



Interdisciplinary Collaboration and Transforming Opioid Use Disorder Management in Pregnant and Parenting Women

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Conflicts and Acknowledgements

- I have no conflicts of interest
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Opioid Use, Mothers, and Children

- Substance use and more specifically Opioid Use during pregnancy is a complex, chronic condition.
- Substance Exposed infants and children suffer a variety of complications in both the neonatal, early childhood, and later child development.
- Caring for these women and children involves multiple providers and services, integrated care

Substance Using Pregnant Women

- We are focused on Opiates today
- Remember that fetal and newborn health is also affected by nicotine, cocaine, and other psychoactive substances
- Don't forget Alcohol
 - New data suggests that up to 5% of children may have a Fetal Alcohol Syndrome Disorder (FASD)

Substance Using Pregnant Women

- Remember what addiction is and does
- **Neuroadaptation** – Substances changes the brain
- **Impaired Self-Regulation** – Affects decision making, planning, and follow through
- **Salience** – Becomes a potent reinforcer and reduces the pleasure of other activities

A mom discusses loss of control

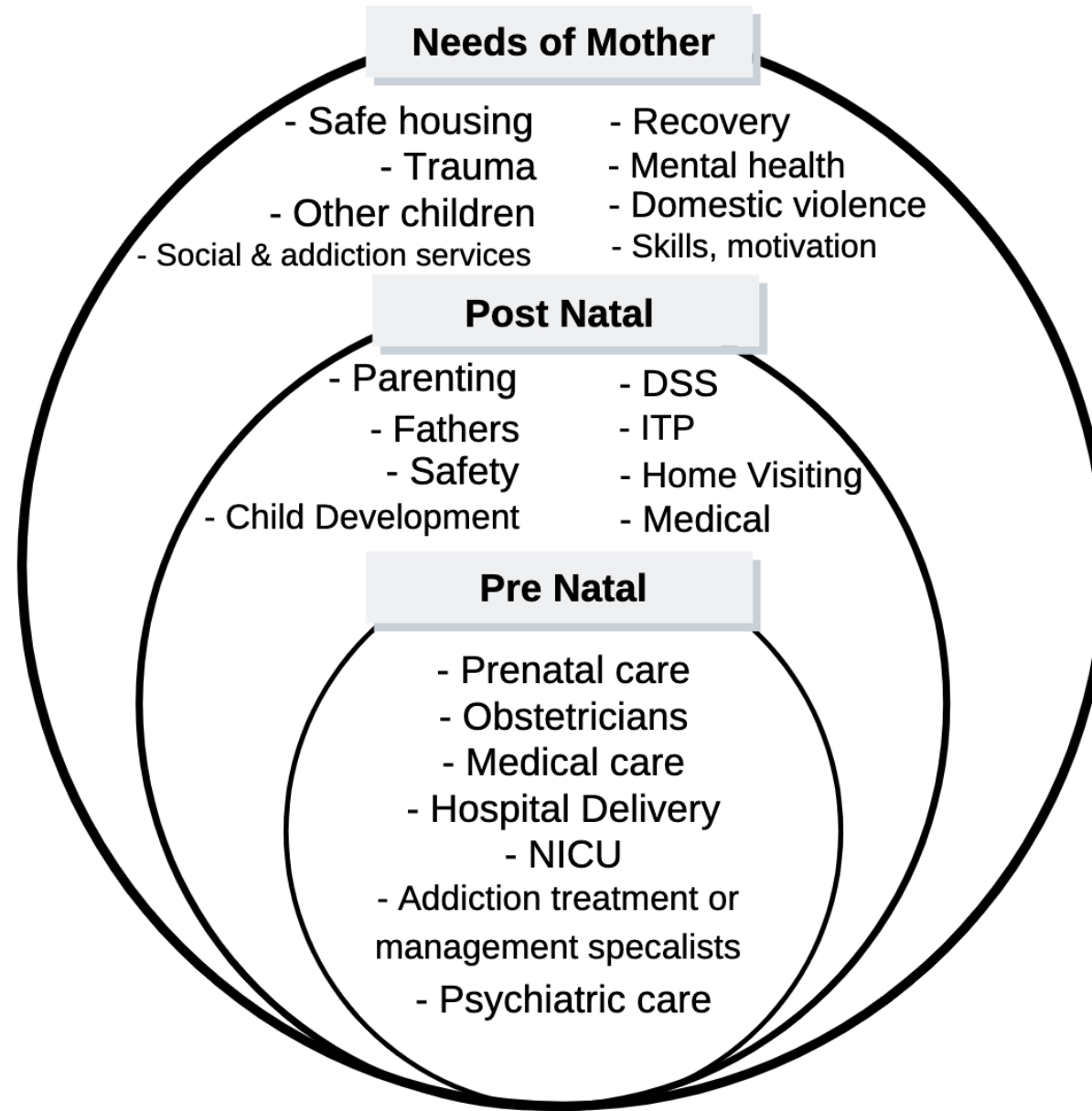
“I knew I was a terrible mom and I knew that I didn't want to be, but I just didn't know how to be a better mom. Many times when my kids would be asleep and I would be getting high, I would look at them laying in their crib or on the mattress and tell myself, “This is going to be the last night I'm gonna get high. I'm gonna tough it out tomorrow, I'm not gonna do it.” And then the next morning when I wake up and I'm flip flopping on the floor like a fish out of water, all those thoughts are completely gone. I just knew I had to get doped to not feel like that. That's the only thing that was in the front of my mind, is how terrible my body felt. It overpowered every and anything else.”

(Nelson, 2018)

What Substance Using Women Face

- Stigma, prejudice, lack of support, fear of losing baby
- Trauma, other medical and mental health issues
- Guilt, self loathing and low self-esteem, familial conflict and partner abandonment
- Legal Issues, lack of education and access to resources, little social capital, and lower SES

Needs of Substance Using Pregnant Women



How can we address all these needs?

- There are many different programs and providers able to assist with these needs
- Multiple providers and programs can be overwhelming to the woman



Substance Exposed Newborns Training Program

- Inspired and funded by MDH MIECHV (Mary LaCasse) and DHS/DSS (Rena Mohammed)
- Developed with multi-agency and provider focus group input and include providers from Maryland MIECHV, DSS, and MITP agencies
 - All have a home visit component with different eligibility criteria and different services
- Amount of coordination, communication, and collaboration among them differ by county and region

Substance Exposed Newborns Training Needs

- Actionable information from a wide array of disciplines and providers
 - Interviews and videos of more than 15 different providers, stakeholders, and women in recovery
- Training format that promoted collaboration and did not overburden
 - Online modules to provide common base of information
 - One day in person regional training including all three groups of providers from that region
- Promoting Communication
 - Multidisciplinary seating and participant list

SEN Training Program

- Multidisciplinary training for Home Visiting, Child Protective Services, and Infant and Toddlers programs
 - Representing three state agencies: MSDA, MDH, and DHS
- Primary goal is to deepen understanding of addiction and recovery, enhance communication and relationship skills, and develop approaches to engage, retain, and meet the needs of substance exposed pregnant and postpartum women.
- 7 online modules plus one full day of training
- 298 providers trained regionally
 - 97 DSS Staff, 114 Home Visitors, 84 Infants & Toddlers Staff)

Evaluation Summary For Each Subgroup

- Likelihood to collaborate with other programs in the next year was significantly higher pretest (before modules) to post test (end of the training day).
- Most helpful parts of training:
 - Opportunity to interact with other providers
 - Being mixed in with staff from other agencies
 - Developing more collaborations
 - Having the contact information and services information of other programs

Data from W. Maryland and Baltimore City recent trainings N ~ 70

Who else is involved?

- Obstetricians and nurses
- Social services and social workers
- Addiction specialists, psychiatrists, peers
- Delivery Room doctors and nurses and aides
- NICU providers and volunteers
- Pediatricians
- Judges, Courts, and Jails
- WIC Services
- Primary care, Family Practice, Specialist care
- Mutual Help (AA, NA, Smart Recovery, etc.)

Our message to Providers

“It Takes A Village”



Recovery

- SAMHSA's working definition of recovery from mental health and substance use disorders is
- "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2012).
- SAMHSA website has elements needed in Recovery and for a Recovery Oriented System of Care

Recovery Oriented Systems of Care

- Recovery is not simply an absence of symptoms or substances
- Recovery involves wellness and health
- Recovery requires integrated care that is comprehensive
- Systems of care must be responsive to the multiple needs of the consumers in their care
- Open rather than closed systems (not silos)

Why Integrated Care?

- We need to treat people not diagnoses
 - The whole person not a single problems
- Pregnant and Parenting Substance Users have multiple challenges.
 - Recovery involves multiple changes and often is complicated by problems and changes needed in multiple life domains
- Healthcare providers can be overwhelmed when facing this reality
 - There is hope and strength in a team approach that allows multiple providers share the burden

Integration in the New Health Care System

- **DO WITH, NOT TO –**
 - Chronic conditions always involve motivation and behavior change and engaging individuals in their care and recovery
- **Multidisciplinary –**
 - Medical, Pharmacological, Psychological, Behavioral, Environmental, Community, Systems must be blended together to achieve goals of integrated care
- **Collaborations** in terms of how and where services will be offered and information integrated
- **New technologies** to reach out and extend services to where patients are and to share critical information

Case Management

- A manager of problems or services
- Tries to link patient and various providers
- Often affiliated with a single provider and trying to connect to others
- Inadequate resources to meet needs
- Coordination and integration are sole responsibility

Integrated Care

- A coordinated approach to addressing the person in light of multiple complicating problems
- A team of providers working together linked by client needs
- Reciprocal Communication and Referral flow
- Everyone is responsible for integration

Differences between Case Management and Integrated Care

An Effective System of Care

- Not siloes
- Client Centered
- Accessible
- Coordinated
- Integrated



Secrets of Success = CCI

Collaboration

Collaboration

Communication

Collaboration

Communication

Integration

Communication

Integration

Integration