# Drug Free Moms and Babies Project

## Program Development Manual

October 2017

West Virginia Perinatal PARTNERSHIP

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# Introduction

## West Virginia Perinatal Partnership

The West Virginia Perinatal Partnership (the Partnership) is a statewide collaborative of healthcare professionals and public and private organizations working together to improve perinatal health in West Virginia. Founded in 2006, the Partnership is recognized throughout the state for its effectiveness in bringing together individuals and organizations involved in all aspects of perinatal care. The Partnership works through a variety of committees to develop new programs, improve existing programs and policies, and implement best practices to reduce maternal and infant mortality and morbidity and improve the delivery of care.

## Drug Free Moms and Babies Project

To address the significant problem of substance use in pregnancy, the Partnership formed the Substance Use in Pregnancy Committee to make policy recommendations, identify best practices, and develop a collaborative and coordinated approach to best meet the needs of this high-risk population. The Drug Free Moms and Babies (DFMB) Project evolved from this committee and work began in 2011 to develop integrated and comprehensive care models for pregnant women with substance use disorders.

Initial key components of the project included uniform screening, integrated and comprehensive maternity and behavioral health care services, long-term follow-up, provider outreach, and program evaluation. Pilot sites, selected through a competitive process, were expected to provide services for three years and participate in both process and outcome evaluations to inform the replication of promising practices across the state.

In 2012, the Partnership approved four pilot project sites for inclusion in the DFMB Project. The sites selected represent a variety of geographic locations and practice modalities. They included:

- ***Greenbrier Valley Medical Center***: A for-profit community hospital located in Ronceverte, West Virginia. The patient population comes from six southeastern West Virginia counties and one county in Virginia. In 2015 the DFMB program was transferred to Greenbrier Physicians Clinic.[i]
- ***Shenandoah Community Health***: A federally qualified health center in the Eastern Panhandle of the state. Its rural patient population comes from surrounding counties in West Virginia, Maryland, and Virginia. The program is housed at the clinic in Martinsburg.

[i] This site will be referred to as Greenbrier Physicians Clinic throughout this manual. All information in this manual includes work from the DFMB Project at both sites.

- ***Thomas Memorial Hospital***: A private, nonprofit community hospital located in South Charleston that serves a twelve-county area in the southwestern part of the state.
- ***West Virginia University Medicine, Obstetrics and Gynecology Department***: Located within a level III tertiary care center in Morgantown, the program serves women from all over the state, as well as women from southwestern Pennsylvania, western Maryland, and eastern Ohio.

Information in this manual highlights the project design of each program and lessons learned through qualitative research among each of the sites. This analysis is based on annual site reviews and quarterly phone interviews over a three-year period. Personal interviews were conducted with a variety of stakeholders, including those who were responsible for implementing, coordinating, and providing direct services to women participating in the program. This analysis forms the basis of the information discussed in this manual and is intended to provide concrete guidance to maternity care providers on how to effectively and efficiently establish similar programs to better meet the needs of this vulnerable population. This manual was developed to help potential programs proactively identify key program components, troubleshoot common barriers, and address obstacles that stalled program implementation.

Specific information on the DFMB Project design within the four pilot sites is provided in the last section of this document.

# PARTNERS

The Partnership would like to extend a special thank you to the funders of the DFMB Project who had a vision for how to better serve pregnant women with substance use disorders in West Virginia—the West Virginia Department of Health and Human Resources' Bureau for Behavioral Health and Health Facilities, Bureau for Public Health's Office of Maternal, Child and Family Health, and the Claude Worthington Benedum Foundation.

## WVDHHR Bureau for Behavioral Health and Health Facilities

The West Virginia Bureau for Behavioral Health and Health Facilities is the federally designated State Authority for mental health and substance abuse and provides planning, direction, training, and funding for community-based prevention, treatment, and recovery services throughout the state.

## WVDHHR Bureau for Public Health's Office of Maternal, Child and Family Health

The West Virginia Bureau for Public Health's Office of Maternal, Child and Family Health (OMCFH) is the State maternal and child health agency serving the needs of women, infants, children, and families and children with special healthcare needs. The OMCFH receives the federal Maternal and Child Health Services Title V Block grant to assure availability and accessibility of a comprehensive, quality maternal and child health system that will positively affect pregnancy outcomes and promote positive health status for infants, children, adolescents, and children with special health care needs.

## Claude Worthington Benedum Foundation

The Claude Worthington Benedum Foundation has served West Virginia and Southwestern Pennsylvania since it was established in 1944 by Michael and Sarah Benedum. Grants are made to support specific initiatives in the areas of Education, Economic Development, Health and Human Services, and Community Development.

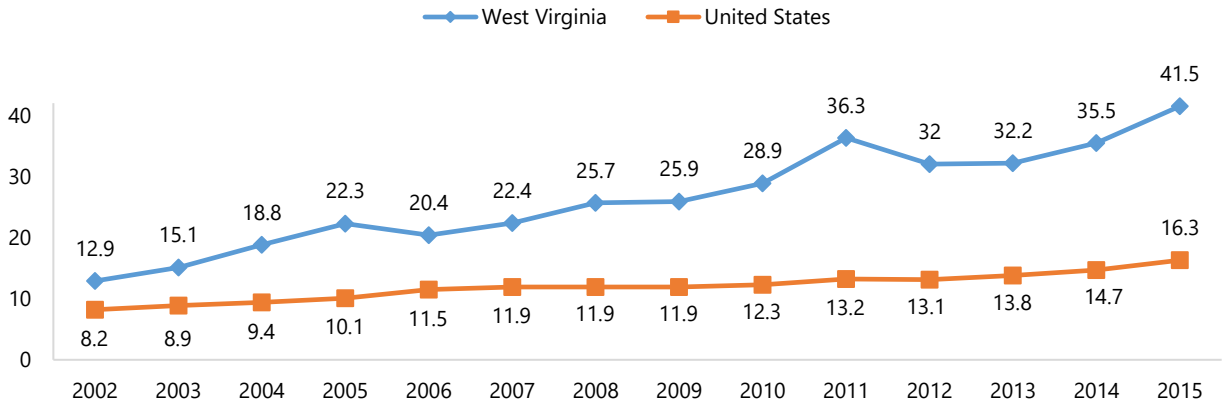
# NEED FOR DFMB PROJECT

## Substance Abuse Epidemic in West Virginia

Substance use problems are among the most common and costly health conditions affecting Americans today. Over 21 million adults meet the diagnostic criteria for alcohol abuse or dependence, illicit drug abuse or dependence, or prescription pain medication abuse or dependence.[1] According to the West Virginia Behavioral Health Barometer (2015),[2] almost 100,000 residents aged 12 or older were dependent on or abused illicit drugs, and approximately 83,000 persons aged 21 or older reported heavy alcohol use the month prior to being surveyed. The report concluded that overall, substance use in West Virginia is consistent with national trends.

However, no state has been as profoundly affected by the epidemic of opioid drug use as West Virginia. As Table 1 demonstrates, the state has the highest drug overdose mortality rate in the nation—more than double the rate of the United States as a whole—at 41.5 per 100,000 residents in 2015.[3] Overdose fatalities in the state continue to rise every year, from 367 in 2004 to 731 in 2015, and opioids were responsible for 87.4% of the overdose deaths in 2015.[4] With this tragic impact, it is not surprising to discover that in 2015, West Virginia filled more opioid prescriptions than there were people with 1,049 opioid prescriptions per 1,000 West Virginians.[5]

**Table 1: Resident Drug Overdose Mortality Rate**
**West Virginia and United States, 2002-2015**
**Per 100,000 Residents**




The impact of the West Virginia opioid epidemic is felt throughout the state. Families and communities are devastated by the effects and service providers and residents are acutely aware of the need for substance abuse prevention, treatment, and recovery services.

## Substance Use in Pregnancy in West Virginia

Substance use in pregnancy (including the use of tobacco, alcohol, prescription, and illicit drugs) has long been identified by West Virginia healthcare professionals as a major factor contributing to poor health outcomes for mothers and babies. As noted, the substance abuse epidemic, particularly the opioid epidemic, has created a public health crisis with costly and tragic consequences. This crisis has not spared the state's expectant mothers. Key informant surveys conducted by the Partnership have consistently shown that substance use in pregnancy is a significant problem identified by obstetric and pediatric providers as a driver of poor birth outcomes for both the women and their babies.

In 2009, a statewide study of umbilical cord tissues was conducted to determine and document the extent of intrauterine substance exposure in West Virginia. This study confirmed what obstetrical and pediatric health care providers already knew; the problem was serious and widespread. Nearly 1 in 5 umbilical cord tissue samples tested positive for at least one substance.[6] The study found that while marijuana was the most widely used illicit substance, nearly a quarter of the umbilical cords that tested positive contained an opioid. Notably, most of the positive cords identified more than one substance.

Poor maternal and infant health outcomes are further compounded by the fact that West Virginia has the highest rate of women who smoke cigarettes while pregnant, with a rate that is nearly triple the national average. Maternal smoking is associated with a number of risks, including preterm delivery, low birthweight, placental abruption, birth defects, sudden infant death syndrome, and childhood respiratory illnesses. High rates of smoking, coupled with high rates of drug use, lead to costly and complex maternal and infant health outcomes, since smoking in pregnancy worsens the severity of withdrawal symptoms in newborns diagnosed with neonatal abstinence syndrome.

## Neonatal Abstinence Syndrome in West Virginia

Neonatal abstinence syndrome (NAS) often occurs when a newborn has been exposed to certain illegal or prescription drugs in utero. NAS is a postnatal withdrawal syndrome that comprises a constellation of symptoms in newborns, including central nervous system irritability, gastrointestinal dysfunction, and temperature instability. Although other substances have been implicated, NAS is most often attributed to intrauterine opioid exposure.

According to 2014-16 data, NAS is reported in 37 per 1,000 West Virginia live births, which is more than five times the national average of nearly 7 out of every 1,000 births.[7] In October 2016, West Virginia's Project WATCH program began collecting data on intrauterine substance exposure and clinical diagnoses of NAS on the Birth Score form. The primary objective of the program is to coordinate an infant risk screening system that identifies newborns who are at greatest risk of death in the first year of life and to link these infants with primary pediatric services and case management for close follow-up. Preliminary data from the first seven months of reporting indicate that of 10,711 live births, 14.28% of the infants experienced intrauterine exposure and 5.48% of infants had clinical symptoms consistent with NAS.

# DFMB Project Components

## DFMB Project Goal

The goal of the Drug Free Moms and Babies (DFMB) Project is to develop, evaluate, document, and replicate programs that support healthy baby outcomes by providing prevention, early intervention, treatment, and recovery services for pregnant and postpartum women with substance use disorders.

## Critical Activities

Programs established as part of the DFMB model contain the following components to support and sustain the recovery of women with substance use disorders: (1) Integration of behavioral health and maternity care; (2) Incorporation of the SBIRT model into existing service delivery; (3) Long-term follow-up with participants from pregnancy through their infant's 2nd birthday; and (4) A commitment to work with statewide and/or local committees to address the issue of substance use in pregnancy.

*A DFMB Program Development Checklist is available on page 16 to assist sites in developing critical program components.*

**Integrated Behavioral Health and Maternity Care**

### Key Takeaway

Pregnancy is a unique time. For women with substance use disorders, pregnancy is perhaps one of the only times she receives ongoing medical care. The increased motivation for improved health that often comes with pregnancy makes the prenatal and postpartum periods ideal for addressing substance use. Working together, the medical team, behavioral health providers, and substance use treatment providers can have a significant impact on health outcomes for both mothers and babies.

Over the last decade, the integration of behavioral health and general medical services has been the focus of intensive resources, planning, and education efforts. These collaborative models apply a holistic approach to treatment over the traditional consultative and referral models that historically have separated medical care from substance abuse and/or mental health services. Because pregnancy offers a distinct time for women to seek ongoing assistance from a healthcare provider, physicians have a unique opportunity to detect and treat substance use disorders in pregnant women.[8] Women are often more motivated to address their addictions during pregnancy,[9] making treatment interventions more productive. Research demonstrates that substance abuse treatment programs integrated with prenatal care are effective in reducing maternal and fetal pregnancy complications and costs.[10]

As a result of this research and demonstrated practice, the DFMB Project was developed around an integrative service model that includes a team approach, inclusive of (at a minimum): the patient, maternity care providers, behavioral health providers, substance abuse treatment providers, and other community resources. While each site can develop innovative program models that fit the needs of their individual participants and communities, key elements of integrated models include:[11]

- ***Team-driven***: A multidisciplinary group of healthcare professionals that provide care in a coordinated fashion and are empowered to work at the top of their training.
- ***Population-focused***: The team is responsible for the provision of care and health outcomes addressing the unique needs of pregnant and postpartum women with substance use disorders.
- ***Measurement-guided***: The team decides on the appropriate, systematic assessment tools to drive clinical decision-making for medical care and substance abuse and mental health treatment.
- ***Evidence–based***: The team adapts scientifically proven treatments within an individual clinical context to achieve improved health outcomes for mothers and babies. The SBIRT model and Motivational Interviewing are evidence-based practices that are incorporated into service delivery strategies.

**Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model**

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is a key feature of the DFMB Project to incorporate into the existing system of care. SBIRT is a comprehensive, integrated, evidence-based approach to identify and treat individuals with substance use disorders and those who are at-risk of developing substance use disorders.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines the phases of SBIRT as follows:[12]

- ***Screening***: Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- ***Brief Intervention***: Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- ***Referral to Treatment***: Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

The process to integrate the SBIRT model can be developed to meet the goals of each program. ***Screening*** can include universal urine drug screens, self-disclosure, and other appropriate methods, but must include the use of the state's uniform maternal risk screening tool—the West Virginia Prenatal Risk Screening Instrument (PRSI). West Virginia Legislative Rule §64-97-5 mandates the completion of the PRSI for every pregnant woman's initial prenatal care visit regardless of insurance source. The one-page PRSI collects information on demographics, vital physiological statistics, pregnancy history, oral health, breastfeeding, family history, medical conditions, prenatal care entry delay, various obstetrical risk factors, and substance abuse.

*A link to the PRSI can be found in the Resources section.*

To determine the comprehensive substance abuse, mental health, and additional medical needs of the patient, team members administer clinically appropriate assessments. Because addiction is common in people with mental health disorders, women screening positive for substance use should also be screened for and, if appropriate, treated for co-occurring mental health disorders.[13] The treatment team must work collaboratively and consistently to assess progress and address areas in need of improvement for each individual.

***Brief Interventions*** can be conducted by medical staff, behavioral health staff, or other service providers. Motivational Interviewing should be utilized by the clinician. Motivational Interviewing is a clinical approach that helps people with mental health, substance use disorders, and other chronic conditions recognize the need to make positive behavioral changes to support better health. The American College of Obstetricians and Gynecologists encourages the use of Motivational Interviewing as one effective approach to elicit behavior change.[14] The approach upholds four principles: (1) Expressing empathy and avoiding arguments, (2) Developing discrepancies between behaviors and goals, (3) Rolling with resistance and providing personalized feedback, and (4) Supporting self-efficacy and eliciting self-motivation.

*Additional information on Motivational Interviewing can be found in the Resources section.*

***Referral to Treatment*** can also be tailored to each patient utilizing the strengths, skills, and expertise of the DFMB Project sites and resources in the community. Because individuals with substance use disorders are often uncertain about entering treatment and may waiver if treatment is not readily available, it is critical to make referrals and take advantage of available services the moment people are ready for treatment.[16] The Collaboration Checklist on page 15 can be used to develop comprehensive service options for women depending upon their individual needs. These partnerships include maternity care providers; behavioral health providers; substance abuse treatment options across the continuum of care (such as detoxification services, inpatient/residential, intensive outpatient, community support groups, MAT programs, Peer Recovery Coaching, etc.); state resources; and community-based support for literacy, education, housing, transportation, childcare, workforce development, and other services.

**Key Takeaway**

Use the Collaboration Checklist to develop a comprehensive array of services using community and statewide resources to meet the unique needs of pregnant and postpartum women. This includes (but is not limited to): maternity care providers; behavioral health providers; substance abuse treatment providers; state resources; and community-based support for literacy, education, housing, transportation, childcare, workforce development, and other services.

Developing a comprehensive array of services for DFMB participants will help programs adhere to several Principles of Effective Treatment[17] developed by National Institute on Drug Abuse, including:

- ***No single treatment is appropriate for everyone***: Matching treatment settings, interventions, and services to an individual's unique needs is critical to her success.

- ***Effective treatment attends to multiple needs of the individual, not just her drug abuse***: To be effective, treatment must address the individual's substance abuse and any associated medical, psychological, social, vocational, housing, and legal problems. In addition, it is important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.
- ***Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies***: Medication-assisted treatment (MAT) has been demonstrated to be effective in helping individuals addicted to opioids to stabilize their lives and reduce their illicit drug use. DFMB sites should develop options for participants to access high-quality MAT programs that combine medication with comprehensive behavioral treatment programs.
- ***Many individuals with substance use disorders also have other mental health disorders***: As previously mentioned, drug abuse and addiction often co-occur with other mental illnesses and should be addressed collaboratively as part of a comprehensive treatment program.

DFMB programs can develop many different treatment options to fill in gaps in substance abuse treatment for pregnant and postpartum women, including (but not limited to):

- Comprehensive Case Management
- Individual Counseling
- Group Counseling
- Family Counseling
- Peer Recovery Coaching
- Medication-Assisted Treatment
- Educational Workshops/Coaching
- Drug Screening
- Incentive Programs

**Key Takeaway**

Review the project designs of the four pilot DFMB sites starting on page 19 to identify the ways treatment options are implemented to meet the unique needs of the target population.

*The project designs of the four pilot DFMB sites are outlined in the last section of this manual.*

**Long-Term Follow-Up**

Addiction is a complex but treatable disease that affects brain function and behavior.[18] As a result, persons with substance use disorders are at-risk for relapse even after extended periods of abstinence. Recovery is a long-term process that may require varying combinations of services and treatment components. To support the long-term recovery of women, DFMB Project sites are required to follow women for up to two years post-delivery. This follow-up may include (but is not limited to) the following strategies: Peer Recovery Coaching, ongoing services from DFMB staff, and long-term social service programs.

- ***Peer Recovery Coaching:*** Peer recovery support is a treatment approach for individuals with mental health and substance use disorders that promotes health and resilience; coordinates social supports in the community; improves access to supports in all areas of life; reduces barriers to employment and education; and aims to help individuals lead fulfilling lives. Peer Recovery Coaches are individuals with lived experience with substance abuse who help remove personal and environmental obstacles to recovery,

link the newly recovering person to the recovery community, and serve as navigators and mentors in the management of personal and family recovery.

Peer Recovery Coaching is an intervention designed to address the uniqueness of each individual through their addiction recovery and is a vital component in West Virginia's recovery-oriented continuum of care. The Bureau for Behavioral Health and Health has received grant funds to train and hire Peer Recovery Coaches specifically to address the unique needs of pregnant and postpartum women. As this program is implemented, the Partnership will alert DFMB programs of the resources available in their communities to connect willing participants with Peer Recovery Coaches. Some programs may decide to hire Peer Recovery Coaches to provide services as part of their delivery system.

*More information on Peer Recovery Coaching can be found in the Resources section.*

- ***Ongoing Services from DFMB Program Staff***: Programs may want to build upon the trust established between program staff and their patients and continue to provide long term follow-up services to program participants.

- ***Community-Based Social Service Programs:*** The West Virginia Office of Maternal, Child, and Family Health has several programs that provide ongoing supportive services for families with infants and children, including Right From the Start, the West Virginia Home Visitation Program, Birth to Three, and others. These programs can serve as continued follow-up to program participants as long as the DFMB site has established ongoing relationships with the individual programs.

**Work with Local and Statewide Initiatives Addressing Substance Use in Pregnancy**
Providers from DFMB programs are asked to serve as community resources for substance use in pregnancy by sharing information on the nature and extent of the problem, promising strategies, and ways the community can work collaboratively to address the issue. In addition, providers are asked to participate in statewide and community efforts (such as the Partnership's Substance Use in Pregnancy Committee) and/or other local initiatives aimed at prevention, treatment and recovery of women with substance abuse disorders.

## Lessons Learned/Barriers and Solutions

The initial years of the DFMB Project provided the Partnership with a wealth of information about what works, program challenges, and innovative service models that meet the needs of pregnant and postpartum women with substance use disorders. The following discussion provides trends in program development, effective elements of program design, lessons learned, and solutions to address common barriers.

- ***Establishing programs takes more time than most sites anticipate***: Most of the pilot programs underestimated the time involved in establishing a fully functioning program. The DFMB Program Development Checklist on page 16 was developed as a helpful tool for emerging programs to create effective models and reduce delays in program implementation.

- ***A dedicated staff position is needed to effectively run DFMB programs***: Establishing a DFMB program can be a time-consuming undertaking that requires a significant amount of human resources to start and maintain. Programs need a dedicated staff person to be the "point person" and conduct extensive monitoring and coordination. In addition, effective programs work collaboratively with the community, and developing and maintaining those relationships takes time and dedicated resources.
- ***A collaborative treatment team needs to be nurtured and developed to provide effective services***: Most pilot programs did not anticipate the time it takes to create a multidisciplinary team. To assist in nurturing and developing this team, time should be devoted to fully outline the responsibilities and duties of each collaborator before the program starts. This can prevent participants from falling through gaps, reduce conflict and stress, and reduce the chance of partners leaving the treatment team because of unanticipated expectations. Because lapses in treatment and sobriety do occur, individual progress and treatment plans must be continually assessed and modified. Create a schedule for the treatment team to meet frequently to monitor program participants.
- ***Common barriers to treatment exist in DFMB programs***: Many DFMB programs struggle with common issues that many service providers encounter as they try to maintain regular contact with patients. These include transportation, childcare, hard to reach patients, incomplete and/or inaccurate information from patients, and patients missing appointments.

## Resources

Below are some resources to assist in the development of DFMB programs. These resources are also listed on the Partnership's website at www.wvperinatal.org.

**Integration of Primary Care and Behavioral Health Care Services**

- **APA/APM Report**
  Integrated Care within Adult Primary Care Settings: The Collaborative Care Model
  https://www.integration.samhsa.gov/integrated-care-models/APA-APM-Dissemination-Integrated-Care-Report.pdf

- **SAMHSA-HRSA Center for Integrated Health Solutions**
  Integrating Behavioral Health into Primary Care
  https://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care

**Specialized Information, Tools, and Training for Providers Caring for Pregnant and Postpartum Women**

- **The ATTC Center of Excellence on Behavioral Health for Pregnant Women and Their Families (ATTC CoE-PPW)**
  Resources on family-centered, national treatment curricula, web-based toolkit, and information on national training efforts through the ATTC Network tailored for providers caring for pregnant and postpartum women and their families.
  http://attcppwtools.org/About/AboutUs.aspx

**Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

- **SAMHSA-HRSA Center for Integrated Health Solutions**
  SBIRT in integrated care models and SBIRT training information.
  https://www.samhsa.gov/integrated-health-solutions/build-practices/clinical-practice/sbirt-integrated-care

- **World Health Organization's Brief Intervention for Substance Use: A Manual for Use in Primary Care Settings**
  http://www.who.int/substance_abuse/activities/en/Draft_Brief_Intervention_for_Substance_Use.pdf

- **Substance Use During Pregnancy: The OB/GYN Perspective**
  Link to webinar on integrating SBIRT in Ob-Gyn practice, including case examples
  http://attcppwtools.org/TakeAction/resourceDetails.aspx?resourceID=68

- **West Virginia Prenatal Risk Screening Instrument**
  Link to PRSI tool
  http://www.wvdhhr.org/mcfh/WV_PrentalRiskScreeningInstrument2016.pdf

**Motivational Interviewing Resources**

- **Motivational Interviewing in an Integrated Care Setting: A Three-Part Series**
  This three-part video series demonstrates how Motivational Interviewing may be applied in a variety of integrated health care settings.
  http://attcppwtools.org/PPWProgram/Videos.aspx#MI

- **Tour of Motivational Interviewing On-Line Course**
  Link to registration for a free, online course on Motivational Interviewing.
  https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=6280958

- **Motivational Interviewing Network of Trainers (MINT)**
  This web site provides resources for those seeking information on Motivational Interviewing.
  http://motivationalinterviewing.org/

**Recovery Support**

- **SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy**
  Resources to promote the widespread adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental health conditions.
  https://www.samhsa.gov/brss-tacs

- **Decisions in Recovery: Treatment for Opioid Use Disorders**
  An online tool that providers, peer recovery coaches, and others can use to engage people in shared decision-making conversations about accessing evidence-based treatment for opioid use disorder.
  http://archive.samhsa.gov/MAT-Decisions-in-Recovery/

**Rural Communities**

- **Rural Prevention and Treatment of Substance Abuse Toolkit**
  This toolkit provides evidence-based examples, promising models, program best practices, and resources that can be used to implement substance abuse prevention and treatment programs.
  https://www.ruralhealthinfo.org/community-health/substance-abuse

**Transportation to Medical Appointments**

Individuals covered by West Virginia Medicaid or by the Office of Maternal, Child and Family Health maternity services program are eligible to apply for transportation assistance to medical appointments. The Right From the Start Program will assist participants in completing applications for transportation while they are pregnant and for up to 60 days after the baby is born. The baby is eligible for assistance with transportation to medical appointments up to one year of age. The assistance is available for transportation to those services that are covered by Medicaid, such as doctor visits, trips for lab work and ultrasounds, childbirth classes, parenting classes, etc. The transportation assistance does not cover travel to WIC appointments.

# Collaboration Checklist

| Role | Partners |
|---|---|
| Maternity Care Providers | |
| Behavioral Health Providers | |
| Substance Abuse Treatment Detoxification Services | |
| Substance Abuse Treatment Inpatient/Residential Services | |
| Substance Abuse Treatment Intensive Outpatient Services | |
| Substance Abuse Treatment Community Support Groups (NA, AA, etc.) | |
| Substance Abuse Treatment MAT Providers | |
| Peer Recovery Coaching | |
| Pharmacy | |
| West Virginia Quitline | |
| State Resources: Medical Card, SNAP benefits, etc. | |
| Right From the Start | |
| Birth to Three | |
| Women, Infants, and Children (WIC) Program | |
| Child Protective Services | |
| GED/Adult Literacy | |
| Education | |
| Housing | |
| Emergency Services | |
| Transportation | |
| Childcare | |
| Workforce Development | |

# Program Development Checklist

| | Activity |
|---|---|
| ○ | Hire or identify a staff member dedicated to coordinating the DFMB program. |
| ○ | Develop a multidiscliplinary team that includes (at a minimum) the patient, maternity care providers, behavioral health providers, substance abuse treatment providers, and community resources. |
| ○ | Identify substance abuse treatment providers across the continuum of care for patient-specific treatment needs (detoxification, inpatient/residential, intensive outpatient, community support groups, MAT programs, etc. ) |
| ○ | Identify community resources for housing, transportation, child care, education, and other needs |
| ○ | Connect with state resources such as Right From the Start, WIC, SNAP, etc. |
| ○ | Create partnership agreements will all project partners that define the roles and responsiblities of each entity. |
| ○ | If providing MAT services, complete and submit *Office-Based Medication-Assisted Treatment Initial/Renewal Licensure Application* |
| ○ | Establish a process for screening pregnant and postpartum women for substance use (including use of the PRSI). |
| ○ | Create procedures for brief interventions when substance use is detected using Motivational Interviewing. |
| ○ | Establish a referal process that includes a "warm handoff." |
| ○ | Fill in gaps to provide treatment services for DFMB program participants. |
| ○ | Identify options for Peer Recovery Coaching services. |
| ○ | Establish a process for the treatment team to continually assess and modify treatment needs of participants. |
| ○ | Create an incentives program to encourage ongoing participation and develop a positive reward system. |
| ○ | Create informed consent policies and forms. |
| ○ | Develop program outreach materials, such as brochures, flyers, websites, etc. |
| ○ | Educate other service providers in your organization and community about the DFMB program. |
| ○ | Identify providers to participate in statewide and/or local substance use in pregnancy initiatives. |

# Special Considerations

## Medication-Assisted Treatment (MAT) Guidelines

In 2016, former West Virginia Governor Earl Ray Tomblin signed into law Senate Bill 454, licensing and regulating medication-assisted treatment (MAT) programs for substance use disorders. This law established a new code section, W.Va. Code §§ 16-5Y-1, et seq., requiring all MAT programs to be regulated by the Office of Health Facility Licensure and Certification (OHFLC) within the Department of Health and Human Resources. The law recognizes the differences in two practice types that offer MAT: opioid treatment programs (OTP) and office-based MAT programs (OBMAT). Companion rules, specific to the two types of programs, were filed with the West Virginia Secretary of State and emergency rules became effective as of September 14, 2016.

Physicians who are authorized to prescribe buprenorphine to treat opioid addiction, and wish to do so within their private practices in West Virginia, must also be licensed by the state as an Office-Based Medication-Assisted Treatment facility. The ***Office-Based Medication-Assisted Treatment Initial/Renewal Licensure Application*** found at: http://ohflac.wvdhhr.org/Content/Applications/MATOB-Initial.pdf.

To ease the burden in deciphering the rules and regulations regarding OBMAT, the Bureau for Behavioral Health and Health Facilities is creating a user manual to help providers complete the OBMAT application. The Partnership will provide information to DFMB sites as it becomes available. The Partnership is committed to advocating for rules that are clear, simple, and useful but not so cumbersome that otherwise willing and qualified physicians would be discouraged from providing treatment. The Partnership collaborated with the West Virginia State Medical Association and other partners to advocate for the simplification of the rules and regulations.

The Partnership recommends new DFMB programs consult with existing programs and providers that have been through the new licensure process to share resources and information, identify problem areas, and troubleshoot concerns.

# Pilot DFMB Program Designs

Four pilot DFMB programs were created that represent a variety of geographic locations in West Virginia and different treatment modalities. They include Greenbrier Physicians Clinic, Shenandoah Community Health, Thomas Memorial Hospital, and West Virginia University Medicine's Obstetrics and Gynecology Department. While projects evolved as they were developed and implemented, descriptions of the current DFMB program designs are outlined below.

## Greenbrier Physicians Clinic

Greenbrier Physicians Clinic is a private group practice located in Ronceverte, West Virginia. Ronceverte is a small rural town in the southeastern part of the state near the border of Virginia. The clinic offers a variety of medical specialties, including obstetrics and gynecology. Greenbrier Physicians Clinic is located on the campus of the Greenbrier Valley Medical Center (GVMC), a for-profit community hospital. GVMC is a 122-bed teaching facility that provides inpatient and outpatient care, emergency services, surgical care, and diagnostic services. GVMC serves the West Virginia counties of Greenbrier, Monroe, Pocahontas, Summers, Fayette, and Raleigh, and Alleghany County, Virginia.

Greenbrier Valley Medical Center began providing DFMB services in December 2012. In 2015 the project was transferred to Greenbrier Physicians Clinic as the staff was mostly incorporated into the clinic practice. The project is coordinated by a full-time Care Manager housed within the Department of Obstetrics and Gynecology. The Care Manager has contact with every obstetric patient.

**Screening, Brief Intervention, Referral, and Treatment (SBIRT) Model**

- ***Screening*:** Universal urine drug screens are conducted on every new obstetric patient as part of her general lab work and the Care Manager completes the PRSI with all patients at their initial prenatal visit. Through a collaborative relationship with the Greenbrier Day Report Center, results from the urine drugs screens are available approximately 30 minutes after submitted.
- ***Brief Intervention*:** The Care Manager meets with each patient and uses the results of the urine drug screen and PRSI to identify needed services, including substance use treatment. If the patient is not interested in addressing her substance use yet, the Care Manager continues to meet with her at every prenatal visit to offer encouragement, education, and support.

- ***Referral to Treatment***: For those who are ready to enter treatment, the Care Manager develops a plan and makes appropriate referrals to behavioral health counselors and treatment programs. Referrals are made to varying facilities and services across the continuum of care depending upon the severity of the presenting problem. The Care Manager works closely with local behavioral health providers to ensure patients' treatment needs are met. Patients are seen by the Care Manager at each prenatal visit to monitor treatment plans. Additionally, the Care Manager holds individual counseling and education sessions with patients and maintains on-going contact via text and phone during off hours.

**Additional Program Components**

While the DFMB program focuses on substance use, the Care Manager addresses the mental health and social services needs of the patient with the goal of ensuring healthy outcomes and environment for the mother and baby. Additional program components include integrated medical and behavioral health services, individualized treatment, brief intervention and education, substance abuse treatment partnerships, community partnerships, and incentives.

- ***Integrated Medical and Behavioral Health Services*:** Because the Care Manager is housed within the Obstetrics and Gynecology clinic, this position is viewed as part of the patient's healthcare team. Medical and behavioral healthcare is merged into a seamless process.
- ***Individualized Treatment*:** All DFMB program services are individualized and the Care Manager develops treatment plans to address individualized goals. Individual counseling is provided as needed. Several different curricula are utilized depending on each patient's needs and level of literacy. The Care Manager works closely with mental health and substance abuse treatment providers for women who need more intensive services.
- ***Brief Intervention and Education***: The Care Manager provides education and brief therapy during prenatal visits, including education on the effects of drug use on the health of mothers and babies. This has shown to be effective in curtailing casual substance use in women without dependency issues. For example, brief intervention education has reduced marijuana use among patients who have expressed they were unaware of any harmful effects from use of the drug.
- ***Substance Abuse Treatment Partnerships*:** The Care Manager works closely with local substance abuse providers across the continuum of care, including providers of detoxification, inpatient residential treatment, outpatient treatment, and medication-assisted treatment. Greenbrier Physicians Clinic has developed a collaborative

**Innovative Program Components**

- Universal urine drug screens on all new OB patients.
- The Care Manager meets with all OB patients to provide supportive services, regardless of drug use in pregnancy and/or willingness to participate in treatment.
- The DFMB program is embedded in the Obstetrics and Gynecology physician clinic and is integrated into the hospital.
- Brief intervention sessions educate patients on the impact of drug use on the healthy of mothers and babies.
- Extensive case management by the Care Manager.

relationship with a psychiatrist who prescribes buprenorphine for the women receiving care through the DFMB program.

- ***Community Partnerships*:** In addition to substance abuse treatment providers, the DFMB program has significant contacts in the community with mental health counselors, physicians, nonprofit organizations, and social service agencies. The Care Manager works with the following agencies and refers women to resources as needed: WIC, Right From the Start, Birth to Three, Partners in Prevention, Greenbrier Day Report Center, Seneca Health Services, WVDHHR, Legal Aid, Child Protective Services, Parents as Teachers, domestic violence organizations, judicial system, and others.
- ***Incentives*:** The use of positive reinforcement incentives is viewed as a valuable and effective program component that motivates women to stay in treatment, keep health care appointments, and abstain from substance use. The Care Manager provides incentives to women as they make progress to reinforce positive steps. In addition to personal encouragement and supportive messages, gift cards, baby items, certificates for personal care services, and personal care items are used as incentives.

To monitor substance use, urine drug screens are conducted at specific intervals and randomly as needed. In addition, participants are tested as part of outpatient treatment programs. The availability of counseling services is individualized and increased/decreased as needed. Patients may be referred to a higher level of care if it is determined there is a significant risk of relapse. All DFMB program participants' charts are flagged when they are sent to the hospital so that the staff knows to send newborns' umbilical cord tissue for laboratory testing upon delivery.

## Shenandoah Community Health

Shenandoah Community Health is a federally qualified community health center serving the tri-county area of Berkeley, Jefferson, and Morgan counties in the eastern panhandle of West Virginia and surrounding counties in Maryland and Virginia. The service area is considered rural.

Shenandoah Community Health offers prenatal, postpartum, and behavioral health services in a one-stop-shop setting in Martinsburg, West Virginia. Prenatal services include prenatal care, childbirth and infant care classes, and wraparound services such as transportation, pharmacy assistance, case management, health education, and interpretive services. Postpartum services include well-woman exams and screenings, and wraparound services consistent with the services provided in the prenatal phase. Mental health and substance abuse services include evaluation and treatment; psychopharmacology and medication management; individual, group, couple, and family therapy; stress management and crisis management; and primary care behavioral health.

Shenandoah Community Health began providing DFMB services in May 2012. The program is housed in the Behavioral Health Services Department. DFMB staff include a Clinical Director (10% time commitment), Licensed Professional Counselor (50% time commitment), Recovery

Coach (75% time commitment), and a Grant Administrator (10% time commitment). Obstetric providers, a registered nurse, and a psychiatrist provide in-kind services as part of the DFMB team.

**Screening, Brief Intervention, Referral, and Treatment (SBIRT) Model**

- ***Screening***: Obstetric providers use the PRSI to screen women for substance use.
- ***Brief Intervention***: If the screen is positive, obstetric providers explain the DFMB program to the patient. If the patient is interested in participating, she signs a consent form which is forwarded onto the Recovery Coach. The Recovery Coach meets the patient to discuss the program and schedule an appointment.
- ***Referral to Treatment:*** The Recovery Coach and patient meet to complete intake paperwork and review program requirements. The Recovery Coach then forwards the completed paperwork to the DFMB Licensed Professional Counselor. An individualized assessment is performed by the Counselor and patient and a personalized treatment plan is developed. The Counselor and Recovery Coach make any referrals to outside services the participant may need. There are several on-site treatment options for DFMB participants, including group counseling, psychiatric services, medication-assisted treatment, individual counseling, and recovery support (discussed below).

Nearly all DFMB participants at Shenandoah Community Health receive medication-assisted treatment for their addiction. The replacement therapy is coupled with mandatory counseling and support group activities, recovery support, and an incentives program.

- ***Psychiatric Services and Medication-Assisted Treatment***: Buprenorphine is offered as part of the treatment plan for pregnant women who are addicted to opiates. The Psychiatrist conducts an intake assessment and psychiatric evaluation screen to identify other primary psychiatric diagnoses. Referrals are made for additional testing as needed. Participants receive buprenorphine at each support group session to last for the week.
- ***Group Counseling***: Structured, mandatory group sessions are a major component of the DFMB program at Shenandoah Community Health. There are two primary DFMB groups and one mixed group for pregnant and non-pregnant patients. Each group meets once a week for 2½ hours.
- ***Individual Counseling***: The Counselor provides therapeutic one-on-one counseling to participants for the duration of their involvement in the DFMB program. Participants schedule and attend individual therapy sessions as needed, depending on their treatment plan and the level of care required.
- ***Recovery Support***: The Recovery Coach offers resources, encouragement, education, referrals, and general support. She is the first point of contact for DFMB participants and

**Innovative Program Components**

- One-stop-shop setting for medical and behavioral health services.
- Onsite Recovery Coach to provide supportive assistance to pregnant and prenatal women with substance abuse issues.
- Medication-assisted treatment program with extensive monitoring and case management services.
- Collaborative treatment team that meets frequently to monitor women in the program and make any necessary adjustments.

she continues to work with them throughout the program by providing both monitoring and support. The Recovery Coach conducts urine drug screens and pill counts; educates and shares information with participants on topics including parenting, health and wellness, smoking cessation, and nutrition; and encourages participants to enroll in school or pursue their GED. The Recovery Coach helps participants meet their basic needs. She meets participants at Narcotics Anonymous/Alcoholics Anonymous meetings to provide support as necessary. Every two months the Recovery Coach meets with participants one-on-one to connect them with community resources and formally reinforce the strategies participants learn in support group sessions.

- ***Incentives Program***: To encourage participants to keep their appointments and stay involved in the process, the Recovery Coach manages an incentive program. Clients who do their assigned homework each week can pick from an assortment of incentive gifts during support group sessions. This encouraging reward process is well received by participants and helps them take the small steps they need to live in recovery.

Urine drug screens are conducted at specific intervals (during the first, second, and third trimester, and postpartum at 6 weeks, and 6, 9, 12, and 24 months). In addition, participants are tested at each group counseling session. If there is any cause for concern, the participants are tested randomly. All DFMB participants' infants undergo cord tissue testing after birth.

For those participants who need more intense treatment due to no-shows or relapse, a "step-up" treatment is initiated. The step-up schedule includes additional group counseling and support group meetings as needed. Referrals to more intensive treatment, including a residential program, are made for women whose needs are not met with the more intensive "step-up" outpatient treatment. Participants who are successfully maintaining sobriety follow a "step-down" in treatment, which follows a decreasing schedule of meetings and groups.

## Thomas Memorial Hospital

Thomas Memorial Hospital is a private, nonprofit community hospital located in South Charleston, West Virginia. The hospital's service area encompasses 12 counties in southcentral and southwestern West Virginia. Although it is located in an urban area adjacent to the state's capital city, the service area is considered primarily rural.

Thomas Memorial Hospital is a Level II birthing facility offering both medical and behavioral health services. Women who deliver at Thomas Memorial Hospital receive prenatal and postpartum care from obstetric providers in private practice. The hospital offers educational opportunities such as child birth and breastfeeding classes. Mental health services, such as individual and group therapy sessions, and substance abuse treatment, including individual therapy, group therapy, and community AA/NA meetings are available through Thomas Memorial Hospital.

Thomas Memorial Hospital began providing DFMB services in August 2012. The program, which is named Pregnancy Connections, is housed within the hospital's outpatient Behavioral Health Center. It is supported by one full-time Patient Coordinator who provides group counseling, identifies resources for patients and makes referrals, and provides care coordination.

**Screening, Brief Intervention, Referral, and Treatment (SBIRT)**

- ***Screening***: The ten OB/GYNs in the Thomas Memorial Hospital system screen women using various tools, including the Adult Health Questionnaire. Positive screens are forwarded to Pregnancy Connections for referral. However, the most frequent point of entry is through an OB/GYN who provides medication-assisted treatment. A third entry point is self-referral by the patient.
- ***Brief Intervention***: If a pregnant patient screens positive for drug use, the obstetric provider tells the patient about Pregnancy Connections. If the patient accepts the program referral, she is referred to the Pregnancy Connections Patient Coordinator.
- ***Referral to Treatment***: The obstetric provider calls the Patient Coordinator and sets up an immediate appointment for the patient. The Patient Coordinator then meets with the patient, completes the intake, and develops an individualized treatment plan. Social workers, counselors, nurses, and psychiatrists are included in the provision of care and ongoing assessments. Appointments are frequent (at least once a week) in the beginning of the process for each woman. Family members are included in the appointments as appropriate.

**Innovative Program Components**

- Medication-assisted treatment program provided by OB/GYN.
- Extensive monitoring and case management services.
- Structured outpatient treatment program.
- Mental health screenings and counseling services.
- Strong collaboration with hospital's Mother-Baby unit.

Most women who participate in Pregnancy Connections receive medication-assisted treatment. An obstetric provider in the Thomas Memorial Health network is licensed to prescribe buprenorphine and works closely with the Pregnancy Connections program to ensure that women receiving medication-assisted treatment are also provided counseling and recovery support, as well as access to the other services needed to help them have healthy pregnancies and healthy birth outcomes.

- ***Individual and Group Counseling*:** Individual and group counseling sessions are tailored to meet the unique needs of each participant and include treatment for addiction, depression, and other mental health issues. To the extent possible, issues such as transportation and family structure are considered when planning treatment. The duration, frequency, and structure are also determined by each participant's individual needs.
- ***Individualized Recovery Plans*:** Pregnancy Connections develops individualized recovery plans for each participant. Such plans may include types and frequency of counseling sessions, support group meetings, housing needs, and educational plans.
- ***Recovery Support*:** The Partnership of African American Churches (PAAC) trains recovery coaches and collaborates with Pregnancy Connections to identify recovery coaches for

their program participants. The recovery coaches provide additional support by helping clients solve problems they may face daily, including employment, housing, and transportation. To encourage participation, recovery coaches occasionally attend Pregnancy Connections group counseling sessions.

- ***Community Resources*:** The Pregnancy Connections Patient Coordinator has identified a number of community resources available to help participants deal with parenting, housing, employment, childcare, and other daily living concerns. Participants who are struggling with mental health issues receive referrals to a community-based program that provides prevention and early intervention, crisis intervention, rehabilitation, basic shelter, enrichment, and wellness activities.
- ***Community and Hospital Education:*** All maternity and newborn nursing staff have participated in professionalism and sensitivity training to increase awareness of addiction in pregnancy and to learn Motivational Interviewing techniques. Nurses, lactation consultants, and other staff from the hospital's mother-baby unit provide educational sessions to Pregnancy Connections participants on topics such as infant CPR, living with Hepatitis C, breastfeeding, and information on how the infants are assessed for neonatal withdrawal (given by a Neonatal Intensive Care Unit nurse).

Nurses and counselors from the hospital and obstetric offices and Pregnancy Connections staff meet monthly to ensure participants are adhering to program requirements, troubleshoot problems or challenges that arise, and promote communication to ensure participants are receiving the care they need to succeed. Each case is also reviewed weekly.

Participants who require more intensive services are referred to the Beacon Intensive Outpatient Program at Thomas Memorial Hospital, which requires group sessions five days per week. After completing this program, participants are migrated into the Pregnancy Connections group therapy sessions and individual therapy sessions. Participants who are non-compliant with program requirements after their baby's birth are referred to the inpatient unit for detox, and then to the intensive outpatient program.

Pregnancy Connections provides incentives to increase compliance with program requirements, including attending the AA/NA meetings, group and individual counseling sessions, and adhering to individualized recovery plans. Gifts such as diapers, wipes, breastfeeding pumps, and diaper bags are given out monthly to increase program compliance. Larger gifts, such as strollers and portable cribs, are given out several times per year to participants who have been in the program for a longer period of time.

## West Virginia University Medicine Obstetrics and Gynecology Department

West Virginia University (WVU) Medicine is located within a large level III tertiary care center in Morgantown, West Virginia. WVU Medicine serves women from all over the state, as well as women from southwestern Pennsylvania, western Maryland, and eastern Ohio. The institution offers a variety of medical specialties, including obstetrics and gynecology.

The Obstetrics and Gynecology Department is the lead department for the DFMB program and is an integral part of the West Virginia University Robert C. Byrd Health Sciences Center and Ruby Memorial Hospital. Outpatient locations include the Physician Office Center attached to Ruby Memorial Hospital, University Towne Center, Cheat Lake Physicians, Mary Babb Cancer Center, Center for Reproductive Medicine, and the Bridgeport Physician Office Building attached to United Hospital Center.

WVU School of Medicine started providing DFMB services in August 2015. The project, named the ACE Project (*Assist* expectant mothers with recovery, *Connect* moms to the support they need, *Encourage* healthy pregnancy choices), is staffed by a part-time Patient Liaison, an OB/GYN (who is the Principal Investigator), a licensed, clinical social worker (who also directs the Mental Health and Wellness Division of the OB/GYN Department), and a part-time Recovery Coach. The program is designed specifically for pregnant women needing extra support and guidance coping with substance abuse above and beyond what is available as part of their regular prenatal care.

**Screening, Brief Intervention, Referral, and Treatment (SBIRT) Model**

- ***Screening***: All new OB patients are screened using the PRSI.
- ***Brief Intervention***: Obstetric providers provide a brief intervention to all patients who screen positive for substance use and supply them with brochures and information about the ACE Project.
- ***Referral to Treatment***: Patients are contacted by the ACE Patient Liaison who uses the PRSI to identify treatment needs. The ACE Project offers individualized services tailored to meet the needs of participants, on-going support and monitoring from the ACE Patient Liaison via phone or text at any time, support groups, parenting and health education, individual meetings, and referrals to Chestnut Ridge's Comprehensive Opioid Addiction Treatment (COAT) program or other treatment facilities.

The ACE Project is client-driven and strives to make the program as accessible as possible to improve the patient's opportunity to succeed in her recovery. The ACE Patient Liaison uses the PRSI to identify areas of need and connect women to support and assistance.

- ***Individualized Care Coordination***: The Patient Liaison helps women address immediate issues involving social, emotional, health, housing, or other problems. She assists them in identifying and resolving problems and making effective use of resources. She has developed a welcome packet for participants that includes information on community

resources and pregnancy-related health information. She also provides appointment reminders via phone call and/or text for both substance abuse treatment and prenatal care appointments. When participants have limited family support, the Patient Liaison will also attend appointments to support participants.

- ***Group Counseling:*** Group counseling sessions are held in the community at convenient times and locations for participants. These support group meetings provide a unique opportunity for social interaction free of stigma and judgement.
- ***Individual Sessions:*** To provide support, the Patient Liaison often meets participants in the community at times and locations that are convenient and comfortable. This method has helped develop significant rapport and trust with participants.
- ***Community Resources:*** Participants are referred to a number of community resources, including the HAPI Project (home visitation services for pregnant and postpartum women); WIC; WV DHHR; OB/GYN mental health services; and OB/GYN health education classes.
- ***Education***: Extensive education is provided through the ACE Project, including breastfeeding support and education, contraceptive education, smoking cessation education, and childbirth and parenting classes.
- ***Incentives Program***: Walmart gift cards are provided at different milestones, including at enrollment and at the 6 weeks postpartum OB visit.
- ***Recovery Coaching***: A Recovery Coach has recently been hired part-time to guide and support women through recovery.

### Innovative Program Components

- The Patient Liaison provides individualized care and meets with women at convenient places and times, sometimes at prenatal care appointments or in the community.
- The PRSI is used as a needs assessment tool to help develop individualized care plans.
- ACE group meetings provide support and opportunity for social interaction free of stigma and judgment.

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