

Prescriber Track

*Resources for pregnant women
with OUD in/out of incarceration*

**June 8, 2022
12-1:30 pm EST**

Introduction

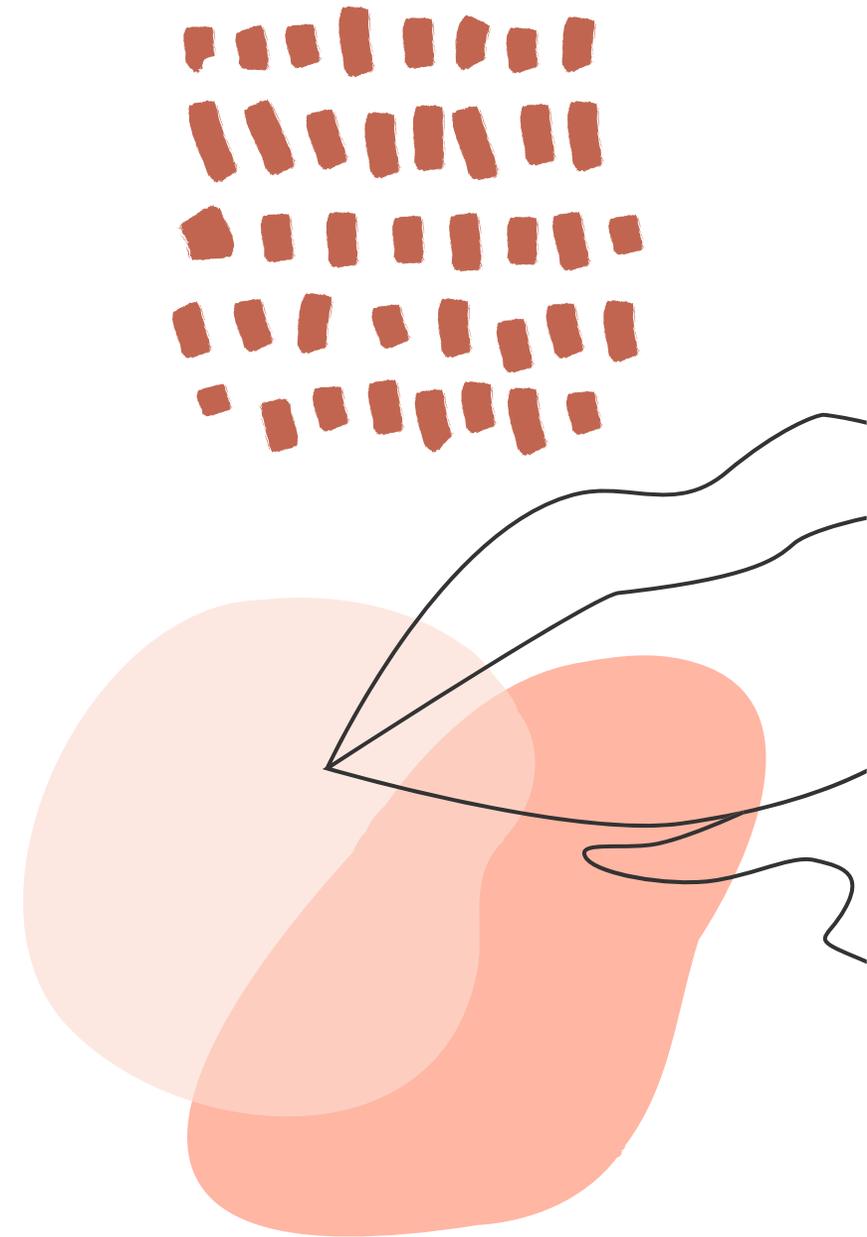
Jodi Miller, BS, CAPRC II, CHWC

Deputy Director & Manager of Peer Supports
Indiana Addictions Issues Coalition
Mental Health America of Indiana

Refuel Wellness, LLC

jmiller@mhai.net

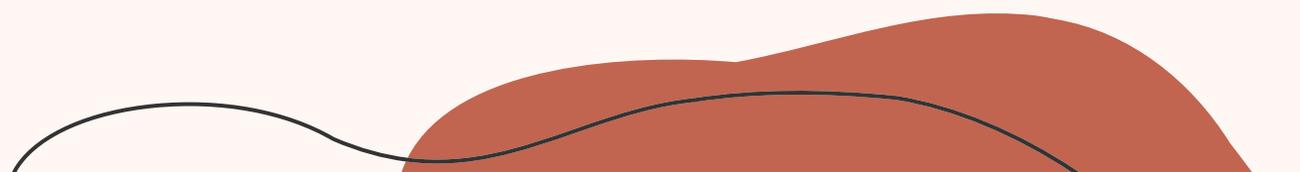
317.442.4234



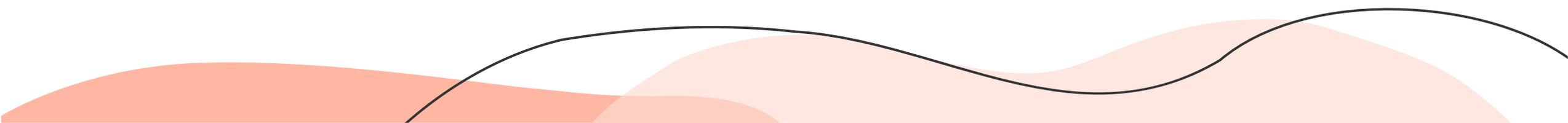


Overview

There is a critical shortage of services for pregnant women with OUD in/out incarceration.

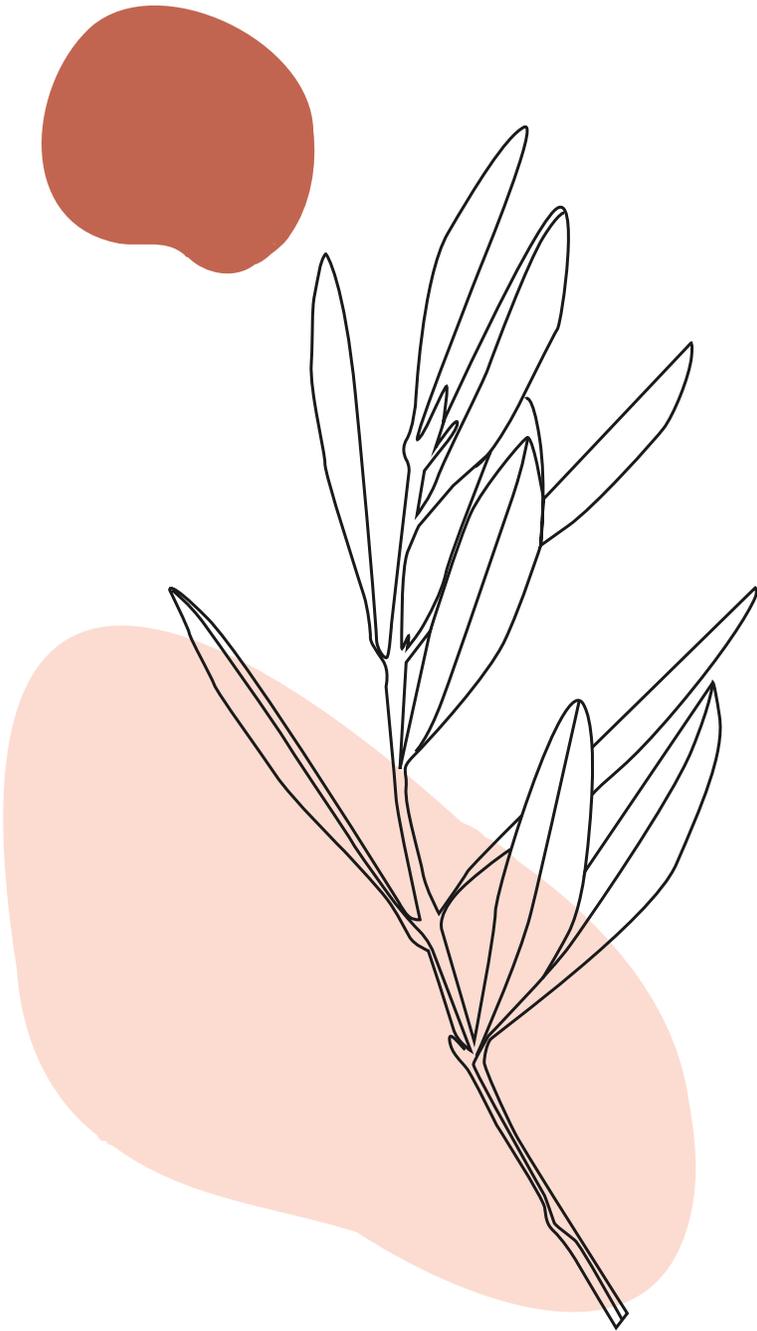
- Residential
 - Coordinated Community Services
- 

History

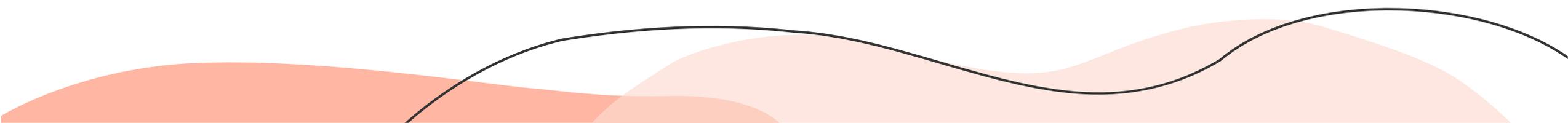
- OUD is increasing in Indiana and nationwide.
 - Substance use disorder was the most common contributing factor to maternal deaths, and likely contributing to over half of all pregnancy associated deaths in 2018.
 - The Maternal Mortality Review Committee deemed 87% of reviewed pregnancy-associated deaths were preventable.
 - Treatment during pregnancy has a high rate of success.
- 

What do we know about substance use disorders in women?

- 2018 SAMHSA survey of U.S. females aged 12 years or older, misuse in past year:
 - 20.5% tobacco
 - 13.4% marijuana
 - 3.5% opioids
 - 0.5% methamphetamine
 - **4.9 million women reported misuse of an opioid**
- In 2017, opioid overdoses killed **15,263 women**, with approximately half due to prescription opioids

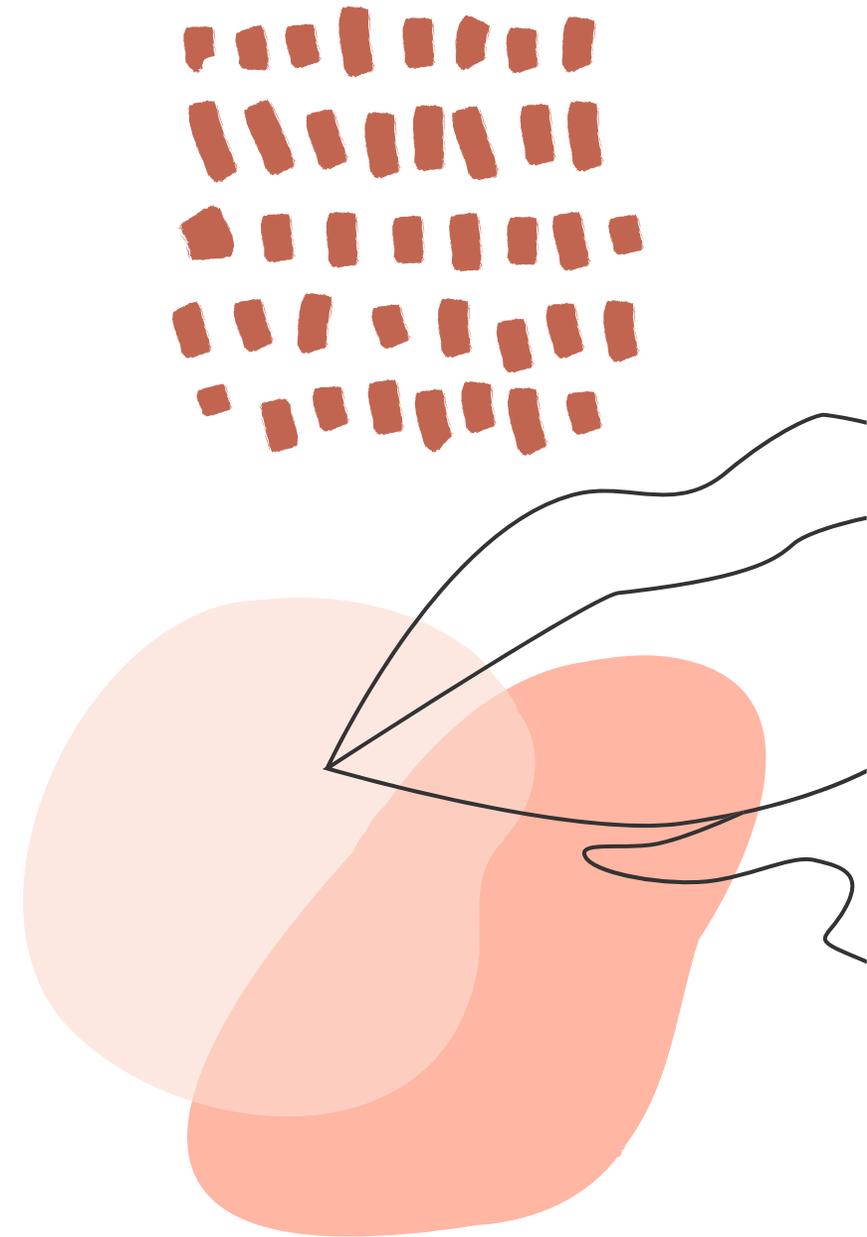


How does the Indiana data look?

- From 2016 to 2017, the age-adjusted rate of drug overdose deaths increased in Indiana by 22.5% (24.0 □ to 29.4 per 100,000)
 - In 2017, Indiana providers wrote 74.2 opioid prescriptions for every 100 people
 - US average was 58.7
 - Only 9 states had higher opioid prescribing rate
 - Ours was down from peak of 107.1 in 2010
- 

What about the Indiana data in pregnancy?

- In 2017, an Indiana program tested cord samples from almost 3000 babies born in 21 hospitals:
 - 14% tested positive for opioids
 - 20% of positive tests showed more than one substance
- In 2019, the rate of Neonatal Opioid Withdrawal (NOWS) among newborn hospitalizations in Indiana was 7.6 in 1000 (from the Agency for Healthcare Research and Quality website)





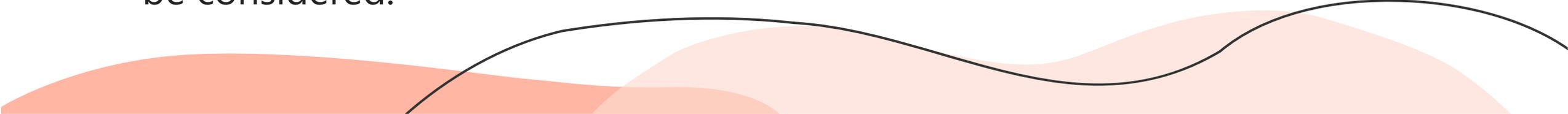
Resources

In/Out Incarceration
Residential
Coordinated Community Services



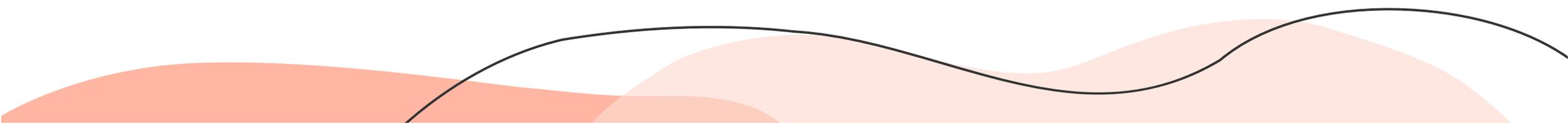
Best Practices for Pregnant Incarcerated Women with OUD - National Library of Medicine

Pregnant women represent a unique population for correctional facilities to care for.

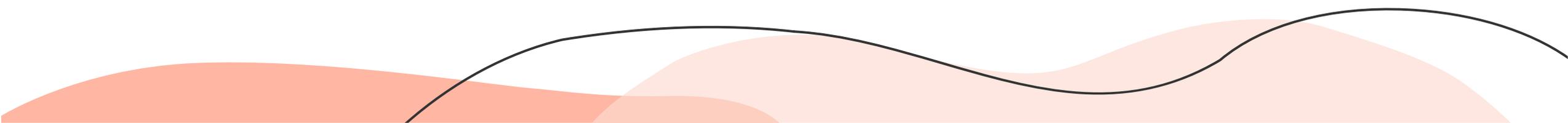
- An increased risk of concurrent opioid use disorder (OUD) that requires specialized care.
 - The evidence-based best practice and standard of care for pregnant women with OUD is medication-assisted treatment (MAT) with methadone or buprenorphine pharmacotherapy.
 - Correctional facilities that house women must be prepared to provide this care in a timely manner upon intake in order to address the serious medical needs of the pregnant woman and her fetus.
 - Providing MAT in the incarceration setting has distinctive logistics that must be considered.
- 

Background

Incarcerated women (those held in federal or state prisons, jails, or juvenile detention facilities) make up one of the most vulnerable segments of society.

- The rate of female incarceration continues to rise.
 - Statistics surveys found that 5% of women in jail, 4% in state prison, and 3% in federal prison report being pregnant upon intake, 90% reporting a drug problem, particularly OUD.
 - The evidence-based treatment of OUD in pregnant women is MAT combined with mental health services such as cognitive behavioral therapy and group sessions.
 - The consequences of withdrawal are especially grave in pregnant women.
 - Providing MAT for pregnant patients will match the community standard of care, improve the health of a vulnerable group of pregnant women, and work toward optimal health outcomes for both women and their newborns.
- 

Hamilton County Jail

- Each woman entering the jail who is pregnant is handled on a patient-to-patient basis depending on the term of their pregnancy.
 - Women in their first trimester are usually able to stay in the common area and women who are further along will be kept in the medical unit onsite.
 - It is a statewide mandate that all women who are pregnant entering jail are set up with medication assisted treatment for OUD. Most counties will refer out to other programs in their area depending on availability.
 - Hamilton County Jail works closely with Community North Hospital CHOICES program during and after release.
- 

Hamilton County Jail

Kelly Gunn

Program Coordinator

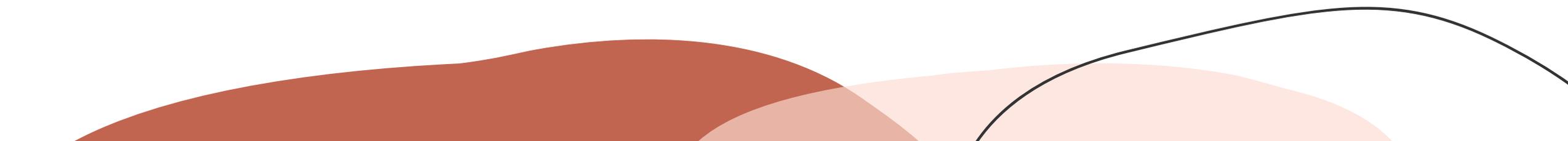
TOWER Re-entry program

Hamilton County Community Overdose Prevention Efforts Program

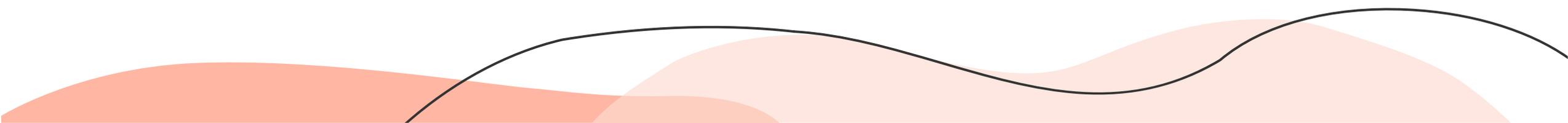
Abby Landes, RN

Health Services Administrator

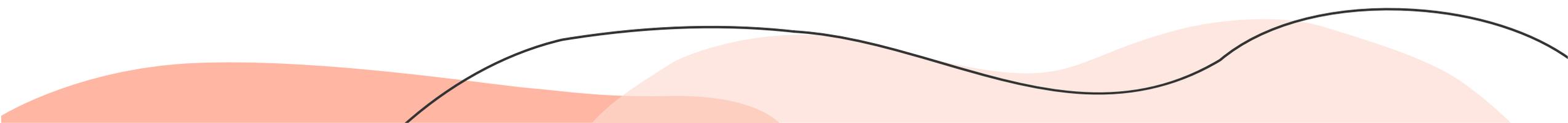
317.776.9800 - option 4 for medical



Dove House

- It's FREE!
 - No rush to get a job
 - Minimizing external distraction
 - Prioritizing evidenced based practice in all services provided
 - Peer recovery oriented • Treating the whole person using multidimensions of individual wellness
 - Example: Motherhood vs. "focus on you"
 - Prioritizing staff competence, and seeing this as an ongoing need – emphasis on high performance team
 - Largest Transitional Recovery Residence for Women in Marion County- Considered Best Practice by Governors office and Department of Mental Health & Addiction
 - Serves 40 women nightly
 - INARR Residence Level 4
- 

Program Model Includes

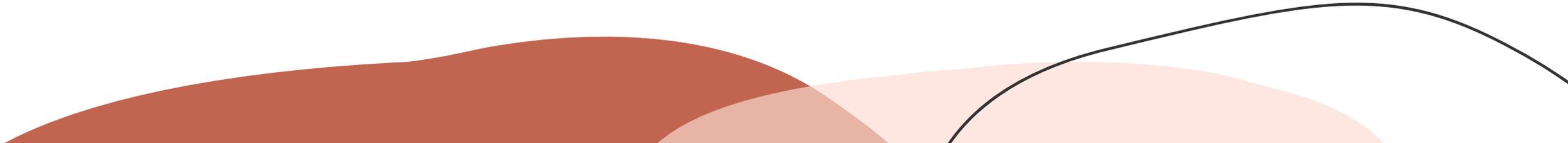
- Trauma Informed Therapy
 - Skilled staff who understand the distinct needs of women in recovery
 - 30 day 'be still' period
 - FREE (after client begins working, 30% of income is required for rent)
 - Comprehensive case management focused on goal outcomes and behavior modification •
 - Minimum stay of 90 days or up to 2 years
 - DMHA Certified IOP
 - 24/7 Paid, awake staff
 - MAT supported
 - Peer Recovery
 - Steps to Success
 - 73% success rate=employed, sober, housing stable, reunited with family & friend
- 

Dove House Contact

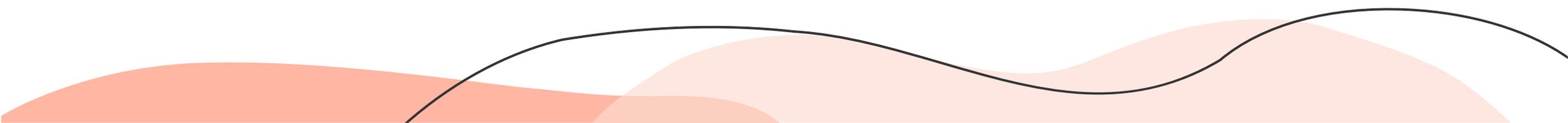
Wendy Noe, CEO

wnoe@doverecoveryhouse.org

317.972.4584



Oxford House, Inc.

- Oxford House started with one house in Silver Spring, Maryland in 1975.
 - Individuals in recovery can live in an Oxford House as long as they stay drug and alcohol free and pay an equal amount of the household expenses.
 - Stability in houses is a result of residents moving out when they believe it is the “right thing to do” and that they are comfortable enough in sobriety to avoid relapse.
 - The homes are self-run and utilize rented, nice, single family houses keeping expansion costs low.
 - Houses are available to men, women, women with children and men with children.
 - Today, there are more than 3200 Oxford Houses throughout the United States and in several other countries.
- 

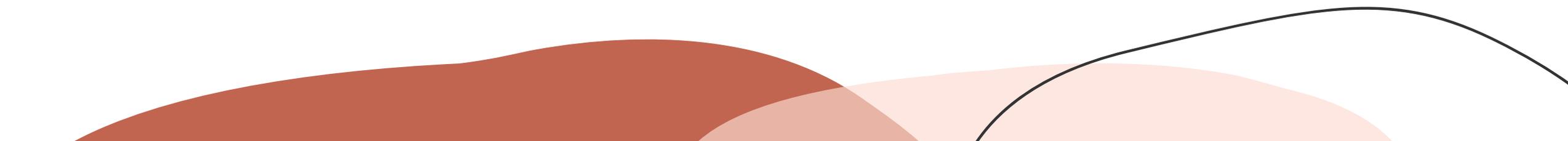
Oxford House Contact

Emily Catoe, MSSW, NCPRSS Regional Manager
Emily.Catoe@oxfordhouse.org 502.395.717

Joshua Ogle, Outreach Worker
Joshua.Ogle@oxfordhouse.org 270.272.3096

www.oxfordhouse.org

For vacancy info: www.oxfordvacancies.com

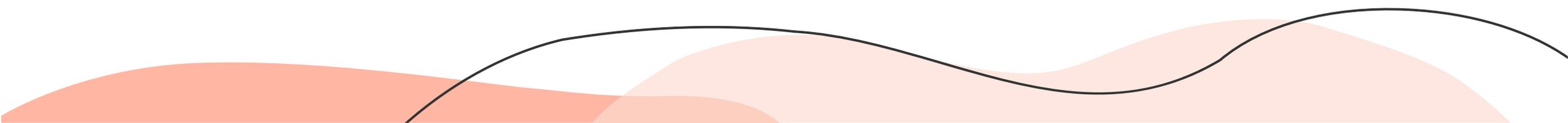


Overdose Lifeline, Inc.

Indiana nonprofit on the front-lines of the opioid epidemic since 2014

- Advocacy
- Harm Reduction
- Training + Education
- Youth Prevention + Education
- Support

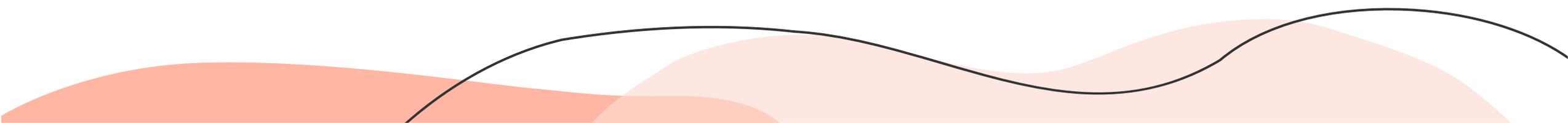
www.overdoselifeline.org

The bottom of the slide features a decorative graphic consisting of several overlapping, wavy, light-orange shapes that create a sense of movement and depth.

Holistic Recovery House for Women and Children

The Overdose Lifeline (ODL) Holistic Women's Recovery Residence Program is designed to help women, women who are pregnant and parenting women in recovery from substance use disorder.

There is a critical shortage of residential and coordinated community services for women with addictions and substance misuse in Marion County. The Holistic Recovery Center for Women and Children (hereafter, Recovery Center) will respond to this gap in services, the substance misuse crisis, and the concurrent socioeconomic impacts through a residential and community service model for women to include pregnant and parenting women.

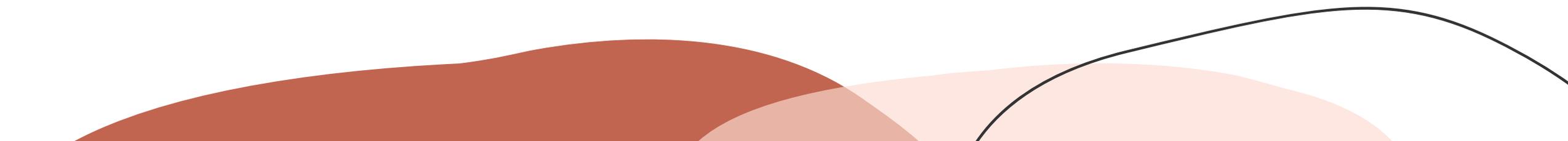
The bottom of the page features decorative wavy lines in shades of light orange and peach, creating a soft, flowing border.

Overdose Lifeline

Education | Advocacy | Support

Visit overdoselifeline.org

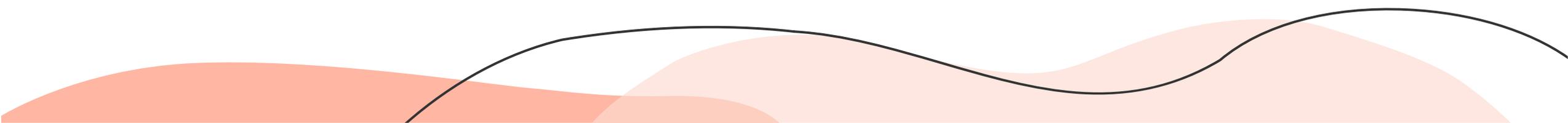
844.554.3354



CHOICE

Change, Hope, Overcome, Inspire, Compassion, Educate

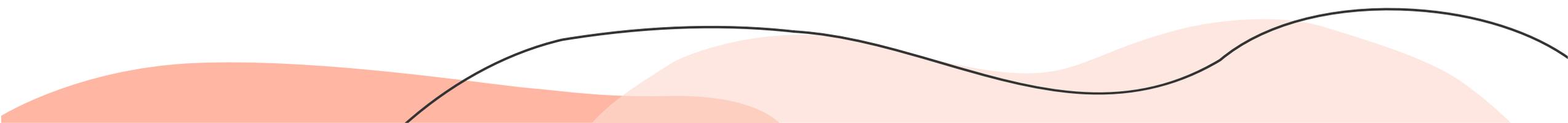
Community Health Network – Women’s Product Line

- Legacy (Delivery through 13 months)
 - Inpatient Initiations
 - Individualized Recovery
 - Resolution of Barriers to Recovery
 - Ambulatory Services (OB/GYN and Recovery/MAT)
 - 5 Locations: Anderson, East Indianapolis, Kokomo (via telehealth), South Indianapolis (Jan. 2022), Mooresville (July 2022)
- 
- The bottom of the slide features decorative wavy lines. A solid black line curves across the width of the slide. Below this line are several overlapping, semi-transparent shapes in shades of light orange and peach, creating a layered, wave-like effect.

OB Based Detox and Initiation

- Inpatient admission to labor unit
- Average length of stay is 4 days
- Private room/bathroom
- Offered 24/7
- Safety and discharge planning
- Catch up OB care
- Staff trained in trauma informed care
- Take home Narcan kit

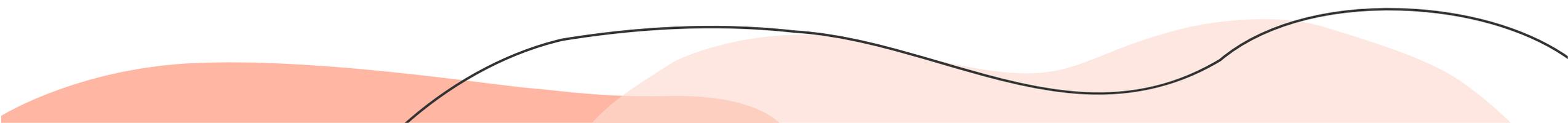
Anderson and East
Summer 2022 - South

The bottom of the slide features decorative wavy lines in shades of light orange and peach, creating a soft, abstract background element.

Choice Team

- Providers
- Nurse Navigation
- Peer Recovery
- Social Work/Care Coordination
- Therapists
- Nursing
- Ambulatory office staff

We:

- Are never full
 - See patients quickly
 - Resolve barriers to care
 - Give lots of chances
- 
- The bottom of the slide features a decorative graphic consisting of several overlapping, wavy, light-orange shapes that create a sense of movement and depth.

Ambulatory Services

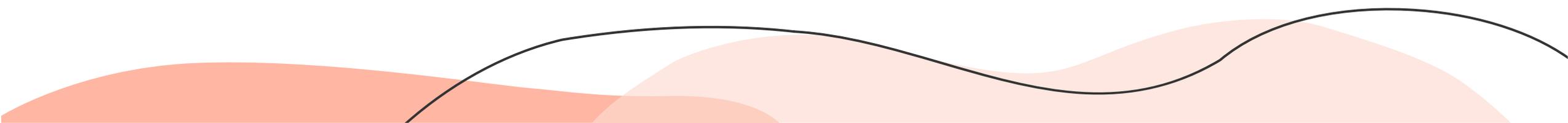
Offices: OB/GYN care and recovery services/MAT

- Integrated into those offices we serve
- Team rotates, works shoulder-to-shoulder with the office staff
- Full team weekly rounding

Appointments:

- Weekly
- May get to every two weeks, if stable in recovery

Therapy:

- MOMentum through Community Behavioral Health
 - Allow Fast Pass access to services, including psychiatrist
- 

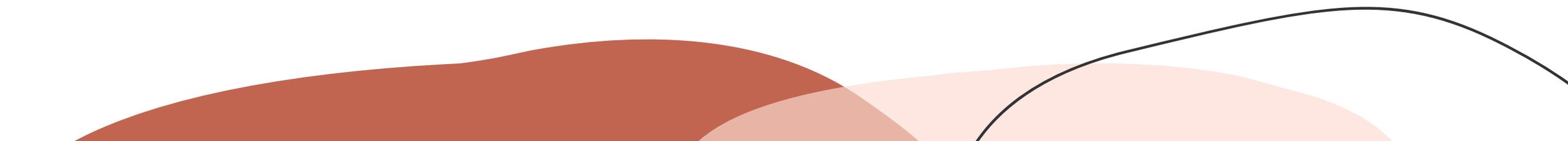
CHOICES Contact

Brooke Schaefer

bschaefer@ecomunity.com

Personal cell: 765.336.9700

Work Cell: 317.292.8811



Indiana Pregnancy Promise Program

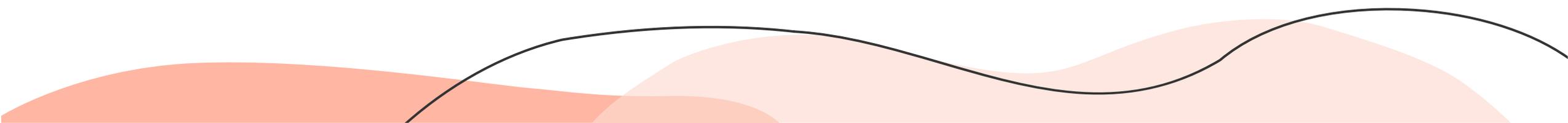
Promoting Recovery from Opioid use: Maternal Infant Support and Engagement

A part of the U.S. Centers for Medicare & Medicaid Services Maternal Opioid Misuse grant

What is the Indiana Pregnancy Promise Program?

The Indiana Pregnancy Promise Program is a free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past.

The goals of the Pregnancy Promise Program are for participants to:

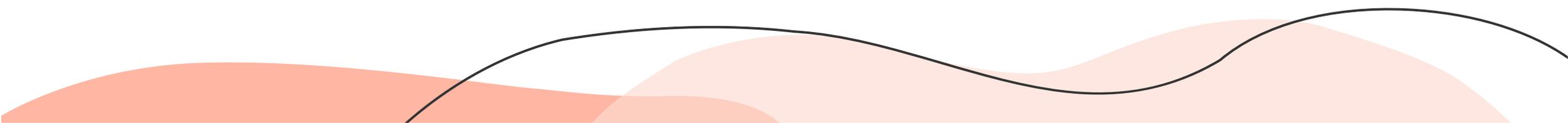
- Enter prenatal care
 - Access opioid treatment needed to achieve sustained recovery
 - Receive ongoing support and follow-up care for the mother and infant during and after pregnancy
 - Provide hope and set a strong foundation for the future
- 

Who can participate?

The Pregnancy Promise Program is available to pregnant individuals in the state of Indiana. To be eligible, participants must meet the following criteria:

- Pregnant or within 90 days of the end of pregnancy
- Identify as having current or previous opioid use
- Be eligible for or receive Medicaid health coverage

What are the Pregnancy Promise Program Benefits?

- Connection: Participants in the Pregnancy Promise Program will be matched with a case manager. Case managers will offer confidential support during enrollment to be sure parents and infants receive the care and resources they need during and after pregnancy to be healthy and well.
 - Coordination: Pregnancy Promise Program case managers will work with participants and their team of doctors and providers to coordinate care and identify community resources for families.
 - Prevention: By connecting pregnant individuals with health care and treatment as early as possible, the Pregnancy Promise Program aims to reduce and prevent the negative impacts of opioid use to the parent and child.
- 

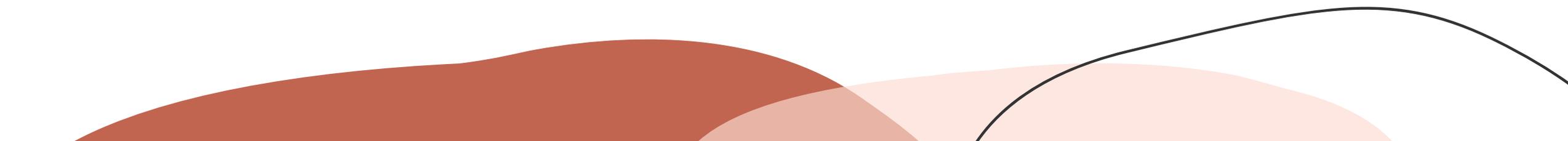
Referral Information

To make a referral for yourself or someone you know:

Visit: PregnancyPromise.in.gov

Email: PregnancyPromise@fssa.in.gov, or

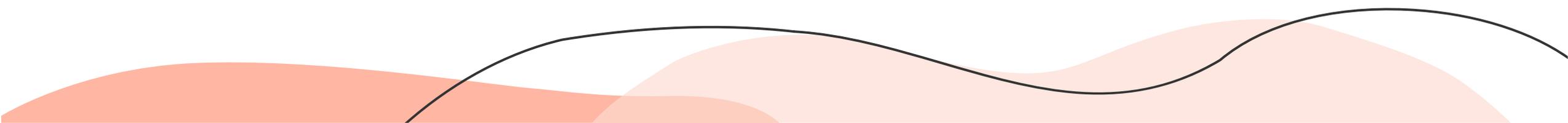
Call: 317-234-5336 or toll-free 888-467-2717



Circle of Recovery for Families

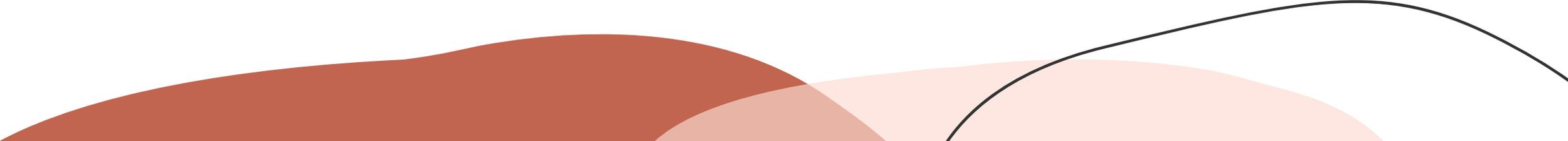
A Multidisciplinary Longitudinal Program for Pregnant Patients and Families Affected by Substance Use Disorders at Eskenazi Health

Objectives

- Understand risk factors, prevalence, and comorbidities of opioid use disorder in pregnancy
 - Discuss the basic principles of care for pregnant patients with opioid dependence and newborns with opioid exposure in utero
 - Describe why a non-judgmental, harm-reduction based, and family-centered approach is preferred
 - Outline the ideal elements of a family-centered, longitudinal model and why it promotes recovery
 - Imagine how advocacy and empowerment translate from the family to the community
 - Brainstorming and questions
- 
- The bottom of the slide features a decorative graphic consisting of several overlapping, wavy, light-orange shapes that create a sense of movement and depth.

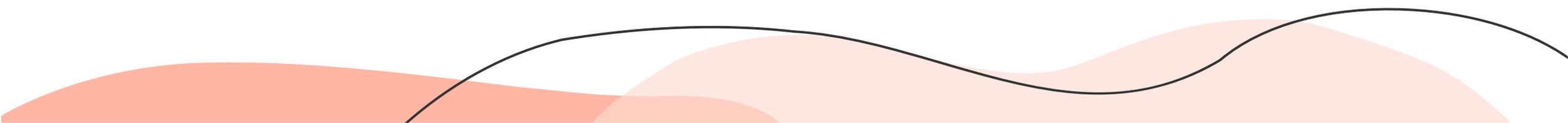
Circle of Recovery for Families Contact

Sarah Gopman, MD
Family Medicine, Maternal and Child Health,
Addictions Medicine Eskenazi Health
Assistant Professor - IU School of Medicine



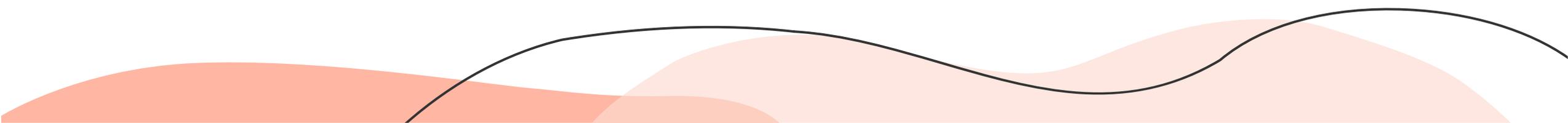
Fresh Start Recovery Centers

Who is Volunteers of America?

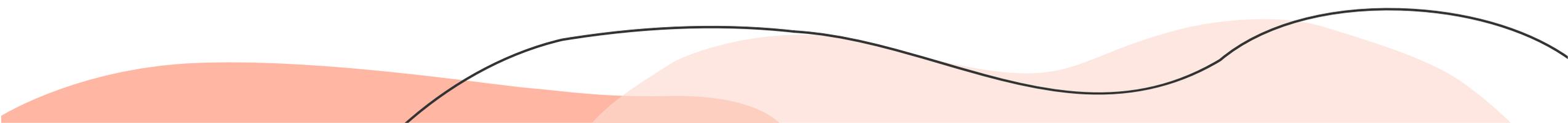
- National Social Services Agency
 - Around since 1896
 - Multi-Service agency
 - Homeless Veterans
 - Re-entry
 - Behavioral Health
 - Housing
- 
- The bottom of the slide features decorative wavy lines in shades of orange and red, creating a modern, abstract background element.

Our Mission

Develop an intervention to

- Address the deadliest addiction crisis in recent history
 - Address the foster care crisis
 - Address the incredible increase of babies testing positive for opiates and other substances at birth
 - Ensure moms receive treatment while with child/children - no separation
 - Break the multigenerational addiction pathway that our families have been experiencing for decades
 - Provide treatment for individuals involved in the child services and/or criminal justice systems
- 
- The bottom of the slide features decorative wavy lines. A solid black line curves across the width of the page. Below this line are several overlapping, semi-transparent shapes in shades of light orange and peach, creating a layered, wave-like effect.

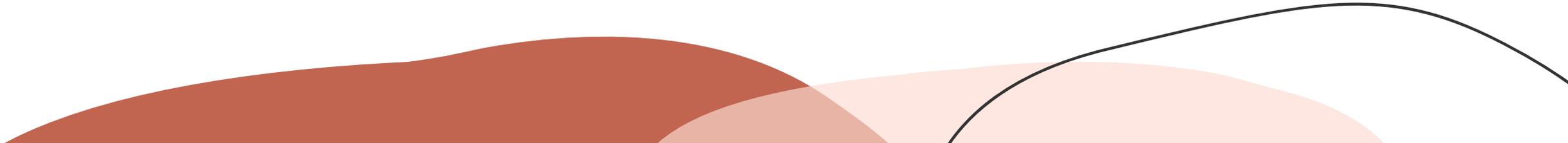
Fresh Start Recovery Centers

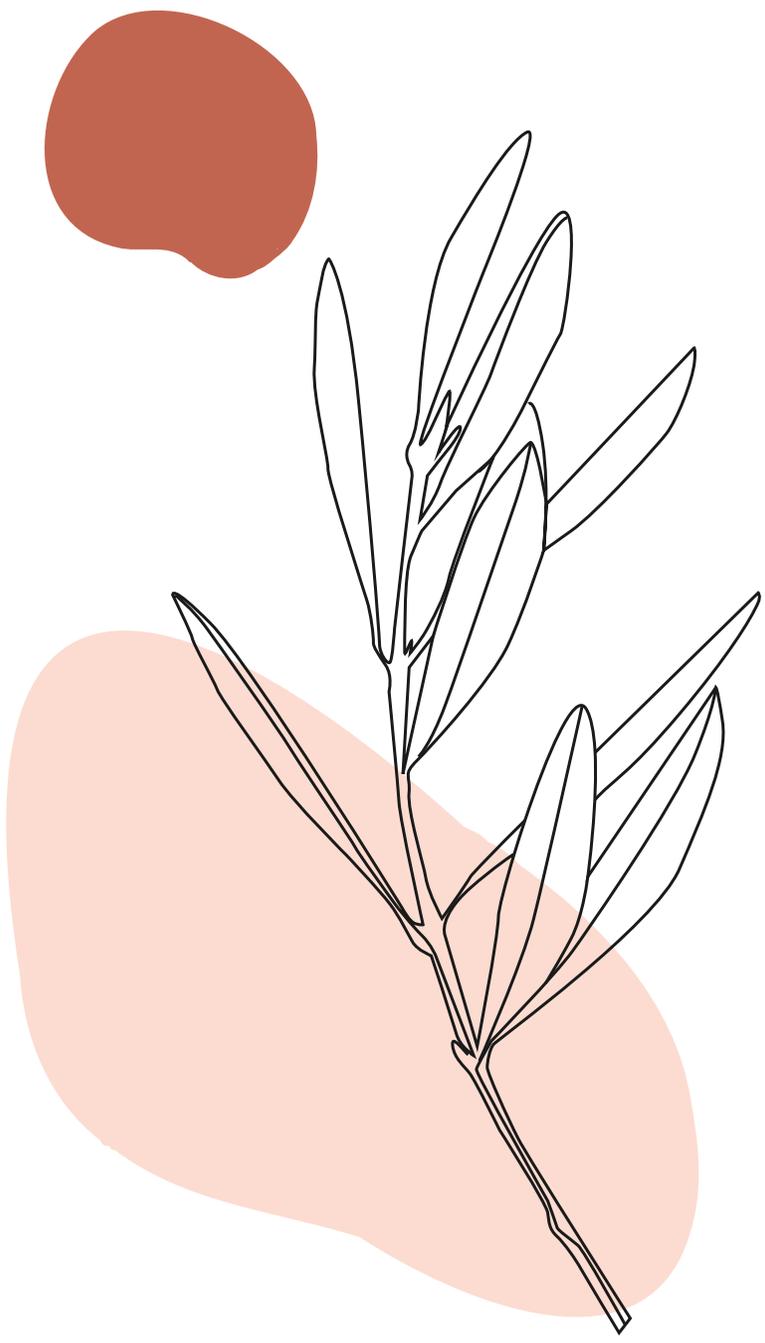
- Begin assisting women and their children in 2015
 - Serves women with or without DCS cases
 - Serves pregnant women
 - Serves women with or without children
 - High intensity residential substance use disorder treatment for pregnant women and mothers
 - Can have up to two children with her ages 5 and under
 - Target moms with newborns
 - Parenting support and skills training
- 
- The bottom of the slide features a decorative graphic consisting of several overlapping, wavy, light-orange shapes that create a sense of movement and depth.

Fresh Start Recovery Centers Contact

Kevin Moore
Sr. VP/Behavioral Health
Operations

Kevin.moore@voahin.org





Questions & Answers



Thank You!

Please reach out if you have any additional questions or would like to get more information.

Jodi Miller
jmillerm@mhainet
317.442.4234

