

Bridging the Gap Between Behavioral Health and Pregnancy

Amelia Mahan MSW, LCSW
Behavioral Health Program Manager
amahan@nccn.org; (919) 926-3918



My Background and Interest in the Topic . . .



- Stumbled into behavioral health
- From community to inpatient to big picture policy
- Worked at DMA in the Behavioral Health Section
- Found my way to CCNC
- Made connections with Pregnancy Medical Home
- Landed a Bernstein Fellowship – project was born!
- Disclaimer: Medicaid is what I know

2

Plan for Today



- Big picture overview of NC Behavioral Health system
- CCNC connection with Behavioral Health
- Medicaid for Pregnant Women (MPW)
- Screening Tools
 - Depression
- Key Messages for women and opioids
- Screening Tools
 - Substance Use
- Substance Use Treatment Documentation

3

Quick Test – No Grading!

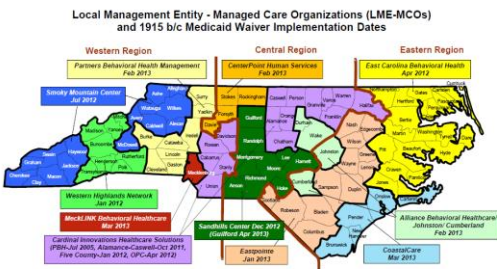


- When I say "Behavioral Health"
 - What thoughts come to mind?
 - What feelings?

Big Picture in NC: LME/MCOs



- Oversee the delivery of MH/SA/DD services for the counties that they cover – both Medicaid and indigent "state" funds
- Operating under a 1915 b/c Waiver for Medicaid
- Mini-Medicaid programs for MH/SA/DD services:
 - Enrollment, authorization, billing
 - Care Coordination/Care Management for individuals with highest MH/SA/DD need
 - Closed network of providers
 - At a minimum, must offer all Medicaid-covered BH services
- All went live as LME/MCOs by March 2013, more mergers likely



- For proposed LME/MCOs that have not yet merged, the lead LME name is shown first.
 - Dates shown through February 2013 are actual Waiver start dates.
 - Dates after February 2013 are the planned Waiver start dates.
 - Reflects plans and accomplishments as of February 21, 2013.

Behavioral Health Providers



- Critical Access Behavioral Health Agencies (CABHAs)
- Psychiatrists
- Outpatient therapists – could be LCSW, LPC, LMFT, psychologist, psych NP
- Enhanced Mental Health Service Providers
- Enhanced Substance Abuse Service Providers
- I/DD Providers
- Residential Treatment for Children/Adolescents
- CDSAs (under 3 years old, not managed by LME/MCOs)

7

Mental Health/Substance Abuse (MH/SA) Services



- Children or Adults:
 - Outpatient Therapy (individual, family, or group)
 - Mobile Crisis Management (MCM)
 - Partial Hospitalization
 - Substance Abuse Intensive Outpatient (SAIOP)
 - Inpatient Hospitalization
 - Facility-Based Crisis

8

MH/SA Services (continued)



- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Children (under 21) <ul style="list-style-type: none"> ▪ Intensive In-Home (IIH) ▪ Multi-Systemic Therapy (MST) ▪ Day Treatment ▪ Residential Treatment (Levels II-IV) ▪ Psychiatric Residential Treatment Facilities (PRTFs) | <ul style="list-style-type: none"> ▪ Adults (21+) <ul style="list-style-type: none"> ▪ Community Support Team (CST) ▪ Assertive Community Treatment Team (ACTT) ▪ Psychosocial Rehabilitation (PSR) ▪ Peer Supports ▪ Substance Abuse Comprehensive Outpatient (SACOT) |
|---|---|

9

Adult SA Services (continued)



- SA Non-Medical Community Residential
- SA Medically-Monitored Community Residential
- Detox
- Ambulatory Detox
- Non-Hospital Medical Detox
- Medically-Supervised Detox
- Outpatient Opioid***

10

Behavioral Health Teams in CCNC



- Psychiatrists and Full-time Behavioral Health Coordinators in each of the 14 networks
 - Some networks have CMs specific for BH
- Network pharmacists, now with BH pharmacy training
- Central office support – Psychiatrist(s), LCSW, BH pharmacist, BH Analyst
- Motivational Interviewing was brought on with BH, but is now part of CCNC culture – great patient engagement, education, and empowerment tool!

11

MPW and Behavioral Health



- Common misconception that Medicaid for Pregnant Women (MPW) does not cover behavioral health services – this is false!
- Clarifying Medicaid Bulletin came out in February 2013: <http://www.ncdhhs.gov/dma/bulletin/0213bulletin.htm#preg>
- Pregnant women with behavioral health needs are a high priority for the state – LME/MCOs are capitated for MPW
- Challenges:
 - People continue to be misinformed and to share misinformation
 - Some BH Providers choose not to accept MPW
 - Rolling off MPW post-delivery

12

Why Screen for Substance Abuse?



- Prevalence of substance use among women of childbearing age
- Rates of unplanned pregnancy in NC
- Prevention of substance exposed pregnancies
- Improved birth outcomes for women with substance abuse disorders: medication-assisted therapy results in far better birth outcomes than untreated opioid addiction
- Unique opportunity to intervene with a highly motivated population

13

Alcohol Use



- 1 in 30 women who are pregnant reports high-risk drinking (defined as 7 or more drinks per week, or 5 or more drinks on any one occasion)
- 1 in 9 women who are pregnant binge drinks in the first trimester
- More than 1 in 5 women who are pregnant report alcohol use in the first trimester, 1 in 14 in the second trimester, and 1 in 20 in the third trimester

Source: http://fasccenter.samhsa.gov/documents/VY9NK_Numbers.pdf

14

Alcohol Use (continued)



- Fetal Alcohol Spectrum Disorders (FASD) is the most common preventable cause of mental retardation.
- FASD includes conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).
- Each year, at least 40,000 babies are born with a FASD costing the Nation up to \$6 billion.
- There is no safe level of alcohol consumption during pregnancy.

Source: The American Congress of Obstetricians and Gynecologists. Toolkit on State Legislation. 2013. Fetal Alcohol Spectrum Disorders Center for Excellence: The Prenatal Impact of Fetal Alcohol Syndrome. <http://fasccenter.samhsa.gov/publications/toolkit.aspx>
http://fasccenter.samhsa.gov/documents/VY9NK_Effects_Women.pdf

15

Opioid Use in Pregnancy: the North Carolina Grassroots Response



- In November 2012, a multidisciplinary workgroup of stakeholders from across the state came together to discuss opioid use in pregnancy.
- The workgroup formed in response to the concerns voiced by many types of providers and communities and out of a desire to collaborate and coordinate efforts and responses.
- Disciplines represented on the workgroup include obstetrics, neonatology, pediatrics, substance abuse treatment, social work, care management, behavioral health.
- Workgroup members represent the NC Division of Public Health, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Community Care of NC, Perinatal Quality Collaborative of NC, UNC Horizons Program, Robeson Health Care Corporation, Mission Hospital, Moses Cone Healthcare, UNC Healthcare.

16

NC Opioid Use in Pregnancy Stakeholder Workgroup Key Messages



- Workgroup members built consensus around key messages related to opioid use in pregnancy.
- Key messages were developed with a focus on women of childbearing age who are taking opioids, pregnant women with opioid dependence, providers who care for these women, and providers who care for opioid-exposed newborns and their families.

17

Opioid Use and Women



- Women may be taking opioids in a variety of circumstances, including:
 - By prescription for the treatment of chronic pain
 - When they become pregnant, they still need chronic pain treatment
 - These women are not good candidates for medication-assisted therapy but still need someone to prescribe their pain medications
 - Taking medications that were prescribed for another person or that were obtained illegally
 - Using heroin, a street drug that is an opioid
 - Through medication-assisted therapy (either methadone or buprenorphine) for the management of opioid dependence
- Opioid medications may be known by such brand names as Percocet, Dilaudid, Vicodin, Oxycontin, Lortab, and Fentanyl or generic names like morphine, hydrocodone, hydromorphone and oxycodone

18

Opioid Dependency



- People who take opioids, whether by prescription or illicitly, may become physically dependent on them.
 - Dependence means that the person will experience unpleasant physical withdrawal symptoms if the opioid is abruptly discontinued.
- Women who are physically dependent on opioids may or may not have a substance use disorder. They may be obtaining opioids legitimately through a treatment program (methadone or buprenorphine) or by prescription from a physician or dentist who is treating them for pain.

19

Opioid Dependency and Pregnancy



- It is important to develop an individualized treatment plan with the pregnant woman to determine the best plan for mother and baby. These may include:
 - some women may choose, with their health care provider, to withdraw from opioids before becoming pregnant.
 - working with a provider to maintain a stable dose of prescribed opioids before, during and after pregnancy.
 - considering a slow, medically monitored withdrawal of prescribed opioids. (Although this is an option a woman may choose, there is a high likelihood of relapse and risk of pregnancy complications and overdose if a woman withdraws during pregnancy and should not be encouraged)

20

Treatment for Opioid Use Disorder



- The standard treatment recommendation for pregnant women with opioid use disorder is medication-assisted treatment (MAT) with methadone or buprenorphine. Research has demonstrated better birth outcomes with MAT.
- During pregnancy, women in medication-assisted treatment may need temporary adjustments in the amount they are prescribed, based on the individual, to reduce onset of withdrawal or relapse, due to metabolic changes of pregnancy.
- If a woman becomes pregnant while taking opioids, the fetus will be exposed to opioids through her blood and may experience withdrawal shortly after being born. This is called neonatal abstinence syndrome (NAS).
- NAS is treatable with pharmacological and nonpharmacological approaches.

Sources: American Academy of Pediatrics: Neonatal Drug Withdrawal Committee on Drugs Pediatrics 1998: 1015-1058. Revised 2012.; American College of Obsteticians and Gynecologists: Opioid abuse, dependence, and addiction in pregnancy. Committee Opinion No.524 Obstet Gynecol 2012. 119: 1070-6. MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US); Neonatal Abstinence Syndrome, updated February 27, 2012. cited 2013. Available from: <http://www.nlm.nih.gov/medlineplus/neonatalabstinesyndrome.html>. Center for Substance Abuse Treatment: Medication-Assisted Treatment for Opioid Addiction in Clinical Treatment Programs. Treatment Improvement Protocol (TIP) Series 43. DHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005. <http://www.ncbi.nlm.nih.gov/books/NBS041644/pdf/TOC.pdf>

21

NAS



- Some infants will experience NAS as a result of maternal opioid use through medication-assisted therapy (methadone or buprenorphine) or by prescription (such as prescription narcotics for pain management). The opioid exposure alone in situations where the mother was adherent to a prescribed treatment plan would not constitute an appropriate reason for referral to Child Protective Services. See structured intake 1407 <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/>

22

NAS (continued)



- Not all infants at risk of NAS are identified in the hospital, particularly in situations where maternal use of opioids has not been disclosed. This may be due to women not disclosing legal or illegal use of opioids.
- Withdrawal symptoms from opioids may appear in the infant after discharge to home. It is important for providers working with the infant and the family in the community (pediatricians, CC4C, Early Intervention) to be aware of signs and symptoms of NAS. If the infant displays any of these signs or symptoms, the family should be encouraged to seek pediatric care promptly.

23

Trauma-Informed Preamble to Screening



Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and violence. Women's health is also affected when those same problems are present in people close to her. Alcohol includes beer, wine, wine coolers, or liquor. Drugs include marijuana, cocaine, heroin or prescription medication taken for non-medical purposes.

Institute for Health and Recovery, E. Watson

24

Modified 5 P's Screening



- 1. Did any of your parents have a problem with alcohol or other drug use? Y/N
- 2. Do any of your friends have a problem with alcohol or other drug use? Y/N
- 3. Does your partner have a problem with alcohol or other drug use? Y/N
- 4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? Y/N
- 5. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs?
 Not at all Rarely Sometimes Frequently
- 6. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs?
 Not at all Rarely Sometimes Frequently

25

Alcohol and Drug Screening Tools



- AUDIT
 - Brief screening tool on alcohol use – can be used to raise awareness and indicate need for referral
- DAST
 - Brief screening tool on drug use – can be used to raise awareness and indicate need for referral
- CRAFFT – tool for adolescents
- Alcohol and drug use greatly impact overall health – need to de-stigmatize asking the questions as a part of health assessment!
- Screening tools are located in CMIS:
 - Patient Workspace<Tools<Screening Tools<Behavioral Health

26

Key Elements of Brief Interventions***



- ***To be delivered by the provider
- Present Screening Results
 - Identify risks and discuss consequences
 - Provide Medical Advice
 - Solicit Patient Commitment
 - Identify goal – reduced drinking or abstinence
 - Give advice and encouragement

*Clinical Pathway being developed for Pregnancy Medical Homes/Pregnancy Care Managers

27

Treatment for Women



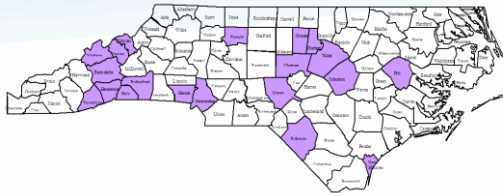
Alcohol Drug Council of North Carolina provides information and referral to alcohol and drug treatment at 1-800-688-4232.



They also provide educational programs and materials to businesses, community groups, families and individuals

28

Perinatal Substance Use Programs in NC



<http://ncpregnancy.org/resource-directory/treatment/>

29

Key Take-Away Points About Substance Use



- Drug addiction is a chronic disease and – as with diabetes and hypertension – often the goal of treatment is ongoing management, not cure.
- Every leading medical and public health organizations has concluded that the problem of drug and alcohol use during pregnancy is a health concern best addressed through education, prevention, and community-based treatment, not through punitive drug laws or criminal prosecution.
- Research shows that whether or not a pregnant woman can stop her drug use, obtaining prenatal care, staying connected to the health care system, and being able to speak openly with a physician about drug problems helps to improve birth outcomes.

Source: The American Congress of Obstetricians and Gynecologists: Toolkit on State Legislation. 2013.

30

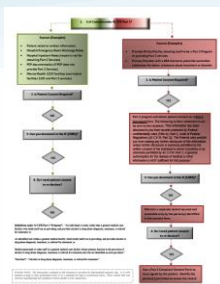
42 CFR and Documentation



- Substance Abuse Treatment information is protected under the federal law 42 CFR Part 2.
- It is the responsibility of Part 2 Programs to protect treatment information and not to disclose without specific written patient authorization
 - Information disclosed by a Part 2 Program cannot be redisclosed without specific written patient authorization
- See Flow Chart for what can be documented within CMIS
- More information can be found in CMIS:
 - User Workspace<Resources<Privacy<SA Documentation

31

Documentation Flow Chart



32

Resources



- Medicaid Clinical Coverage Policies
 - <http://www.ncdhhs.gov/dma/mp/index.htm> (Behavioral Health policies are found in Section 8)
- Medicaid Bulletins
 - <http://www.ncdhhs.gov/dma/bulletin/index.htm>
- LME/MCO Waiver Expansion
 - <http://www.ncdhhs.gov/dma/lme/MHwaiver.htm>
- LME/MCO Contacts Info by County
 - <http://www.ncdhhs.gov/mhddsas/lmeonblue.htm>
- CCNC BHI
 - <https://www.communitycarenc.org/population-management/behavioral-health-page/>
- Motivational Interviewing Resource Guide for Care Managers
 - <https://www.communitycarenc.org/media/files/mi-guide.pdf> (can also be found in CMIS)

33

Questions?



34
