

Guests

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Mental Health Director
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“Talking about Tough Stuff: Supporting moms struggling with substance use/abuse”

Yolo County Health Services
Agency
Comprehensive Perinatal Services
Program
(CPSP)
Spring Roundtable 2015





Yolo County

CPSP SPRING ROUNDTABLE 2015

April 23, 2015
12:30 – 2:00pm

Agenda



“Talking about Tough Stuff: Supporting moms struggling with substance use/abuse”

Networking	All	12:30
Welcome & Introductions	Anna/All	12:45
Presentation	Anna, Karen & Alissa	1:00
Q& A/Discussion	All	1:45

Learning Objectives

- Describe local data trends of Perinatal Substance Use in our region.
- Describe how Adverse Childhood Events (ACEs) impact health
- Describe why Perinatal Substance Use requires an integrated behavioral and medical health care model
- Resources available in Yolo County

Learning Objective 1

Describe local data trends of Perinatal Substance Use in our region.

Anna Sutton, MSN, PHN
Perinatal Services Coordinator/MCAH Coordinator

MIHA Data: Substance Use



MIHA Snapshot, Greater Sacramento Region, 2012

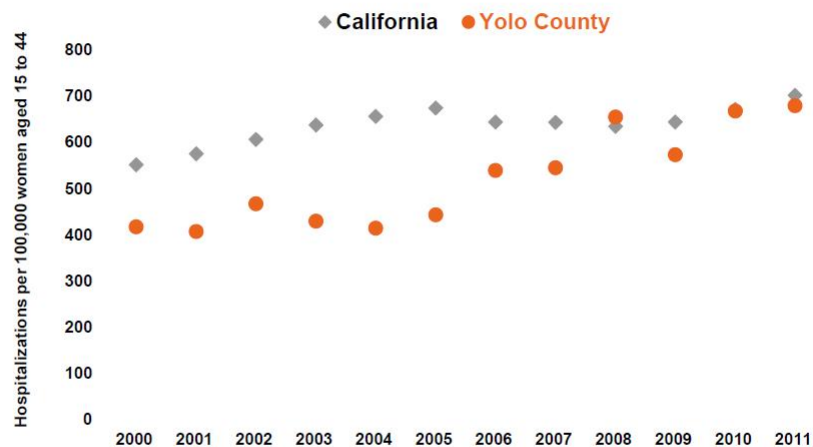
Maternal and Infant Health Assessment (MIHA) Survey

✓ better than rest of California ✗ worse than rest of California ♦ no statistical difference

Substance Use	Greater Sacramento Region			California		
	%	95% CI	Population Estimate	%	95% CI	Population Estimate
Any smoking, 3 months before pregnancy	♦ 14.1	10.7 - 17.4	4,100	11.9	10.6 - 13.3	58,700
Any smoking, 1st or 3rd trimester	♦ 9.4	6.7 - 12.2	2,700	8.3	7.1 - 9.6	41,000
Any smoking, postpartum	♦ 6.5	4.3 - 8.8	1,900	5.7	4.7 - 6.6	27,800
Any binge drinking, 3 months before pregnancy	♦ 15.6	12.0 - 19.3	4,500	13.9	12.5 - 15.3	68,000
Any alcohol use, 1st or 3rd trimester	♦ 21.8	17.5 - 26.2	6,300	20.9	19.1 - 22.6	102,000

Yolo County vs California

Substance Abuse Hospitalizations, Women Aged 15 to 44, Yolo County vs. California

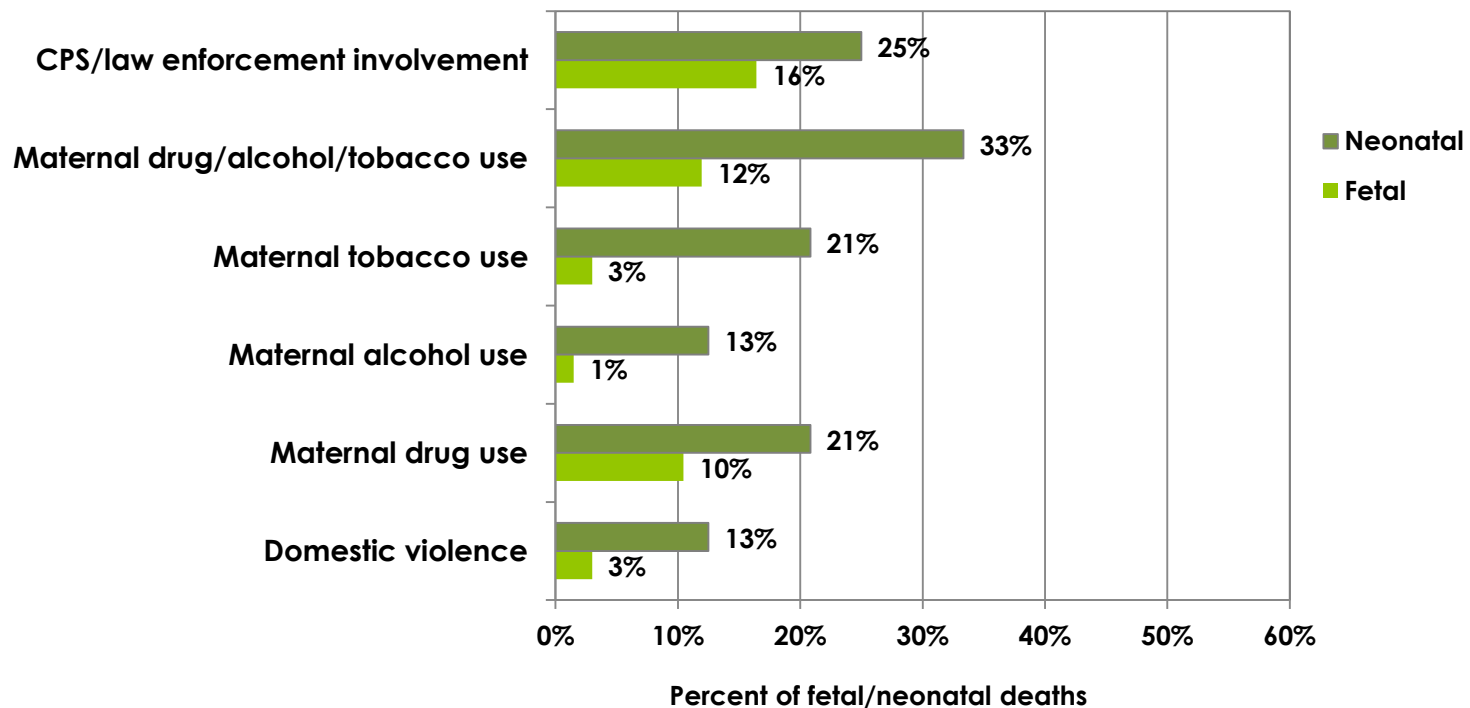


Source: Family Health Outcomes Project, UCSF

Fetal/Infant Mortality Review

6/3/2016

2014 Report (2007-2011 data)



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Learning Objective #2

Describe how Adverse Childhood Events (ACEs) impacts health.

Anna Sutton, MSN, PHN
Perinatal Services Coordinator/MCAH Coordinator

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Behavior Change is Difficult...

- Have you tried to:
 - Lose weight
 - Exercise regularly
 - Stop watching so much TV?
 - Shop less?
 - Not eat chocolate?

Using Substances....why stop if it works?

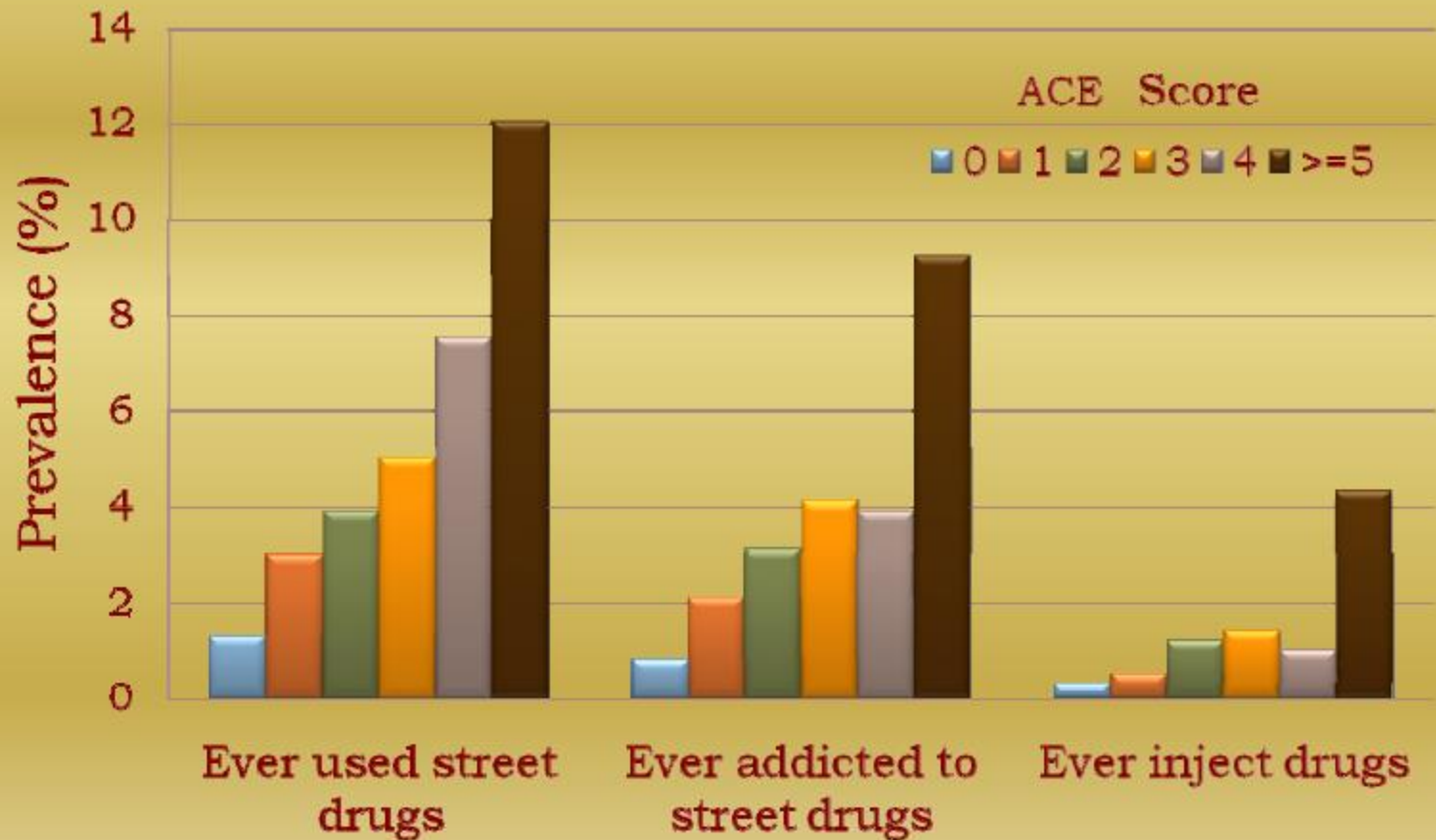
Adverse Childhood Experiences (ACEs)...rethinking things.

Research shows:

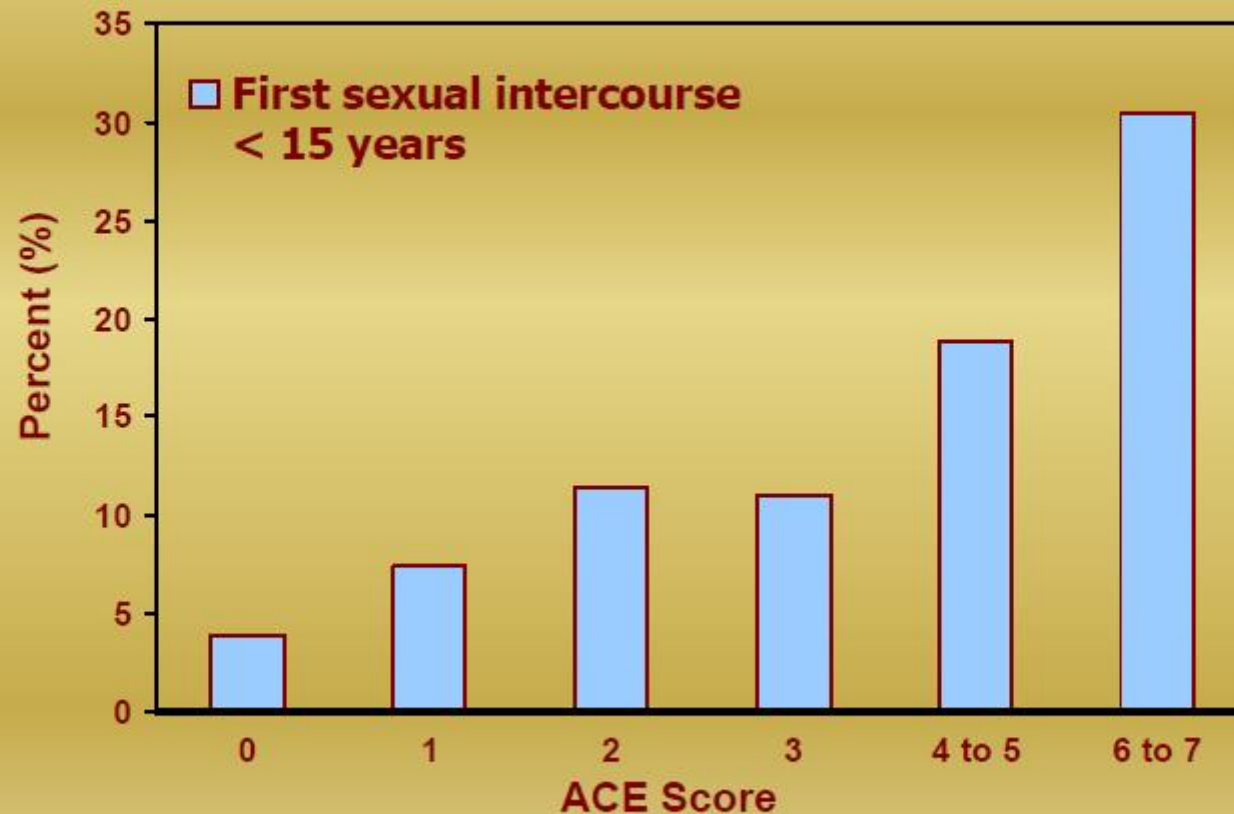
Childhood experiences have wide ranging, long term health implications.

Centers for Disease Control & Prevention
Emory University Department of Pediatrics
Kaiser Permanente

ACE Score and Drug Abuse



ACE Score and Age at Initiation of Sexual Intercourse



Hillis et al., Family Planning Perspectives, 2001

Learning Objective #3

Describe why Perinatal Substance Use requires an integrated behavioral and medical health care model

Karen Larsen
Mental Health Director & Alcohol and Drug Administrator

Behavioral Health is a Key Concern for Health Care

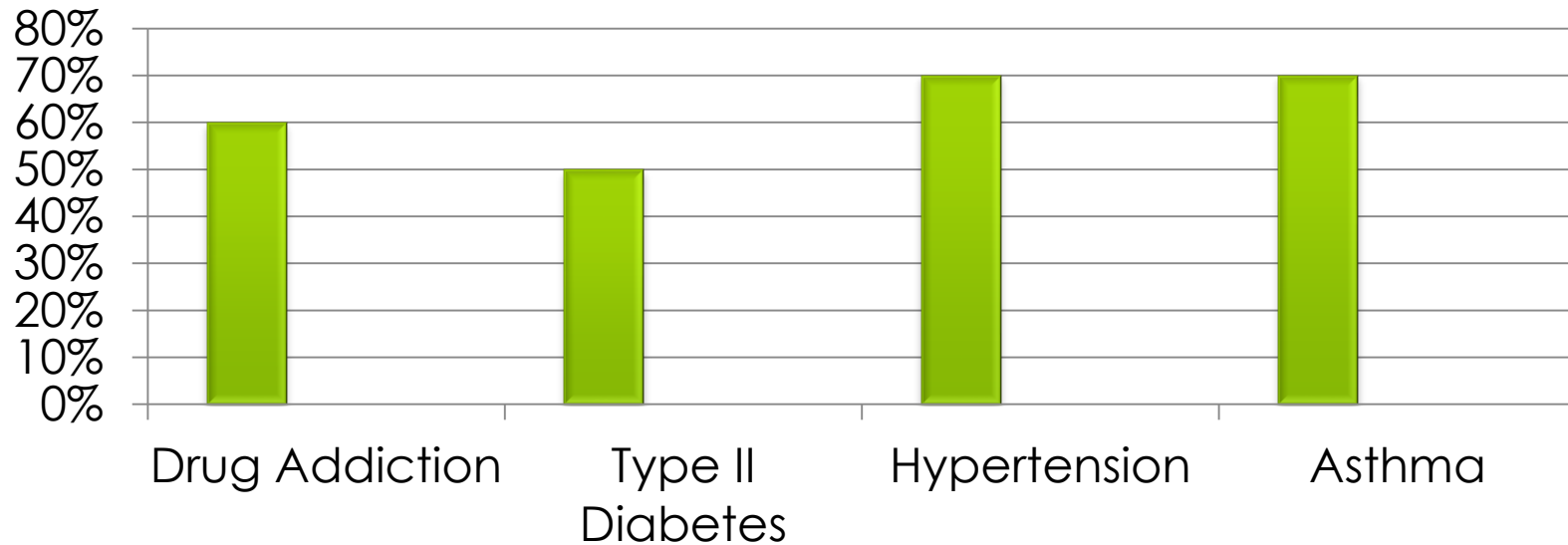
- Affects low-income populations
 - Nearly half (49%) of all Medicaid beneficiaries with disabilities have a psychiatric diagnosis
 - Among Dual eligibles (Medicare/Medicaid), 44 percent have at least one mental health diagnosis
- Cost driver
 - Behavioral health disorders are among the five most costly conditions in the U.S. with expenditures of \$57 billion
 - Mood disorders such as depression are third most common cause of hospitalization in the U.S for both youth and adults

Economic Impact



- In 2001, mental health and substance abuse treatment costs totaled \$104 billion and represented 7.6% of total healthcare spending in the United States (\$1.4 trillion)
- Treatment reduces medical costs among patients and even their family members (Weisner et al., 2010)
- People with SUD incur over double the total medical costs of People without SUD (Parthasarathy 2001; Thomas 2005)

Relapse is Common in Addiction and Other Chronic Diseases...



McLellan, et al, 2000

Population health = everyone's health



Substance use contributes to over 70 conditions that require medical care (NCASA 2012)

- Increases risk for chronic disease (cardiovascular, pulmonary, liver) (Stein 1999)
- Increases risk for mental health disorders (CSAT 2007)
- Increases risk for communicable disease (HIV, Hepatitis) (Clark 2010)
- Increases risk for serious injury (Vinson 2003)

Can we partner with you?

Different Integration Models

- **Minimal** (sporadic communications)
- **Basic at a Distance** (periodic communication about shared pts.-e mail, fax)
- **Basic on Site** (separate systems in same facility with greater communication across MH/SUD/PC)
- **Close, Partly Integrated** (some systems in common-scheduling, records, greater teamwork)
- **Close, Fully Integrated** (MH/SUD & PC part of same team: MH treatment part of primary care)

Where do we start?

Key Features of Successful Models

- Warm handoffs vs. referrals
- Consulting psychiatrist vs. extended evaluation with case load
- PCP prescribing vs. two prescribers
- Recovery/self management skills
- Data and documentation sharing

Learning Objective #4

Local Data Trends and Resources Available

Alissa Sykes
HHSA Branch Director
Children, Youth & Family Services

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Child Welfare Statistics

13/14

Referrals & Disposition

- 1,991 Referrals
 - About 50% investigated
 - Of those, 24% substantiated

Types of Abuse

- General Neglect 50%
- Physical Abuse 19%
- Emotional Abuse 10%
- Sexual Abuse 9%
- Caretaker absence 3%
- Severe Neglect 2%
- At risk due to abuse of sibling 8%

Child Abuse Reporting Requirements

- Healthcare providers are mandated to report **suspected** abuse/neglect.
- We are encouraging you to report perinatal substance use.

Resources Available

- **Differential Response** – Available to families who have been reported to CWS and includes case management and linkage to services
- **CalWORKs** – Family Stabilization, Housing, Substance Use Disorder Treatment (residential and outpatient)
- **Drug Medi-Cal** – Residential and outpatient, and day treatment substance use treatment services available to women with medi-cal
- **Perinatal Block Grant & Indigent Funding**- Available to any woman with children under 18 even if not in their custody to provide substance use disorder services.

Local Substance Use Disorder Treatment Providers

- **Progress House** – Residential provider for pregnant and parenting women and their young children.
- **CommuniCare Health Centers (CCHC)**
Perinatal Day Treatment for pregnant and parenting women and their children.
- **CCHC** Outpatient treatment services for co-occurring disorders

Questions

- Where are your systems at with universal screening (i.e. SBIRT, Tox Screens)?
- How can we help eliminate any barriers to universal screening?
- We all want the earliest possible intervention. How do we achieve that?