



Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

Community Resource Landscape For Addicted Pregnant Women

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Consequences of Opiate Abuse

- Overdose episodes are increasing
 - According to the EMS Reporting Incident System, the number of potentially drug-related overdoses more than doubled from 4,010 in 2003 to 11,954 in 2013.
- More and more clients coming into the publically-funded behavioral health treatment system are addicted to opiates.
 - Primary diagnosis of opiate abuse and dependence rose from 5,790 in SFY 2001 to 24,833 in SFY 2012.

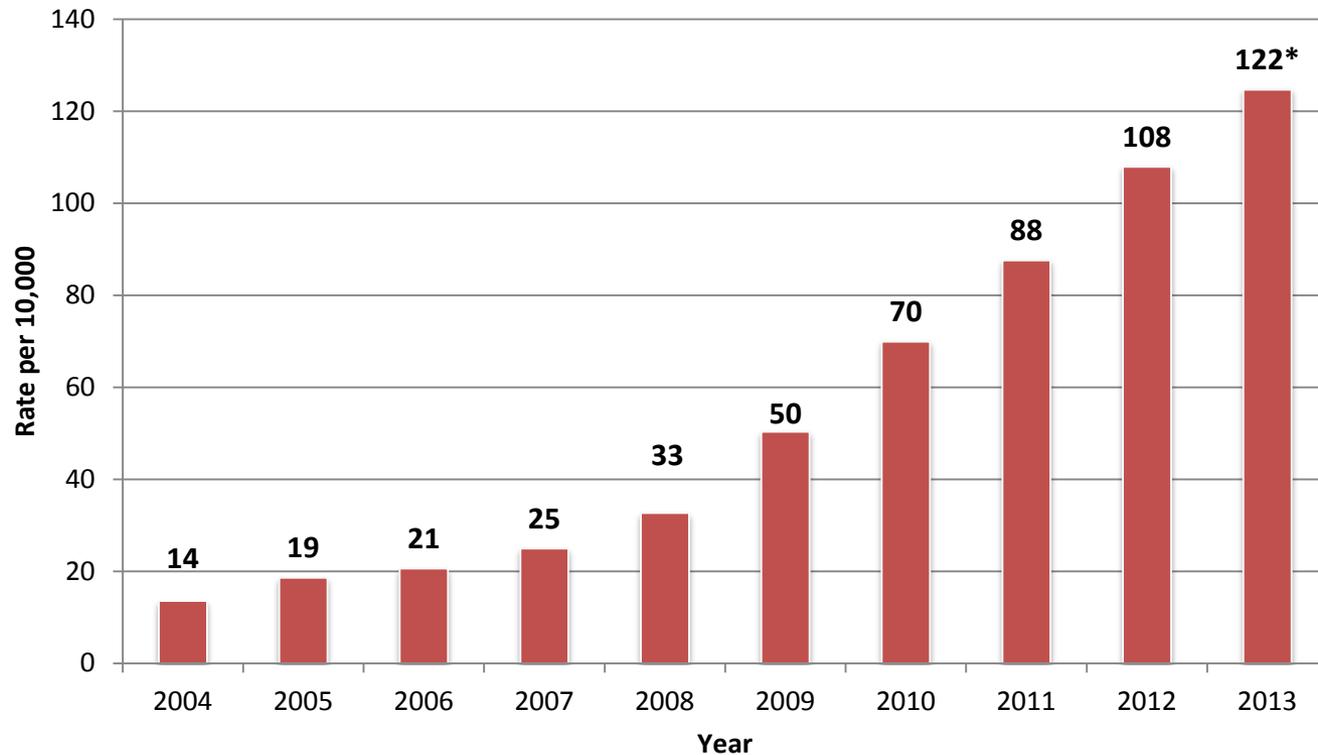
Consequences (con't)

- Increased opiate use has also led to the increased prevalence of neonatal abstinence syndrome (NAS)
- In 2013, there were 1,701 NAS inpatient / ER admissions according to the Ohio Hospital Association.



NAS Rate

NAS inpatient hospitalization rate per 10,000 live births, Ohio, 2004-2013



*Preliminary

Source: Ohio Hospital Association



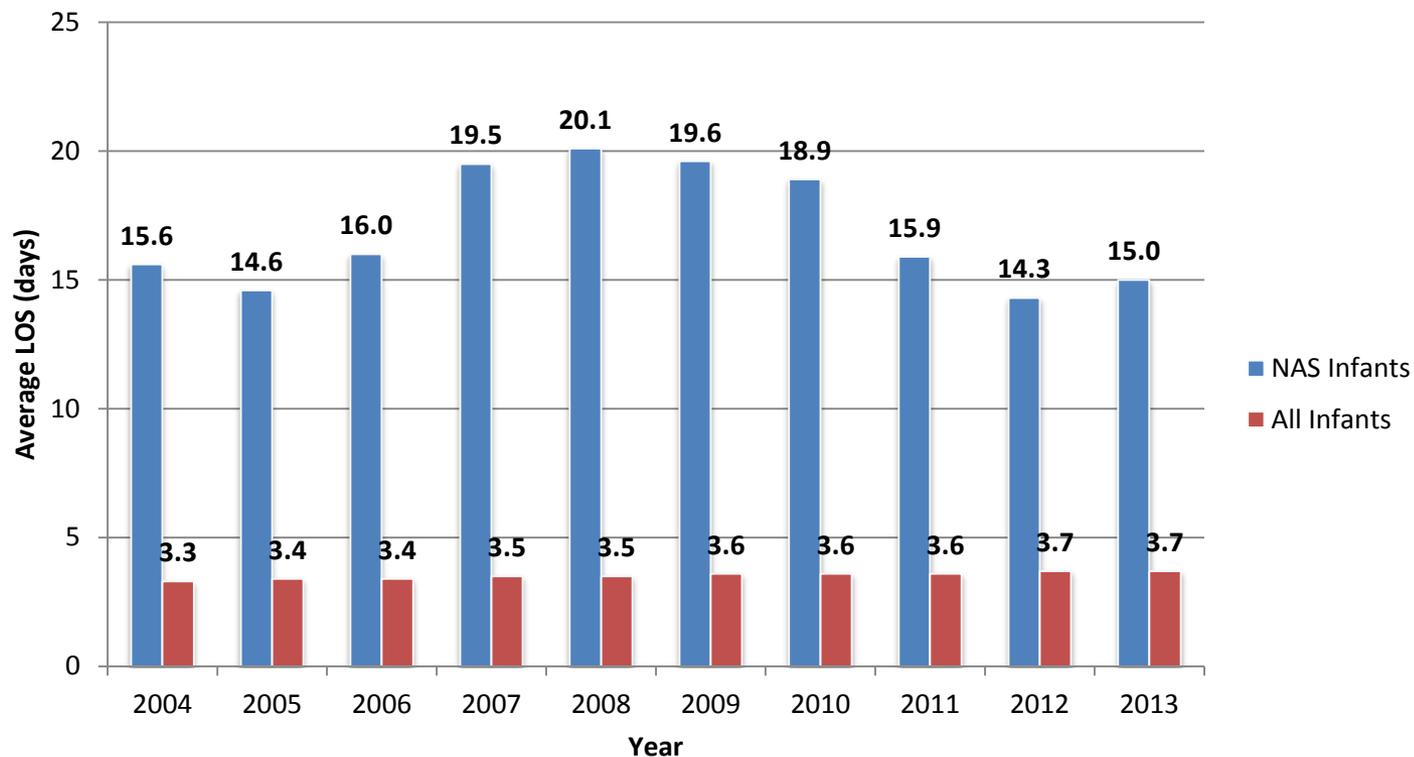
NAS Cost

- As NAS cases became more prevalent, inflation-adjusted total inpatient costs associated with NAS increased.
 - From \$6.5 million in 2004 to \$99.2 million in 2013
- Inflation-adjusted total outpatient costs also grew
 - From \$59,339 in 2010 to \$583,718 in 2013



NAS Length of Stay (LOS)

Average length of stay for inpatient settings, NAS infants vs. All infants, Ohio, 2004-2013



Source: Ohio Hospital Association

Discharge Rates for Neonatal Abstinence Syndrome per 1,000 Live Births

Five-year Weighted Average from 2004 to 2008

Legend

 ADAMHS Board

Rate per 1,000

 0.0 - 2.5

 2.6 - 5.8

 5.9 - 6.2

Map Information:

This map examines the discharge rates for neonatal abstinence syndrome (NAS; ICD-9 779.5) per 1,000 live births in Ohio by county of patient residence. On average, there were 2.2 discharges for NAS per 1,000 live births statewide between 2004 and 2008. Counties with the highest rates of NAS discharges were Athens (6.2), Scioto (6.0) and Madison (5.8). NAS discharge rates for 10 counties were at or close to zero during this time.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data adapted by OhioMHAS from the Ohio Hospital Association & the Ohio Department of Health
Map produced March 2014



Discharge Rates for Neonatal Abstinence Syndrome per 1,000 Live Births

Five-year Weighted Average from 2006 to 2010

Legend

 ADAMHS Board

Rate per 1,000

 0.0 - 2.5

 2.6 - 5.8

 5.9 - 11.0

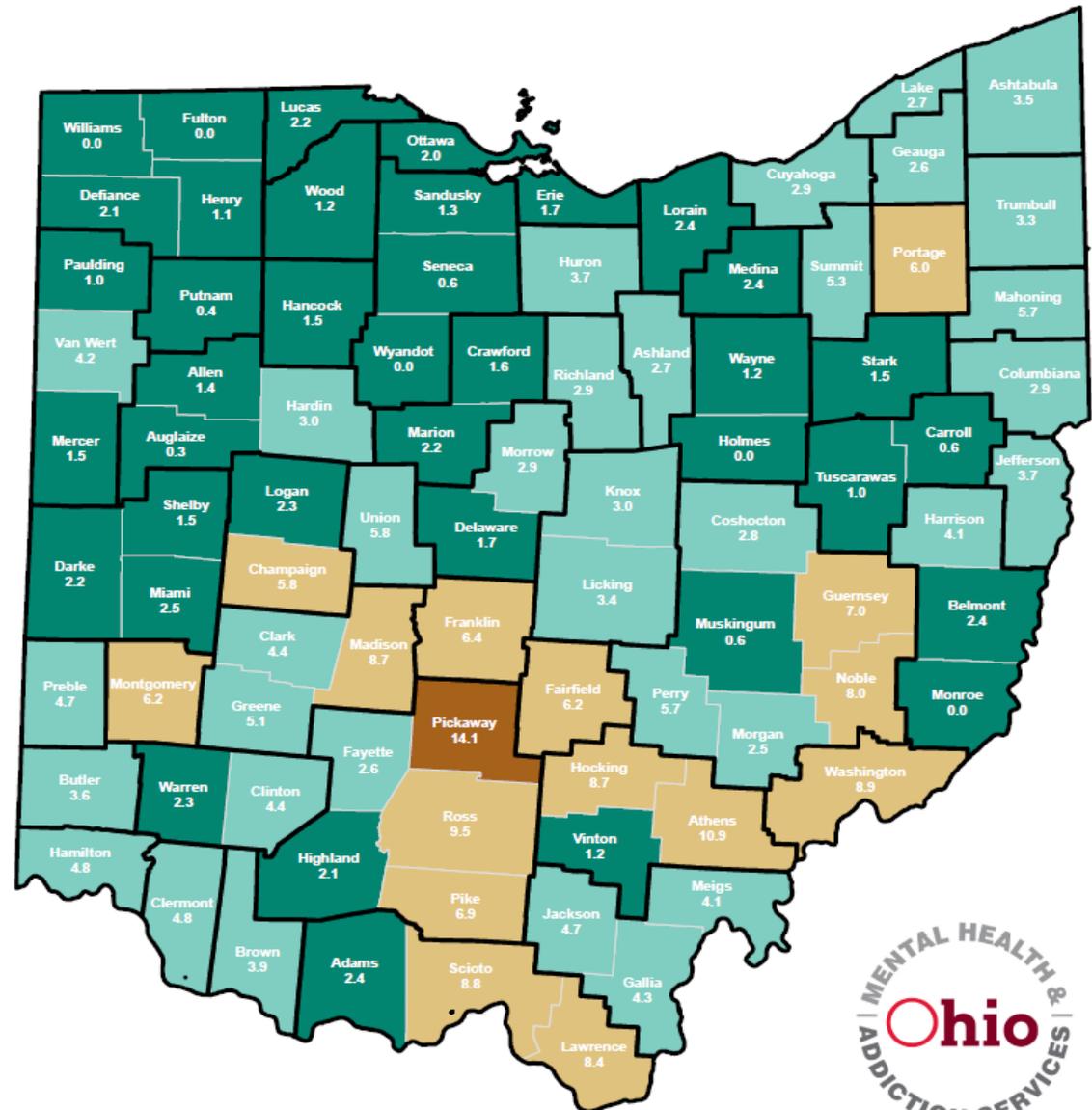
 11.1 - 14.1

Map Information:

This map examines the discharge rates for neonatal abstinence syndrome (NAS; ICD-9 779.5) per 1,000 live births in Ohio by county of patient residence. On average, there were 3.9 discharges for NAS per 1,000 live births statewide between 2006 and 2010. Counties with the highest rates of NAS discharges were Pickaway (14.1), Athens (10.9) and Ross (9.5). NAS discharge rates for five counties were at or close to zero during this time.

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Data Source:
Data adapted by OhioMHAS from the Ohio Hospital Association & the Ohio Department of Health
Map produced March 2014



Discharge Rates for Neonatal Abstinence Syndrome per 1,000 Live Births

Five-year Weighted Average from 2007 to 2011

Legend

 ADAMHS Board

Rate per 1,000

 0.0 - 2.5

 2.6 - 5.8

 5.9 - 11.0

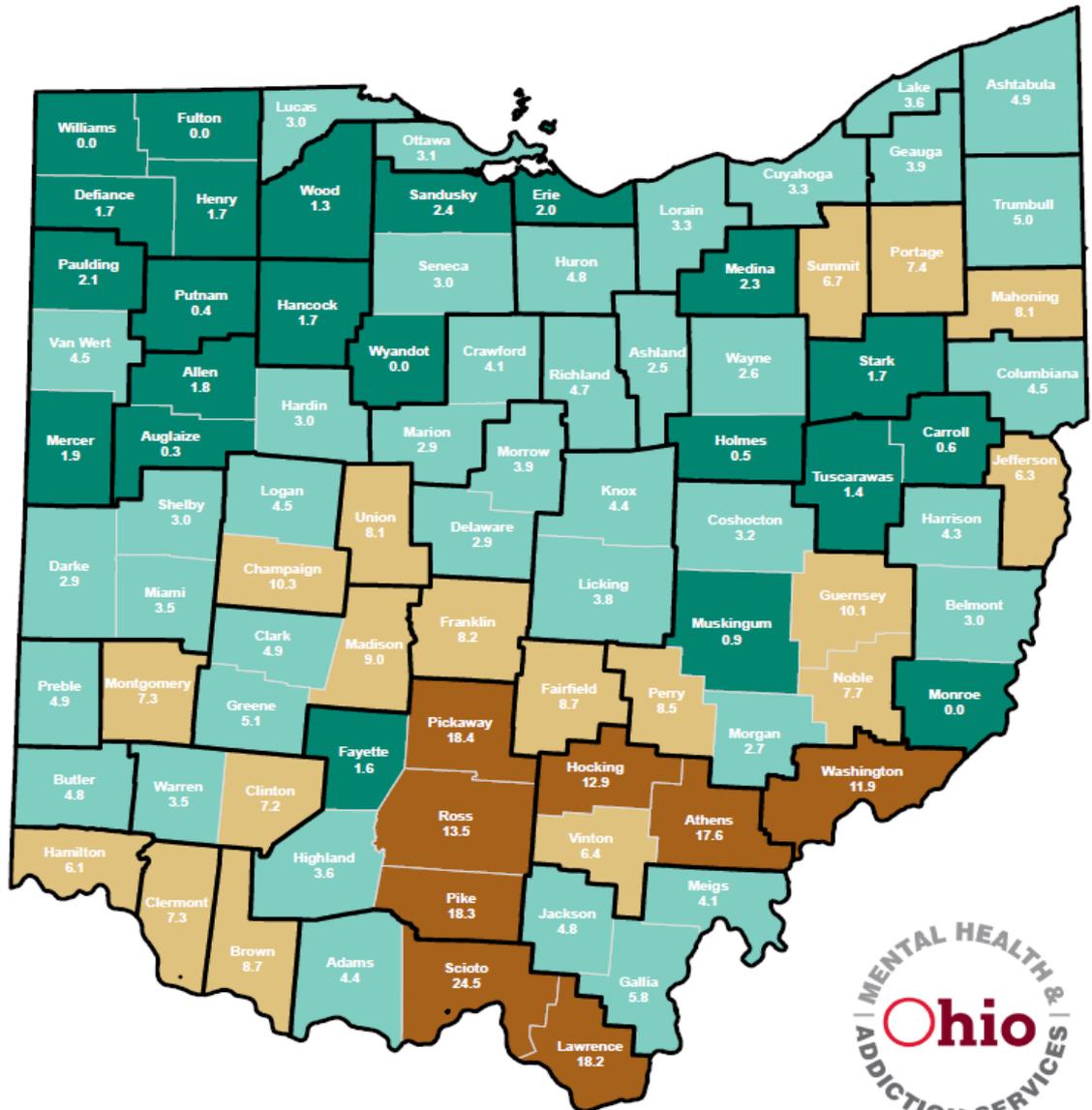
 11.1 - 24.5

Map Information:

This map examines the discharge rates for neonatal abstinence syndrome (NAS; ICD-9 779.5) per 1,000 live births in Ohio by county of patient residence. On average, there were 5.3 discharges for NAS per 1,000 live births statewide between 2007 and 2011. Counties with the highest rates of NAS discharges were Scioto (24.5), Pickaway (18.4) and Pike (18.3). NAS discharge rates for four counties were at or close to zero during this time.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data adapted by OhioMHAS from the Ohio Hospital Association & the Ohio Department of Health
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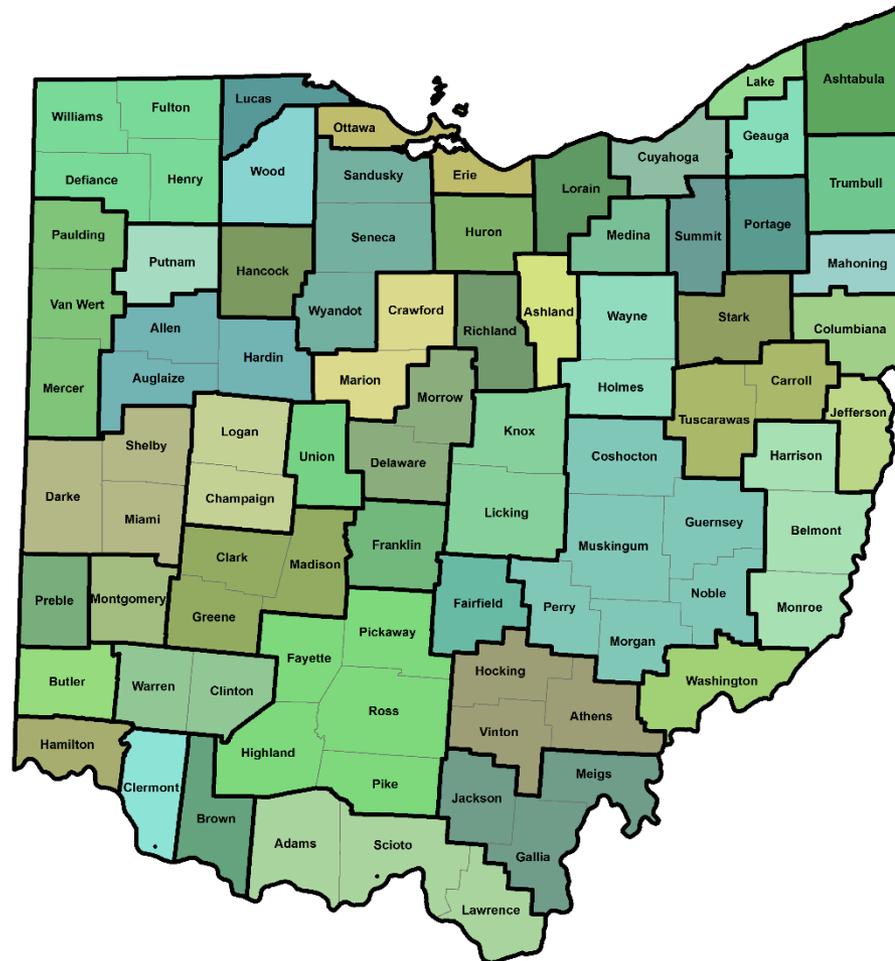




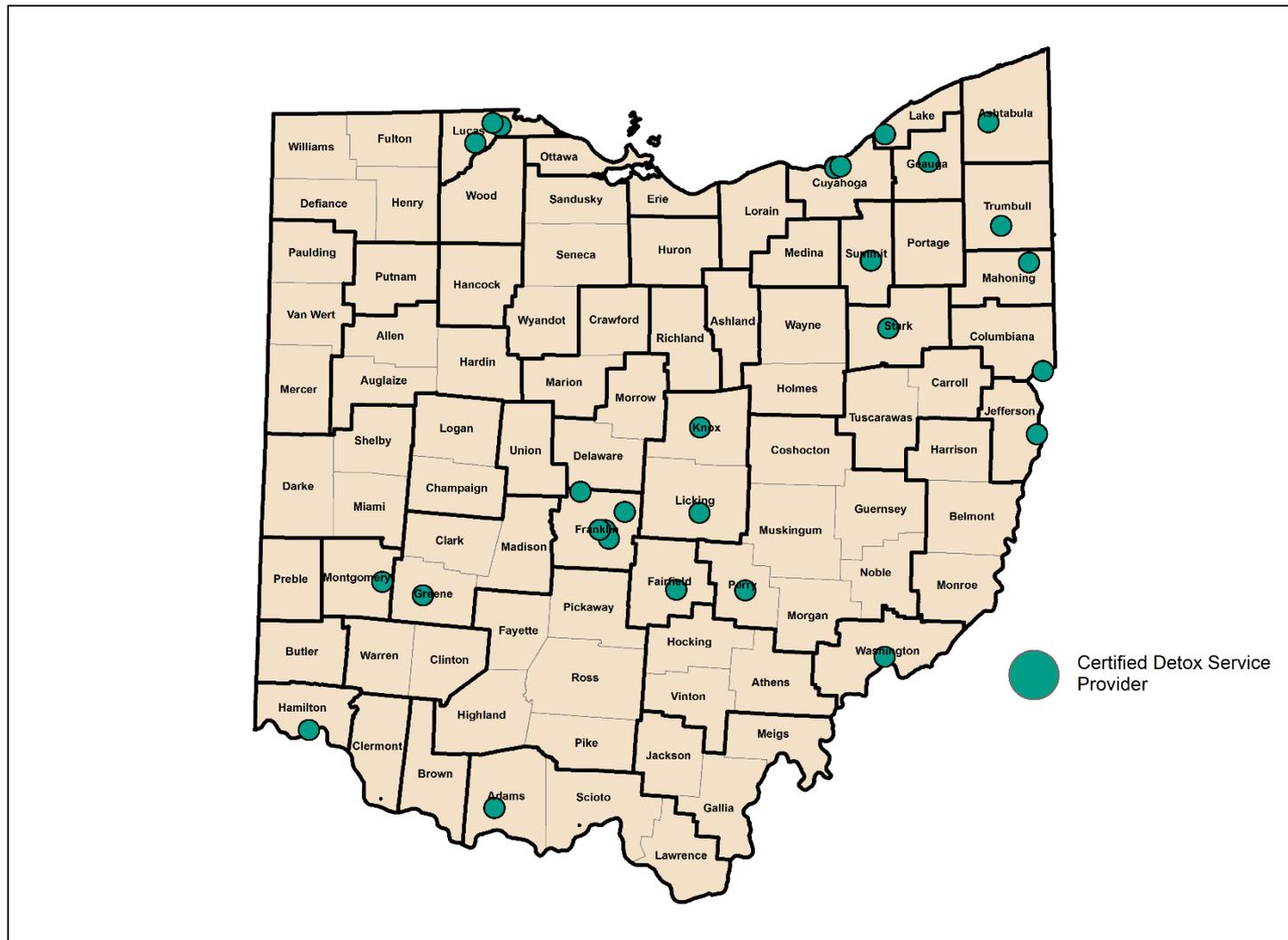
Community Resources

- Crisis Intervention
- Detoxification
- Medication Assisted Treatment
- Residential
- Financial
- Physical Health
- Mental Health
- Legal
- Food Assistance
- Educational
- Vocational

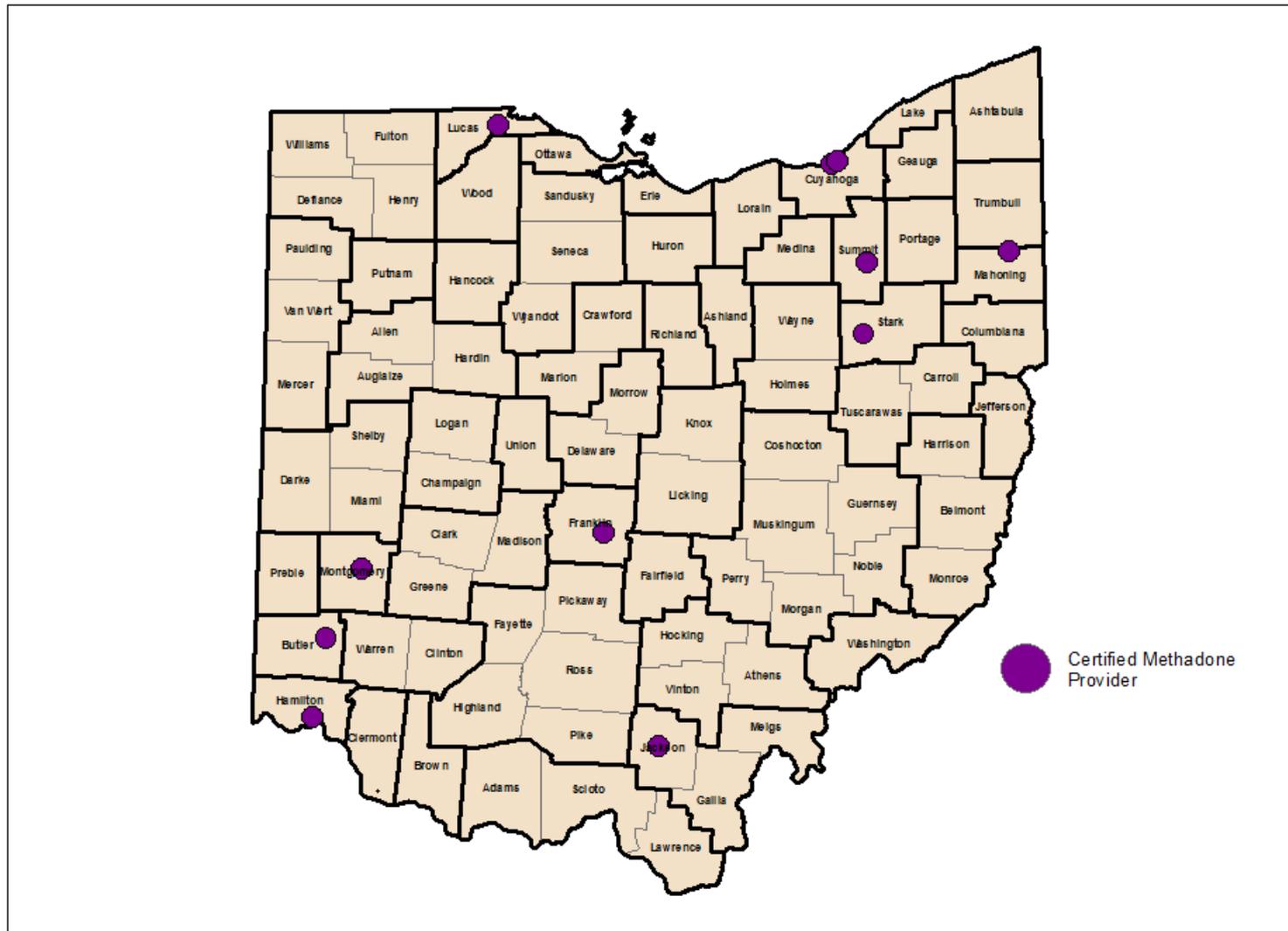
ADAMHS Boards



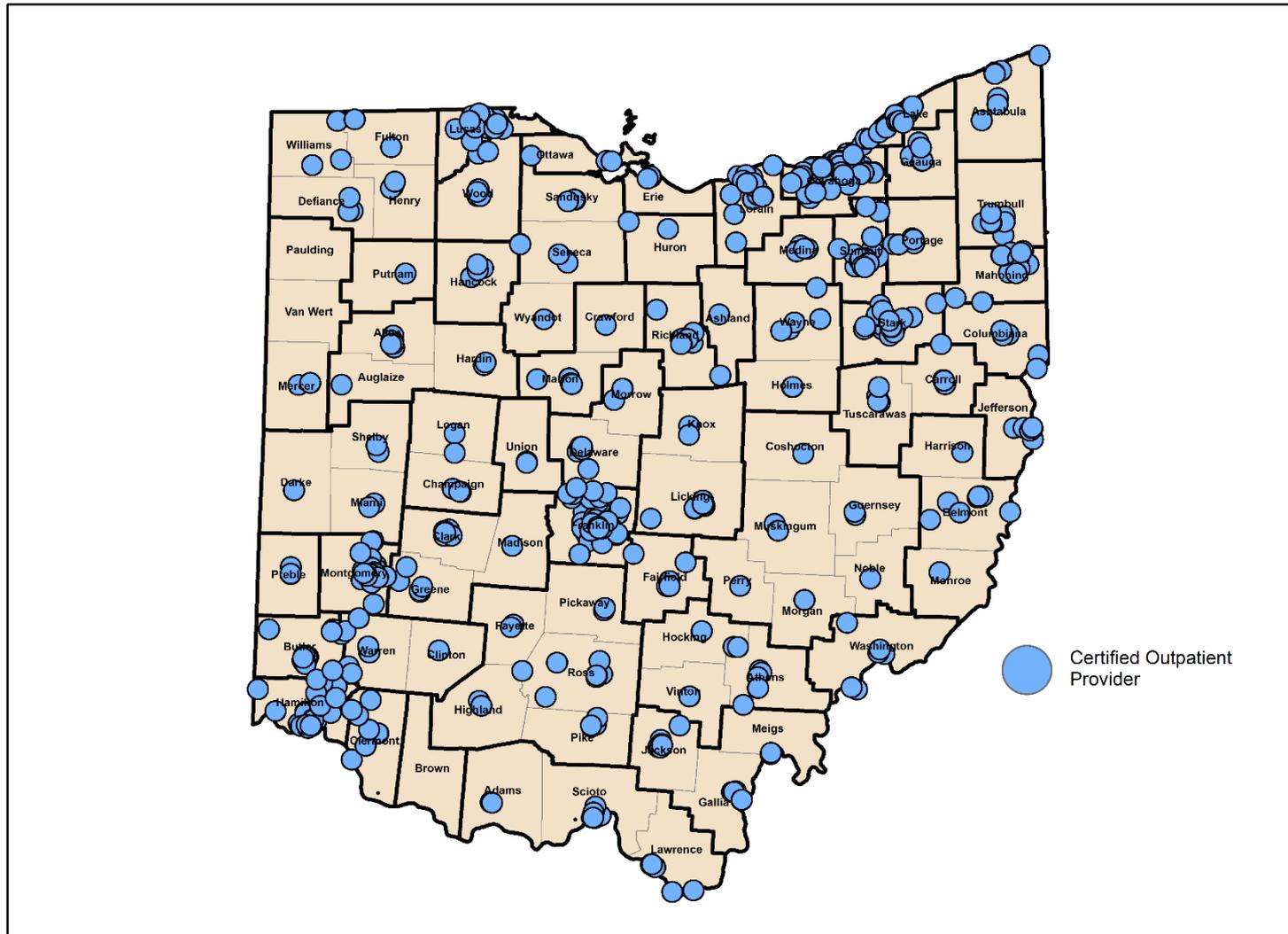
Detoxification Services



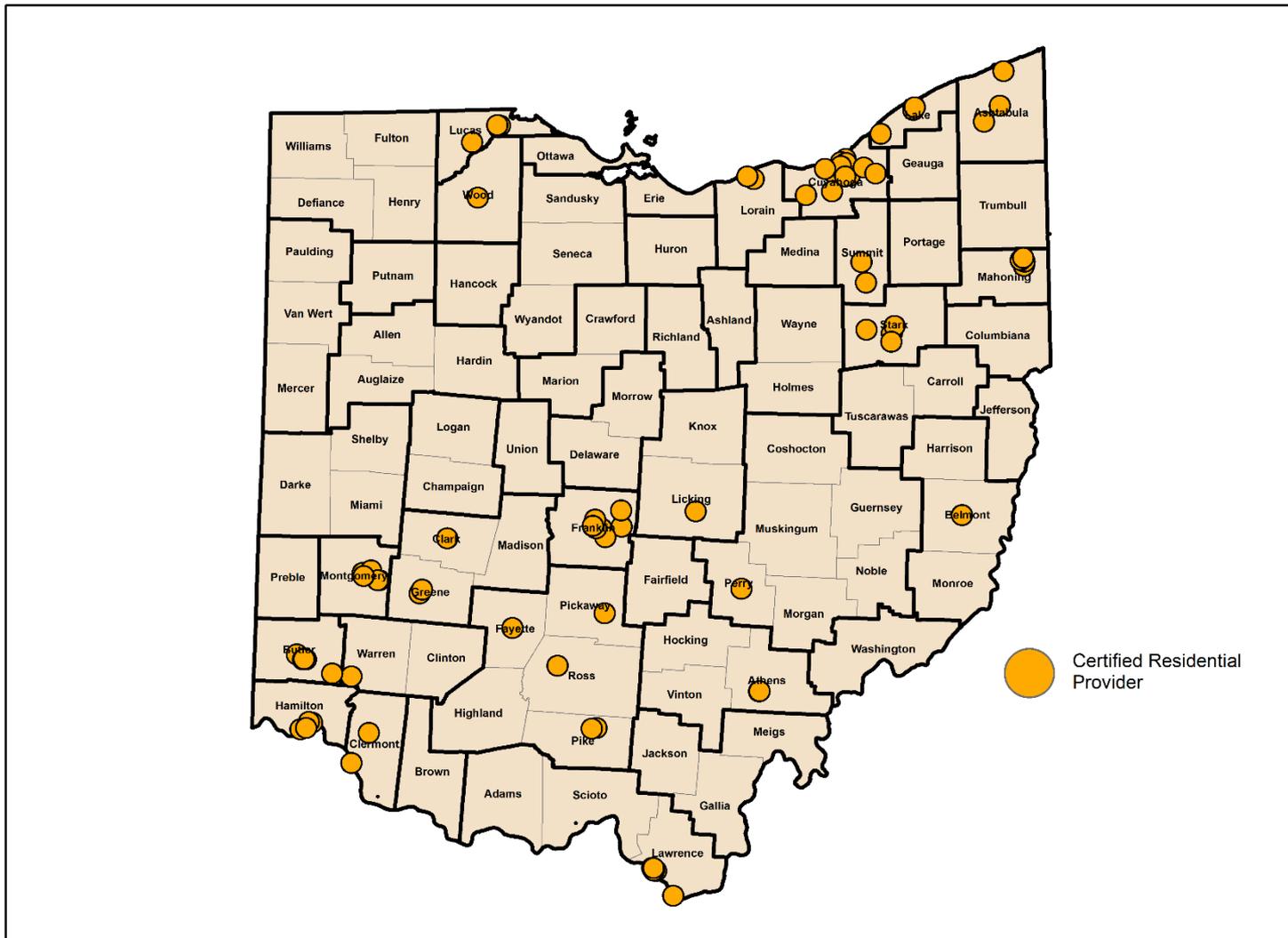
Methadone Services



Outpatient Services



Residential Services



Maternal Opiate Medical Supports

- In August 2013, the Kasich Administration announced plans to address the epidemic.
- The Maternal Opiate Medical Support (M.O.M.S.) Project will improve health outcomes and reduce costs associated with extended hospital stays by neutralizing the impact of NAS.

MOMS Project Details

- \$4.2 million program over three years
- Goal is to support interventions and prenatal treatments that improve outcomes for 300 women and babies
- Funds clinical (e.g., MAT) and non-clinical services (e.g., housing vouchers, transportation, brief babysitting)

MOMS Project Details (con't)

KEY DRIVER DIAGRAM

Project Name: M.O.M.S.

Team Leader: X

Revision Date:
10/22/2013

SMART AIM

Improve birth outcomes of infant born to opiate-dependent mothers as measured by the following by June 2016

Measures:

1. 30% reduction in Low Birth Weight (LBW) infants
2. 30% reduction in average NICU length of stay (LOS)
3. 30% improvement in 12mos treatment retention

GLOBAL AIM

Create systems of care that seamlessly integrate health done in physical, mental, and substance use domains as part of holistic approach to well-being

KEY DRIVERS

Prevention of opiate use before and during pregnancy

Education to improve recognition & non judgmental support of mothers

Early prenatal identification

Develop best integrated practice including MAT (Medication Assisted Treatment)

Adhere to best integrated practice

Data systems to support integration

Adequate access & workforce to support

Patient Engagement & Support

INTERVENTIONS

- Community toolkits
- Building Mental Wellness
- See SAMHSA Models that include protective and resilience promotion

- Public Campaign
- Nurture the Mother
- Nurture the Baby
- Strong Start OHIO (centering)

- Universal standardized pregnancy risk assessment; **universal disease screening (e.g. HCV, HIV)**
- Non-traditional modalities (e.g., **community health workers, navigators/coordinators, HUB**)
- Harness existing systems

- Clinical Advisory Panel/Lit review
- Publicize key components
- Coordinate ADAMH boards, CPS, MCPS, Justice and Welfare
- Co-located MHAS services/Therapies
- Tie to NAS work

- Implement QI process PDSAs & DATA feedback and collaborative

- Identify key data points
- Feedback to providers

- Test models for specialized maternity medical home (PCMH)
- Methadone /MAT clinic

- **Recovery Peer Support**
- **Family/Kinship Engagement**
- **Ancillary Service Support (vocational, housing, child care)**

- Toolkit development
- Shared decision making tools

* Gray shading denotes primary project emphasis; Interventions are samples and non-inclusive.



MOMS Project Details (con't)

MOMS Pilot Sites

- CompDrug, Inc. (Columbus)
 - (614) 224-4506
- First Step Home (Cincinnati)
 - (513) 961-4663
- Health Recovery Services (Athens)
 - (740) 592-6724
- MetroHealth (Cleveland)
 - (216) 778-3550



MOMS Project Details (con't)

- Preliminary data
 - 63 women enrolled as of November 2014 that were in the first or second trimester
 - 100% of women have received STD screening
 - 82% of women adhered to MAT
 - 18% of women tested positive for illicit opioids

Forthcoming Efforts

- The MOMS Project will have a web portal that serves as a resource for MOMS pilot sites and all health professionals in the state of Ohio.



[HOME](#) [ABOUT US](#) [RECOGNITION](#) [GOALS](#) [CONTACT US](#)



Healthcare Providers

[Click here](#)



Moms-To-Be

[Click here](#)

Building teams for healthy moms and babies

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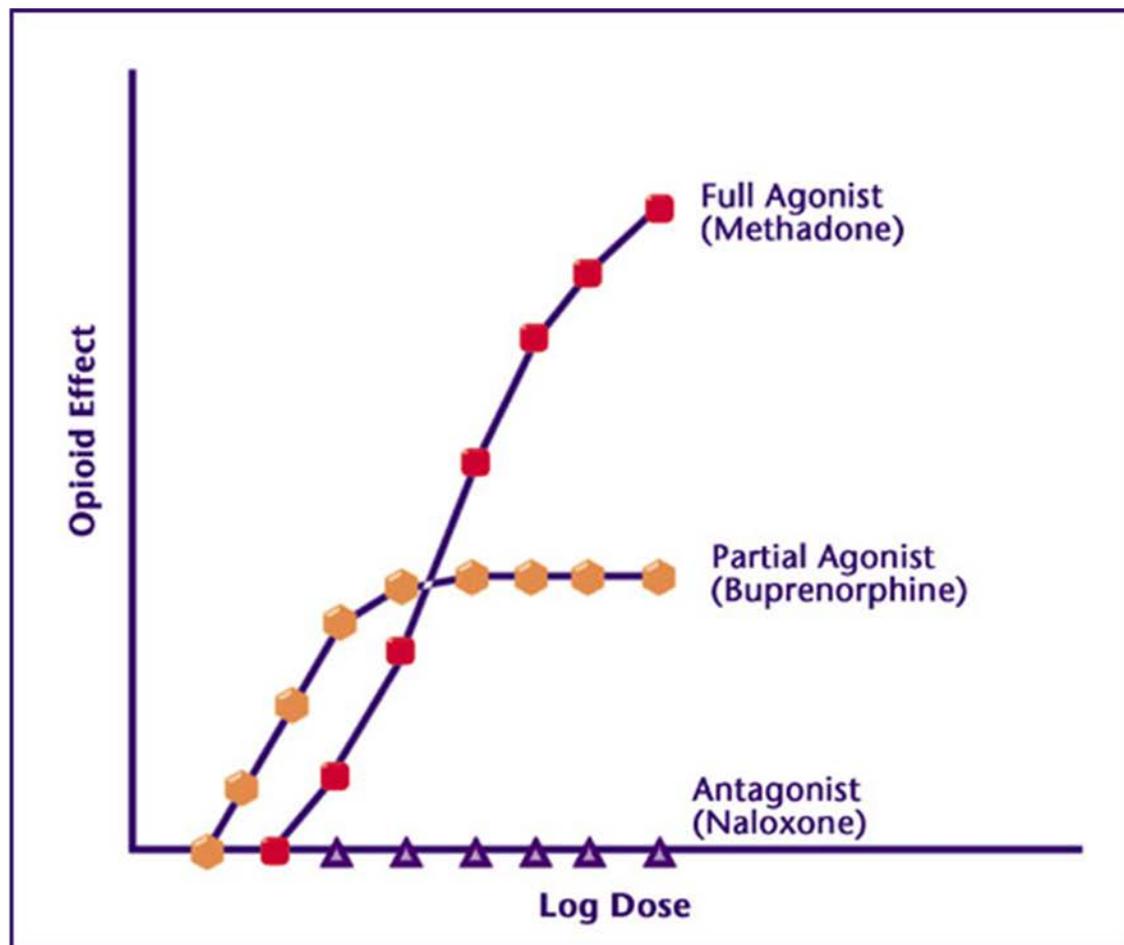
Forthcoming Efforts (con't)

- The website will have links to “decision trees” that serve as guidelines for OB/GYN care and behavioral health practitioners.
- Resources will be available for:
 - Screening
 - NAS
 - AOD
 - Tobacco
 - Depression
 - Domestic Violence
 - Prenatal Care
 - Motivational interviewing
 - MAT & pain mgmt. protocols
 - Birth plan
 - Person-centered care plan
 - Other
 - Community services
 - Postnatal care
 - Emergency Petition form
 - Admission/Discharge forms

Goals of Medication Assisted Treatment (MAT)

- Decrease mortality associated with relapse
- Reduce cravings and preoccupation
- Reduce reinforcing effects of “slip”
- Retain patients in treatment process and therapeutic relationship
- Decrease behaviors associated with addiction
 - Criminal behaviors, lying, neglect of role duties
- Decrease addiction related consequences
 - Unemployment, broken relationships, homelessness, incarceration
- Improve chances of becoming abstinent from illicit opioid use

Effect of MAT at Opioid Receptors



MAT Resources

- 665 Physicians with DATA 2000 Waivers
 - Challenges
- 21 Opiate Treatment Programs (OTPs)
 - 15 Methadone
 - 3 Buprenorphine only
 - 3 VA programs
- Access varies by region

MAT Resources – Ohio OTPs

Program Name	City	Phone	Sponsor First Name	Sponsor Last Name
Opiate Substitution Services, VAMC - Cincinnati Division	Cincinnati	(513) 475-6402	Show	Lin
Community Action Against Addiction	Cleveland	216-881-0765	Gladys	Hall
Quest Recovery & Prevention Services	Canton	(330) 453-8252	Keith	Hochadel
Community Health Center	Akron	(330) 434-4141	Robert	Stokes
Project C.U.R.E., Inc.	Dayton	(937) 262-3500	Virgil	McDaniel
Meridian Community Care	Youngstown	(330) 797-0074	Lawerence	Moliterno
CompDrug	Columbus	(614) 224-4506	Dustin	Mets
Cleveland VA Medical Center-Wade Park Division, Opioid Treatment Program	Cleveland	216-791-3800	P. Eric	Konicki
Bureau of Drug Abuse-Cleveland Treatment Center	Cleveland	(216) 861-4246	Leonard	Collins
Zepf Center	Toledo	(419) 241-8827	Marilyn	Rule
Central Community Health Board of Hamilton County, Drug Services Program	Cincinnati	(513) 559-2056	Bernard	Young
Department of Veteran Affairs	Dayton	(937) 268-6511 x2986	Richard	Riddle
Maryhaven	Columbus	(614) 445-8131	Grant	Schroeder
Premier Care of Ohio, INC	Cincinnati	(513) 671-7117	Daniel	Brown
Community Counseling and Treatment Services, Inc.	Ironton	(740) 237-4595	Paul	Vernier
Health Recovery Services, Inc.	Jackson	(740) 577-3450	Joe	Gay
Sunrise Treatment Center, LLC	Cincinnati	(513) 941-4999	Steven	Smith
Clermont Recovery Center, Inc.	Batavia	(513) 735-8100	Steven	Goldsberry
Premier Care of Ohio, INC	Columbus	(614) 488-7117	Daniel	Brown
University of Cincinnati Physicians Company, LLC (UCPC,LLC)	Cincinnati	(513) 585-8227	Melissa	DelBello
The Crossroads Medication Assisted Treatment Program	Cincinnati	(513) 332-0350	Jacqueline	Butler
Lutheran Hospital Alcohol and Drug Recovery Center	Cleveland	(216) 363-2230	Kris	Bennett



Ohio Women's Network

- A professional network dedicated to providing leadership in the provision of women's alcohol, tobacco and other drug rehabilitation programming.



Ohio Women's Network (con't)

- Organization accomplishes its mission through:
 - Developing and disseminating best practices for women's programs
 - Improving identification and referral of substance abusing women by human services agencies
 - Assuring women's access to clinically appropriate prevention and treatment
 - Increasing awareness of women's substance abuse and effective treatment technologies



Project DAWN

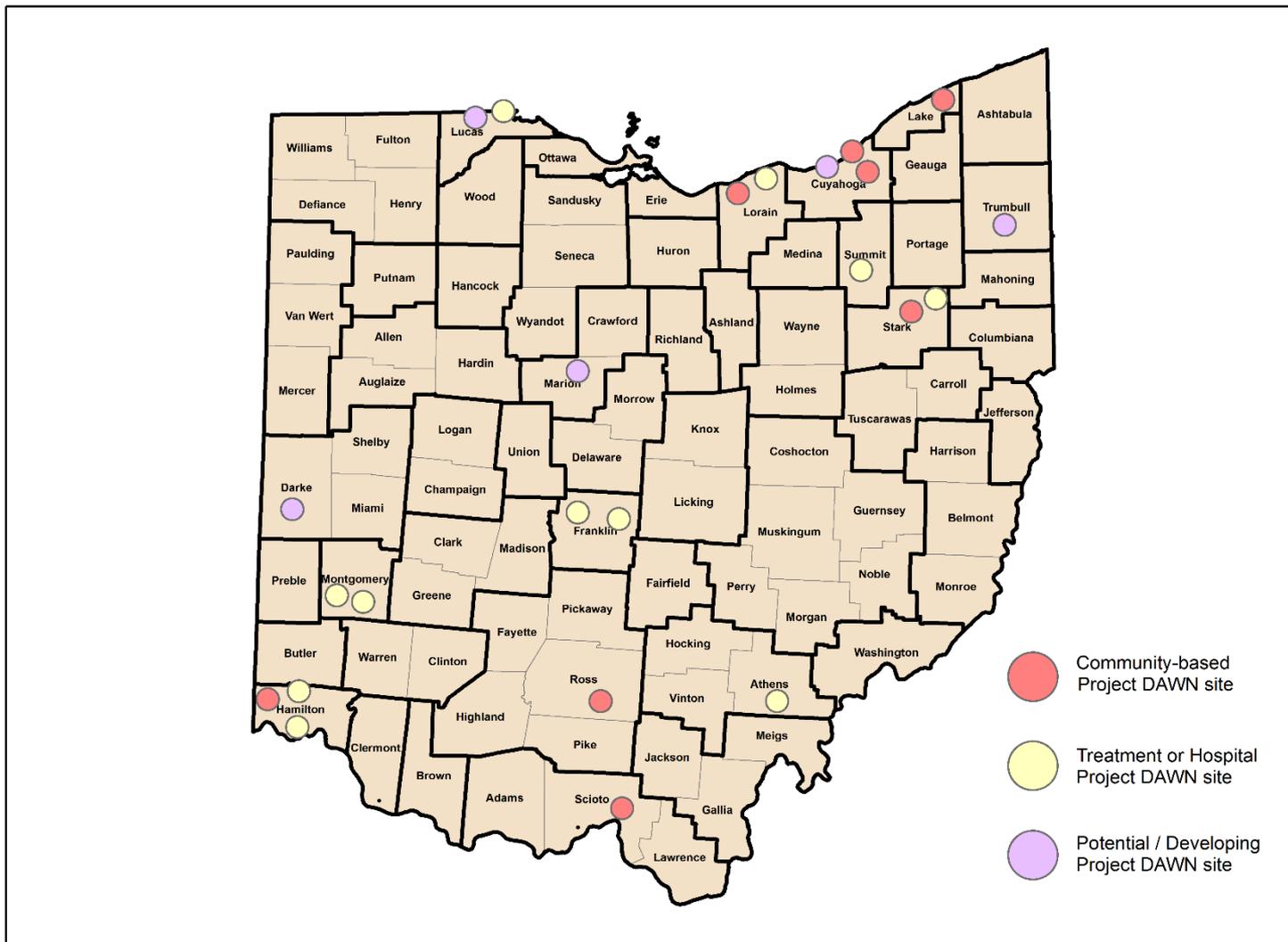
- Project DAWN is a community-based overdose education and naloxone distribution program.
 - Naloxone is an prescription opioid antagonist widely utilized by medical professionals.
 - Ejects heroin and other opioids from receptors in the brain reversing the respiratory depression caused by an overdose.
 - Has no pharmacological effect and has no potential for abuse (non-scheduled).
 - Can be safely administered by intranasal, intravenous or intramuscular injection.
 - Works rapidly (2-8 min.) and wears off in 20-90 minutes.
 - No effect if opioids are not present.

Project DAWN (con't)

- Project DAWN participants receive training on:
 - Recognizing the signs and symptoms of overdose
 - Distinguishing between different types of overdose
 - Performing rescue breathing
 - Calling emergency medical services
 - Administering intranasal Naloxone



Project DAWN (con't)



More Information

- OhioMHAS Resources
 - Toll-free helpline:
(877) 275-6364
 - Addiction Service Providers ([Link](#))
 - Mental Health Providers ([Link](#))
 - MOMS Project ([Link](#))
 - Buprenorphine Protocol ([Link](#))
- County Behavioral Health Authorities ([Link](#))
 - (614) 224-1111
- Women's Network ([Link](#))
 - (513) 961-4663
- Project DAWN ([Link](#))



More Information (con't)

Substance Abuse and Mental Health Services Administration Resources

- TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction ([Link](#))
- TIP 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs ([Link](#))
- TIP 51: Substance Abuse Treatment Addressing the Specific Needs of Women ([Link](#))

Contact Information

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