org/about.php?ID=120
- https://www.michigan.gov/mdhhs/0,5885,7-339-71550_96967_97028---,00.html
THANK YOU FOR ATTENDING!