

NC Department of Health and Human Services
Opioid Use in Pregnancy Webinar

Judith Johnson-Hostler, MA, LCAS, LPCA, NCC
November 14, 2019

1

Objectives

- Identify the importance of acknowledging the barriers to accessing care
- Participants will increase their knowledge on NC resources for pregnant and parenting women with a Substance Use Disorder (SUD)
- Participants will increase their understanding of how to access care for pregnant or parenting women with a SUD
- Participants will be able to discuss new federal legislation requiring states to develop plans of safe care for infants identified as 'affected' by substances in utero and how this is being done in North Carolina

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019 2

2

Barriers to Treatment

- Treatment alienating legal consequences- intended to protect the fetus but alienate women from care
- Shame and Guilt
- Healthcare providers giving misinformation

3


Telescoping, in this use of the term, refers to an effect whereby women “progress faster than men from initial use to alcohol- and drug-related problems, even when using a similar or lesser amount of substances.”

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2009, p. 27; Piazza et al., 1989)

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019 4

4

- Gender-responsive services create an environment that reflects the understanding of the reality of women’s lives and addresses women’s issues.
- Gender-responsive services help improve the effectiveness of services for women and girls.



Source: Substance Abuse and Mental Health Services Administration.(2017) Addressing the Gender-Specific Treatment Needs of Women

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019 5

5

Perinatal Substance Use Project

- Provides screening, information & referral for pregnant and parenting women with dependent children
- Provides consultation, training & technical assistance for the public and for professionals regarding perinatal substance use, treatment and resources
- Weekly Bed Availability List (jjones@alcoholdrughelp.org)

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019 6

6

Specialized Residential Substance Abuse Services for Women and Their Children

Buncombe County
Mary Benson House
Asheville, NC 28801
919-252-2300

Johnston County
The Cambridge Place
Smithfield, NC 27581
919-858-2372

Madison County
CASCADE
Chapel Hill, NC 28211
704-235-4844

Mooresville, NC 28111
704-245-4339

New Hope, NC
PORT - Hope Services Family House
3037 Winton Dr
Winston-Salem, NC 28403
919-251-6844

Orange County
Day Break @ Horizon
Chapel Hill, NC 27514
919-950-3775

Summit, NC 28585
Cameron, NC 27515
919-883-3775

Pitt County
Eastern Region Women's and Infants Project
Walter B. Jones, LLC
Greenville, NC 27834
252-550-3429

The Village
Wettersville, NC 28590
252-750-5555

Robeson County
Climax Court
Lumberton, NC 28348
910-318-9389

Robeson County
Our House
Pembroke, NC 28372
910-321-1484

Wake County
Southlight Residential Program for Women & Children
Gartner, NC 27529
919-557-6967

Outpatient Perinatal/Maternal Substance Abuse Services

Buncombe County
The National Health Partners, Adult & Adolescent Services
1487-428-2552
(also covering Madison, Mitchell, Polk, Rutherford, and Transylvania counties)

Durham County
Sarah Calkins Program
Duke University Medical Center
Durham, NC 27710
919-286-3533

Forsyth County
Community Choices
Women's and Infants Services for Health (WISH)
3800 Salem, NC 27101
336-397-7100

Madison County
CASCADE
Chapel Hill, NC 28211
704-235-4844

Randolph County
Claybank
Salisbury, NC 27223
336-633-7300

Orange County
UNC Horizon Program
Cameron, NC 27515
919-883-3775

Wake County
UNC Horizon at Wake
Raleigh, NC 27610
919-256-3834

NC CASAWORKS for Families
Residential Programs

Durham County
CASCADE at Durham/Community Choices Inc.
CASAWORKS
Durham, NC 27707
919-858-6000

Johnston County
The Cambridge Ridge CASAWORKS
Smithfield, NC 27581
919-858-2372

Mecklenburg County
CASCADE CASAWORKS
Charlotte, NC 28211
704-335-4944

Mooresville, NC 28111
704-245-4339

Orange County
UNC Horizon Program, Sunline @ Horizon
Chapel Hill, NC 27514
919-950-3775

Pitt County
The Village CASAWORKS
Wettersville, NC 28590
252-750-5555

Wake County
Southlight Residential Program for Women & Children - CASAWORKS
Gartner, NC 27529
919-557-6967

7

7

Alcohol Drug Treatment Centers (ADATC)

- Julian F. Keith Alcohol and Drug Abuse Treatment Center
- R J Blackley Alcohol and Drug Treatment Centers
- Walter B. Jones Alcohol and Drug Abuse Treatment Center

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019

8

8

NC Perinatal/Maternal & CASAWORKS Substance Use Initiative

- 25 gender responsive, family-centered substance use disorder programs
- Outpatient & Residential Services for Pregnant and Parenting Women and their Children
- Residential Services are Cross Area Service Programs (CASPs)

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019

9

9

NC Perinatal/Maternal Substance & CASAWORKS Use Initiative

- Services include: screening, assessment, case management, substance use disorder and co-occurring services, parenting skills, and referrals & coordination with primary and preventative health care.
- The children also benefit from the services provided by the local health departments (pediatric care), early intervention programs, referrals for behavioral health services, & substance use prevention services.

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019

10

10

It Works: Examples from the Field NC Perinatal/ Maternal and CASAWORKS Initiatives (cont.)

- High engagement in prenatal care
- Healthy newborn birth weights for pregnant women who enter treatment prior to delivery
- Lower recidivism with child welfare among families engaging with treatment services
- Fewer number of days in out-of-home foster care placement for children of parents involved with child welfare as compared to parents with substance use problems not engaged in the services
- Successful engagement with pediatric care for families involved with services
- Increased affectional bonds and reduced conflict among families engaged in parenting programs, and
- Successful engagement in the work force

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019

11

11

Identifying a Substance-Affected Infant *Affected by Substance Abuse*

Health Care Provider Involved in the Delivery or Care of Infant

Infants who have a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.

OR

Medical evaluation, including history and physical of mother, or behavioral health assessment of mother, indicative of an active substance use disorder, during the pregnancy or at time of birth.

12

Pregnant Women and Opioids

- Medication-assisted treatment (MAT) standard of care during pregnancy for women with opioid use disorders and can improve outcomes.
- Withdrawal from opioid use during pregnancy is associated with poor neonatal outcomes, including early preterm birth, fetal distress or fetal demise, as well as higher relapse rates among women.
- In addition to treatment of substance use disorders, counseling and discussion on postpartum contraception to prevent unintended pregnancies should occur with *all* pregnant women.
- Biggest concern with opioid agonist medication during pregnancy is the potential for neonatal abstinence syndrome (NAS) – a treatable condition.
- NAS is NOT addiction

13

Notifying Child Protective Services

Health Care
Provider
Involved in the
Delivery or
Care of Infant

In NC, a notification to the county child welfare agency must occur upon identification of an infant as “substance-affected,” as defined by DHHS.

Notification requirement does **NOT**:

- Mean that prenatal substance use = child maltreatment
- Establish a definition under Federal law of what constitutes child abuse or neglect
- Change NC General Statutes

14

Amended Child Abuse Prevention and Treatment Act (CAPTA)

States receiving CAPTA funding are required to assure the federal government that they have a law or statewide program in effect and under operation that:

Addresses the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (FASD) with

- *A requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants*
- *The development of a plan of safe care for the infant...to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –*
 - *Addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*
 - *Development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver*

15

NC Plan of Safe Care Interagency Collaborative

To create a state-specific policy agenda and action plan to address and implement the provisions of CAPTA amended by CARA and to strengthen the collaboration across systems to address the complex needs of infants affected by substance use and their families.

- Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- Division of Public Health
- Division of Social Services
- Division of Medical Assistance
- North Carolina Association of County Directors of Social Services
- Community Care of North Carolina
- North Carolina Hospital Association
- North Carolina Obstetrics and Gynecological Society
- North Carolina Commission on Indian Affairs
- Additional ongoing input from other organizations/stakeholders

16

Identifying a Substance-Affected Infant

Affected by FASD

Infants diagnosed with one of the following:

- Fetal Alcohol Syndrome (FAS)
- Partial FAS (PFAS)
- Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE)
- Alcohol-Related Birth Defects (ARBD)
- Alcohol-Related Neurodevelopmental Disorder (ARND)*

OR

Infants with known prenatal alcohol exposure when there are clinical concerns for the infant according to current evaluation and management standards.

Health Care Provider Involved in the Delivery or Care of Infant

*Hoyne, HE, Kalberg, WO, Elliot, AJ, et al. Updated Clinical Guidelines for Diagnosing Fetal Alcohol Spectrum Disorders. Pediatrics, Volume 138, number 2, August 2016

17

CC4C: Connecting Families to Services

- At-risk population management program for children birth to age 5

Referral criteria include:

- Children with adverse life events or toxic stress Identification criteria include:
 - Children in foster care, other out of home placement
 - Neonatal exposure to substances, parental substance use
 - Maternal depression, parental mental health concerns
 - Domestic violence, abuse and/or neglect
 - Homelessness, food insecurity and/or extreme poverty
 - Exposure to violence in the community
- Children who have been discharged from the NICU (includes prematurity and congenital conditions)
- Children with special health care needs

Care Coordination for Children (CC4C)

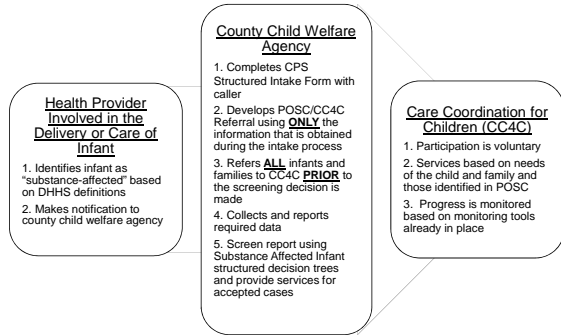
18

Care of Infants Exposed to Substances

- Protocols for identifying, assessing, monitoring and intervening, using non-pharmacological and pharmacological methods, for neonates prenatally exposed to opioids
- AAP recommends observing all infants exposed to opioids for minimum of 72 hours OR a minimum of 96 hours total if methadone or buprenorphine exposure
- For infants at risk of or demonstrating withdrawal symptoms, non-pharmacological measures (swaddling, dim lights, quiet room, skin-to-skin, etc.) should be initiated
- Neonatal Abstinence Scores or Finnegan scores provide objective data to monitor infants at risk for withdrawal and assess severity
- For women in well-supervised maintenance treatment programs, breastfeeding is encouraged. Breastfeeding is not contraindicated for women without HIV who are not using additional substances

19

NC Current Policy



20

Opportunities

- Educate and promote best practices around substances during pregnancy and the care of infants affected by substances
- Strengthen local partnerships and improve communication with hospitals, health care providers and child welfare agencies
- Care Coordination for Children (CC4C) program continues to offer support to families affected by substance use and work with health care providers, addressing toxic stress

21

Summary

- Federal legislation requires notification to child welfare for substance-affected infants
 - Distinct from report of child abuse and neglect
- For infants affected by substances, NC has definitions of substance abuse, withdrawal and FASD for notifications
- Focused around hospitals and providers involved in the care after birth, although may affect community providers who work in birthing hospital/ newborn nursery or if infant identified with NAS/ withdrawal after discharge or FASD in first year of life

22

ADCNC SERVICES

- Information & Referral call center with specialized team of call responders
- Robust database of treatment providers and recovery support services all over the state
- Services can also be accessed through text-messaging, as well as the chat feature on our website
- Perinatal support resources provided through our Perinatal Substance Use Project
- NC National Guard Screening, Assessment, and Brief Intervention services project

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019

23

23



NCPOEP
NORTH CAROLINA PREGNANCY & OPIOID EXPOSURE PROJECT

- Key Messages
- Pregnancy and Opioid Exposure: Guidance for North Carolina
- Service Locator Map



24

Acknowledgment

This Training Toolbox was developed for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Advocates for Human Potential, Inc. (AHP) under contract number 283-07-3807 with SAMHSA, U.S. Department of Health and Human Services (HHS). The contents do not necessarily reflect the views or policies of SAMHSA or HHS.

Disclaimer

The views, opinions, and content of this Training Toolbox are those of the authors and contributors and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS. The Training Toolbox provides introductory information and should not be considered clinical guidance. It is not to be considered a substitute for individualized client care or as a protocol for treatment decisions. Resources listed in this Toolbox are not all inclusive. Inclusion as a resource does not constitute an endorsement by SAMHSA or HHS.

Public Domain Notice

All material appearing in this Training Toolbox is in the public domain and may be used without permission from SAMHSA or HHS. Citation of this source is appreciated. However, the training modules and resources may not be reproduced, presented, or distributed for a fee without the specific, written authorization of SAMHSA, HHS. 2017.

NCDHHS, Division | NC Treatment Resources for Pregnant or Parenting Women | November 14, 2019 25

25

References

* Hoyme, HE, Kalberg, WO, Elliot, AJ, et al. Updated Clinical Guidelines for Diagnosing Fetal Alcohol Spectrum Disorders. Pediatrics, Volume 138, number 2, August 2016

Substance Abuse and Mental Health Services Administration. (2017) Addressing the Gender-Specific Treatment Needs of Women

Substance Abuse and Mental Health Services Administration [SAMHSA], 2009, p. 27; Piazza et al., 1989)

Speaker

Judith Johnson-Hostler, MA, LCAS,NCC,LPC-A
 Perinatal Addiction Specialist
 Division of Public Health, Women's Health Branch
 North Carolina Department of Health and Human Services
 919-707-5700 Main
 919-218-3750 mobile
 919-870-4827 fax
judith.johnsonhostler@dhhs.nc.gov

26