



SOUTH CAROLINA
CENTER *of*
EXCELLENCE *in*
ADDICTION

**Peer-to-Peer Provider
Supports for OUD/SUD in
South Carolina**

Constance Guille, MD
Michelle Strong, DNP, MSN, FNP-BC, CARN-AP
Jodi Manz, MSW
Wednesday, August 14, 2024



Welcome and Housekeeping

- Please keep your lines muted
- Feel free to put questions in the chat box, or hold them for Q & A at the end of the presentation
- Slides will be posted to www.addictioncenterofexcellence.sc.gov

South Carolina for South Carolina

The Center of Excellence in
Addiction is a collaboration of
state agencies and universities
that is **maximizing**
South Carolina's **opioid** and
addiction knowledge and
resources.



Center of Excellence Goals

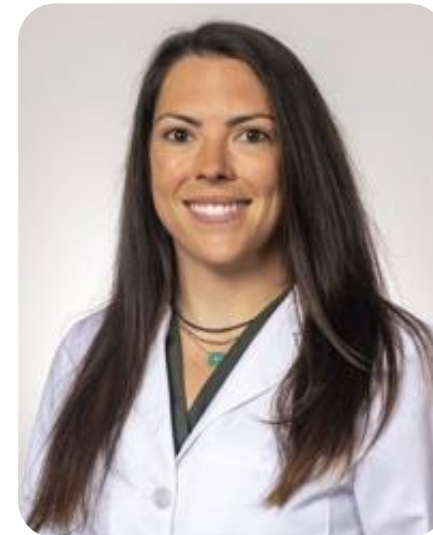


Goal 1	Create innovative approaches to addressing SUD/ODU in South Carolina through research and evidence.
Goal 2	Increase knowledge of opioid abatement and OUD/SUD mitigation strategies among South Carolina's county and municipal leaders and their partners.
Goal 3	Improve access to evidence-based SUD/ODU treatment across South Carolina.
Goal 4	Create sustainable infrastructure.

Today's Speakers



Constance Guille, MD
Professor
Medical University of South Carolina



Michelle Strong, DNP, MSN, FNP-BC, CARN-AP
Clinical Lead for Practice and Research
Prisma Health Addiction Medicine Center

SUBSTANCE USE PROVIDER WARM LINE

Free, Confidential, Clinician-to-Clinician Consultation on
Substance Use Evaluation and Management

9 am – 5 pm ET (Mon – Fri)

864-914-1301



- Assessing and treating opioid, alcohol, and other substance use disorders
- Initiating medications for opioid use disorder
- Toxicology testing: when to use it and what it means
- Identifying and managing withdrawal
- Adjusting opioid-based pain regimens to reduce risk of misuse and harm
- Providing harm reduction and overdose prevention strategies
- Discussing useful communication and care strategies to support patients living with, or at risk for, substance use disorders
- Approaching substance use in special populations (pregnancy, kidney/liver disease, HIV and HCV, co-morbid opioid use disorder and pain)
- Connecting patients with counseling and community recovery supports



Improving Care for Perinatal Mental Health and Substance Use Disorders

Connie Guille, MD,
Courtney King, PhD,



Overview

- Background: Leading Causes of Maternal Mortality
 - Drug overdose and suicide
- Building Workforce and Access to Treatment
 - Moms IMPACTT: IMProving Access to maternal mental health & substance use disorder Care through Telemedicine and Tele-mentoring
- Rebirthed: Mothers Serving Mothers in Recovery and Birth
- Questions



Maternal Mortality in the US is higher than any other developed country

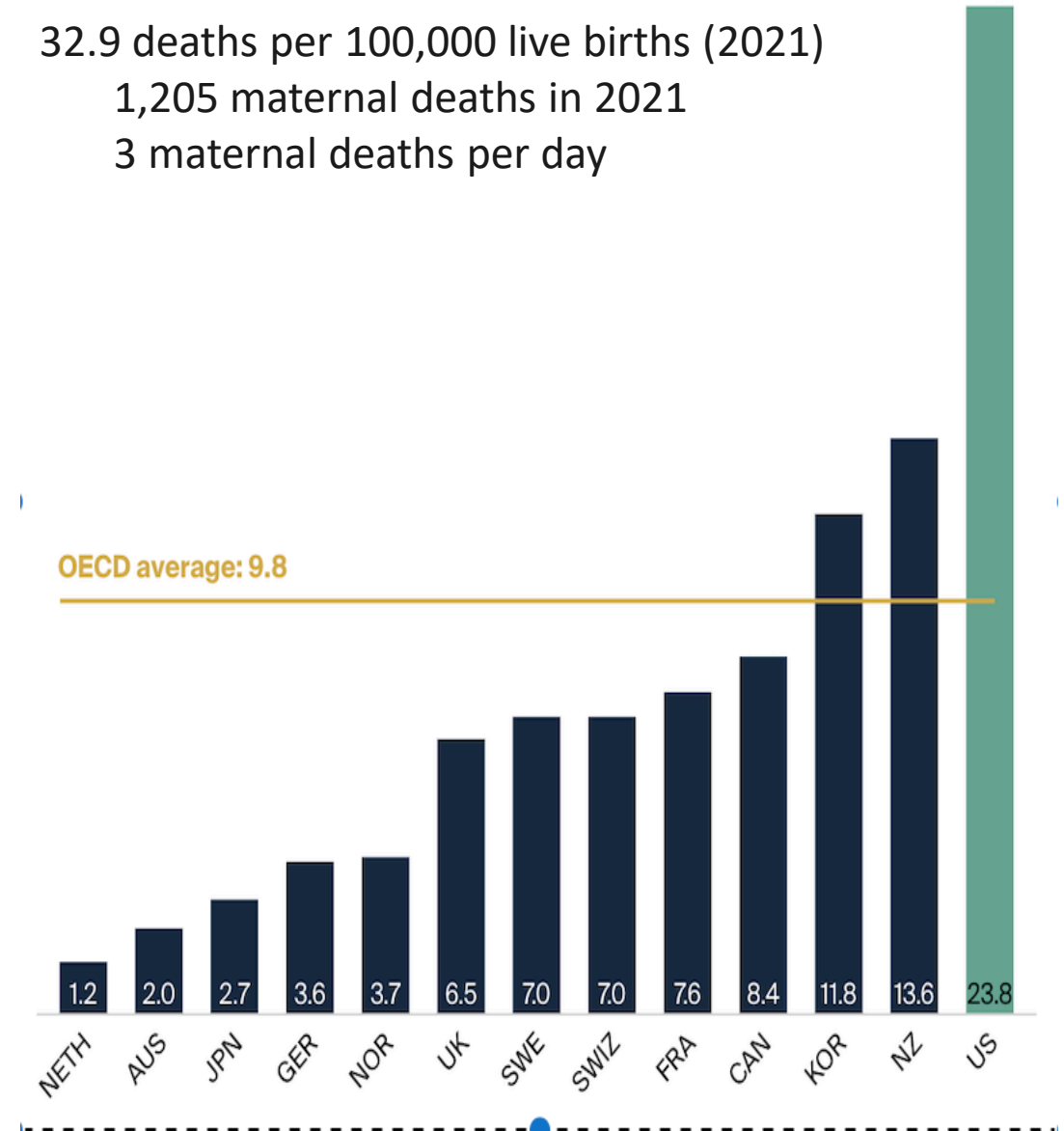
High Income Countries 2020:
12 per 100,000 live births

United States 2020:
23.8 per 100,000 live births

United States 2021:
32.9 per 100,000 live births

Maternal mortality, deaths per 100,000 live births

32.9 deaths per 100,000 live births (2021)
1,205 maternal deaths in 2021
3 maternal deaths per day



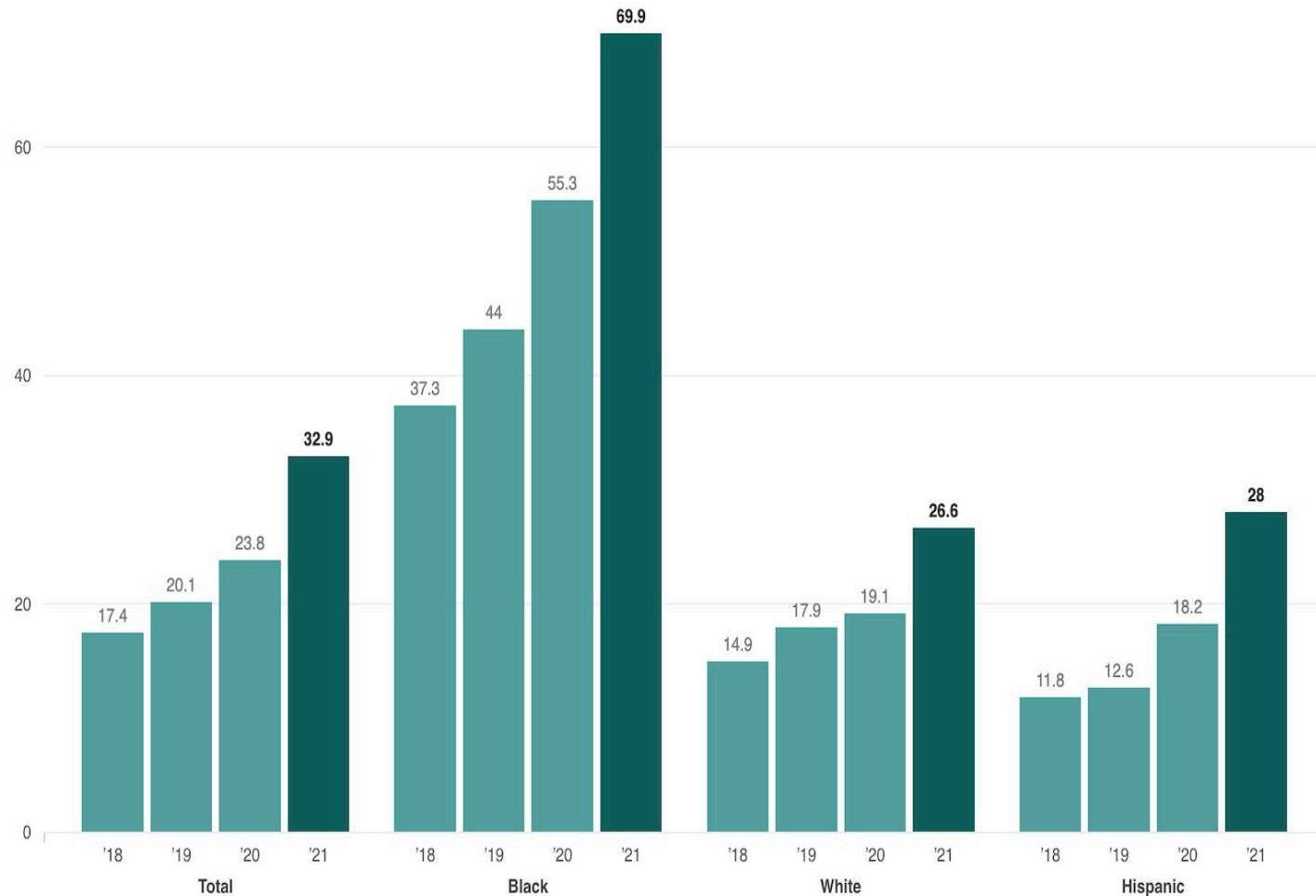
Racial Disparities in Maternal Mortality

White 2021:
26.6 per 100,000 live births

Black 2021:
69.9 per 100,000 live birth

American Indian 2021:
49.2 per 100,000 live births

Maternal Mortality By Race 2018-2021



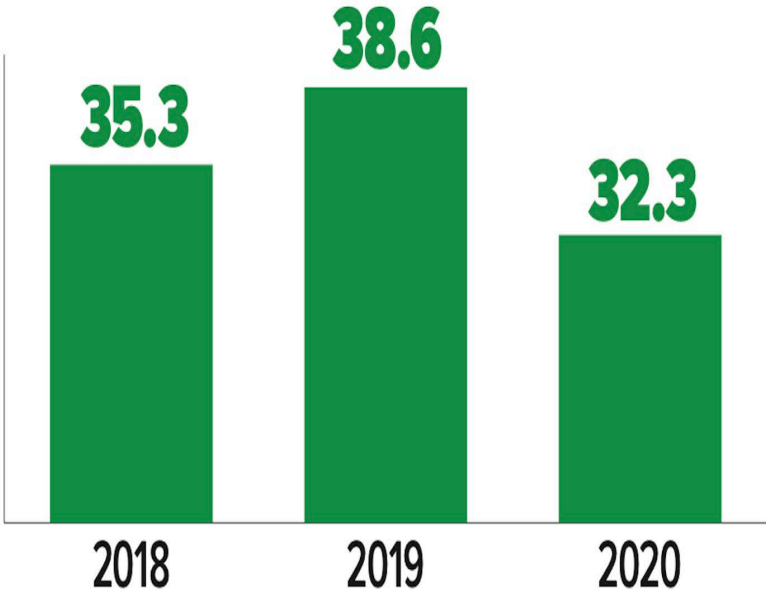
Notes

The World Health Organization defines a maternal death as the death of a woman "from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy."

South Carolina MMMRC Pregnancy Related Maternal Mortality

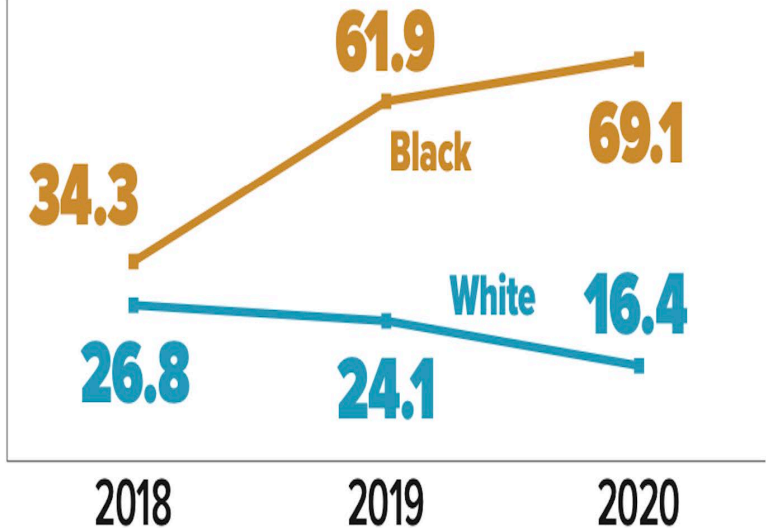
Pregnancy-Related Mortality Rate, by Year

Rate per 100,000 live births



Pregnancy-Related Mortality Rate, by Race

Rate per 100,000 live births



SC ranks 8th highest for maternal mortality when compared to other states.

Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019

Most frequent underlying causes of pregnancy-related death:

- Mental health conditions (22.7%)
- Hemorrhage (13.7%)
- Cardiac and coronary conditions (12.8%)
- Infection (9.2%)
- Thrombotic embolism (8.7%)
- Cardiomyopathy (8.5%)

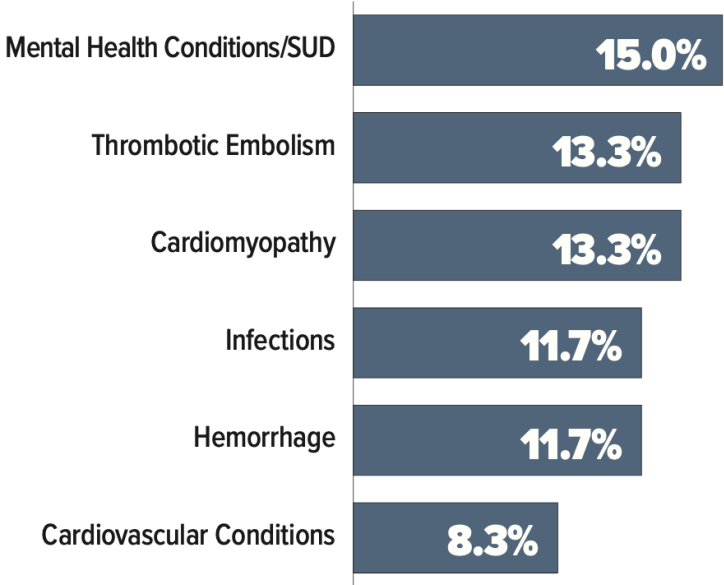
84.2% deaths
determined
to be preventable

South Carolina MMMRC

Leading Causes of Pregnancy Related Deaths

Leading Causes of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020



Pregnancy-Related Deaths in 2020

- ⚠️ Mental Health Conditions/ Substance Use Disorder (SUD) continue to be a leading cause of death.
- ⚠️ Cardiomyopathy, the leading cause of death in 2019, declined in 2020.
- ⚠️ Thrombotic Embolism became a leading cause of death in 2020.

75-94% of deaths determined to be preventable

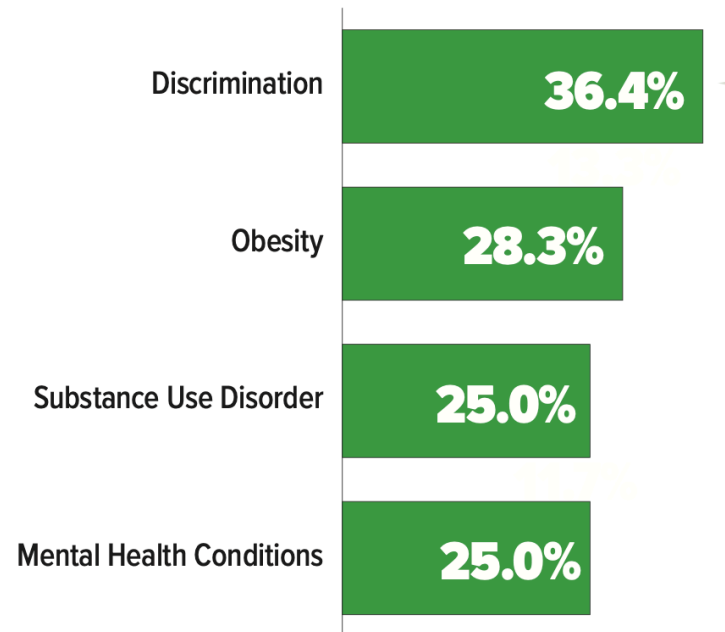
Mental Health Conditions are the leading cause of maternal mortality

South Carolina MMMRC

Contributing Factors to Pregnancy Related Deaths

Circumstances of Pregnancy-Related Deaths

Percent of pregnancy-related deaths; 2018-2020



Discrimination

The possibility of discrimination is described as treating someone less or more favorably based on the group, class, or category they belong to resulting from biases, prejudices, and stereotyping. It can manifest as differences in care, clinical communication, and shared decision-making.² **Discrimination was recognized as a contributing factor in more than one third of the pregnancy-related deaths reviewed.**

Maternal Maternal Mental Health and Substance Use Disorders are...

...the Most Common
Complication of
Pregnancy &
Childbirth

1 in 5

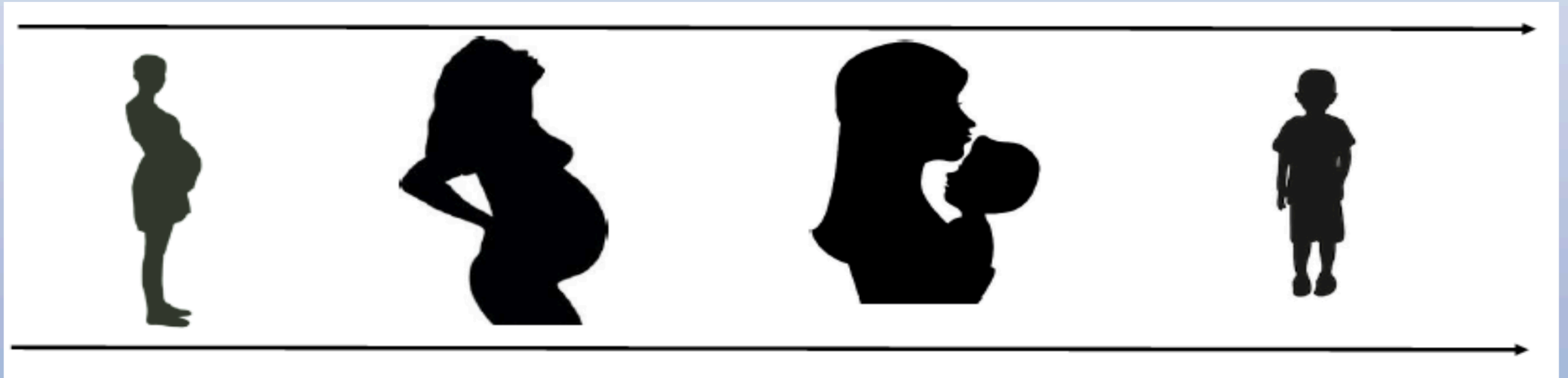
women around the world will suffer from a
maternal mental health complication



MATERNAL MENTAL HEALTH AFFECTS WOMEN & CHILDREN

Low Birth Weight
Preterm Birth
NICU Admissions
C-sections

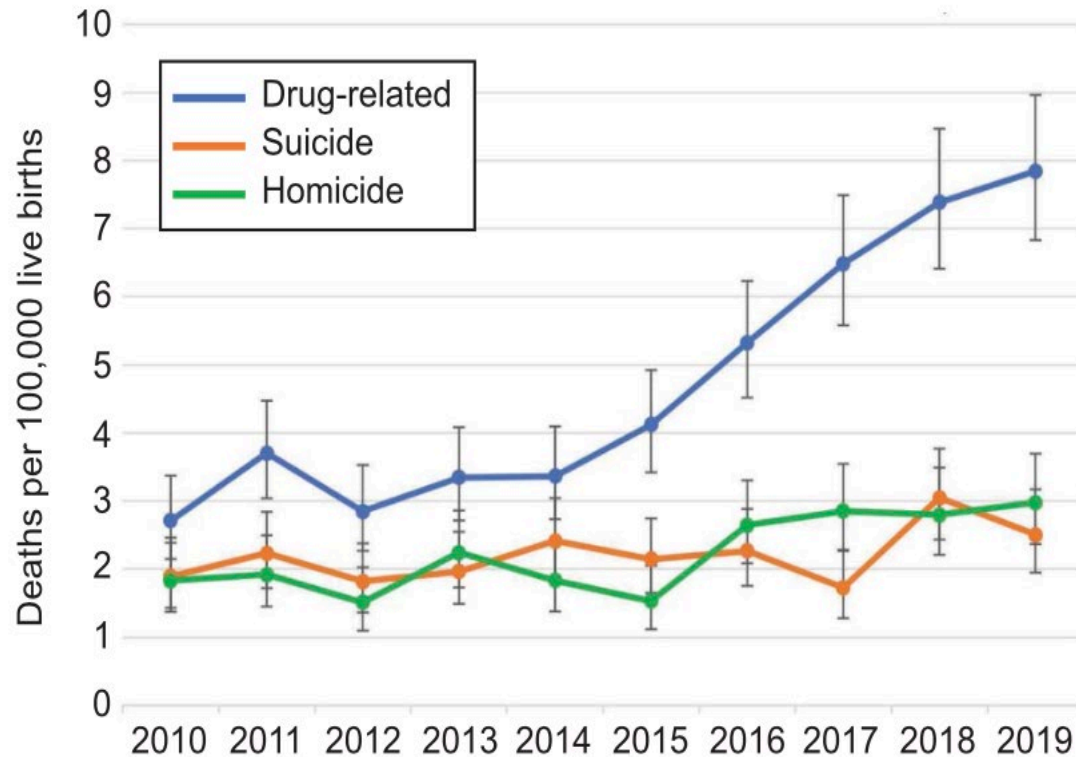
Cognitive, Motor, Growth
Delays.
Behavioral, Academic, Mental
Health Problems



Poor Prenatal Care
Smoking
Substance Use

Difficulty Bonding
Less Breastfeeding
More Divorce

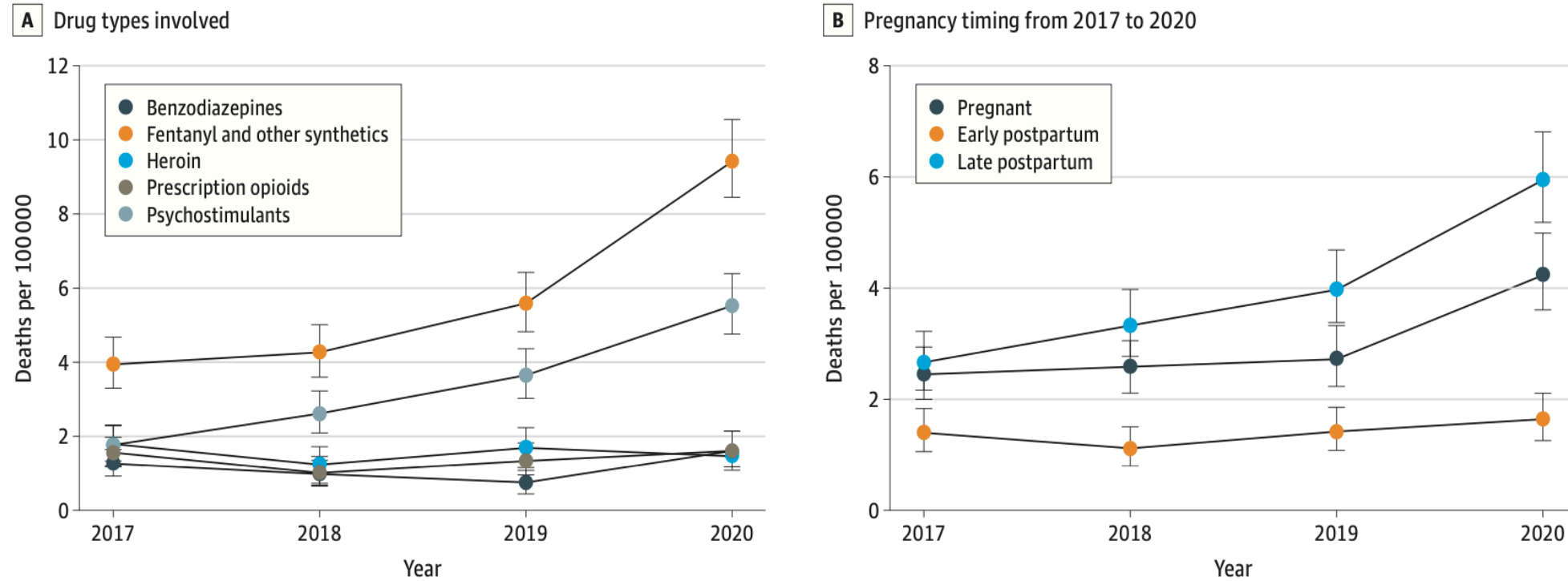
Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019 (n=11,792)



- 22.2% of all Maternal Deaths are due to:
 - Drugs (11.4%)
 - Suicide (5.4%)
 - Homicide (5.4%)
- 2010-2019
 - Drug-related deaths increased 190%
 - Suicide increased 30%
 - Homicide increased 63%

US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020

Figure. Pregnancy-Associated Drug Overdose Mortality



Bruzelius E, Martins SS. US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020. *JAMA*. 2022;328(21):2159–2161. doi:10.1001/jama.2022.17045

**Many Maternal Deaths
due to Mental Health
Conditions are
Preventable**

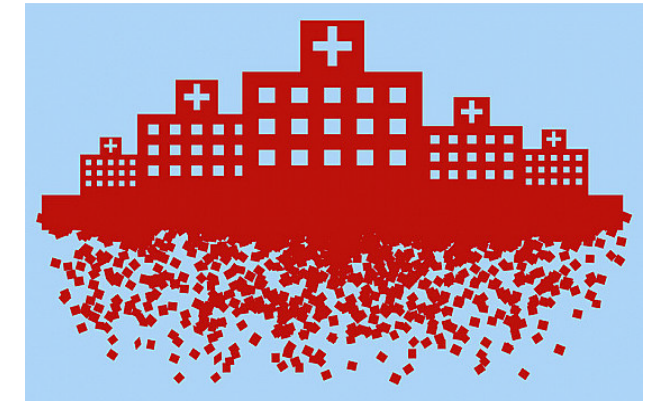
MATERNAL HEALTH

By Susanna L. Trost, Jennifer L. Beauregard, Ashley N. Smoots, Jean Y. Ko, Sarah C. Haight, Tiffany A. Moore Simas, Nancy Byatt, Sabrina A. Madni, and David Goodman

Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008-17

Trost, SL, Beaurard, JL, Smoots, AN, Ko, JY, Haight SC, Moore Simas AS, Byatt N, Madni SA, Goodman, D. Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008-17. Health Affairs Vo. 40, No. 10.

Barriers to Successful Screening & Effective Referral to Treatment



Patient	Provider	Healthcare System
Bias, Discrimination, Stigma, Racism	Bias, Discrimination, Racism	Structural Racism
Social Determinants of Health	Insufficient time	Cost: Time & Re/Training
Fear of social/legal consequences	Lack of MH/SUD knowledge	Separation of MH/SUD care
Lack of available or accessible *MH/SUD treatment providers	Lack of available or accessible *MH/SUD treatment providers	Lack of available or accessible *MH/SUD treatment providers

*MH: Mental Health; SUD: Substance Use Disorder

Mom's IMPACTT:
IMProving Access to maternal mental health
and substance use disorder Care
through Telemedicine and Tele-Mentoring

Goal 1: Provider
Building Frontline Provider Capacity

Goal 2: Patient
Access to MH/SUD Care

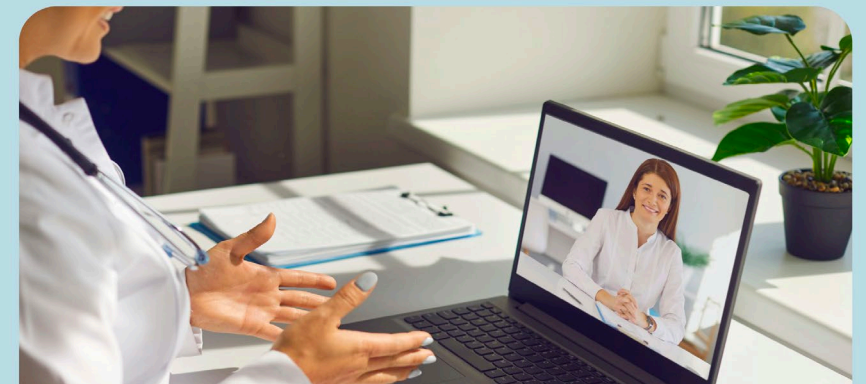
- **Mom's IMPACTT has 3 components and provides:**
 - **Real-time psychiatric consultation for providers** to support them in effectively identifying and managing maternal mental health and substance use disorders.
 - **Mental health and substance use disorder trainings** tailored to the needs of the hospital and/or outpatient practice's providers and staff.
 - **Brief Phone assessment by Care Coordinator** to provide appropriate referral to treatment and community-based resources.

**Every
Mother
Deserves
Support.**



Mom's IMPACTT

IMProving Access to Maternal Mental Health and Substance
UseDisorder Care Through Telemedicine and Tele-Mentoring



How Mom's **IMPACTT** Works

[Building Provider Capacity: Training & Consultation]

843-792-MOMS
(843)-792-6667



Doulas
Midwives
Obstetricians
Pediatricians
Psychiatrists
Community Health Workers
Advance Practice Providers
Primary Care/Family Practice



- Assessment
- Referrals & Resources
- Care Coordination



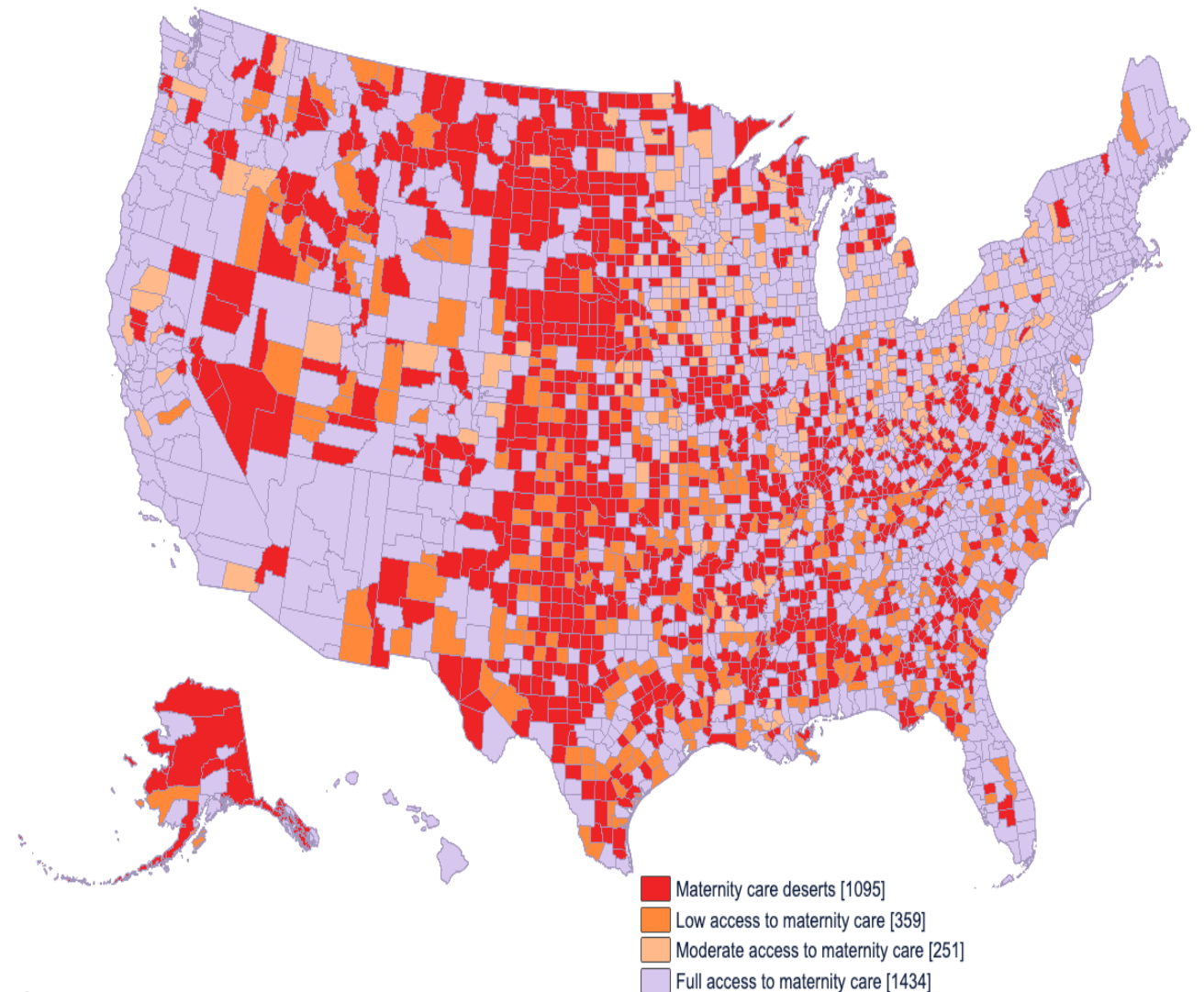
Provider-Provider Consultation



Provider Trainings

Maternity Care Access

47.8% of SC counties have
“Low” or “No”
Access to
Maternity Care



Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019

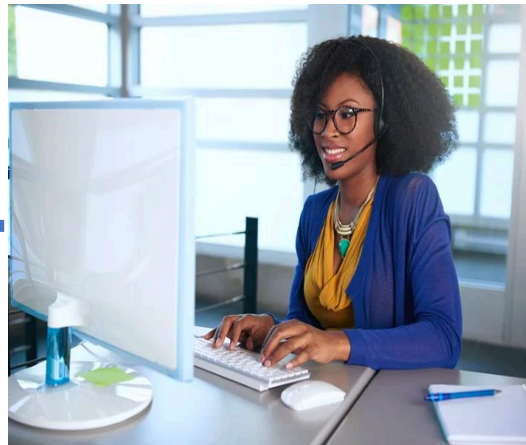
How Mom's **IMPACTT** Works [Patients]



Pregnant



0-12 Months Postpartum



Patient-Provider Treatment

- Assessment
- Referrals to Resources
- Permission to Communicate with Provider for Care Coordination

Case example

Perinatal Opioid Use Disorder

Provider Referral to Moms IMPACTT

Concern: medication questions

- 35 y/o, self-identified woman
- G1PO, 18 weeks gestation
- Birth control failure
- 5 years sustained recovery with MOUD
- Provider stopped prescribing buprenorphine/naloxone 16mg when learned about pregnancy, referred to OB
- Experiencing withdrawal with craving
- Increased smoking (1/2 ppd)
- No longer connected to recovery community support
- Lived 1 hour from prior provider, lived 2 hours from our clinic.
- Limited transportation, lower income

Care Coordinator Intervention

- Risk/Risk Discussion Bup/Naloxone
- Shared-decision making tool
- Home-based telemedicine services
 - Stabilized on Bup/Naloxone
 - Smoking reduced 1-2 cig a day
 - Identified MDD history & current symptoms (mild-mod.)
 - Added therapy (CBT)
- Prenatal Care & Delivery Hospital Practice
 - MOUD: Continue dose, provide appropriate pain management
 - NOWS: Eat, Sleep, Console
 - Chest/breastfeeding
 - Postpartum contraception
- Linkage to community, recovery, support services
- Postpartum Relapse Prevention
 - MOUD, smoking, mood, contraception
- Coordination across health care systems
 - Training and education

Moms IMPACTT

Outcomes: May 2022- May 2024

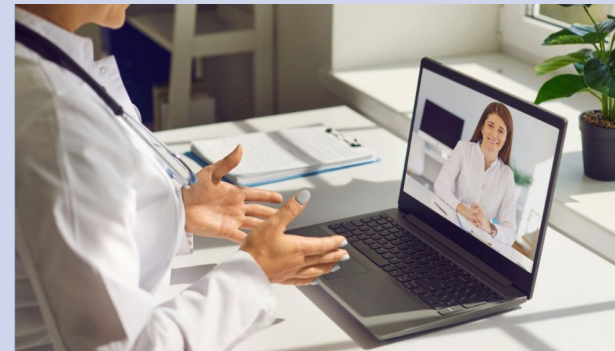
- **Goal 1: Provider**
Building Frontline Provider Capacity

Provider Trainings



MH/SUD trainings for
1,205 front-line providers

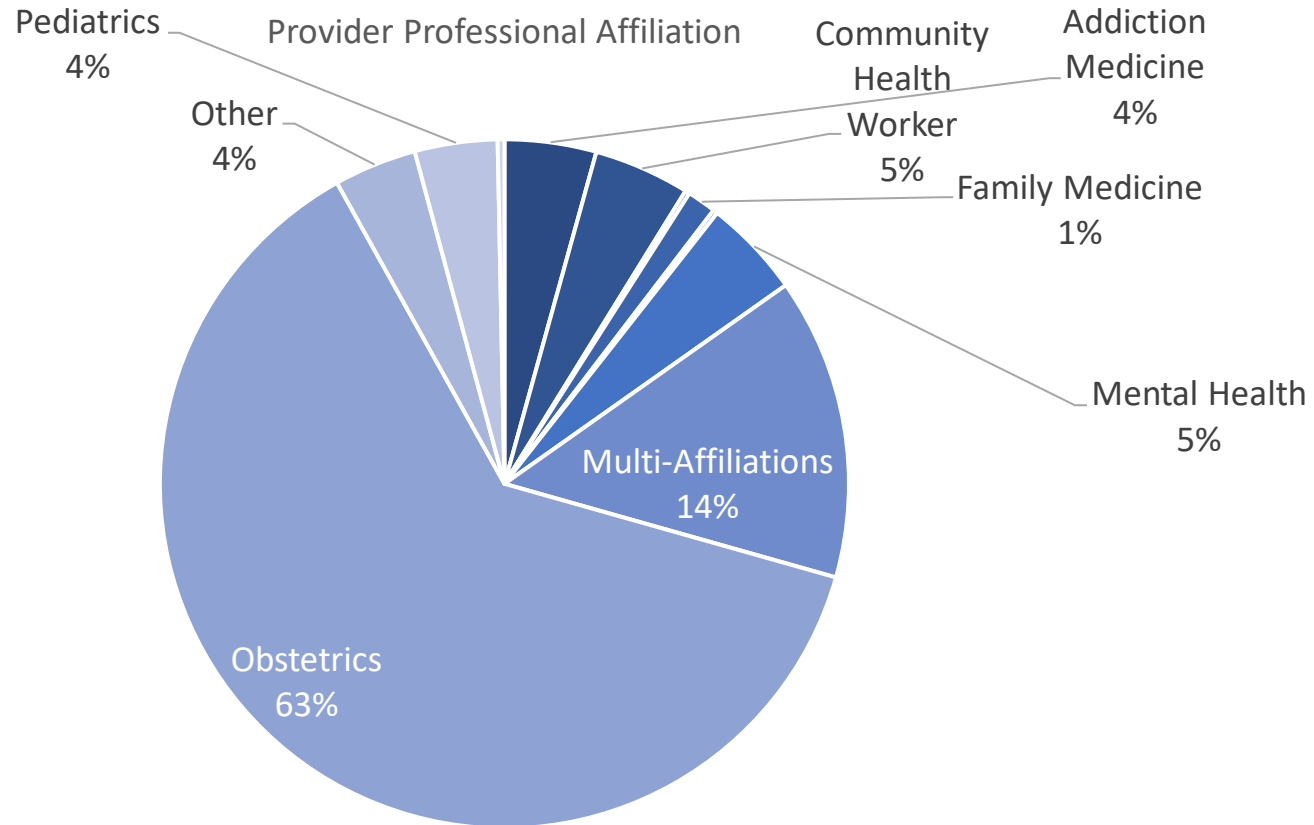
Provider-Provider Consultation



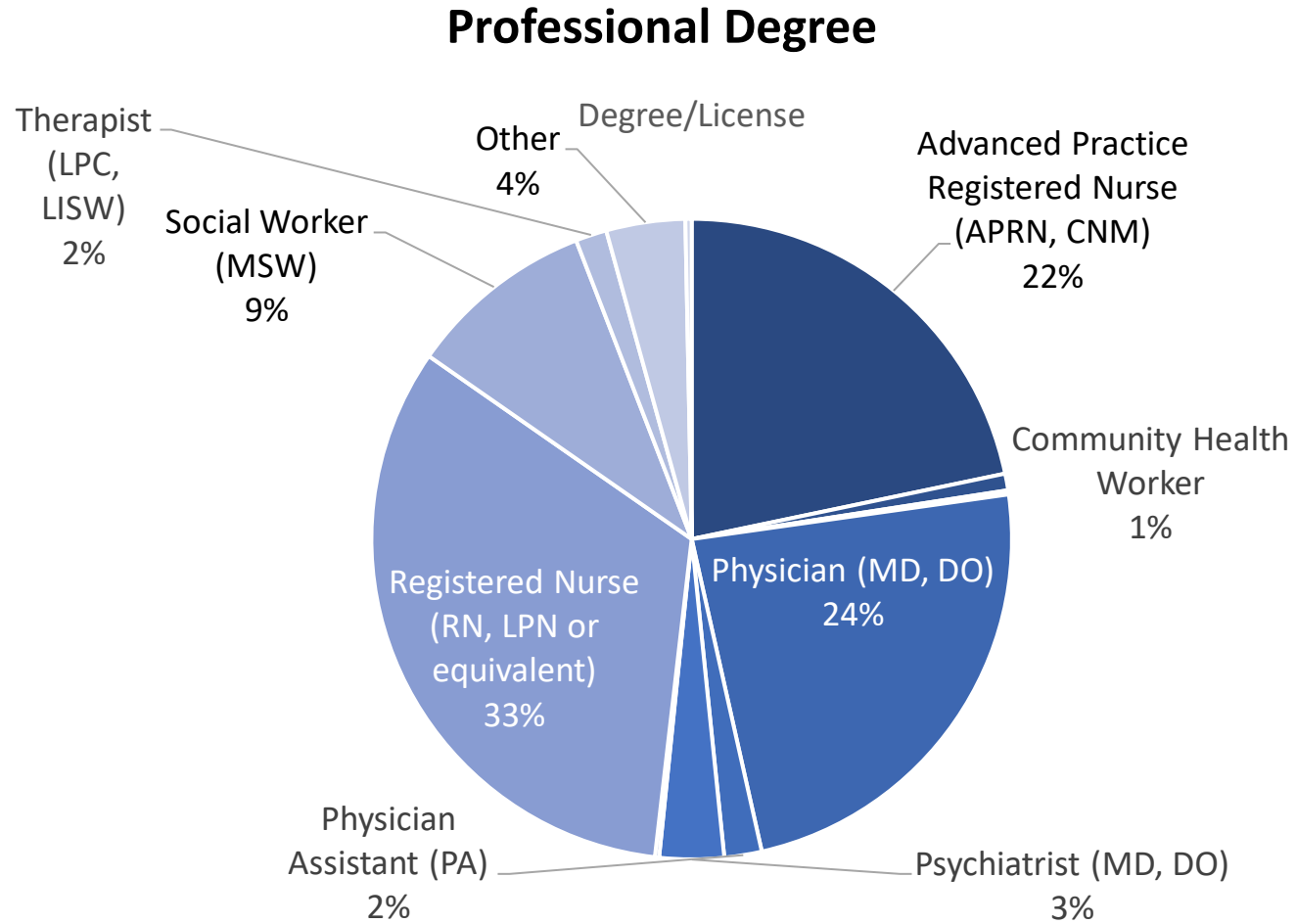
70 provider-to-provider
consultations

Specialties of Providers Contacting Moms IMPACTT

Professional Affiliation



Professional Degree of Providers Contacting Moms IMPACTT



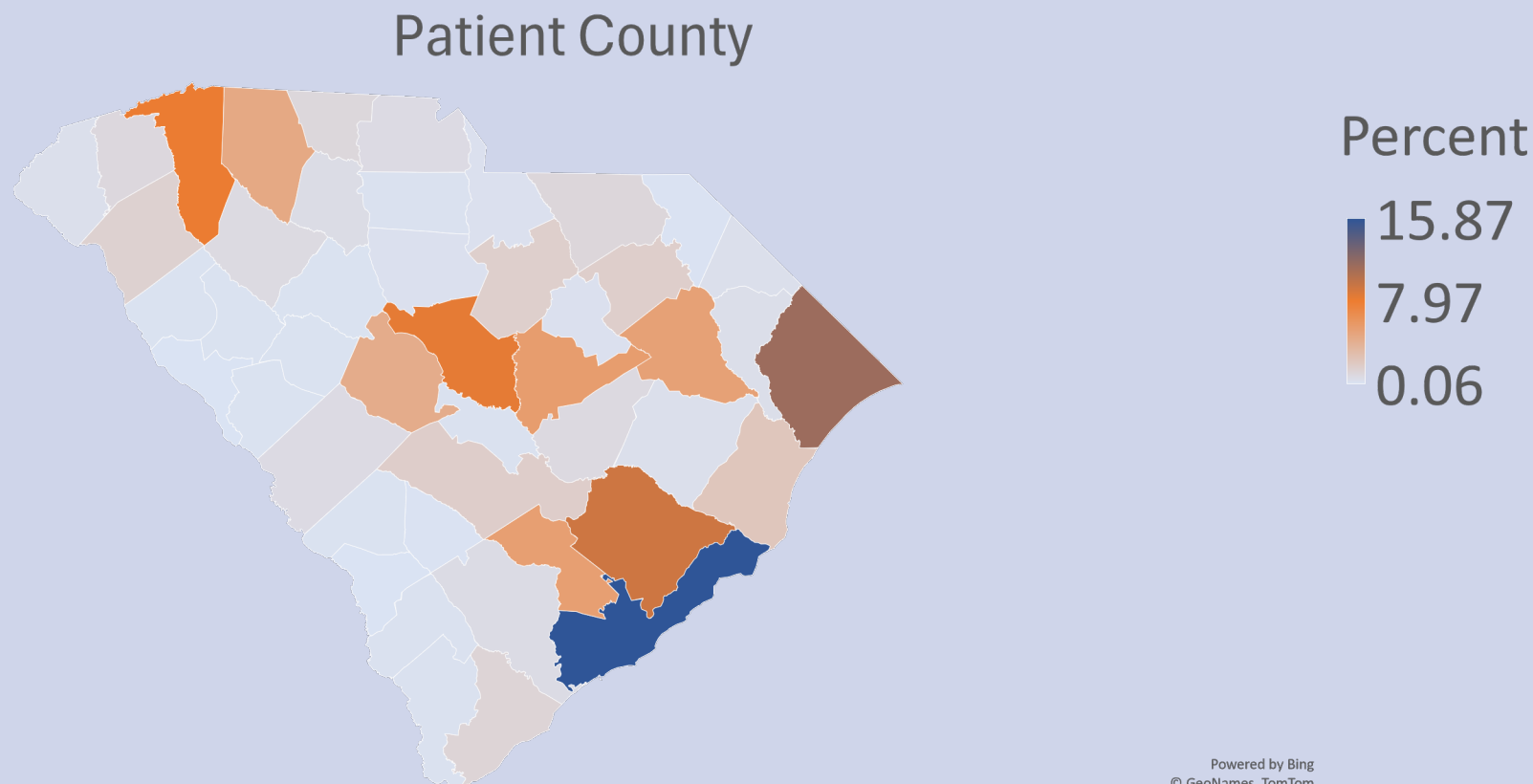
Moms IMPACTT

Patient (Self or Provider) Referrals by County

May 2022- May 2024

- **Goal 2: Patient Access to MH/SUD Care**

Access to care for 2,055 pregnant and postpartum people from 100% of Counties in SC



Moms IMPACTT

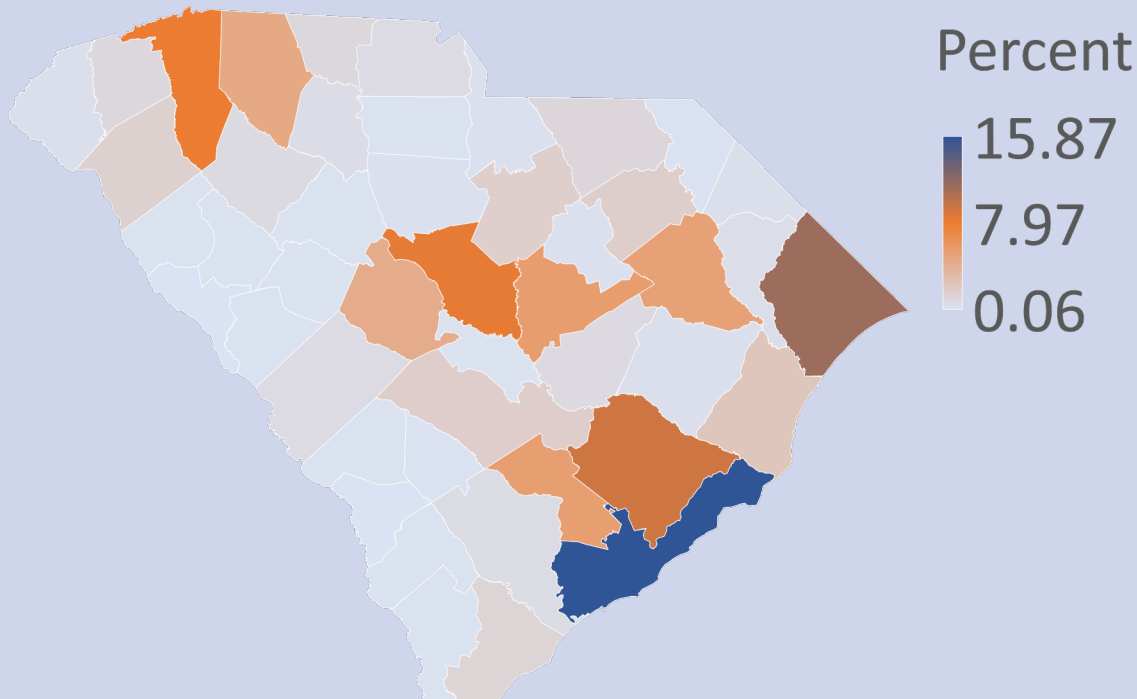
Patient (Self or Provider) Referrals by County

May 2022- Present

- **Goal 2: Patient Access to *MH/SUD Care***

Access to care for 2,055 pregnant and postpartum people from 100% of Counties in SC

Patient County



Of the 2,055 people:

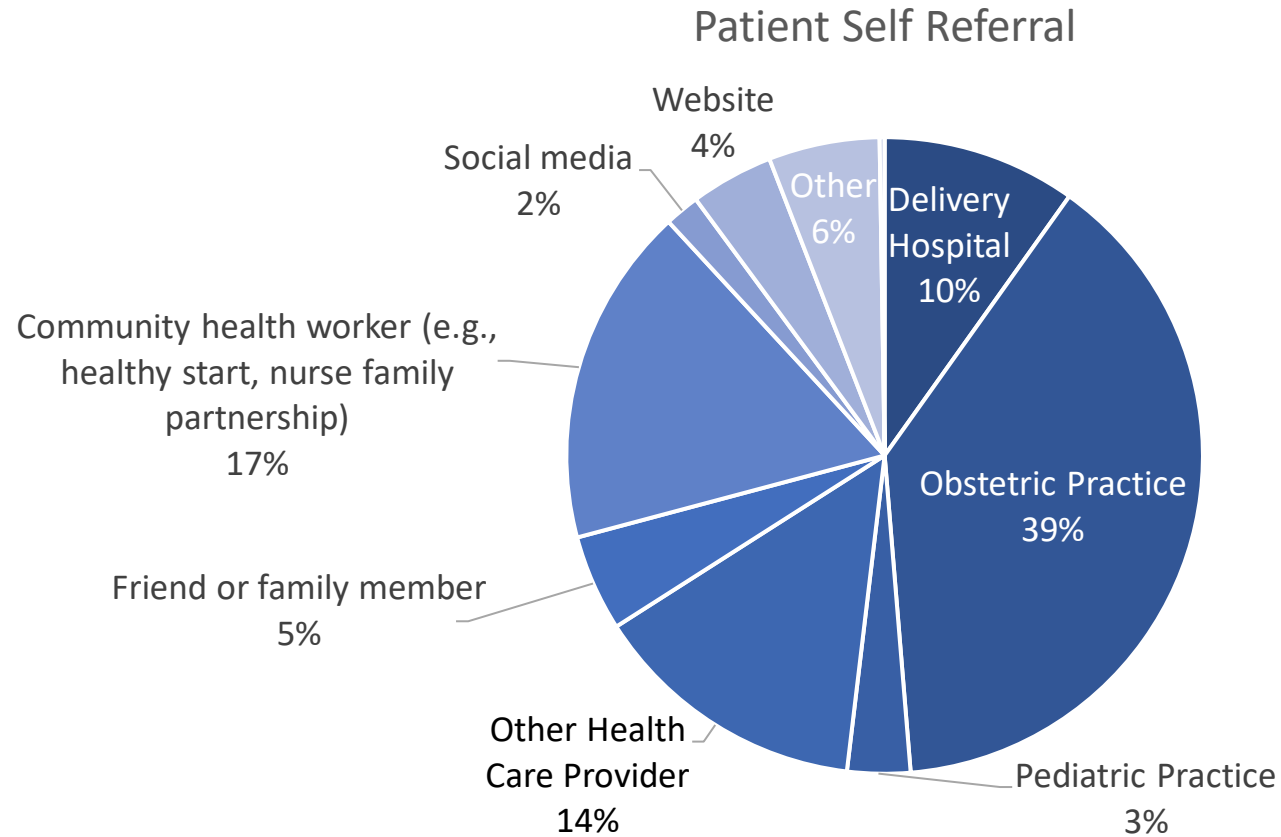
- 56.5% Patient Self-Referral
- 46.5% Provider Referral

Of the 2,055 people:

- 31% Referred to community
- 69.0% Received treatment in our outpatient clinic

How Patients Hear about Moms IMPACTT

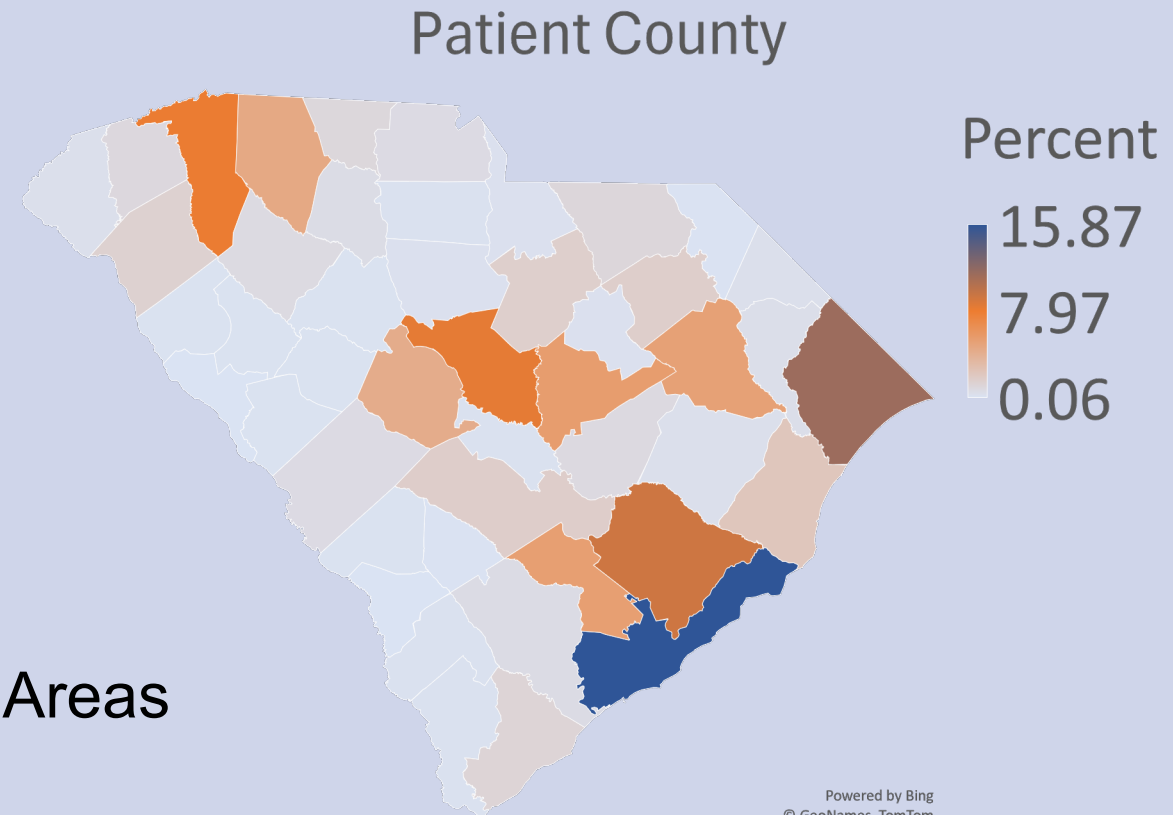
How did you hear about MOM's IMPACTT?



Moms IMPACTT

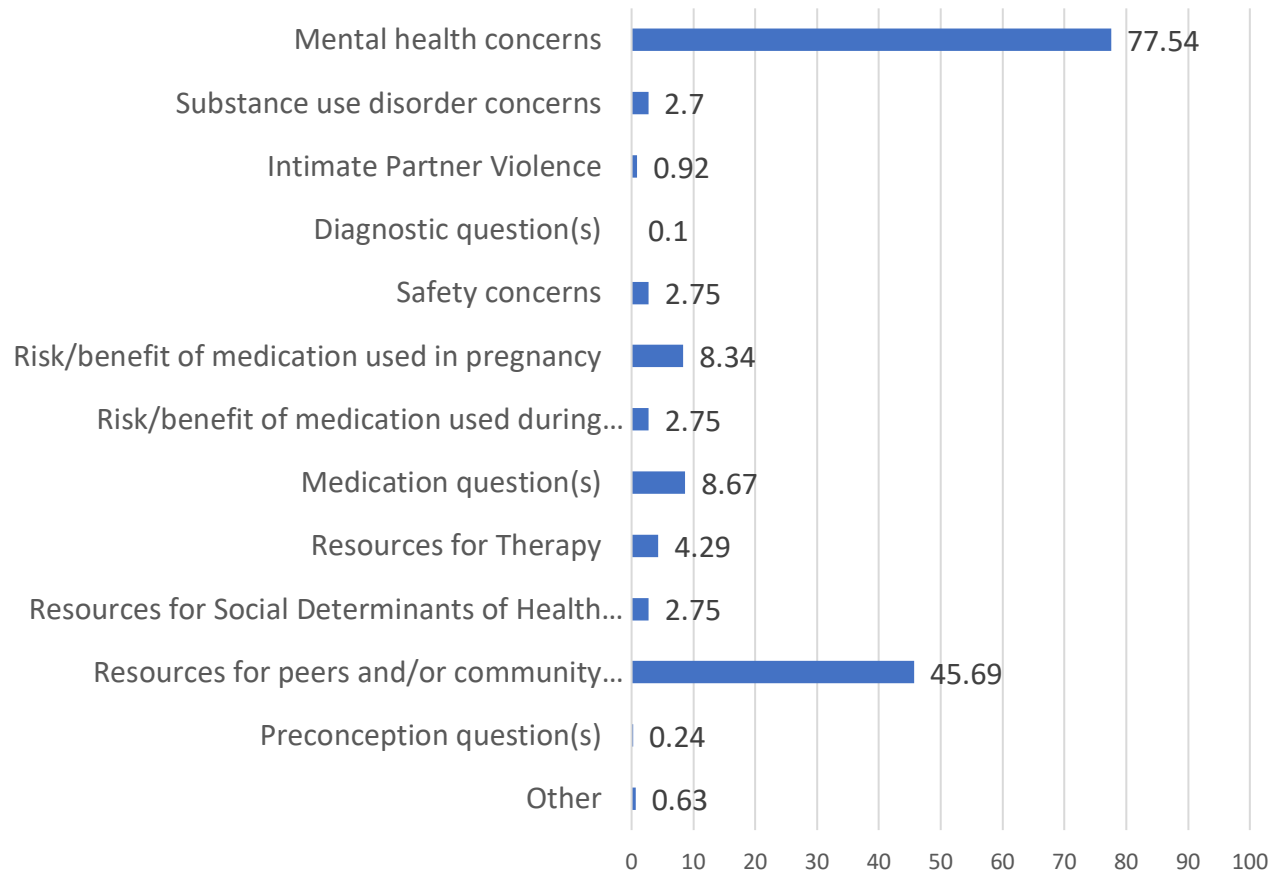
Outcomes: May 2022- May 2024

- Access to care for 2055 pregnant/postpartum people from 100% of Counties in SC
- Average Age: 28.5 (range 14-45 years old)
- Race/Ethnicity
 - 61.1% White
 - 32.6% Black
 - 2% Native American
 - 8.0% Hispanic
- Insurance
 - 55.8% with Medicaid
- Location
 - 96.2% Fully Medically Underserved Areas
 - 51.5% Rural Counties



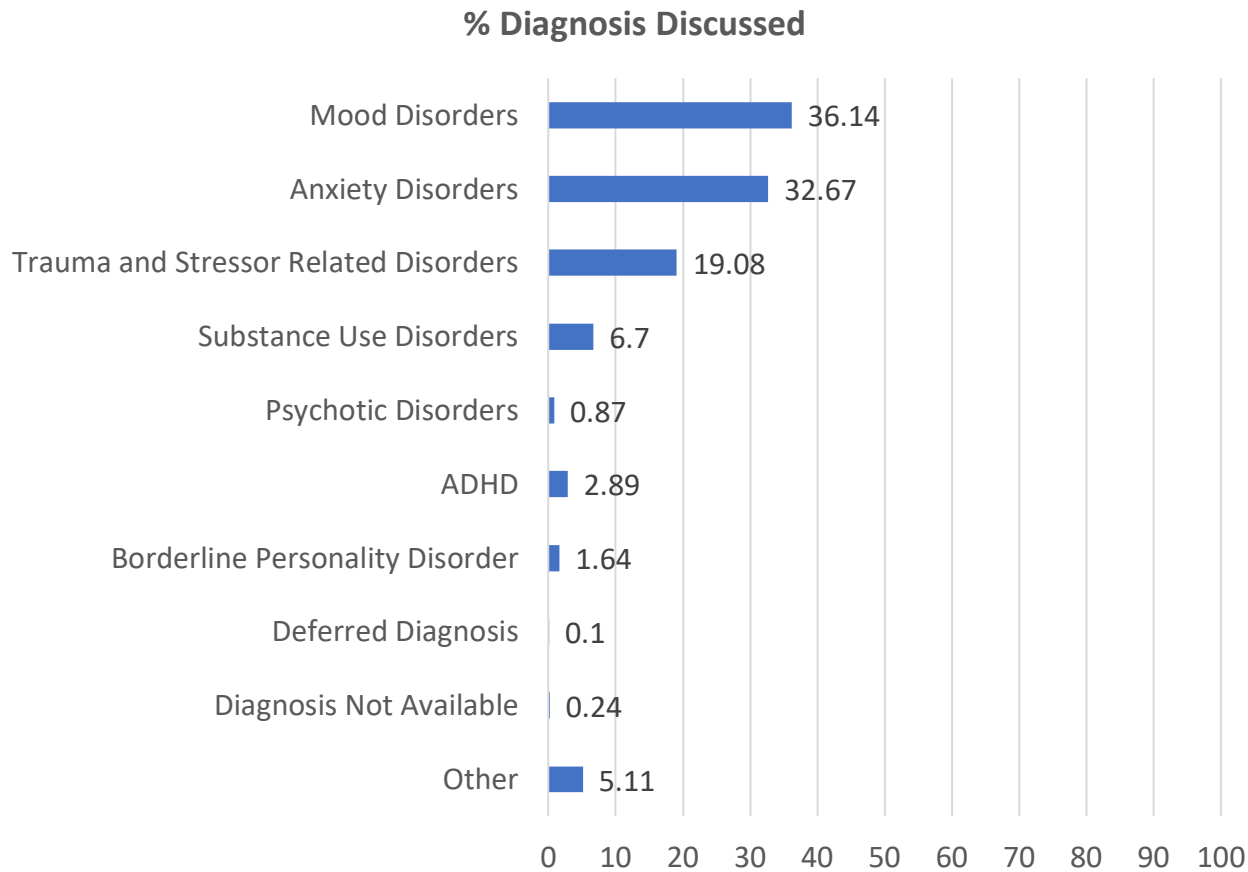
Patient (Self or Provider) Referral Reason for Contacting Moms IMPACTT

% Reason for Contacting Moms IMPACTT



Reason for Contacting Moms IMPACTT	N	%
Mental health concerns	1609	77.54
Substance use disorder concerns	56	2.7
Intimate Partner Violence	19	0.92
Diagnostic question(s)	2	0.1
Safety concerns	57	2.75
Risk/benefit of medication used in pregnancy	173	8.34
Risk/benefit of medication used during lactation	57	2.75
Medication question(s)	180	8.67
Resources for Therapy	89	4.29
Resources for Social Determinants of Health - Community access	57	2.75
Resources for peers and/or community events or supports	948	45.69
Preconception question(s)	5	0.24
Other	13	0.63

Patient (Self or Provider) Referral Diagnoses Discussed During Appointment with Psychiatrist



Diagnoses Discussed	N	%
Mood Disorders	750	36.14
Anxiety Disorders	678	32.67
Trauma and Stressor Related Disorders	396	19.08
Substance Use Disorders	139	6.7
Psychotic Disorders	18	0.87
ADHD	60	2.89
Borderline Personality Disorder	34	1.64
Deferred Diagnosis	2	0.1
Diagnosis Not Available	5	0.24
Other	106	5.11

Summary

Moms IMPACTT

Effective doorway into maternal mental health and substance use disorder treatment

Support Front-line Providers

- Specialties
- Affiliations
- Geographic Location

Treatment and Access to Resources for Patients

- Race/Ethnicity
- Geographic Location
- Insurance Status

Call for healthcare system level changes, insurance payments, and policies to support adoption of access programs

Continued efforts to support digital literacy, affordable internet service plans, access to broadband and devices with A/V capabilities

REBIRTHED: Mothers Serving Mothers in Recovery & Birth



Courtney King, PhD
Assistant Prof., Dept.
of Psychiatry
MUSC



Katherine Wallace,
LMSW, MPH
Care Coordinator
MUSC



Claire Johnson, BA
Program Coordinator
Dept. of Psychiatry
MUSC

SC Pilot Program for the Treatment of Perinatal Substance Use Disorders

Study Goals: To reduce maternal morbidity and mortality associated with Perinatal Mental Health (PMH) and Perinatal Substance Use Disorder (PSUD), including Perinatal Opioid Use Disorder (POUD) by addressing gaps in the continuum of care throughout pregnancy and the postpartum year for the mother-infant dyad and family unit.

Study Aims:

- Improve outcomes by providing a continuum of evidence-based, integrated SUD/MH treatment, recovery support, and care coordination.
- Improve outcomes for children and families by providing evidence-based parent, child, and family interventions.
- Increase the capacity of health care, child welfare, & criminal justice entities to effectively screen, identify and manage PMADS/PSUDs

Goal 1: Enhance Continuum of Care

•Targeted Outreach

- Rural, Medically Underserved: Chesterfield, Darlington, Dillon, Lancaster, Orangeburg
- High rates of Overdose & NOWS: Charleston, Horry, Greenville, Lexington

•Strategic Collaboration

- Community-based organizations, DSS, detention centers, local law enforcement & EMS, family shelters, harm reduction services

•Enroll PPW accessing IMPACTT in LTWP (text/phone program)

- Specialized care coordination team
- Ongoing screening; depressive symptoms, substance use, SDoH

Goal 2: Improve Outcomes for Families and Children

- **Access to trauma-informed behavioral health services for minor children of caregivers with SUD/OD**

- Evaluation, case management and care coordination

- **Peer Recovery Doulas**

- Workforce training: 36 trainees over 3 years
- Recruit 3 additional Peer Recovery Doulas to the IMPACTT care team

Peer Recovery Doulas

What is a **Peer Recovery Doula**?

A doula who has the combined experience of a **Community-Based Doula (CBD)** and a **Peer Support Specialist (CPSS)**. A **CBD** is a **Community Health Worker** with extensive training in prenatal health, childbirth education, labor support, lactation counseling, infant care, and postpartum care. A **CPSS** is a person in long-term recovery from mental health and/or substance use disorders, who uses their personal lived experience, along with formal education and training, to help others achieve successful, lasting recovery.

Why are Peer Recovery Doulas Important?

- **Serve as an anchor**

- Increase emotional support

- **Build personal power & promote self-advocacy**

- Reclaim voice & autonomy through trusting relationships

- **Interrupt harm to birthing people from vulnerable communities**

- Combat exploitation, exclusion, coercion, discrimination, and loss of autonomy
- Create safety – offer layer of protection and resilience

- **Reduce perceived stigma**

- Healthcare systems, friends, family & *recovery communities*
- Ease anxiety and fear

- **Increase preparation & health literacy through education**

- What to expect in a hospital setting
- Pregnancy, labor & childbirth, postpartum
- Infant care & child development

- **Stay engaged postpartum**

- Harm reduction
- Support reunification

Pilot Peer Recovery Doula Program

Outcomes

- Depression and anxiety symptoms
- Substance use
- Maternal functioning
- Social Connectedness Score
- Criminal Justice involvement
- Housing & employment status

Birth Outcomes

- Weeks gestation at delivery
- Infant birthweight
- Mode of delivery
- NICU administrations
- Breastfeeding status



REBIRTHED

Mothers serving mothers in recovery and birth

Recovery

Birth

Education

Workforce Development

Curriculum:

- 80hrs of didactic information (10 weeks)
- **1:1 mentorship through 3 births**
- **On-going reflective mentorship & supervision**
- Peer learning community

GOAL: 36 trained over 3 years

Certified Trainees: Chrysalis Center, SCDC, The Courage Center & MUSC

Current Cohort: Newberry, Chapin & LRADAC



REBIRTHED

Mothers serving mothers in recovery and birth

Recovery

Birth

Education

Acknowledgements

Peripartum Individuals Taking Part in Research & Clinical Care



Women's Reproductive Behavioral Health Division

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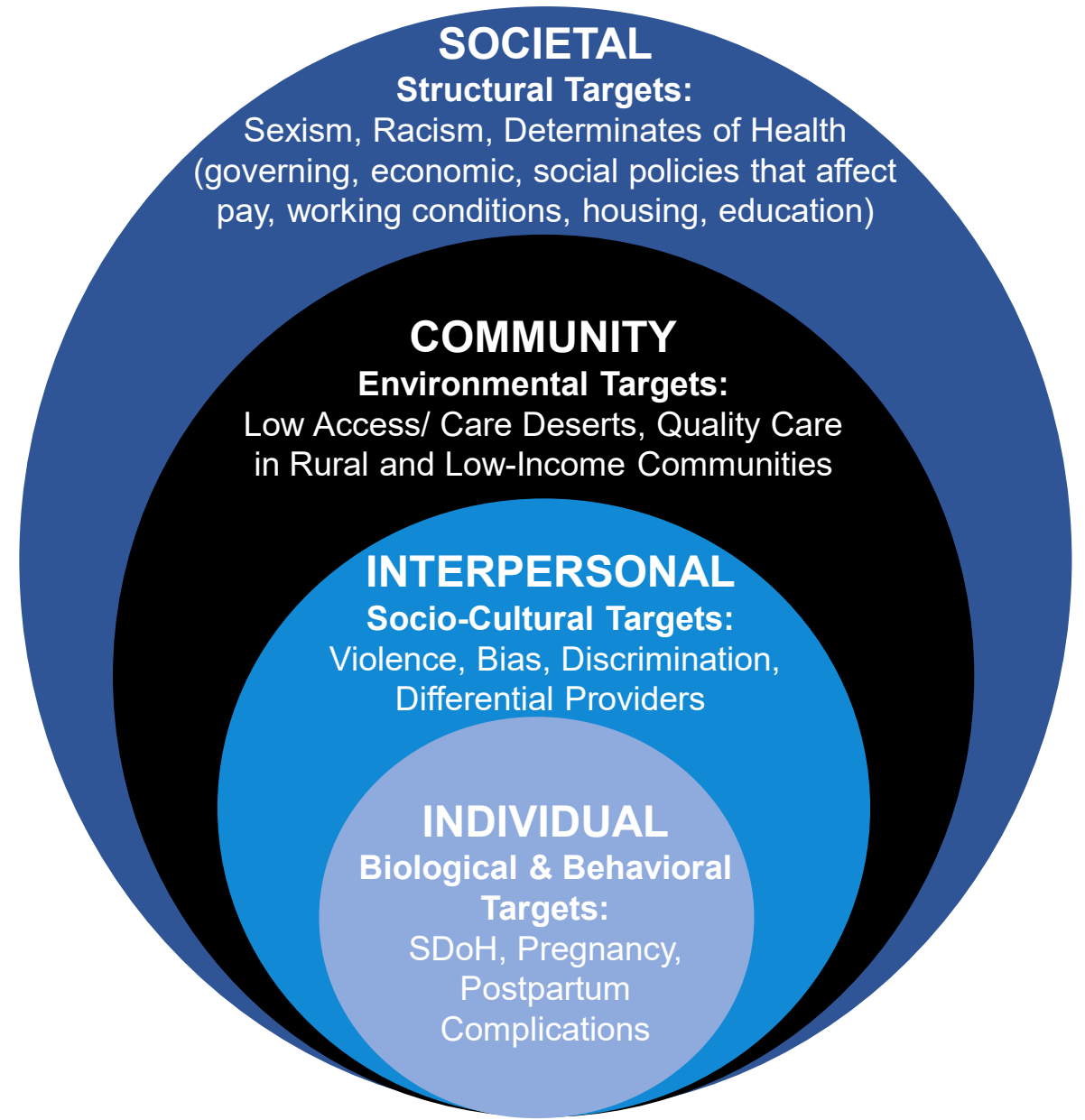
DAODAS
Duke Endowment
NIH (NIDA/ORWH/NICHD)
HRSA
SAMHSA

An illustration of a pregnant woman with long dark hair, wearing a light pink long-sleeved dress and a dark blue shawl. She is standing in a stylized room with yellow and orange accents. The word "Questions?" is written in white text in the center of the image.

Questions?

Ecological Systems Theory

Maternal Mortality is
a Complex
Multifaceted Problem
Requiring
Targeted, Multi-level
Interventions



QUESTIONS?

