

NORTH CAROLINA 2020 MIECHV STATEWIDE NEEDS ASSESSMENT

RESEARCH BRIEF #3

HOME VISITING AND SUBSTANCE USE DISORDER TREATMENT

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Background

Substance Use Disorders (SUDs) among Pregnant Women and New Parents

Substance use disorders (SUDs) are defined as the use of alcohol or drugs that causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home.¹ The use of substances among pregnant women has the risk of affecting the mother's health and the health of the infant. Exposure to tobacco and prescription drugs doubles the risk for stillbirth.² Regular use of certain substances during pregnancy can lead to withdrawal symptoms at birth, referred to as neonatal abstinence syndrome (NAS) and more recently the term neonatal opioid withdrawal syndrome (NOWS) is used to refer to symptoms specific opioid withdrawal in infants.³ According to the CDC, about 7% of women reported using prescription opioids during pregnancy and about 7 newborns per 1,000 were diagnosed with NAS.⁴

Treatment Options for Substance Use Disorders

The Health Resources and Services Administration (HRSA) uses the Surgeon General's definition of the phrase "substance use disorder treatment and counseling services" to mean "a service or set of services that may include medication, counseling, and other supportive services designed to enable an individual to reduce or eliminate alcohol and/or other drug use, address associated physical or mental health problems, and restore the patient to maximum functional ability."⁵ North Carolina has been offering perinatal-focused substance use treatment services since the early 1990s and has done significant work to centralize and create a more

¹ From the Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/find-help/disorders>

² <https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding>

³ <https://www.drugabuse.gov/drug-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

⁴ <https://www.cdc.gov/pregnancy/opioids/data.html>

⁵ Surgeon General Report's Report on Alcohol, Drugs, and Health (2016). The term "substance use treatment" is included in the Glossary linked here: <https://addiction.surgeongeneral.gov/sites/default/files/glossary-and-abbreviations.pdf>

integrated care model. Despite these efforts, there continues to be a gap in community-based services for treatment that disproportionately impacts rural and low-income families. Collaboration with statewide groups and agencies, including those participating in the governor’s Opioid Action Plan, and local healthcare providers and agencies, are vital for increasing services and awareness of the opioid epidemic impacting mothers in North Carolina.

Where do Evidence-Based Home Visiting Programs Fit?

Home visiting programs provide regular ongoing home-based services to pregnant women and new parents to improve family health and well-being.⁶ Evidence-based home visiting programs include a group of programs that have been rigorously studied in research trials and are available for federal funding.⁷ In North Carolina, there are 9 evidence-based home visiting programs delivered in specific areas of the state.

Home visiting programs work through two relationships: primarily in the relationship between the home visitor and the caregiver, and secondarily through partnerships between home visiting programs and community services.⁸ Building on this trusting relationship, the home visitor can help identify whether additional services and supports are needed, then help the caregiver connect and coordinate with various providers, including SUD treatment providers. However, federally funded home visiting models **“are not designed as substance use treatment interventions, nor can MIECHV funds generally be used for direct services with substance use treatment providers.”**⁸

So, how do home visiting programs fit with substance use prevention and treatment services? The *Touchpoints* report recently released by the Office of Planning, Research, and Evaluation provides a comprehensive conceptual model to show the “touchpoints” through which programs can prevent, identify, and address substance use issues.⁸ The six key touchpoints are outlined below. Additional information is included in the figure provided at the end of the report.

1. **Screening families for substance use issues**
2. **Educating families on substance use prevention, identification, treatment, and recovery**
3. **Serving families based on strategies designed to prevent and address substance use issues**
4. **Referring families to substance use treatment providers and related supports**
5. **Coordinating with substance use treatment providers and related supports**
6. **Providing case management related to substance use issues.**

Survey Results

One component of the 2020 NC MIECHV Needs Assessment was a statewide survey of home visiting programs. The complete findings are available in the full report. Highlighted below are results from two survey responses that demonstrate current barriers to accessing SUD treatment services in NC.

⁶ <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

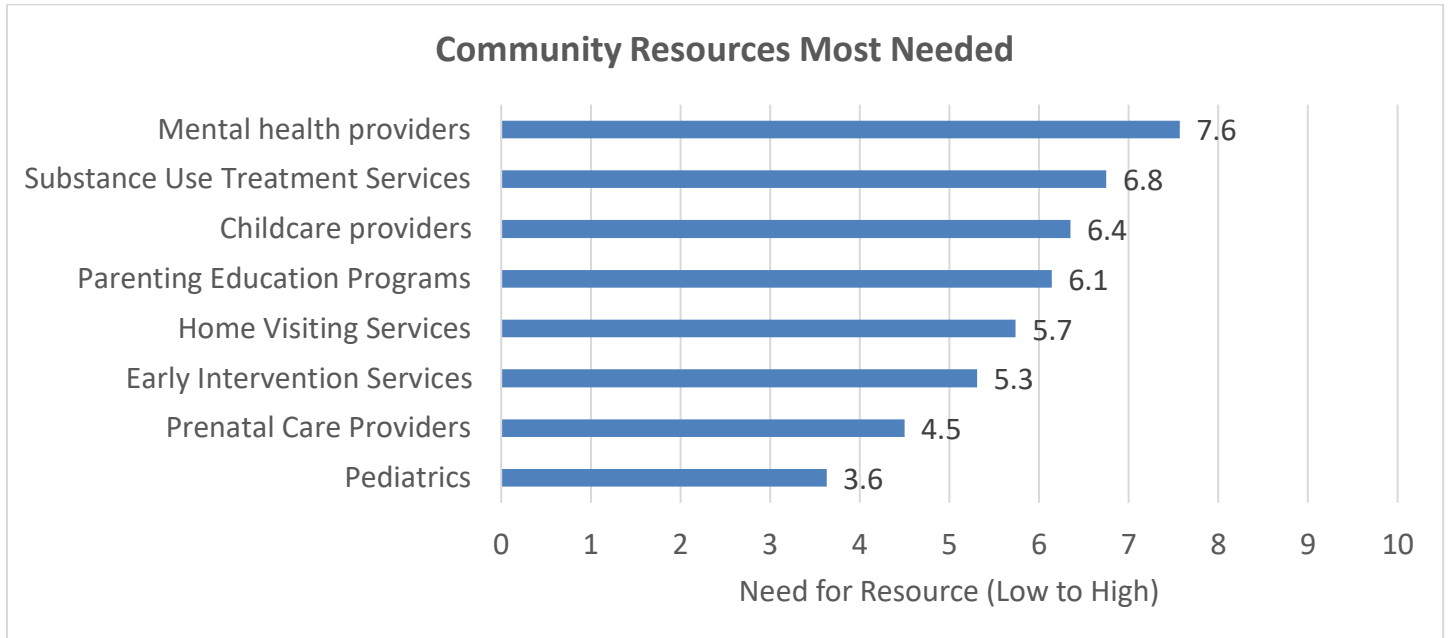
⁷ <https://homvee.acf.hhs.gov/>

⁸ Hossain, Mynti, Lauren Akers, Patricia Del Grosso, Marisa Shenk, Michael Cavanaugh, and Melissa Azur (2020). *Touchpoints for Addressing Substance Use Issues in Home Visiting: Phase 1 Final Report*, OPRE Report 2020-27, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

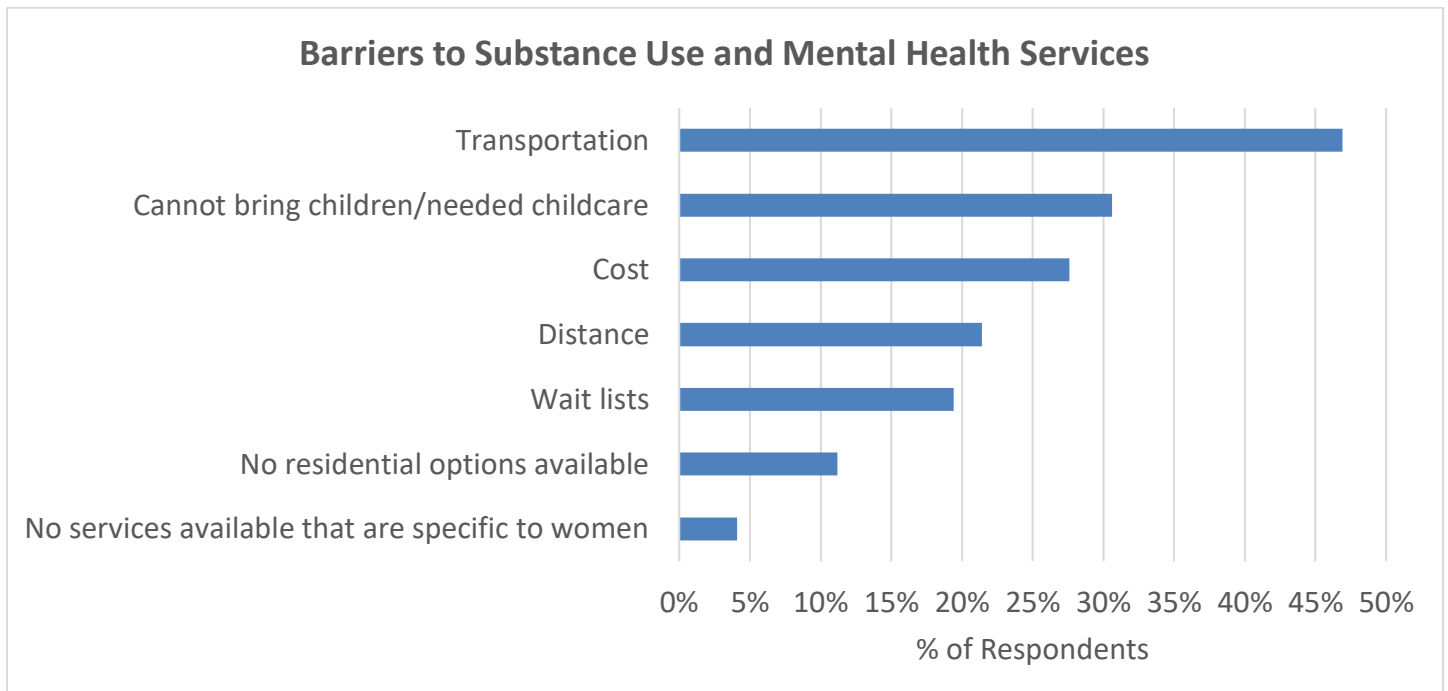
<https://www.acf.hhs.gov/opre/resource/touchpoints-for-addressing-substance-use-issues-in-home-visiting-phase-1-final-report>

Gaps In Services

Survey participants were asked what community resources were most needed in their community. Again, home visiting programs can only be successful when they have quality services available in their community to refer caregivers. Respondents ranked a set of services on a scale of 0-10 to indicate the perceived need for that service in their community. SUD treatment providers were ranked second only behind mental health providers.



Survey respondents were also asked about barriers to substance use and mental health services. For this question respondents were asked to pick the top 3 barriers caregivers face when they try to access behavioral health services. Almost half of respondents reported that transportation was a top barrier, followed by need for child care and cost of services. A promising finding is that availability of specific services for women and residential options are currently not a top barrier to accessing services.



Case Study: Attachment and Biobehavioral Catchup (ABC) at the UNC Horizons Program

A university-community collaboration has developed over the past several years, supplementing an attachment-based parenting service within a residential substance use treatment program at the UNC Horizons Program. Researchers from Duke and UNC initially conducted a pilot randomized trial on the feasibility and efficacy of a supplemental parenting program (ABC) within residential treatment services.

Attachment-based parenting programs are particularly relevant to mothers who use substances as they intentionally target sensitive, emotionally supportive parenting, which can be difficult for these mothers to provide, due to concomitant attachment traumas from their own childhood. These parenting behaviors are critical to child social emotional development and attachment. The study yielded positive results, including more supportive behaviors among the mothers who completed ABC than those who received a control intervention.⁹ The program was well-received by staff and mothers alike, anecdotally with some mothers not in the ABC group asking when they would get to receive their ABC services and commenting on their desire for more parenting focus.

Following this study, the Center for Child & Family Health has developed a training and consultation program to support the spread of ABC in NC. UNC Horizons therapists and administrators have participated in two separate rounds of ABC Learning Community training and are building a sustainable ABC home visiting program within the residential substance use treatment setting. As a short-term, 10-session model, ABC fits well with Horizons typical length of stay. Conceptually, ABC aligns well with Horizons' emphasis on enhancing relationships and parental resilience in addition to eliminating substance use. Given these promising feasibility, efficacy, and sustainability findings, exploration of ABC and other evidence-based home visiting and parenting/child development services within other substance use treatment settings may be fruitful.

⁹ Berlin, L. J., Shanahan, M., & Appleyard Carmody, K. (2014) Promoting supportive parenting in new mothers with substance-use problems: A pilot randomized trial of residential treatment plus an attachment-based parenting program. *Infant Mental Health Journal*, 35, 81-85.

Recommendations for Policy and Practice

1. State-level leaders, such as Smart Start and the NC Division of Public Health, should facilitate partnerships between home visiting, Local Management Entity-Managed Care Organizations (LME-MCOs), local health departments and social services, and SUD treatment providers
2. Develop a statewide community of practice to support and facilitate cross-sector training and connections between home visiting and substance use prevention and treatment programs
3. Support implementation of evidence-based home visiting programs within residential settings to support positive parenting and other “touchpoints” described in the figure below
4. Home visiting programs should coordinate with their LME-MCOs who contract the local mental health and SUD treatment providers. The seven LME-MCOs cover services in all 100 NC counties.¹⁰
5. Develop a relationship and coordinate with the community mental health and SUD treatment providers to promote reciprocal referrals and care coordination, utilizing compliant releases of information.¹¹
6. Coordinate with county Department of Social Services around access to child care vouchers and Medicaid transportation and Local Health Departments to access prenatal and pediatric services.^{12,13}
7. Utilize the North Carolina Perinatal Substance Use coordinator to identify statewide family centered SUD treatment services, including perinatal and maternal residential SUD treatment.¹⁴
8. Train home visitors in universal substance use verbal screening with an emphasis on the use of non-stigmatizing language and approach.
9. Follow Plan of Safe Care policies and coordinate with the community Care Management for At-Risk Children (CMARC) services to include referral for outpatient treatment where appropriate^{15,16}
10. Fund additional research and evaluation of innovative practices and implementation strategies to determine what works best for whom in North Carolina

¹⁰ <https://www.ncdhhs.gov/providers/lme-mco-directory>

¹¹ <https://www.hhs.gov/about/news/2020/07/13/fact-sheet-samhsa-42-cfr-part-2-revised-rule.html>

¹² <https://www.ncdhhs.gov/assistance/childrens-services/child-care-subsidy>

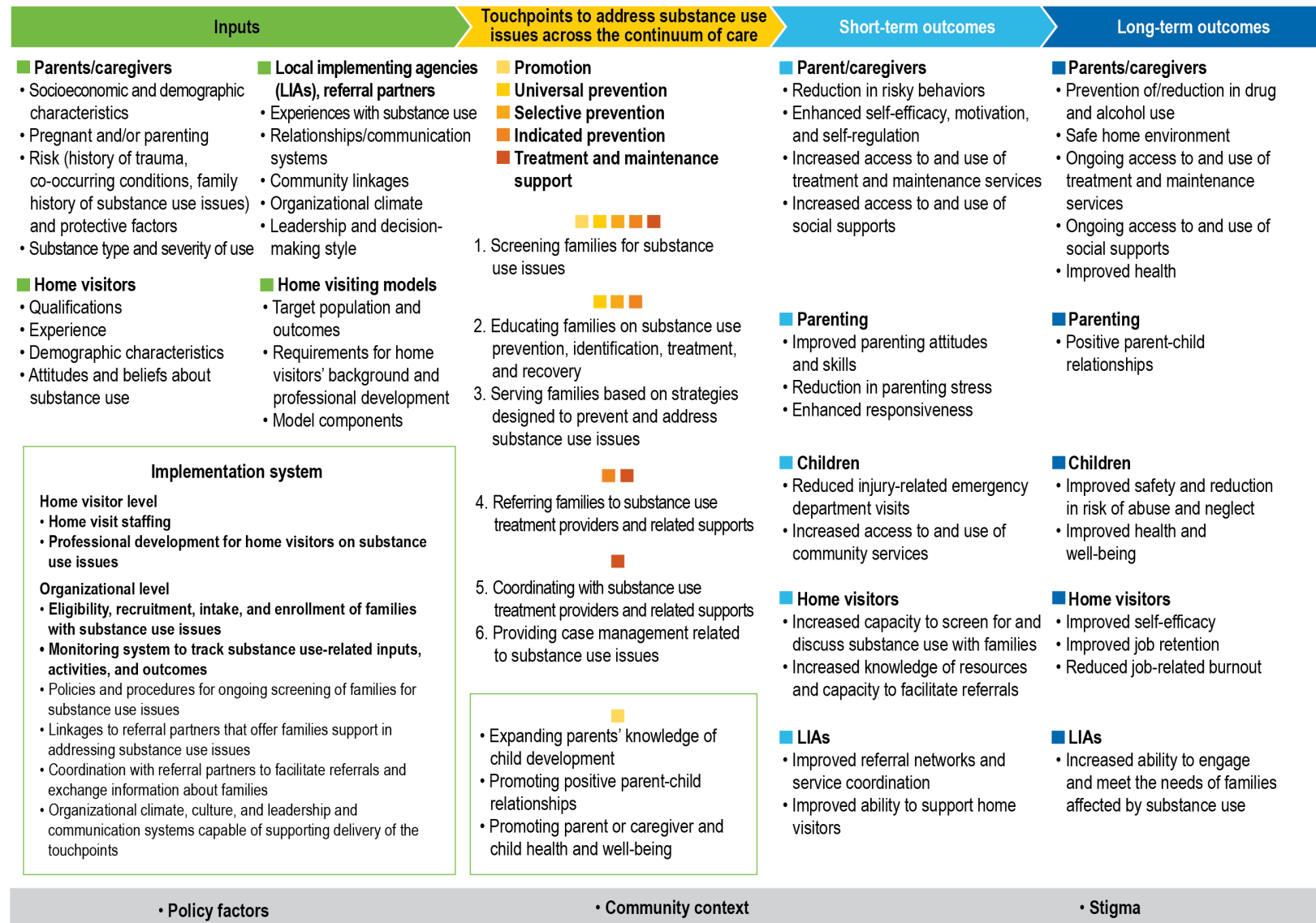
¹³ <https://medicaid.ncdhhs.gov/providers/programs-services/medicaid-transportation>

¹⁴ <https://ncpoep.org/guidance-document/treatment-matters/nc-perinatal-and-maternal-substance-abuse-and-the-casaworks-for-families-residential-initiatives/>

¹⁵ <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/infant-plan-safe-care>

¹⁶ <https://medicaid.ncdhhs.gov/transformation/care-management>

Figure B.1. Overarching conceptual model



Note: Touchpoints are activities involving direct interaction between home visiting staff and families through which home visiting programs can engage and support families to prevent, identify, and address substance use issues

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