

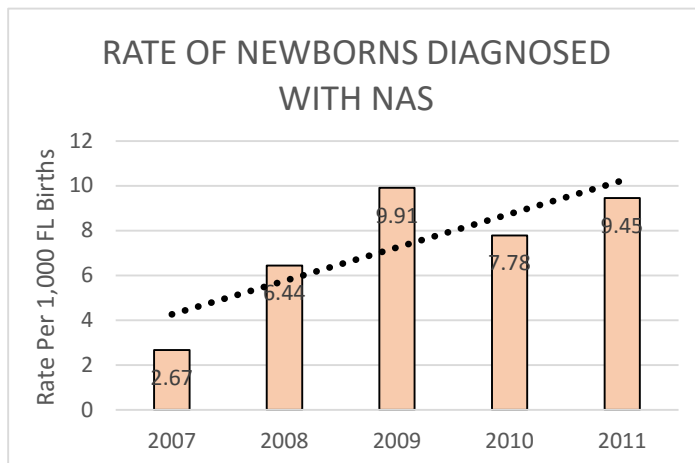
**Infant Health Committee-Substance Exposed Newborns
 Turn The Curve Report
 August 2016**

Result: Babies will be born substance free

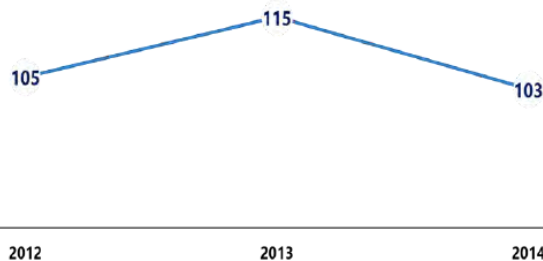
Indicators:

- Reduced rates of newborns diagnosed with NAS
- Reduced rates of newborns exposed to substances
- Increased rates of access to detoxification services for pregnant women
- Increased rates of access to infant mental health services for mothers, fathers and babies

What do we know and the story behind the data:



**Total # of Broward Hospital Discharge of Newborns
 Affected By Drugs**



NOTE: Based on newborns (stillbirths & live births) diagnosed by initial discharge after birth. *ICD-9 codes: 779.5 drug withdrawal syndrome, 760.73 hallucinogenic, 760.72 narcotics, 760.75 cocaine, 305.2-305.93 non-dependent drugs, 304.0-304.93 dependent drugs (Alcohol is excluded). Based on Broward residency of mothers so includes hospitals outside of Broward (Special data request to AHCA).

- Broward County continues to experience challenges related to substance use-beginning with the prescription pill epidemic fueled by pill mills
- Over the past decade, Broward County has experienced several trends and challenges that have contributed to the increase in number and complexity of needs related to perinatal addiction. The recent attention paid to the prescription “pill mills” has resulted in the inability to access prescription narcotics and a subsequent increase in heroin use. The Maternal Addictions Program, housed at Plantation General Hospital for over 20 years closed in 2012 abruptly with no notice to the community. This program provided pregnant women with addictions the opportunity for treatment within a clinically monitored hospital setting.

Data Development Agenda:

- Breakdown of data by race/ethnicity/zip code/age of mother/insurance
- Include data related to exposure to alcohol
- Include data related to marijuana

Accomplishments:

- Establishment of detoxification protocols and MATT program at Memorial
- Awards received by MATT program at Memorial
- Utilization of beds at Susan B. Anthony Recovery Center
- Education through symposia through Perinatal HIV
- Funding through BBHC for MATT program
- PRISM project funded by Community Foundation and CSC
- Agreement to establish replication project between Broward Health and BARC
- Implementation of Broward Health/BARC project
- Broward Behavioral Health Coalition provided funding for the Family Engagement Program, a collaboration between ChildNet, the Broward Sheriff’s Office Child Protective Services Unit, and Henderson Behavioral Health

Challenges:

- Though progress has been made, challenges remain. The current state of behavioral treatment, particularly as it relates to pregnant women is an evolving and developing area. Protocols for treatment, principally for detoxification are in flux and not mutually agreed upon by all practitioners. Detoxification requires attention to many variables, including the age of the mother and other maternal characteristics, the age of the fetus, and the substances abused. Timing for intervention is critical and necessitates medical expertise. Complicating matters are the social determinants of poor health outcomes such as lack of housing and employment, poverty, and stigma.
- Focus groups conducted with 27 pregnant women who had abused substances revealed that while almost 40% had told their medical practitioner they were using drugs, very few were referred for any type of treatment, fully 2/3 of them had other children at home (a primary barrier to accessing treatment) and only 2 women indicated that they

had received full prenatal care (most entered care late or not at all). Several women believed that using drugs or alcohol would not harm their baby and one out of three indicated that their partner was also using and this was a barrier to accessing care.

- Drug and alcohol treatment protocols are not consistently developed on evidence-based practices and fragmentation between services in the community remains. Capacity, insurance requirements, and criteria for admission remain internal challenges while access to transportation, childcare and the stigma associated with behavioral health are very real barriers. Lifestyle choices often associated with substance use may threaten pregnant women in other areas-prostitution, theft, violence may result in incarceration while engagement in unsafe sexual activities may have unintended consequences of sexually transmitted infections that may place the fetus at risk.

Best Practices/What Works/Low-Cost/No-Cost/Off the Wall Ideas:

- Specialized Medically Assisted Treatment for Pregnant Substance Using Women
- Single point of access and care coordination
- Recovery oriented system of care
- Access to residential and other support services
- Wraparound Case Management
- In-home, Team-Based Approach
- Peer Counseling
- Early engagement
- Motivational Interviewing

Who are the Stakeholders to be Engaged (refer to System Map)?

- Mothers and Fathers
- Family Caregivers
- Judiciary
- Attorneys
- ChildNet
- Insurance Companies
- Pediatricians
- Family Practice Physicians
- OB/GYNs
- School Board of Broward County
- Early Childcare Providers (ELC)
- WIC
- Medical Schools
- Funding Organizations
- Treatment Providers

What are our next steps?

- Continued System Mapping to determine current resources as well as gaps, barriers and needs

- Continued education and collection of data to evaluate outcomes
- Papers written to showcase results and successes
- Replication of MATT project in other areas of state/country
- Identification of needs for Infant Mental Health training throughout County
- Ongoing community trainings to clinicians to increase knowledge about social-emotional development, trauma, and its impact on brain development during the first 100 days
- Collaboration with recently established Early Childhood Court
- Work with ChildNet to educate child advocates about the importance of attachment and bonding and Infant Mental Health
- Education of attorneys, pediatricians, judges, family physicians
- Engage stakeholders at all levels, including persons receiving services and other community members to develop and implement of a system of care for substance abusing mothers and their babies. This approach should be based on SAMHSA's Recovery Oriented System of Care Principles that increase access to treatment options
- Create health and wellness promotion programs aimed at increasing knowledge related to preconception and inter-conception health, focusing on abstinence from drugs and alcohol
- Provide educational messages that inform and support women abusing drugs and alcohol during pregnancy, instead of shaming them
- Analyze the impact of the Affordable Care Act on access to services
- Develop and implement policies that enforce proven medically assisted treatment protocols for mothers and infants
- Provide education for primary health care staff
- Investigate the possibility of universal drug screening for all mothers and babies during pregnancy and at time of birth
- Create a data development agenda and shared measurement system to track the specific needs and outcomes associated with perinatal substance use
- Develop strategies to generate mutually reinforcing activities and provide continuous monitoring and evaluation to celebrate successes and identify areas for improvement