Vermont's CHARM (Children and Recovering Mothers) Team:

A collaborative approach to supporting pregnant and parenting women with opioid use disorders and their infants

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What is CHARM?

- **Children and Recovering Mothers** is an **inter-disciplinary** and **cross-agency team** which **coordinates care** for pregnant and postpartum mothers with a history of opioid use disorder, and their babies.
- Model collaborative approach

  (US Dept. of Health and Human Services, SAMHSA 2016)

CHARM Goal:

to improve the **health and safety** outcomes of babies born to women with a history of opioid use disorder by **coordinating**

- medical care,
- substance abuse treatment,
- child welfare, and
- social service supports.

Key Collaborative Partners:

- Obstetric care
- Medication Assisted Treatment provider
- Neonatology
- Child Welfare/Child Protective Services
- Public Health/Maternal Child Health (WIC)
- Home Health (nurse home visiting)
- Social service supports – e.g. TANF
- Residential and community women's substance abuse treatment
- *(Court; Corrections)*

CHARM Team – Partner Organizations

UVM Medical Center OBGYN - (COGS) medical, social work, MAT

UVM Children's Hospital – Neonatal medical and social work

Child Welfare – VT DCF Family Services

MAT - Howard Center **Chittenden Clinic** And **UVMMC COGS**

Economic Services – VT DCF – "ReachUp"

CHARM Team facilitator – KidSafe Collaborative

VT Health Dept. ADAP: Hub and Spokes

VT Dept. of Healthcare Access - (Medicaid)

VT Health Dept. – Maternal Child Health (WIC)

VT Dept. of Corrections healthcare services

Children's Integrated Services: Home Visiting; Child Development Svcs

Women's Residential & Outpatient Tx - **Lund**

CHARM - Beginnings

- 1998: No MAT available in VT for pregnant woman with OUD. Physician request: individual waiver from Opiate Treatment Authority
- 2002: Substance Abuse physician, OB, Neonatologist meet, *coordinate care* for pregnant women needing tx ★First VT methadone clinic
- 2003: Additional community-based health and social services join coordination: start of *multi-disciplinary approach.*
- 2004 – 2006:
  - KidSafe joins to facilitate. Empanelment as VT Multi-disciplinary Child Protection Team. Work on shared goals and x-disciplinary learning
  - Development of MOU, Release of Information; operating procedures
  - Rename as CHARM (Children and Recovering Mothers) - positive focus

CHARM - Beginnings

Issues and Conflicts:

- Who attends monthly meeting
- What and how much information can be shared
- No guiding documents for interagency process
- Reporting suspected child abuse/neglect
- Role of child welfare agency
- Myths, misconceptions and judgements about opioid use disorder, assumptions about parenting capacity, infant health and safety
- Lack of patient access to MAT, treatment, needed supports

CHARM - Beginnings

… to **Present:**

- CHARM has operated continuously with participation from key agencies/organizations since 2006
- 2012: MOU and ROI updated

★ 2016: SAMHSA cites CHARM as model collaboration

- VT "Hub & Spoke" OUD Treatment/MAT system: expanded access to care, treatment support, case management
- 2017: CAPTA-CARA Implementation: New system of Notifications to DCF and Plans of Safe Care

Key Elements of CHARM Collaboration

- **Shared Goal:** Team Members *and* Patients/Clients want a healthy and safe infant
- **A Shared Philosophy:** Improving ***care and supports for mothers*** is the most important factor in helping to ensure healthy and safe infants
- **Framework for Operation:** ***Shared Information*** across agencies improves child safety and healthy outcomes.

Framework for Collaboration

- **Memorandum of Understanding:** framework for sharing information and coordinating services. Signed by leaders of all agencies/departments
  - **Consent to Release Information** - Signed by patients
- **Vermont Law:** "Empaneled" as a multi-disciplinary "child protection" team (VSA Title 33 §4917)
- **Infrastructure and facilitation**
- **Regular** (monthly) **Team Case Review Meetings**

MEMORANDUM OF UNDERSTANDING REGARDING
THE CHILDREN AND RECOVERING MOTHERS (CHARM) PROGRAM

This Memorandum of Understanding is effective immediately following obtainment of the final signature of the parties listed on Attachment A [hereinafter referred to collectively as the "Parties," or for any one of the Parties, as a "Party"] but no later than the first day of December 2012 excluding any unsigned Parties.

Whereas, the Children and Recovering Mothers Program [hereinafter "CHARM" or the "Program"] is a coalition of service providers serving women with chemical dependency and their children. It is not a separate legal entity.

Whereas, the purposes of CHARM are to coordinate services to meet the needs of pregnant and parenting women with chemical dependency and their children, improve the delivery of services to these women and their children, and identify gaps in services that need to be addressed.

Whereas, an individual participating in CHARM [hereinafter "client participant"] may be provided direct services by any or all of the Parties, in which

Vermont Incidence of Opioid-Exposed Newborns

CDC: Prevalence of Opioid Use Disorder at the time of hospital delivery – Vermont: 48.6

CDC Weekly/Aug. 10, 2018 Opioid Use Disorder Documented at Delivery Hospitalization – U.S. 1999-2014

Why?

- Increase in opioid use disorder
- Improved access to treatment for pregnant women
- Reduced barriers to prenatal care

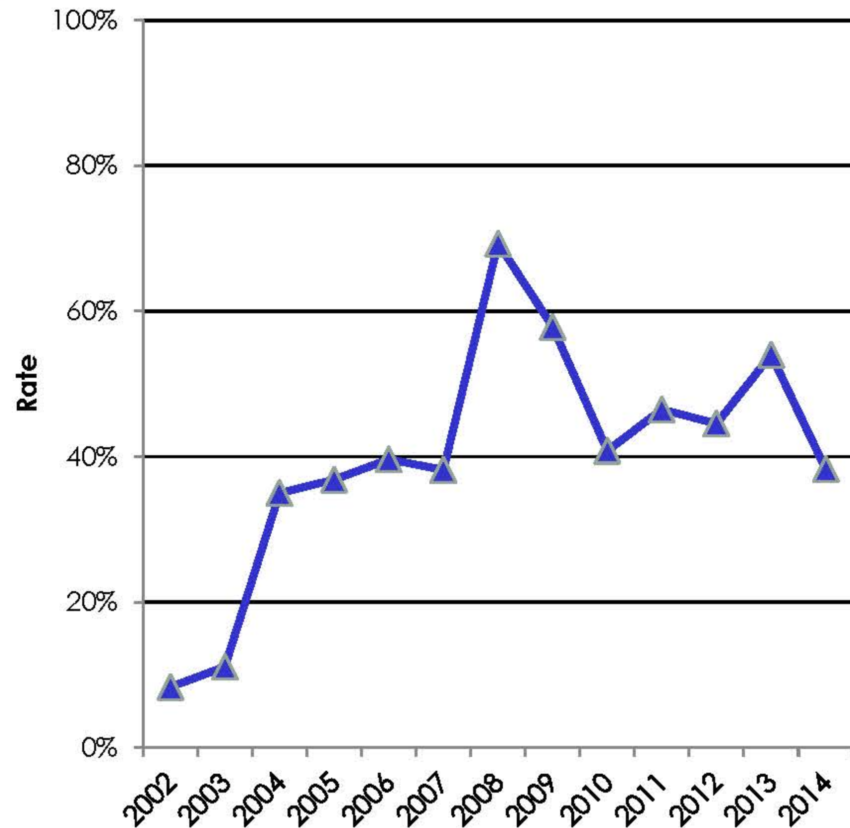
  Vermont has a high rate of women on MAT at the time of delivery

- Higher rate of identified opioid-exposed infants may mean we are doing a better job!

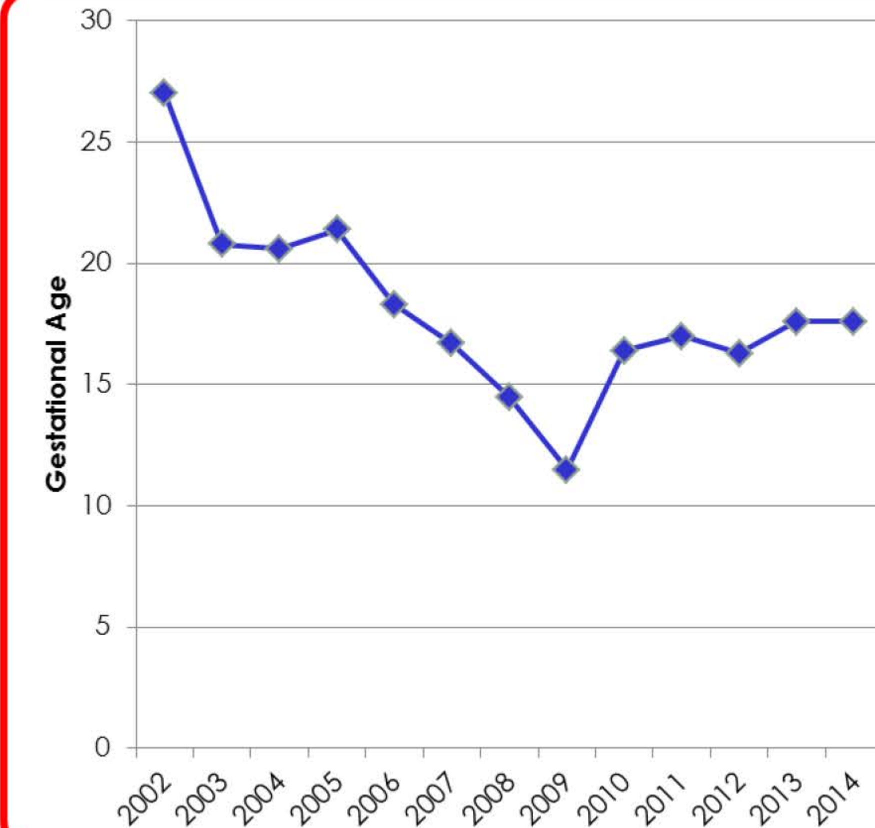
UVM Children's Hospital

Timing of initiation of Medication-Assisted Treatment(MAT)

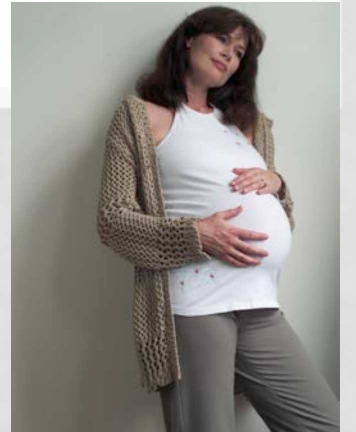
% Mothers on MAT prior to conception



Average GA started MAT if not prior to conception



Prenatal Care and MAT in Pregnancy



UVM Medical Center: COGS (Comprehensive Obstetric and Gynecological Services) "Hub and Spoke" program: **integrated on-site MAT with OB clinic prenatal care**.

- On-site initiation and administration of Buprenorphine
- On-site Licensed Alcohol and Drug Counselors and Social Workers provide counseling, care coordination, referrals to community based services.
- Methadone patients seen at community clinic, coordinate prenatal care with COGS. Those on MAT from another private provider may coordinate with COGS for delivery.

❖ Neonatal Medical Clinic

- ***Prenatal* NeoMed visit**:

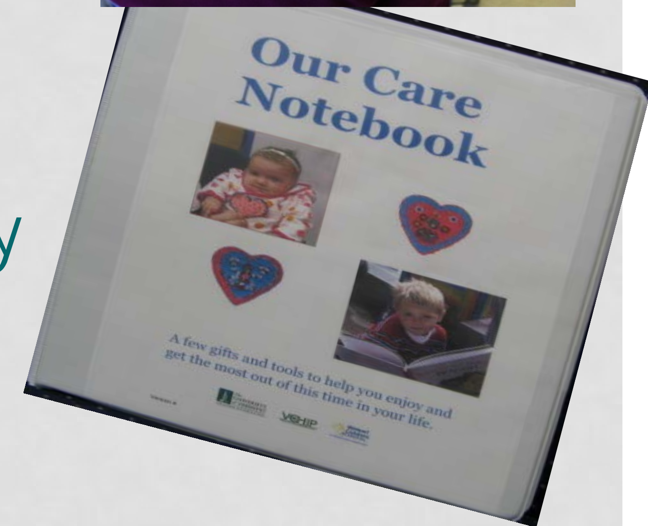
✓ Establish trust, decrease shame

✓ Address myths and misconceptions
Babies are not "addicted"

✓ Provide information, reassurance:
what to expect, caring for baby

✓ "Our Care Notebook"

✓ NeoMed Followup Clinic



Dedicated to Dr. Anne Johnston

Prenatal Care: Key Elements

- ✓ Criteria: low threshold – pregnant; opioid use disorder
- ✓ Multiple points of referral
- ✓ Pregnancy: Key opportunity for intervention
- ✓ Focus: Reduce shame and stigma
- ✓ Best practice: health and treatment of mom, family
- ✓ Provide clear and accurate information
- ✓ Respectful, non-judgmental
- ✓ Team approach
- ✓ Cross-disciplinary continual learning

CHARM Team Meetings: *How it Works*

- **Team members:**
  - Average of 11 agencies/departments represented at each CHARM team meeting
- **Meet Monthly**
  - 12- 13 participants per month
- **Systems Issues**
  - First 10-15 minutes of each meeting
- **★ Case Reviews ★**
  - Average 12-15 case reviews per meeting

How Does CHARM Work?

Information Sharing at CHARM Meetings and Followup

- At each monthly meeting the CHARM team reviews a list of current cases, and prioritizes cases for discussion:
  - All **pregnant** patients due in upcoming month
  - *Prioritized* **high risk prenatal** patients
  - All **new pregnant** patients
  - All **new babies** / post-partum patients within past month
  - *Prioritized* **high risk post-partum patients** and their babies

Focus: *How are they doing? What do they need?*

Are there barriers? Who and how can we help address these?

How Does CHARM Work? *Information Sharing:*

- **Prenatal Care**

  Initial: Confirm pregnancy, assess for opioid dependence;

  Ongoing: compliance with prenatal visits and monitoring; referrals for specialty or community services

  - **Medication Assisted Treatment:** consistency; urine drug tests; dose adjustment; substance abuse counseling

    followup: post-partum MAT provider plan

  - **Residential** program option for moms and babies

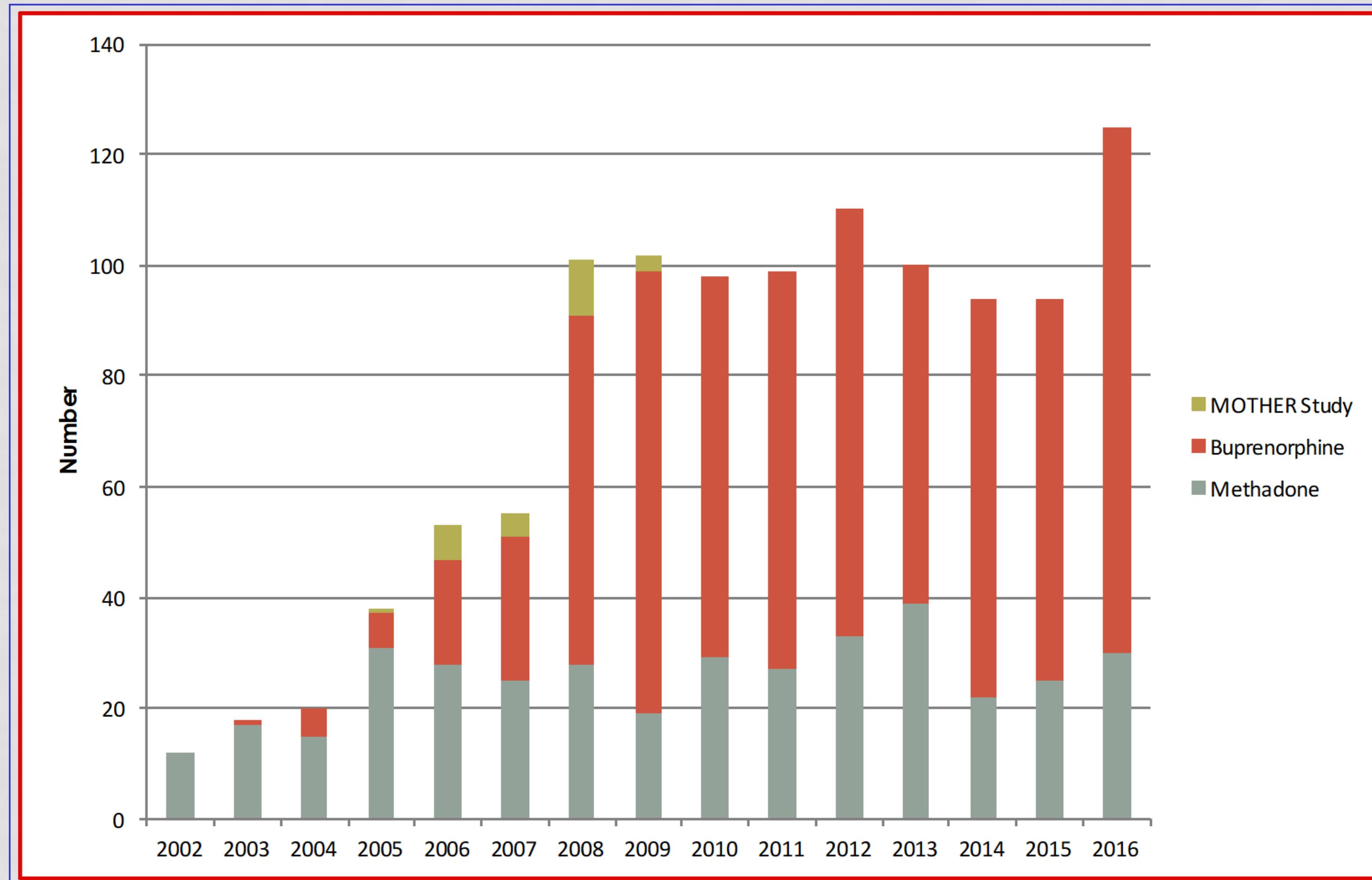
- **Case Management, Referrals and Support**:
  - WIC, breastfeeding, Home Visiting, social support services.
  - *Gift cards, transportation passes, baby items*

Key Indicators for Patient Success

- ✓ Start prenatal care early in pregnancy
- ✓ Initiate pharmacological treatment for opioid dependence early in pregnancy
- ✓ Engage in substance abuse treatment, counseling
- ✓ Attend prenatal care appointments
- ✓ Attend Neomed Clinic appointments
- ✓ Family and social supports, stable housing
- ✓ Plan of safe care

UVM Children's Hospital:

Infants born (at UVM) to opioid dependent women with substance use disorder on **methadone** or **buprenorphine** at delivery (N = 1119)



Birth and Infant Care

NeoNatal Medical Followup Clinic

- NOWS Screening: *neonatal opioid withdrawal syndrome*
  - ✓ Mother-baby room-in; involve mothers/parents
  - ✓ ESC: Eat Sleep Console assessment
  - ✓ Maximize non-pharmacologic care
  - ✓ *UVM Children's Hospital*: <20% opioid-exposed newborns require tx
- Treatment for infant with methadone: in hospital, PRN dose; if needed, discharge home on medication with safety supports
  - o Care-giver education regarding methadone
  - o Neonatal Medical Follow-up 24/7 availability
  - ✓ Plan of Safe Care – in hospital

Family Supports

- ✓ Financial: "Reach Up"
- ✓ Home Health – nurse home visiting; WIC
- ✓ Residential for moms and babies, and outpatient substance abuse treatment
- ✓ Peer support – New Moms in Recovery
- ✓ Parenting education
- ✓ Children's services: developmental screen, Early Intervention referral
- ✓ Domestic Violence services, etc.

Child Protection

DCF Policy: Assessment may begin 30 days before due date, where:

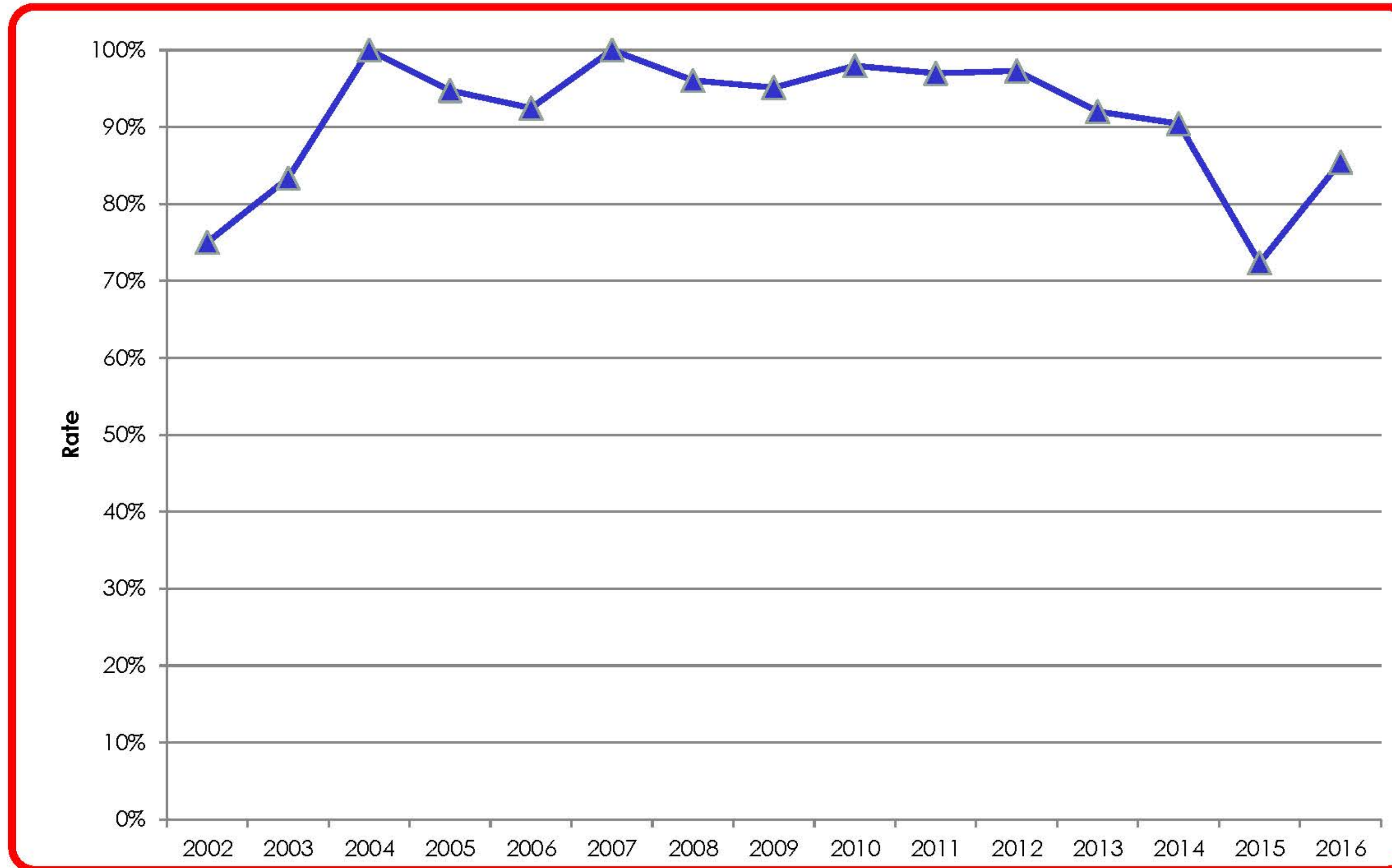
- serious threat to a child's health or safety,
- mother's substance abuse during third trimester

Innovative approach:

- Allows time for family engagement prior to birth
- Focus: planning for safe environment for the infant
- Child maltreatment prevention: earlier indication of risk/parent is unable to parent safely
- Avoid unnecessary placement crisis at birth

UVM Children's Hospital

% Discharged with one or both parents: newborns born at UVM to women on MAT



CARA Federal Requirement: VERMONT's POLICY DCF Reports and Notifications

- **If ANY child safety concerns:**
  - DCF **report** made via central intake
  - DCF develops **Plan of Safe Care**
- **If NO child safety concerns:**
  - CAPTA **notification** faxed (by birthing hospital)to DCF after birth of infant
    - De-identified notification
  - **Plan of Safe Care** completed by hospital staff
    - Copies sent to infant's PCP and given to family

CARA Federal Requirement: VERMONT's POLICY DCF Reports

Prenatal Report

- Maternal illegal substance use in 3rd trimester
- Maternal non-prescribed medication use or misuse 3rd trimester
- Maternal substance use is serious threat to child health/safety

Newborn Report

- Infant with positive tox screen for illegal substance or non-prescribed medication
- Infant with NAS due to illegal substance or non-prescribed medication
- Infant with fetal alcohol syndrome disorder

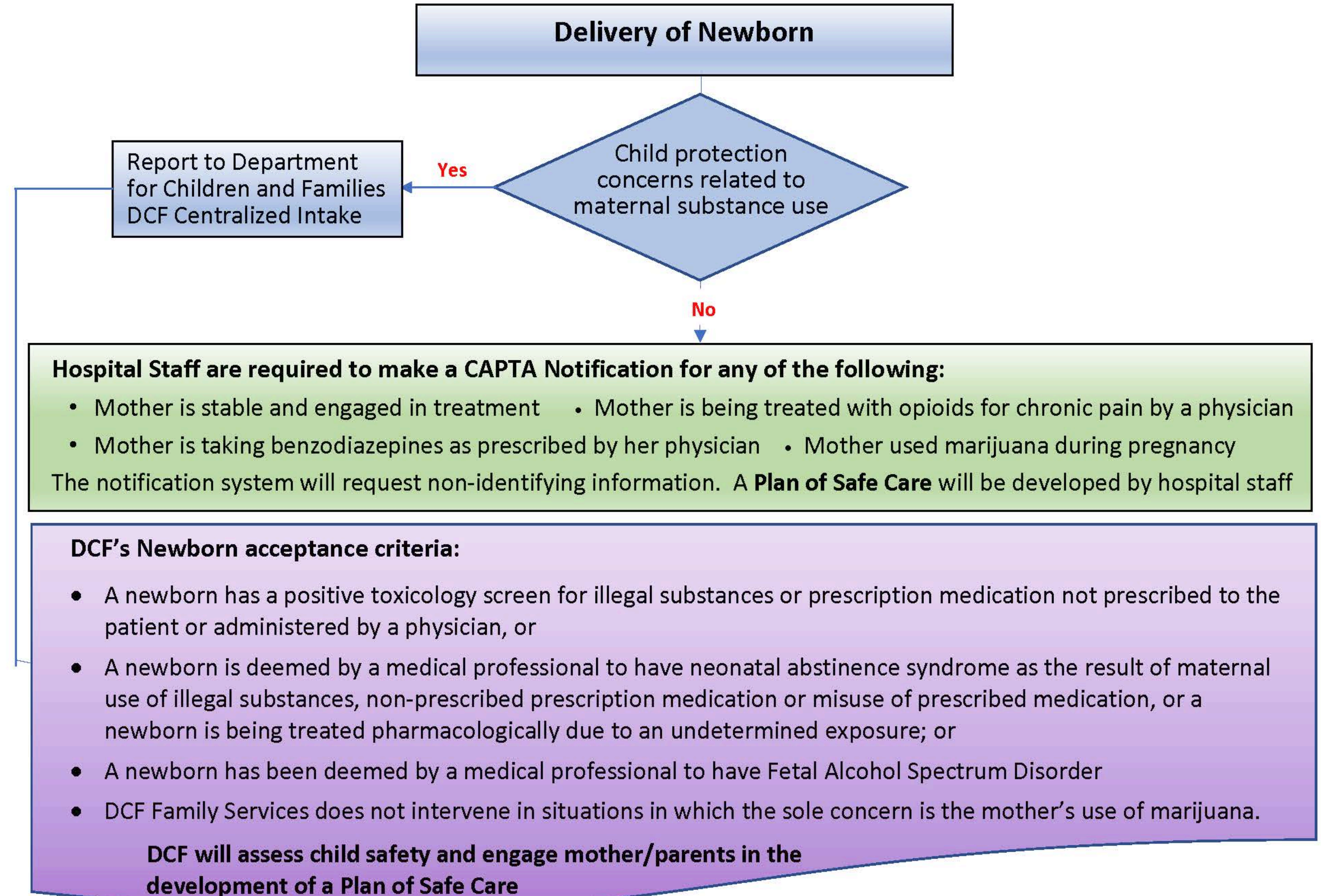
CARA Federal Requirement: VERMONT's POLICY DCF Notification

- **Notification** to DCF of substance-exposed newborn
  - De-identified notification
  - Faxed to DCF by hospital/health care provider
  - Infants exposed (only) to maternal use of:
    - MAT (stable in program)
    - Prescribed opioids for pain
    - Prescribed benzodiazepines
    - Marijuana*

    *2017 policy change: DCF does not intervene where the sole reported concern is prenatal marijuana exposure

CARA Amendment and Plans of Safe Care

- Child Safety Concern = DCF **Report** (vs. notification)
- DCF Completes POSC



Plan of Safe Care

Notification
Vs. DCF Report

- Completed by hospital staff (social worker) with patient.
- Forwarded to pediatrician

Vermont Newborn Plan of Safe Care *(Revised 11/10/17)*

Name of infant: DOB: Admission date: Discharge date:
Infant's PCP:

Household members:

Name	Age	Relationship to infant	Name	Age	Relationship to infant

Identified supports:

Check box(es) next to applicable criteria:

Methadone / Buprenorphine	
Prescribed opioids for chronic pain	
Prescribed benzodiazepines	
Marijuana	

Additional exposures:

Nicotine/tobacco	
Alcohol	
Other	
Other	

Comments:

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

	Discussed	Current	New Referral	Organization	Contact person (if applicable)
Medication Assisted Treatment					
Mental Health Counseling					
Substance Abuse Counseling					
12 Step Group					
Recovery Supports					
Smoking Cessation					
Parenting Groups					
Home visiting					
WIC					
Children's Integrated Services					
Housing Assistance					
Financial Assistance					
Childcare					
Safe Sleep Plan					
Other					

Post-discharge Family Strengths and Goals (Eg: breastfeeding, housing, smoking cessation, parenting, recovery)

Comments:

Signature of parent /caregiver: ______________ Signature of staff: ______________

Please fax copy to infant's PCP and file in infant's chart; proceed to CAPTA Notification

Information Sharing at CHARM Meetings

Vermont
CHARM Team Data - Calendar Year 2018

Number of Adult Patients "staffed" by CHARM Team	132
Number of babies	113
Total number of individuals served	245

CHARM Outcomes

- "Anything that drives pregnant women with opioid use disorder from seeking treatment results in more prematurity, higher infant mortality, less probability of successful parenting"

- **Health of Baby depends on the mother's health, the family's health**!

Dr. Anne Johnston, Neonatologist, UVM Children's Hospital

CHARM Collaborative Process Outcomes

- Time-saver = money saver
- Improved understanding of patients/clients, opioid use disorder; minimize misunderstandings
- Improved understanding of each other's roles and perspectives
- Development of expertise among project partners about health and treatment of opioid-exposed newborns
- Child protection decisions made based on better information from project partners about safety and risks
- Have a "Go-to" contact for questions

Improved collaboration = safer babies

You Have to start Somewhere!

- ✓ **Find your Champions** for a collaborative approach
- ✓ **Identify who needs to be at the table** – who are the critical partners – and invite them
- ✓ **Engage a neutral convener** to facilitate the process, navigate "turf" issues, and keep it moving forward
- ✓ **Find your common ground**: everyone wants a healthy baby

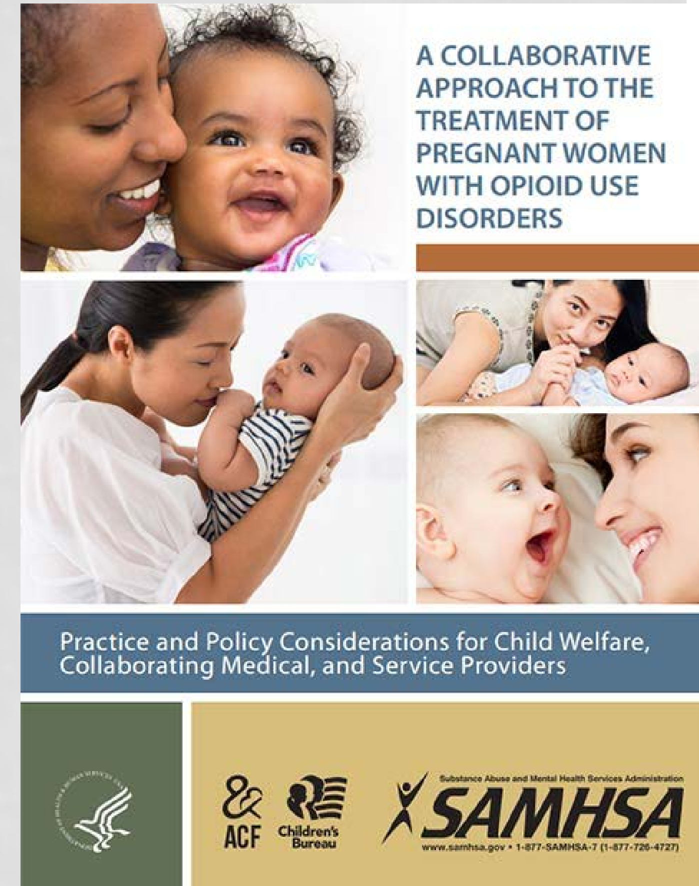
THEN

- ✓ **Share expertise and information -** begin to develop trust
- ✓ **Develop Operating Agreements**, MOU's, ROI's
- ✓ **Team Meetings**: case-level information sharing

- **The Children and Recovering Mothers (CHARM) Collaborative in Burlington, VT: A Case Study**
  National Center on Substance Abuse and Child Welfare
  https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

- Vermont Health Department - Alcohol and Drug Abuse Programs:
  Care Alliance for Opioid Addiction
  http://healthvermont.gov/adap/treatment/

- University of VT - VCHIP: **Improving Care for Opioid-exposed Newborns (ICON)**
  http://www.uvm.edu/medicine/vchip/?Page=ICON.html



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