



Rural Community Opioid Response Program Neonatal Abstinence Syndrome II (RCORP NAS II) West Virginia University Research Corporation (WVURC) IMPACT WV

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Background

Sectors and Collaborative Partners



Represents the service provision sectors, and roles will include:
1) Working with all sites to coordinate patient navigation and direct two-generational services.

- 2) Helping to disseminate educational opportunities for providers within the system.
- 3) Provide technical assistance, quality assurance and data capture/evaluation.
- 4) Contribute to strength of coalition and direct aid facilitation.



Represents the MAT, service provision, and third-party reimbursement sectors and roles will include:

- 1) Overseeing direct services and MAT activities within the WVU Medicine/WVU Children's Hospital Association.
- 2) Working with West Virginia University Center for Excellence in Disabilities (WVU CED) to provide NAS follow-up clinic services.

- 3) Helping to disseminate educational opportunities for providers and partners within the site.
- 4) Providing patient navigation to needed two-generational services.
- 5) capture feedback on opportunities and suggesting modifications as needed.



Represents the MAT, service provision, and third-party reimbursement sectors and roles will include:

- 1) Overseeing direct services and MAT activities.
- 2) Working with WVUCED to provide NAS follow up clinic services.
- 3) Helping to disseminate educational opportunities for providers and partner associated with Preston Memorial Hospital and the larger Mon Health Association.

- 4) Providing feedback on opportunities and suggesting modifications as needed.



Represents the child welfare and criminal justice sectors and roles will include:

- 1) Providing consultation services for select reunification cases within this consortium.
- 2) Linking families to MAT, NAS follow-up clinic, and respective training and direct aid opportunities for applicable families.

- 3) Helping disseminate educational opportunities for providers within the system.
- 4) Providing feedback on opportunities and suggest modifications as needed.

Service Area and Target Population

Located along the Appalachian Mountains, an eight-county region in the northern portion of West Virginia (Figure 1) has been historically represented by an energy-based and extractive economy, rugged topography, and significant economic strains for those who live there. This region represents a network of rural settings with larger towns serving as service connector sites. Most of the target area is underserved for behavioral health and substance use treatment options.

- 13-20% of areas are impacted by poverty
- Between 6-8% uninsured.
- Most have a high school diploma.
- Approximately 7% are unemployed.
- Social services (housing, transportation, utilities support, interpersonal violence, food insecurity) are additionally needed for supportive care.

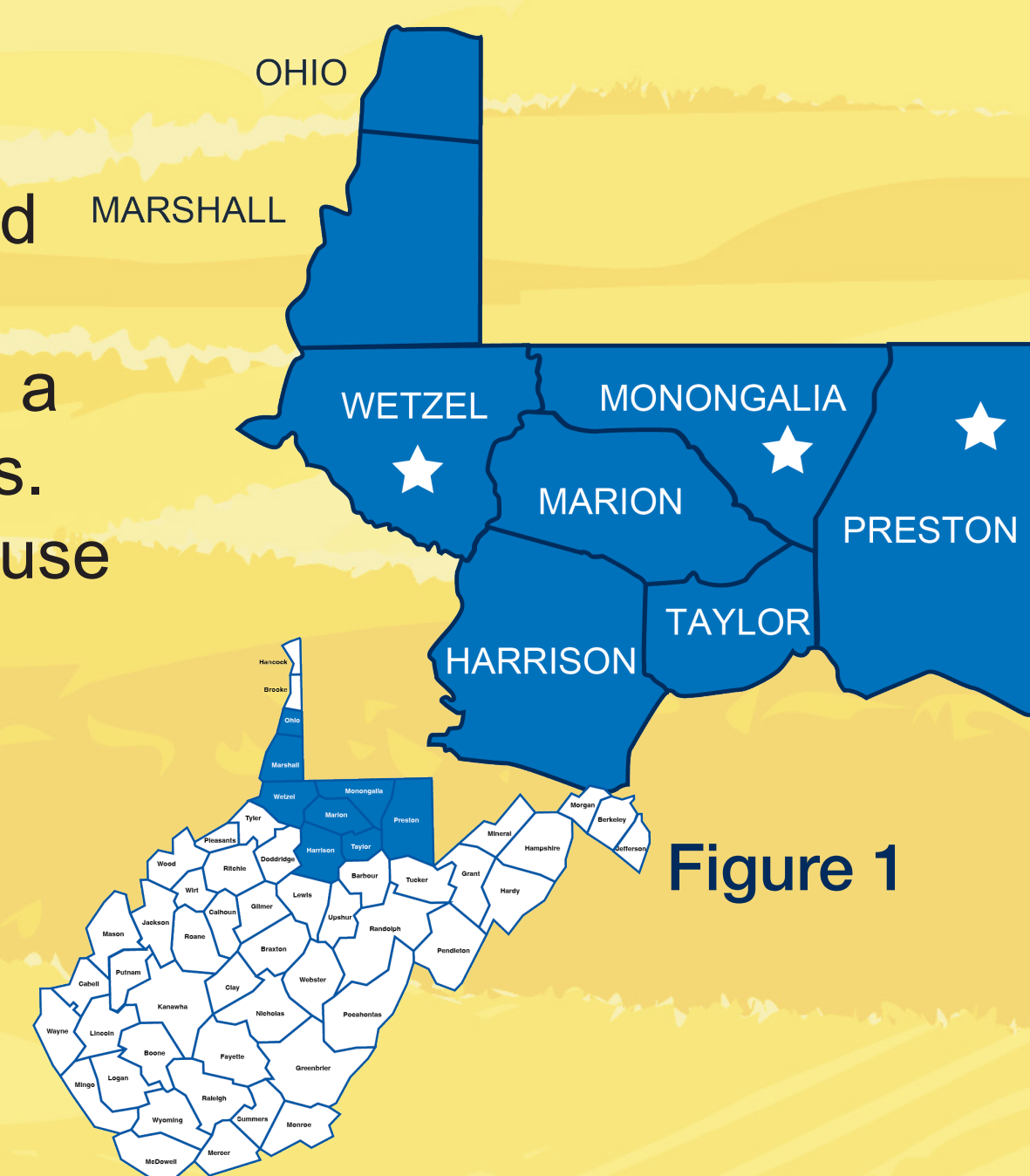


Figure 1

NAS cases have tripled in these and other Appalachian counties. Most recent rates of opioid use and treatment options illustrate a greater need in rural areas coupled with a limited response capacity for those in need compared to larger metro areas. IMPACT WV will be implemented in eight northern counties of WV: Ohio, Marshall, Wetzel, Monongalia, Marion, Harrison, Taylor and Preston.

Summary of Challenges

Women and their families experiencing substance use and/or recovery face several challenges within the rural, Appalachian region for this coalition. First, services are limited and disjointed leading to duplication when it occurs but limited connections to service providers in an underserved area. Second, historically services have focused on the infant and/or mother separately. In this program, we utilize a two-generational approach (see Figure 2). This provides needed services to the caregiver, family, and infant simultaneously. Third, coordination of services is needed to identify ongoing needs and to connect with programs outside of the original medical association over time. Lastly, training opportunities focus on families and provider groups to enhance the capacity overall within these underserved areas.

Vision

Collectively, these challenges will be addressed through this program while emphasizing MAT services, a NAS follow-up clinic with an interdisciplinary and two-generational approach, social service support, direct aid, and basic need support for the family. For the last five years, the WVU CED has tested and implemented Patient Navigator (PN) models of care to strengthen services for families with infants born exposed to substances in utero or diagnosed with NAS living in WV. The IMPACT WV program uses a two-generational approach, thus providing services to the child and caregiver to improve the family environment surrounding the child's development.

Goals and Objectives

The long-term goals of our IMPACT WV collaborative effort are to:

- 1) Reduce disparities in health and well-being of children diagnosed with NAS, their biological caregivers, and other caregivers who may intermittently support their development.
- 2) Expand and sustain the service programming in areas highest at risk (defined by incidence of NAS) in the northern region of the state to include areas of emphasis such as substance use, social determinants of health and social service coordination, education and employment attainment supports, and advanced child development (e.g., special health care needs) for the preconception, prenatal, and postpartum periods.
- 3) Strengthen child, parent, caregiver and community capacity to respond to the needs associated with substance use (reduce infant mortality in first three years), increase reunification, reduce maternal substance use and increase substance use treatment other support services during preconception, prenatal, and postpartum periods to contribute to sustained recovery, advance economic capacity for their parents, and increase support and connectedness among the larger family unit.

Target Population

- Women who are or have used substances during pregnancy and have a child ≤ 6 years old.
- Fathers of infants exposed to substances in utero and are ≤ 6 years old who are involved in the caregiving of that infant.
- Foster care and kinship caregivers who are contributing to the care of an infant who was exposed to substances in utero and are ≤ 6 years old.
- Lives in Ohio, Marshall, Wetzel, Preston, Marion, Harrison, Taylor, Monongalia counties.

Major Evidence-based Practices Planned or Implemented

IMPACT WV found that the most effective model of care for infants was when patient navigation began in the birthing hospital. Overall, our intentions to focus on birthing hospital recruitment, the interconception period for mothers who have, or still are, using opioids and other substances, and incorporating substance use treatment services will be implemented to:

- 1) Improve data quality and track trends in subgroups of women.
- 2) Strengthen state efforts in public health interventions.
- 3) Supply providers and families with resources to improve patient safety (guidelines for providing opioid prescriptions) and reduce stigma.

IMPACT WV's rationale is that key cost-effective provisions are necessary to increase our collective capacity to respond to the rising NAS family needs over time and include

- 1) Technical assistance and training to providers, families, caregivers and the general public.
- 2) Direct service support for immediate needs with a cost that impedes continued service seeking and care.
- 3) Patient navigational services that connect the family with needed services.

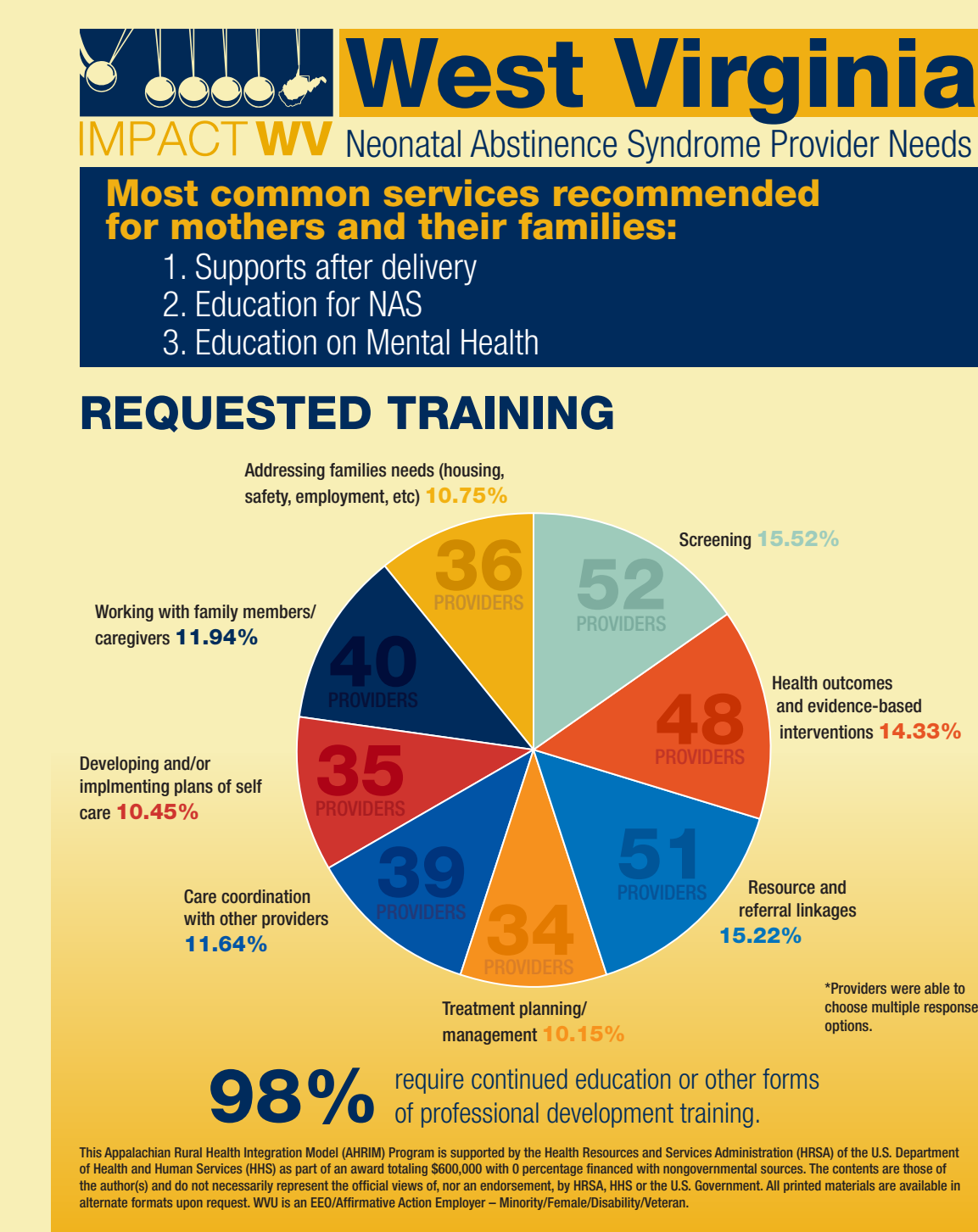
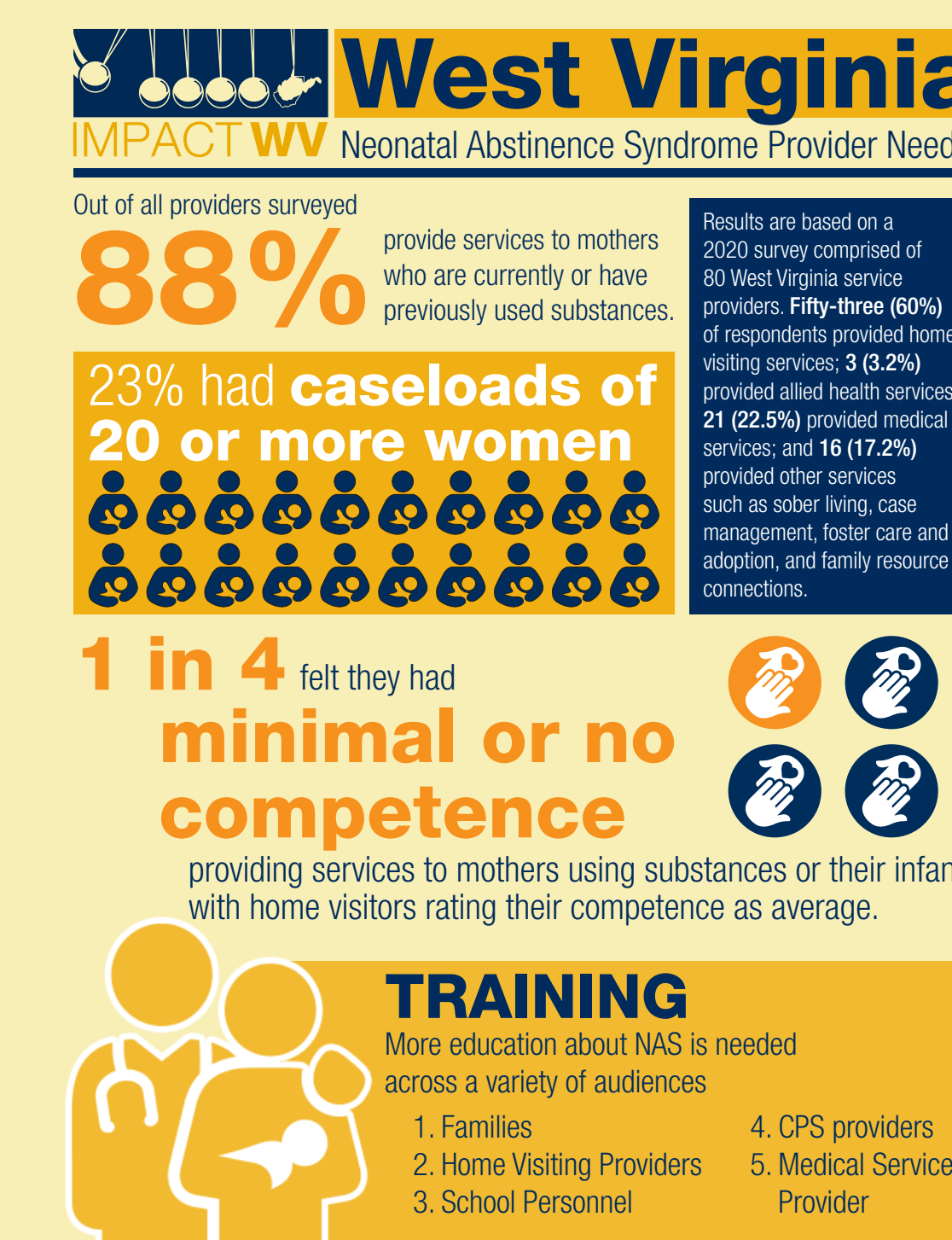


Figure 2

Progress and Conclusions

Capturing Family-Centered Training and Service Needs

Family and Provider Needs Assessments will continue to help us better understand service providers' needs and additional training deemed useful when serving women who are using, or have used substances, their families, and/or their infants.



The IMPACT WV Learning Portal is an online clearing house for training and resources to help educate families and providers on the effects of substance use on the family unit and child development.
impact.cedwvu.org

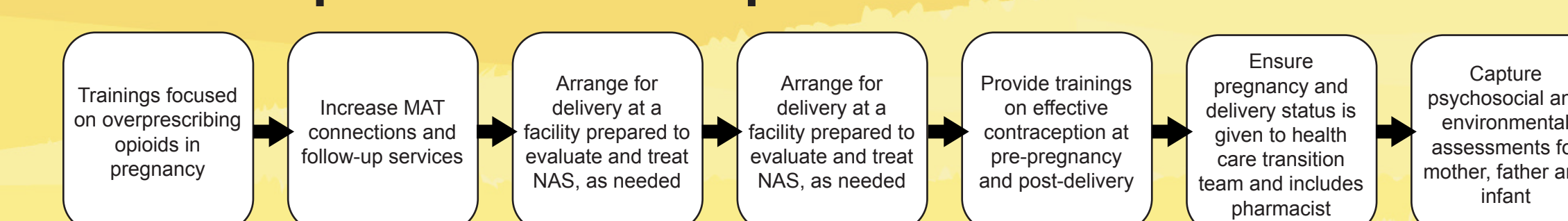
Establishing Service Connections with Navigation

Women will access IMPACT WV Collaborative prenatal services through two different routes.

- 1) Existing enrollment from birth of previous infant.
- 2) Documented opioid and/or other substance use and pregnancy.

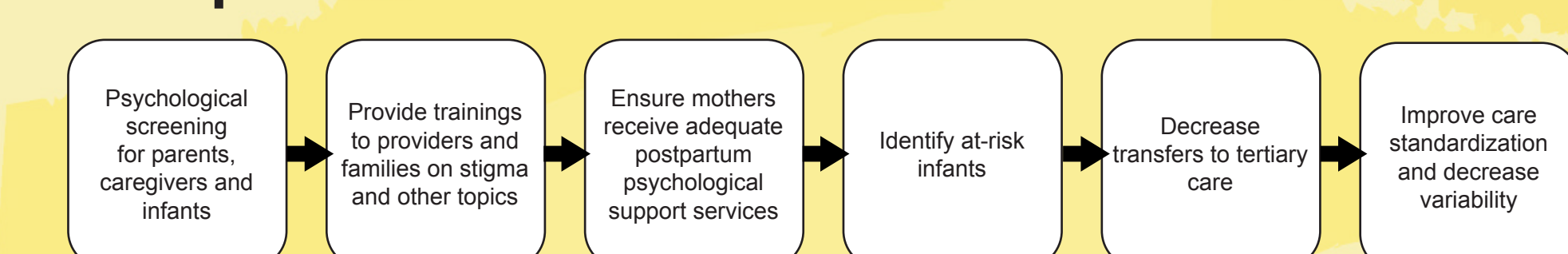
Women and families referred for prenatal services within the collaborative will receive:

Preconception/Interconception

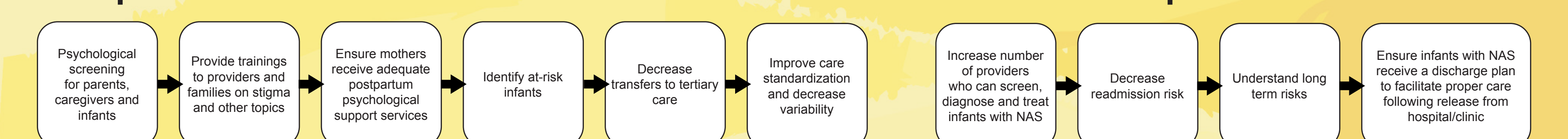


Psychosocial screenings and assessments will be captured from enrolled biological mothers, fathers, caregivers, and infants at specific time assessments. All transportation to and from services will be covered through the direct care aid from this program.

Postpartum



NAS Follow Up



Prior to discharge from the hospital, the patient navigator will gather the transition team to ensure a discharge plan is established for the enrolled infant. That plan will incorporate the NAS follow up clinic and other services as needed.

Building Strong Coalitions

- The IMPACT WV Consortium, coordinated by the WVU CED, aims to promote the physical, emotional, cognitive, social and behavioral well-being of families through a two-generational, evidence-based approach.
- The activities provided by patient navigators and other collaborative partners do not represent a new curriculum or additional tasks for care teams to complete.
- Instead, it builds upon the service structure that exists and attempts to strengthen this structure by sharing information, reducing duplication, identifying ways to coordinate care, and connecting to missing services.
- The Consortium is composed of a multidisciplinary team of individuals, with experience programming, monitoring, and coordinating services, who have worked together in the past five years to strengthen high risk families and improve children's health outcomes in eight counties in the northern region of the state with the highest NAS rates.

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