

# Implications for a System of Care in Hawai'i for Pregnant and Parenting Women and Substance Use

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in partnership with the **Hawai'i State Department of Health, Alcohol & Drug Abuse Division (ADAD)**,  
**Hawai'i Youth Services Network (HYSN)**, and  
the **Hawai'i Interagency Statewide Youth Network of Care (HI-SYNC)**

# Learning Objectives

- By the conclusion of the session, the audience will be able to:
  - Identify perinatal-specific considerations and barriers to substance use disorder (SUD) treatment
  - Describe ongoing efforts in Hawai'i to improve SUD systems of care for pregnant women and women with dependent children (PWWDC)
  - Discuss gender-responsive treatment principles and evidence-based practices for PWWDC
  - Examine recommendations for public and private partners to improve SUD systems of care for PWWDC

# ADAD State Plan for a System of Care

- Hawai'i State Department of Health, Alcohol and Drug Abuse Division (ADAD)
- ADAD's "efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance abuse services to meet the treatment and recovery needs of individuals and families and to address the prevention needs of communities."
- University of Hawai'i JABSOM Department of Psychiatry

# ADAD State Plan Chapters

- Substance Use & Public Sector

- Mental Health
- Homelessness
- Criminal Justice
- Juvenile Justice
- Violence (IPV, DV, CAN)

- Substance Use & Populations

- Rural
- Native Hawaiian
- Sexual & Gender Minorities
- **Pregnant & Parenting Women**
- Primary Care Integration

# Outline of Chapter/Webinar

- Background and Introduction
- Current System of Care in Hawai'i
- Interventions
- Recommendations

# Background and Introduction

- Substance use and pregnancy
  - Adverse outcomes for moms and babies; developmental and psychosocial events can persist into adulthood
  - Multiple barriers to accessing care, e.g., transportation, housing, childcare, medical and psych comorbidities, lack of resources
- Pregnant and Parenting Women (PPW) ~ Pregnant Women and Women with Dependent Children (PWWDC)
- Risk factors and health disparities
  - Links to other chapters (Mental Health, Violence, Rural, Native Hawaiian, etc. )
- Pregnancy as a window of opportunity for intervention and treatment

# Past Month Substance Use among Pregnant Women, 15-44yo, national (NSDUH 2019, 2015-18)

	United States, 2019*		Hawai'i, 2015-2018*
Type of Substance	Estimated N	%	% (95% CI)
Tobacco Products**	198,000	9.6%	12.8% (5.2-28.2)
Alcohol	197,000	9.5%	15.6% (5.0-39.6)
Illicit Drugs	120,000	5.8%	--
Marijuana	112,000	5.4%	2.1% (0.6-6.7)
Opioids	8,000	0.4%	--
Cocaine	3,000	0.2%	--

\*Tobacco products include cigarettes, smokeless tobacco, cigars, and pipe tobacco.

# Hawai'i PRAMS

	2009		2010		2011		2009-2011	
	N*	% (95% CI)	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)
<b>Used illicit** drugs while pregnant</b>	500	3.0 (2.1-4.2)	400	2.5 (1.7-3.7)	600	3.4 (2.5-4.6)	1,600	3.0 (2.5-3.6)
<b>Used illicit drugs in month before pregnancy</b>	2013		2014		2015		2013-2015	
	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)
	1,300	7.4 (5.8-9.5)	900	5.3 (4.0-7.0)	900	5.4 (4.0-7.4)	3,100	6.1 (5.2-7.1)
<b>Drank alcohol in last 3 months of pregnancy</b>	2015		2016		2019 <sup>#</sup>		2015, 2016, 2019 <sup>#</sup>	
	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)
	1,500	8.7 (6.8-11.0)	1,400	7.8 (5.8-10.5)		6.8 (4.5-10.2)		8.0 (6.7-9.5)
<b>Drank alcohol in 3 months before pregnancy</b>	9,500	54.5 (50.7-58.3)	9,400	54.3 (50.0-58.5)		50.3 (44.6-56.0)		53.6 (51.0-56.2)
<b>Smoked cigarettes in last 3 months of pregnancy</b>	900	4.9 (3.5-6.7)	900	4.9 (3.3-7.3)		5.8 (3.4-9.7)		5.1 (4.0-6.4)
<b>Smoked cigarettes in 3 months before pregnancy</b>	2,100	12.0 (9.8-14.5)	2,600	14.7 (11.8-18.0)		14.3 (10.5-15.4)		13.5 (11.8-15.4)

\* Estimated count (i.e., number of pregnancies affected), rounded to nearest 100

\*\*Amphetamines (uppers, ice, speed, crystal, crank); Cocaine (rock, coke, crack) or heroin (smack, horse); Marijuana (pot, bud) or hashish (hash); Sniffing gasoline, glue, hairspray, or other aerosols; Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy)

<sup>#</sup>The 2019 PRAMS dataset is smaller than previous years



# Current System of Care in Hawai'i

- Prioritization of PWWDC per ADAD, Substance Abuse Treatment Block Grant (SABG)
- WITS data
  - PWWDC constituted approximately 1-3% of admissions and discharges from ADAD-funded treatment providers in 2019-2020
  - Vast majority (95-99%) of PWWDC served across ADAD-funded treatment providers in 2019-2020 were served at Salvation Army Family Treatment Services (SAFTS, on O'ahu), Malama Family Recovery Center (MFRC, on Maui), and Big Island Substance Abuse Council (BISAC)
- PWWDC often access treatment through the direct referral sources (e.g., self-referral, criminal justice, CWS)
  - Unknown how many referred via Hawai'i CARES

# ADAD-contracted treatment providers with PWWDC

<u>Agency</u>	<u>Island</u>	<u>Services</u>
Big Island Substance Abuse Council (BISAC)	Hawai'i	Day Treatment, Intensive Outpatient, Outpatient, Continuing Care, Clean & Sober Housing (Mom & Child), Therapeutic Living Program (Mom & Child), Child Care (PWWDC)
Child and Family Service	Kaua'i	Outpatient, Continuing Care, Child Care
Ka Hale Pomaika'i	Moloka'i	Intensive Outpatient, Outpatient, Continuing Care, Clean & Sober Housing
Malama Na Makua A Keiki dba Malama Family Recovery Center	Maui	Intensive Outpatient, Outpatient, Continuing Care, Clean & Sober Housing (Mom & Child), Therapeutic Living Program (Mom & Child), Child Care
Salvation Army Family Treatment Services	O'ahu	Residential (Mom and Child), Therapeutic Living Program (Mom & Children), Day Treatment, Intensive Outpatient, Outpatient, Continuing Care, Clean & Sober Housing (Mom and Children), Child Care

# Key Barriers for PW/WDC

- Insufficient services for women
  - Mixed-gender vs. PPW treatment programs
- Lack of financial resources
  - Housing, childcare, etc.
- Issues with coordination of services, including CWS
  - Both providers and patients trying to access SUD treatment services in Hawai'i during the perinatal period face highly fragmented service delivery systems (e.g., clinical care, corrections, courts, child welfare)
- Stigma

# Gender-Responsive SUD Treatment

Developed from the unique differences between men and women in their initiation of substance use, motivations/barriers in treatment engagement and factors that impact retention in treatment and influence long term recovery.

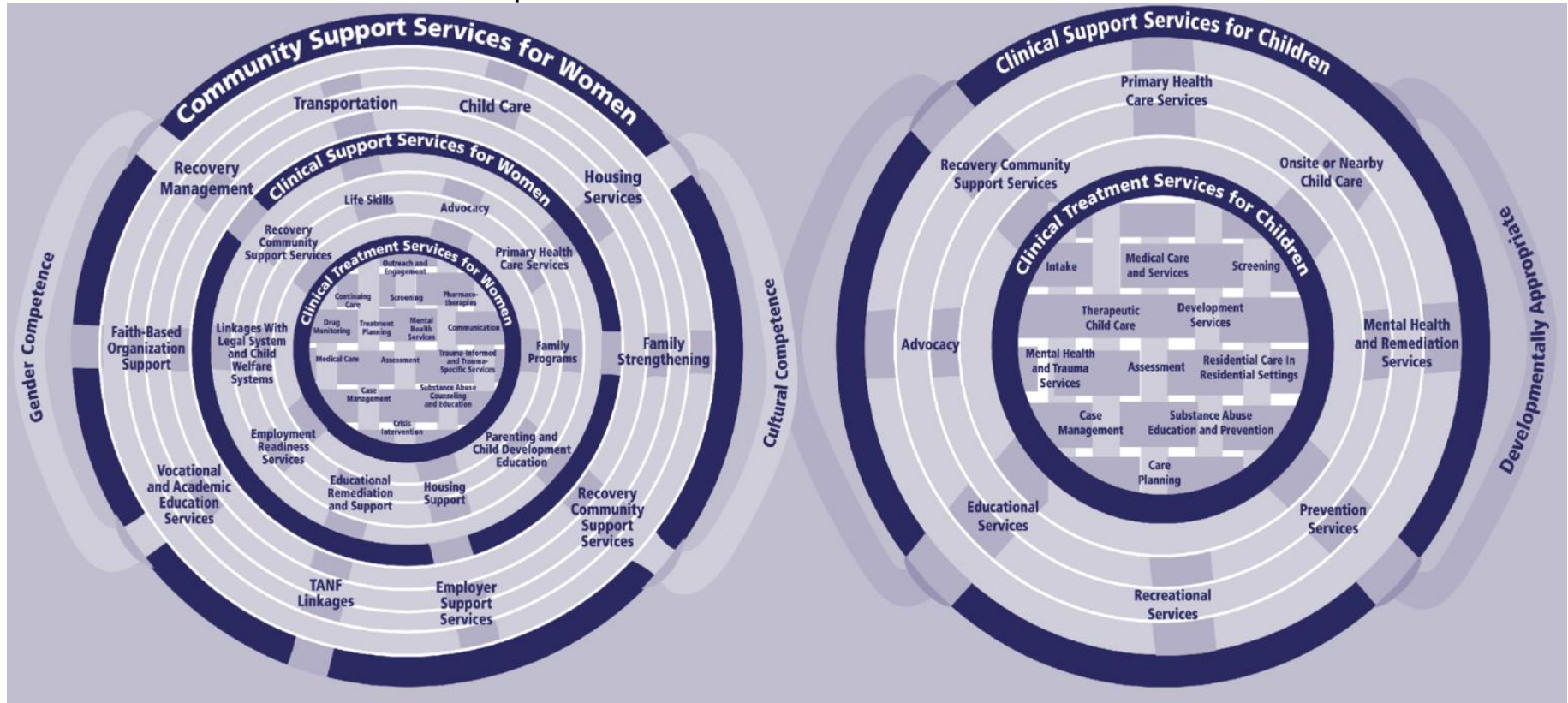
These unique differences and needs guide gender responsive principles and help to establish evidence based best practices that best support this population and more specifically PWWDC.

# Top Guiding Principles specific to PW/WDC

- Recognizing the significance of role and relationships
  - Promote cultural competence
- Endorsing the developmental perspective
  - Attending to the influence of various caregiver roles
  - Unique health concerns
- Recognize the stigma placed upon women → shame
  - Adopt a trauma informed, strengths based perspective
- Incorporate a multi-disciplinary approach
- Maintain gender responsive treatment across the settings
  - Support the development of gender-competency specific to women



# Interrelated Elements of Clinical Treatment and Support Services for Women and their Children from Comprehensive Substance Abuse Treatment Model



Source: Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 13-4426. In. Rockville, MD: Substance Abuse and Mental Health Service Administration; 2009

# Current Interventions for PW/WDC in Hawai'i

- Gender-specific/responsive treatment (focus on SAFTS, MFRC, BISAC)
- Hawai'i AIM selecting SUD bundle (*“Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle”*)
- Perinatal Substance Use Workgroup of Hawai'i Maternal & Infant Health Collaborative
- Makua Allies peer support demonstration project



ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH



Care for Pregnant and Postpartum  
People with Substance Use Disorder  
Element Implementation Details

# Big Island Substance Abuse Council

## Inspiring Change, Reclaiming Lives

PWWDC Program/Services:

- Therapeutic Living Program
- Clean and Sober Housing
- Day treatment, Intensive Outpatient, Outpatient and continuing care services
- Hawaii Island Health and Wellness Center - mental health services (family, couples, parenting, etc.)
- Po'okela Vocational Training Services
- Mahi'ai Ola - Gardening
- Ola Kino - Fitness



*Inspiring Change, Reclaiming Lives*



# Salvation Army Family Treatment Services

*Strong Women, Healthy Families, Thriving Children*

SAFTS Continuum of Recovery Support for Women with SUDs, their children and family:

- **Women's Way:** Residential treatment including residential treatment for infant/toddler
  - Outpatient SUD treatment
- **Ke Ola Pono:** Therapeutic living program for women + children
- **Ka 'Olu Hou O Manoa:** Transitional housing for women + children
- **'Ohana Center:** Infant mental health services for residential and outpatient families
- **Family Recovery Support Services:** Case management and outreach for families transitioning out of treatment



# Malama Family Recovery Center



Malama Family  
Recovery Center

*Helping Maui's mothers and children*

# Recommendations

1. Funding for Gender-Responsive SUD treatment, inclusive of children's treatment
2. Improved Care Coordination and Resource/Referral Infrastructure
3. Sustainable and Reimbursable Peer Support Programs, and Elevation of Voices of Lived Experience in Collaborative, Decision-Making Spaces
4. Workforce Capacity and Development

# Recommendation 1: Funding for Gender-Responsive Treatment, including Children

- *Operationalize* SAMHSA TIP 51
- *Advocate* with SUD treatment providers for improved understanding of PWWDC needs and appropriate reimbursement rates from health plans and Med-QUEST;
- *Subsidize costs* that are not covered by insurance reimbursement or other payment mechanisms, including costs of childcare, transportation, housing, etc.;
- *Streamline* the ADAD authorization processes;
- *Engage with providers* to optimize data collection and reporting for program development, quality improvement and achievement of performance measures;
- *Facilitate* (and require) training for all SUD treatment providers on PWWDC-focused topics, including gender-responsive SUD treatment and infant mental health

## **Recommendation 2: Improved Care Coordination and Resource/Referral Infrastructure**

- Advocate and strategize with health plans, Med-QUEST, and other partners to ensure the high quality and financial sustainability of care coordination services available to PWWDC, via insurance reimbursement and/or other payment mechanisms; and
- Collaborate on, and consider funding for, the development and maintenance of a set of referral resources and communication pathways between SUD treatment providers, obstetric providers, community-based organization, state and public health agencies, etc.

# Recommendation 3: Sustainable and Reimbursable Peer Support Programs, and Elevation of Voices of Lived Experience in Collaborative, Decision-Making Spaces

- Advocate and strategize with health plans, Med-QUEST, CWS, and other partners for the expansion and sustainability of peer support programs for PWWDC, via insurance reimbursement and/or other payment mechanisms;
- Consider subsidizing the costs of innovative peer support programs (e.g., Makua Allies Program) and related training/workforce development efforts that are not covered by insurance reimbursement or other payment mechanisms; and
- Include/integrate voices of lived experience across ADAD decision-making spaces, ensuring that these spaces are welcoming to those with lived experience.

# Recommendation 4: Workforce Capacity and Development

- Support the development and implementation of Hawai'i CARES staff training and collaborative process improvement related to PWWDC-specific issues;
- Engage with the HMIHC Perinatal Substance Use Workgroup, Hawai'i AIM, and network partners on workforce development, training, and other systems change initiatives to enhance the quality of care for PWWDC in SUD treatment, e.g.,
  - Resource/referral infrastructure (in Recommendation #2 above),
  - Infant mental health consultation and training, and
  - Fetal Alcohol Spectrum Disorder (FASD) consultation and training.

# Mahalo!

## Questions?

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*A draft volume of the ADAD State Plan System of Care Implications Chapters is available for public review and comment at*

<https://health.hawaii.gov/substance-abuse/state-plan/>

