Project Nurture Collaborative

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Disclosures

• No disclosures
Who’s in the Room Today?

- Direct Care Provider (SUD, physical health)
- Administrator of direct care program/clinic
- Health Plan representative
- Research or Public Health
1. Examine the Project Nurture model as one example of integration of specialty behavioral health and physical health care

2. Assess the advantages and disadvantages of integrated care

3. Discuss the unique role of opioid treatment programs in being an integrated care partner

4. Imagine the expanded role of team members such as doulas or certified peer recovery mentors
A Center of Excellence Model for pregnant women with substance use disorders

Core components of the model
- Team-based approach
- Group visit model of care
- Maternity care, extends for one year postpartum
- Level 1 addiction treatment
- MAT available at 2 sites, third site refers
- Case management
- Peer support
A Center of Excellence Model for pregnant women with substance use disorders

Site at Legacy midwifery clinic

Site at CODA opioid treatment program

Site at Providence Family Medicine clinic

Support from Health Share and DHS
<table>
<thead>
<tr>
<th>Childhood experiences</th>
<th>Percent who have experienced this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women who spent time in foster care</td>
<td>35%</td>
</tr>
<tr>
<td>Had no one to protect me when I was a child</td>
<td>49%</td>
</tr>
<tr>
<td>Did not have enough to eat as a child</td>
<td>28%</td>
</tr>
<tr>
<td>Someone in my household went to prison</td>
<td>35%</td>
</tr>
<tr>
<td>Experienced physical abuse as a child</td>
<td>51%</td>
</tr>
<tr>
<td>Witnessed violence between my parents</td>
<td>63%</td>
</tr>
<tr>
<td>Experienced sexual abuse as a child</td>
<td>47%</td>
</tr>
<tr>
<td>Ever dropped out of school</td>
<td>77%</td>
</tr>
<tr>
<td>Ever ran away from home</td>
<td>67%</td>
</tr>
</tbody>
</table>
## Project Nurture participants

### Life experiences - adulthood

<table>
<thead>
<tr>
<th>Adult life experiences</th>
<th>Percent who have experienced this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a high school education</td>
<td>48%</td>
</tr>
<tr>
<td>Ever been arrested</td>
<td>72%</td>
</tr>
<tr>
<td>Ever been homeless</td>
<td>81%</td>
</tr>
<tr>
<td>Ever went without food, past 12 months</td>
<td>40%</td>
</tr>
<tr>
<td>Ever hit by a partner or loved one</td>
<td>77%</td>
</tr>
<tr>
<td>Partner has limited my access to friends/family/money/phone/transportation</td>
<td>65%</td>
</tr>
<tr>
<td>Partner tried to get me pregnant against my will</td>
<td>9%</td>
</tr>
<tr>
<td>Ever had a child go into foster care</td>
<td>57%</td>
</tr>
<tr>
<td>Currently parenting at least one child</td>
<td>81%</td>
</tr>
</tbody>
</table>
Project Nurture Goals

Engage and build trust

Improve health and reduce costs

Break intergenerational cycle of trauma

Build the workforce
How did it come to be?

2013: What are the gaps in maternity care for women on OHP in the tri-county area?

- Mental health and SUD treatment

What are the gaps in our behavioral health system?

- Treating pregnant women with SUD

Health Share convened a community meeting

- Legacy and CODA indicated they were ready to pilot a project of integrated care
- Legacy had established partnership with Lifeworks NW
- CODA already oriented toward high risk pregnant women + burgeoning partnership with OHSU
- Health Share had one-time transformation dollars to spend
Integration:

Singles tennis vs. doubles tennis

• Singles tennis advantages (referral, co-location):
  • Physical health: Screening, engagement, buprenorphine, harm reduction
  • SUD system: focused care, different levels of care, group and individual counseling, methadone or buprenorphine

• Doubles tennis advantages (integrated care):
  • Reduce stigma
  • Reduce barriers
  • Learn from each other
  • Meet patients wherever they are
Health Share’s Role

- Convene partners to develop model
- Gap funding
- Project Management
- Project Evaluation
- Work with payers to plan for stability
- Advocate in the bigger context of system change
<table>
<thead>
<tr>
<th>Key Components</th>
<th>Medications Available</th>
<th>Recommended For</th>
</tr>
</thead>
</table>
| **Opioid Treatment Program (OTP)** | • Daily medication dispensing  
• Federal and Accreditation requirements  
  • Admissions  
  • Unsupervised Use  
  • Treatment supports | • Methadone  
• Buprenorphine  
• Naltrexone | • Daily contact/support  
• IVDU  
• Little to no recovery support  
• Pregnant |
| **Office-Based Opioid Treatment (OBOT)** | • Physician driven prescriptions  
• Minimal regulation of psychosocial treatments  
• Less capacity to monitor adherence | • Buprenorphine  
• Naltrexone | • Higher degree of motivation (internal or external)  
• Some identifiable supports  
• Lower severity OUD |
Why an OTP?

• Existing priority and infrastructure

• Unique staffing pattern for an SUD provider

• The dispensary as a pivot
Making the Whole More Than the Sum

- Doulas and Peer Mentors as Connective Tissue
- Ripple Effects: Resident Training, NICU Stays, Inpatient Nurses, Jails
- Unified Families
A Glimpse of True Integration

• Pulling Back the Curtains
  • Example: Encouraging the inclusion of the father, or working on exiting a destructive relationship?
  • Resolution: Weekly team conference call

• Relentless Optimism
  • Example: “Failing” to engage in necessary care
  • Resolution: Making the most of every resource
The Road Ahead

- Supporting and Upskilling SUD Providers
- Developing Shared Language and Agreements
- Not Settling for Co-Location
A Patient Story
Questions for You?

Questions for Us?

• For You:
  • What experience(s) do you have integrating across behavioral health and primary care?
  • From your perspective (behavioral health / physical health / health plan), what feels like the greatest obstacle to overcome?
  • Are there downsides to integration?

• For us???
Staff interviews

“I really think the biggest successes are having people not feel traumatized. And I get so excited when people are just like, ‘[a PN hospital] is great!’ So now you have an experience where the system doesn't hurt you, where you can get your needs met in the system. You might reengage with it again.”
Staff interviews

“I have this one client that just looked at me and was like, I have no options. I have decided to trust you to help me.”

“Helping people get through court dates …or writing letters for people as they’re trying to get housing…Working on custody for older children…”

“I have a lot of clients who have lost many children to CPS in the past who are parenting this child. Having multiple children taken away by CPS can put you in a position where it's hard to even go through another pregnancy, let alone trust that people are going to help you…”

“So, when CPS workers call me, I can say very honest things like ‘She's been really stable in her recovery and really dedicated to this baby... She talks a ton about how much she misses her kids’- those kinds of things I can say a lot more nuanced things than ‘she went to a group.’”
Staff interviews

“I think one thing that was really striking, from the very beginning, was how quickly the patients developed as a peer group...and how quickly they started to support each other. When you think about all of the many layers of shame and fear that women like this experience...They're pregnant, they were using drugs while they were pregnant, they're on methadone. Nobody wants to talk about a pregnant mother on methadone, right? The fact that these women have to shoulder all of that and found a group of women that they could share that with...”
Staff interviews

“The whole point of Project Nurture is that you end up with people in your corner- that they know you, that they want the things you want for you...”
Participant interviews

“But here [at Project Nurture], I was really excited to have people who knew exactly what I was talking about, and have that support. I was excited to come in and have that support because I was scared.”

“If it weren’t for them I wouldn’t have made it this far. It’s really awesome to have that support. And also- when you’re getting sober, the more people that you have to be accountable to, the easier it is to remain sober. Having all of those people to be accountable to, and all of those people who would be disappointed if I screwed up.”
Participant interviews

“Just from other moms that know addiction too and have just been through the same thing. It’s nice to have other moms too who have older kids, and so they have already been through....like if my daughter gets sick or something...I can talk to them. And it’s nice to be able to help other women too, and not just take, but give as well.”

“I don’t feel like I’m coming to a therapy session. I DO feel like I’m coming to a group, I’m uniting with other people- like I’m part of something, not that I AM the something.”
Contact info

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