Foundation *for*
Opioid Response Efforts

4/23/20

Caring for Pregnant and Parenting Women with OUD During the COVID-19 Pandemic

Foundation for Opioid Response Efforts (FORE)

University of North Carolina at Chapel Hill's Horizons Program

University of North Dakota

Friends Research Institute

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

UNIVERSITY OF NORTH DAKOTA

FRIENDS RESEARCH INSTITUTE
Advancing research to promote health and well-being

Introduction

02

Karen A. Scott, MD, MPH
President
Foundation for Opioid Response Efforts

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Agenda

1. **Welcome and Webinar Logistics**
2. **Foundation for Opioid Response Efforts**
   - FORE COVID-19 National Emergency Response
   - Introductions
3. **Caring for Pregnant and Parenting Women with OUD**
   Hendrée Jones, PhD
4. **Impact of COVID-19 on Perinatal Care for Women with OUD**
   Maridee Shogren, DNP, CNM, CLC
5. **State Public Health and Public Policy**
   Mishka Terplan, MD, MPH, FACOG, DFASAM
6. **Question and Answer Session** with: **Hendrée Jones, PhD**
   Maridee Shogren, DNP, CNM, CLC
   Mishka Terplan, MD, MPH, FACOG, DFASAM

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Webinar Logistics

1. Webinar is being recorded and will be on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
    - If you have a similar question, please upvote using the thumbs up button on the question.
    - We will read as many questions live as time permits.
4. An FAQ will be provided on our website based on the questions submitted during the Q&A session.
5. Any resources you would like to share with everyone please send to info@ForeFdn.org
6. There will be a brief survey immediately following the webinar. Please provide us with feedback!

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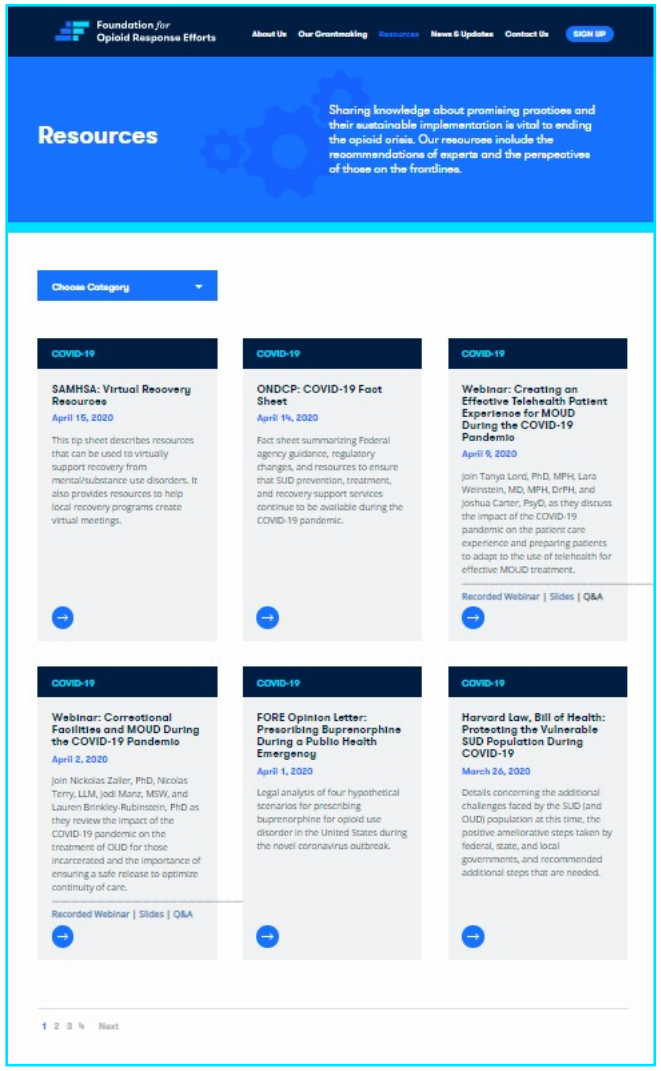
FORE's COVID-19 National Emergency Response

- FORE is looking for ways to provide broad assistance during this time of uncertainty
- Up-to-date Resources
- Webinars:
  - Weekly series
  - Thursdays @3pm ET
- Facilitating connections with experts and technical assistance
- Submit your ideas

Follow updates on our website:

www.ForeFdn.org



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Webinar Presenters

Hendrée Jones, PhD
Professor and Executive Director
University of North Carolina at Chapel Hill's Horizons Program

Maridee Shogren, DNP, CNM, CLC
Clinical Associate Professor of Nursing
University of North Dakota

Mishka Terplan, MD, MPH, FACOG, DFASAM
Senior Physician Research Scientist
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Caring for Pregnant and Parenting Women with OUD

07

Hendrée Jones, PhD
Professor and Executive Director
University of North Carolina at Chapel Hill's
Horizons Program

Outline

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- Considerations/concerns related to COVID-19
- Horizons population
- How services have changed
- Clinical pearls

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COVID-19 and Pregnancy

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- How does coronavirus affect pregnant people?
- Are they at greater risk from COVID-19 than non-pregnant people?
- What should they do if they experience symptoms?
- Can you breastfeed if you have COVID-19?

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Rapidly Evolving Evidence: COVID-19 and Pregnancy

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4/22/2020 - 77 papers in Pub-Med

1st case study **"35th week of pregnancy delivered an infant by cesarean section in a negative-pressure operating room. The infant was negative for severe acute respiratory coronavirus 2. This case suggests that mother-to-child transmission is unlikely for this virus."**

Most recent n=38 cases **"…unlike coronavirus infections of pregnant women caused by SARS and MERS, in these 38 pregnant women COVID-19 did not lead to maternal deaths. …there were no confirmed cases of intrauterine transmission of SARS-CoV-2 from mothers with COVID-19 to their fetuses. All neonatal specimens tested, including in some cases placentas, were negative … no evidence that SARS-CoV-2 undergoes intrauterine or transplacental transmission from infected pregnant women to their fetuses."**

Recommendations are also made for the consideration of pregnant women in the design, clinical trials, and implementation of future 2019-nCoV vaccines.

Li Y et al., Emerg Infect Dis. 2020 Jun 17;26(6). doi: 10.3201/eid2606.200287. [Epub ahead of print]
Schwartz DA, Graham AL. Viruses. 2020 Feb 10;12(2). pii: E194. doi: 10.3390/v12020194.

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UNC Horizons: Residential and Outpatient Family-Centered Care

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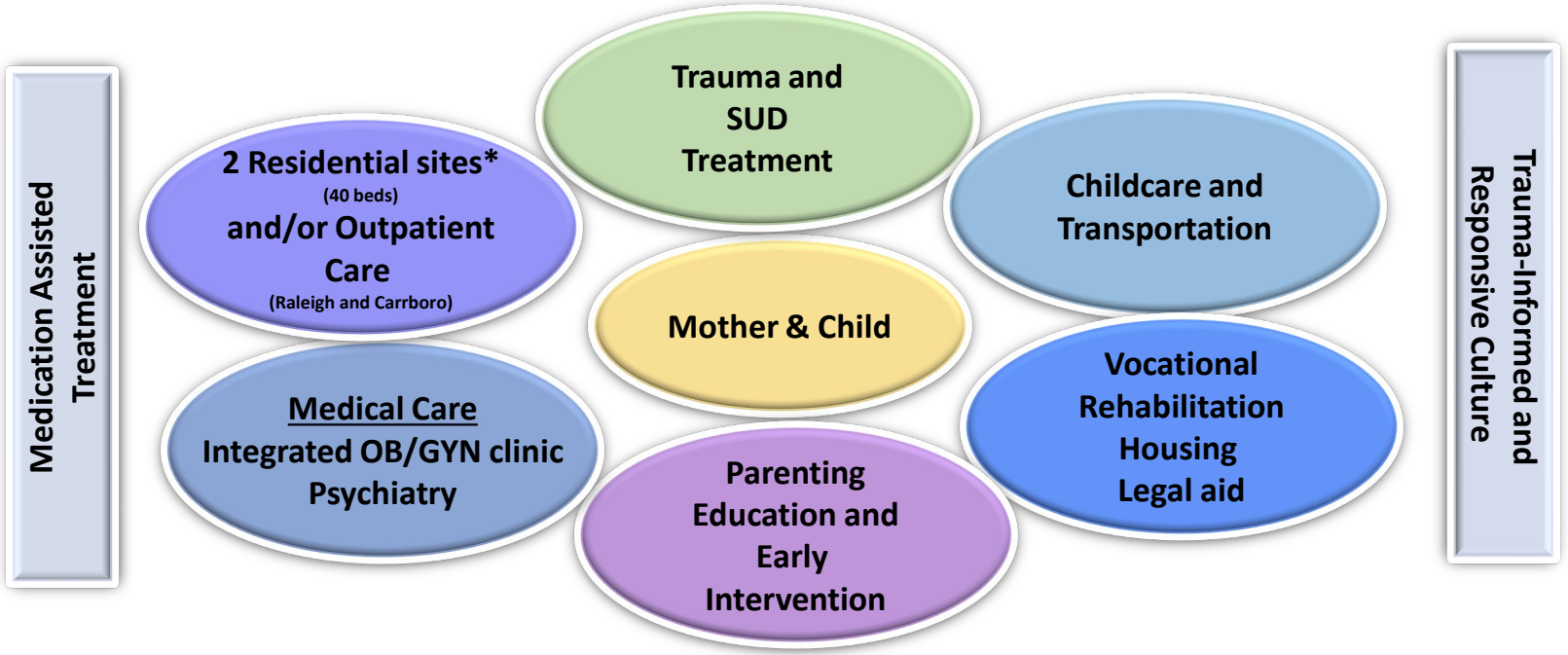
Unified Philosophy Informed by Social Learning, Relationship and Empowerment Theories



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Who We Serve

2018-2019: Served 235 women

- 70% Primary OUD; 13% alcohol
- Mean age at first substance use: 15 years old (as early as 5 years)
- 25% reported prior Traumatic Brain Injury
- 50% pregnant at intake
- Outcomes
  - Babies born at term and normal birth weight
  - 73% employed at completion
  - 95% CPS outcomes were positive at completion

UNC Horizons Responds to COVID-19

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- **March 3, 2020: NC reports 1st COVID-19 case**
  - Regular communication with Women's Services Coordinator for the Division MH/DD/SAS
- THANK YOU, North Carolina, for **the COVID-19 dashboard and policy repository** https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-nc-case-count
- **March 10: UNC Horizons starts verbal health checks and decision tree approach** to keep staff and patients safe
- Hung **COVID19 health step posters from UNC Healthcare** throughout all sites
- **Educated** women and children about COVID-19 and steps to stay healthy
- **Increased cleaning and sanitizing** all common spaces and transport vehicles multiple times/day
- **PPE at sites** for staff, women and children
- Sent out information from psychiatry to staff about **dealing with anxiety and self-care- shared information with patients**
- Updated COVID-19 protocols **and communication to staff and patients daily**
- Essential staff received **letters on their status and responsibilities**
- **March 16th: schools close**; move to provide care for school age children on site

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UNC Horizons Responds to COVID-19

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- Developed **consent form for "tele-treatment"** and all patients asked to sign
- **Staff training on ethics and technology**, developed revised clinical crisis plan response
- Tele-treatment individual and group **HIPAA compliant ZOOM**
- Developed new **"ground rules for tele-treatment"** groups
- **Daily updated crisis numbers and phone numbers of women** shared with treatment staff
- **Reduced frequency of urine drug testing** - how helpful is the drug testing result in your overall treatment planning for the patient? How would a positive result change the care plan?
- **Verbal health screens** before coming to the residential off and social distancing in place for observed medication taking in the residence
- Developed **COVID-19 move in plan** for new women and children
- All women receive **"mommy survival"** materials
- Mothers and children receive daily activity ideas and support from staff **"mommy and me tips"**
- Staff **tips for self care** sent daily
- One staff **made cloth masks** for all women and children in 1 day

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Useful Tips: What Works

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- Educate and repeat!
- **Develop a list** of emergency contacts and policies/procedures for how staff will respond to outpatient patient crises
- Sit down with each patient to **assess their ability** to use tele-treatment platforms and continue to troubleshoot
- **Explicit conversations with patients** around confidentiality and guidelines for engagement
- One **designated medical authority** (Elisabeth) to disseminate information to staff on the latest safety and PPE guidelines related to COVID-19.
- Help women **develop** a birth plan, **share** with providers and talk about **support** due to no visitors
- **For residential settings** - set aside units so newly arriving women can quarantine for two weeks in their apartments with staff bringing them medication, groceries, group handouts, etc.

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Useful Tips: What to Avoid/Challenges

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- COVID-19 **media overload -** limit consumption
- Movies and other multimedia tools are **less effective**
- Avoid relying on written memos with patients for communication
- NA/AA network hard to grow. **Women report fatigue** with the online platform.
- Women preparing to leave the program are **understandably concerned** about their ability to find employment, housing, recovery networks, etc.
- **Sometimes must ask women to step away** or put on headphones if we see or know that a child is in the same room listening to the discussion.
- This also means **being flexible and re-scheduling sessions** if the patient's children are having a rough day
- **Heightened concerns** around abuse and neglect of children and risk for interpersonal violence exposure for patients - providing more clinical contact than pre-COVID-19 days
- Attention is needed to **eliminate the disparities** that COVID-19 further highlights

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What The Women Shared

- COVID-19 and the **sheltering in place is triggering** – the ways I acted in addiction I now see coming back - but I have coping skills now to deal with the feelings
- **Isolation is a huge trigger**
- Helps to be able to go out and walk, to **have a routine**
- Having tools to **work on education from home** helps
- Having tools to **find employment** helps
- Want providers to know **how hard it is to have the same day every day**
- **Be patient** with us and **have empathy** for us because sometimes we need a break from our kids
- Glad to have PPE for self and kids
- **Stop the discrimination against us-** last week a non-UNC nurse taking a drug test from me said “if an addict’s lips are moving, then she is lying.” “My test was negative, but I felt judged and like I was less than dirt.”

https://pixabay.com/photos/window-view-sitting-indoors-girl-1081788/

An Attitude of Gratitude

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- Meetings start with **gratitude**
- Email and handwritten **notes of thanks**
- Calling to **check on** all team members
- **Finding joy** in your day
- Sending a thought for the day, every day as well
- Send **fun tips** for the team and fun tips for patients to do with their children
- **Tokens** of thanks given
- Modeling **patience, empathy, self-compassion, and self-care**

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Impact of COVID-19 on Perinatal Care for Women with OUD

Maridee Shogren, DNP, CNM, CLC
Clinical Associate Professor of Nursing
University of North Dakota

Contact Information:
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Pregnancy, OUD, & COVID-19: What do they have in Common?

Pregnancy	OUD	COVID-19
Co-morbidities impact risk OUD/SUD impact risk Fetal and infant concerns	Medical risks similar in pregnant/non-pregnant women Co-morbidities impact risk Polysubstance use heightens risk Fetal and infant concerns	Co-morbidities impact risk OUD/SUD impact risk Fetal and infant concerns
Immunosuppression	Causal relationship between OU and immunosuppression not clearly established; surge of associated infectious diseases with IDU	Pregnant women fall into "People who need to take extra precautions" category (CDC, 2020)
General obstetric risks	Obstetric risks elevated Pre-eclampsia, miscarriage, PTL/birth, fetal growth concerns, fetal death	Possible Obstetric risks (limited data) PTL/birth, PPROM, fetal distress, possible pre-eclampsia like impact
Physical Changes r/t Respiratory System Compressed diaphragm Reduced Lung Volumes Increased stress on respiratory system, less back up to compensate	Respiratory depression	Respiratory concerns especially with underlying conditions
Social disparities →		
Psychosocial concerns →		
Cultural concerns →		

Modified Perinatal Care

Response to COVID-19

- Prenatal visit spacing
  - Additional maternal/fetal surveillance dependent on risk
  - Grouping components of care to reduce number of in-person visits
- Telehealth availability
  - May not be readily accessible in rural, lower income areas
  - Providers may not be familiar with obstetric telehealth
- Psychosocial assessment: Early and Often!
- Labor & Delivery
  - Many moms refusing COVID-19 testing so as not to be separated from infant post-delivery
  - Limited support person(s) in attendance
    - Doulas
  - Breastfeeding initiation impact

Modified Perinatal Care

Postpartum

- Many recommending telehealth visit at 2-8 weeks
  - Only about 40% of women actually return for in-person visit. What is impact now?
- IMPERATIVE:
  - Social/Support concerns
  - Contraception options
  - Postpartum depression screening
  - Pre-eclampsia education

Modified Perinatal Care for Women with OUD

MOUD are **"life-sustaining medications"**

- Gold-standard for treatment of OUD during pregnancy, breastfeeding

MOUD treatment should **still be initiated as early as possible**

- Telehealth options
- Medical examination, psychosocial assessment recommended as soon as possible
  - Inability to conduct in-person visit should not delay initiation of care

Impact of **visit spacing during pregnancy**

- Pregnant women may need dose adjustments, split dosing

Abrupt discontinuation can lead to relapse, overdose, overdose death

- DYAD is impacted

Modified Perinatal Care for Women with OUD

Labor & delivery

- Awareness of any withdrawal symptoms upon arrival
- Pain management is still needed
- Support person(s) present
- Neonatal Opioid Withdrawal Syndrome

Postpartum

- More likely to discontinue MOUD, increased vulnerability for relapse
- Support at home
- Breastfeeding
- Assessment for postpartum depression, on-going comorbidities

Is there a Warm Handoff?

- Who will continue MOUD care after perinatal period?

Overall Concerns

Universal Screening for OUD/SUD

- Are obstetric providers still screening during pandemic?
  - Are we screening early and often?
  - Are we discussing harm reduction?

Pregnant women with OUD more likely to seek prenatal care later, miss appointments

- Will COVID-19 delay care initiation even further?
- Will we miss “window of opportunity” to initiate MOUD?

Interprofessional Collaboration

- Who is providing obstetric care? Who is providing MOUD treatment?

Even a pandemic doesn’t end stigma!

- The sole act of accessing MOUD treatment during pregnancy
  - Identifies mother with an OUD and infants/children who are potentially substance-exposed
  - Possible legal concerns, punishment, social services involvement
  - Barrier to care

Cultural Responsiveness

Three simultaneous major life events: **Pregnancy and/or parenting, OUD, & Pandemic**

- All three events may be viewed differently within one's respective culture
  - Is pregnancy considered a normal part of life or seen as illness?
  - Is OUD looked at as a chronic health condition or moral failure?
  - What is individual community's cultural response to flattening the curve, communicating illness trends, closing communities or bringing services in?

Healthcare encounters occur in context of three cultures

- Provider's lived experiences
- Experiences of person seeking care
- Healthcare system

Cultural Responsiveness

Role of culture and traditional values: 4th context often forgotten

- Culturally affirming care is inclusive of spiritual, traditional and cultural needs
  - **Cultural Value of Compassion:** "to suffer together" Feelings you have when witnessing someone's suffering… and feel motivated to help
    - Empathy is trying to understand someone's suffering from their perspective
    - Compassion includes desire to help
- Learn about the communities we serve
  - Ceremonies, Blessings may be integral part of care
    - Traditional gatherings may be cancelled leading to loss of support
  - Traditional medicines, plant medicines, and treatments may be desired
  - Communities may be closed
- Ask questions: The education we need is not necessarily what we learned
- No place for judgment
- Do not forget the impact of trauma
  - OB trauma, OUD/SUD trauma, Pandemic trauma
    - Community AND providers

Rural Culture

"If you've seen one rural town you've seen one rural town"

- Rural areas are not homogenous
  - Each has its own traditions, customs, geography
  - Multi-generational families
- Independence and self-reliance instilled early
- Lower population density, isolation, lack of privacy
  - "Goldfish Effect"
    - Aware of each other's lives, illnesses, health events; community-wide gossip
- Dual relationships
  - Providers AND community members

Rural Culture

Limited access to healthcare

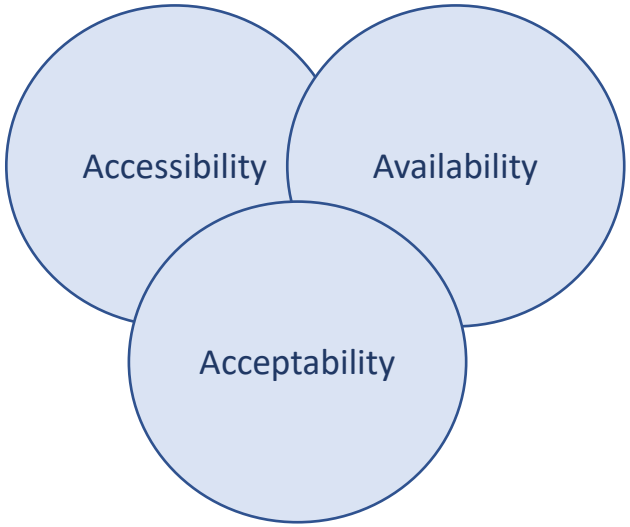
- Distance, transportation concerns
  - Critical access hospitals only available in most cases
- Lack of MOUD treatment services
  - Change to telehealth guidelines may help here
- Pharmacy availability limited
- Nutrition (WIC): Food deserts

Limited availability of providers

- Fewer MOUD waivered providers
- OB specialty, critical care specialties rarely available

Limited acceptability

- Self-stigma, embarrassed to seek services, fear
  - Isolation concerns
  - Lack of emotional support for mothers with OUD and/or COVID-19
    - Home visiting, doula support, family care in mother's absence



Advocacy and Policy

Access

- Need more providers with both obstetric experience and MOUD waivers
- Need to address transportation, continue telehealth options beyond pandemic

Education

- Increase awareness and knowledge in our communities
  - OUD, MOUD, COVID-19
- Mothers also desire more information

Support

- Emotionally and culturally responsive support is essential
- Doula reimbursement is needed

State Public Health and Public Policy

Mishka Terplan, MD, MPH, FACOG, DFASAM
Senior Physician Research Scientist
Friends Research Institute

@do_less_harm

COVID-19 and OUD: General Response(s)

Primary Response:

- Provision of continuing care via (primarily) remote/tele services

Under-emphasized:

- Considerations for people with untreated addiction
- Providers need to see new patients (either virtually or in-person)

Lacking:

- "Special Populations" – especially pregnant people – for whom some in-person visits are essential (i.e. for prenatal care)

Public Health/Public Policy: Balance staff safety and support of remote services with person-centered care

Medicaid Response

- **Federal (and State) regulations** – eased in support of telehealth services
- **Addiction Providers:** decrease in volume (due to extended prescriptions, decreased hours etc.) leads to decrease income
- **Prenatal Care Providers:** slight decrease in volume (due to spaced out visits) with no change in income (due to bundled payment)
- What about **co-located services**? The standard of care in addiction treatment during pregnancy?

Urine Drug Testing: Opportunity for Positive Practice Change

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- **Increase** in tele-services **decrease** urine drug testing
- Urine drug testing **not recommended for assessment** of substance use disorder in pregnancy
- Urine testing at time of delivery – problematic

- **Addiction Medicine response to COVID-19**: Opportunity to rethink role of urine drug testing in prenatal and addiction care

FORE

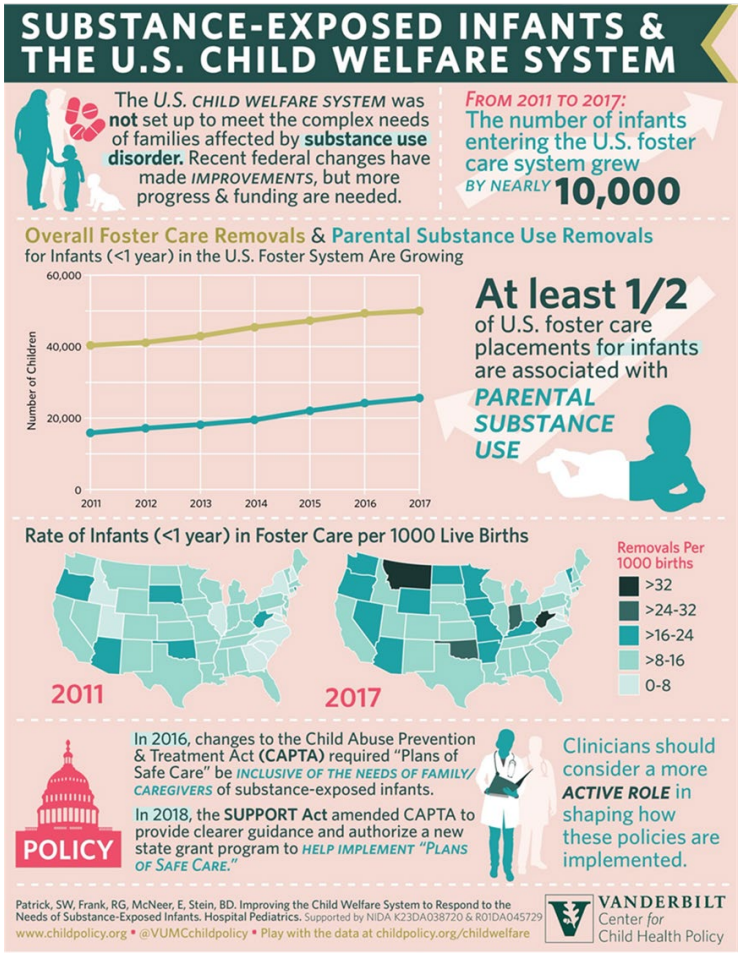
Child Welfare: Concerning Trends

Opioid Crisis and **Foster Care Epidemic**

Racial Inequities Along Child Welfare Continuum

COVID-19 Response:

- Delay in Family Court Hearings
- Denial of Visitation for Parents
- Insistence on Tele-visits for Newborns (!)
- In context of continued increase in reporting and removals



Child Welfare: Concerning Trends

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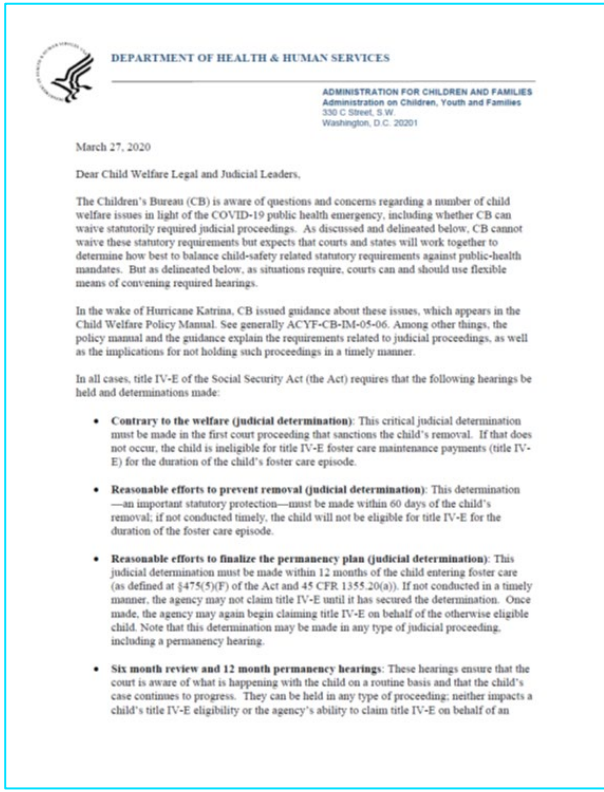
Children's Bureau Response:

- Refrain from making sweeping, blanket orders ceasing, suspending, or postponing court hearings;
- Ensure that important decisions about when and how hearings are conducted are made on a case-by-case basis in accordance with the facts of each individual matter;
- Encourage attorneys to file written motions raising issues of immediate concern;
- Make maximum use of technology to ensure due process where in-person hearings are not possible or appropriate;
- Ensure parents and youth have access to technology such as cell phones, tablets, or computers with internet access to participate in hearings or reviews and maintain important familial connections;
- Consider utilizing CIP funds to support and enhance virtual participation for parents, children, youth, and their attorneys in hearings and reviews; and
- Encourage attorneys to resolve agreed-upon issues via stipulated orders. For example, if all parties agreed that a child in foster care can be reunified with his/her family immediately, that issue should be resolved via a stipulated order, rather than waiting weeks or months for an in-person court hearing.



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
330 C Street, S.W.
Washington, D.C. 20201

March 27, 2020

Dear Child Welfare Legal and Judicial Leaders,

The Children's Bureau (CB) is aware of questions and concerns regarding a number of child welfare issues in light of the COVID-19 public health emergency, including whether CB can waive statutorily required judicial proceedings. As discussed and delineated below, CB cannot waive these statutory requirements but expects that courts and states will work together to determine how best to balance child-safety related statutory requirements against public-health mandates. But as delineated below, as situations require, courts can and should use flexible means of convening required hearings.

In the wake of Hurricane Katrina, CB issued guidance about these issues, which appears in the Child Welfare Policy Manual. See generally ACYF-CB-IM-05-06. Among other things, the policy manual and the guidance explain the requirements related to judicial proceedings, as well as the implications for not holding such proceedings in a timely manner.

In all cases, title IV-E of the Social Security Act (the Act) requires that the following hearings be held and determinations made:

- **Contrary to the welfare (judicial determination)**: This critical judicial determination must be made in the first court proceeding that sanctions the child's removal. If that does not occur, the child is ineligible for title IV-E foster care maintenance payments (title IV-E) for the duration of the child's foster care episode.
- **Reasonable efforts to prevent removal (judicial determination)**: This determination —an important statutory protection—must be made within 60 days of the child's removal; if not conducted timely, the child will not be eligible for title IV-E for the duration of the foster care episode.
- **Reasonable efforts to finalize the permanency plan (judicial determination)**: This judicial determination must be made within 12 months of the child entering foster care (as defined at §475(5)(F) of the Act and 45 CFR 1355.20(a)). If not conducted in a timely manner, the agency may not claim title IV-E until it has secured the determination. Once made, the agency may again begin claiming title IV-E on behalf of the otherwise eligible child. Note that this determination may be made in any type of judicial proceeding, including a permanency hearing.
- **Six month review and 12 month permanency hearings**: These hearings ensure that the court is aware of what is happening with the child on a routine basis and that the child's case continues to progress. They can be held in any type of proceeding; neither impacts a child's title IV-E eligibility or the agency's ability to claim title IV-E on behalf of an

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Conclusions

- **Opportunities** and **Unintended Consequences**
- Need to start **discussing what care looks like post COVID-19** – what parts of current care model to keep?

Questions?

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Clinical Associate Professor of Nursing
University of North Dakota

Mishka Terplan, MD, MPH, FACOG, DFASAM
Senior Physician Research Scientist
Friends Research Institute

Take Care of Yourself!
Thank You For Your Work!

Additional Resources

SAMHSA COVID-19 guidance and resources
https://www.samhsa.gov/coronavirus

Centers for Medicare & Medicaid Services guidance, including a compilation of state 1135 waivers
https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

American Society of Addiction Medicine compilation of guidance and resources, including links to state-level policy actions and waiver requests
https://www.asam.org/Quality-Science/covid-19-coronavirus

State Health & Value Strategies resources on state policy options and responses
https://www.shvs.org/

Manatt Health resources on federal and state strategies to respond to COVID-19
https://www.manatt.com/COVID-19 and https://healthinsights.manatt.com/

National Academy for State Health Policy resources on state activity https://nashp.org/

FORE

About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.

About the University of North Carolina at Chapel Hill's Horizons Program

The UNC Horizons Program is a substance use disorder treatment program for pregnant and/or parenting women and their children, including those whose lives have been touched by abuse and violence. They are a program of the Department of Obstetrics and Gynecology at UNC-Chapel Hill. Their trauma-informed model of care focuses on both the mother and the child to heal the whole family and create systems of hope and renewal.

For more information on UNC-Chapel Hill and UNC Horizons, please visit www.unc.edu and www.med.unc.edu/obgyn/horizons/.

About the University of North Dakota

The University of North Dakota is located in the heart of the Red River Valley and has a long tradition and strong reputation in nursing, medicine, health sciences and social services. UND is committed to research, scholarship and creative activity to help rural communities solve their unique health and social problems. UND is home to *Don't Quit the Quit*, a program focused on empowering women and mothers with OUD to maintain their recovery through an expanded network of education and family support.

For more information on the University of North Dakota, please visit www.UND.edu or email und.dqtq@UND.edu.

About Friends Research Institute, Inc.

For over 50 years, Friends Research Institute has promoted health and well-being through research, grants administration, education, and treatment. Researchers at FRI have received federal, state, county, and private funding to conduct studies in the fields of substance abuse, health, HIV/AIDS, mental health, and criminal justice. FRI has provided education and outpatient substance abuse counseling services for adolescents and adults for over 35 years in Baltimore County, Maryland and over 25 years in Los Angeles, California. In addition, FRI provides comprehensive grants management services for researchers, beginning with the pre-award process through completion of the research project, allowing scientists to focus on their research.

For more information on Friends Research Institute, please visit www.friendsresearch.org.

General inquiries: info@ForeFdn.org

Follow ongoing updates on our website:
www.ForeFdn.org