Promise to Hope

History, Service Overview and Outcomes
Who we are:

• Promise to Hope is an interdisciplinary team made up of physicians, a registered nurse and a licensed independent social worker

• We work collaboratively to assess our patients needs and provide them with the best care for a healthy pregnancy, delivery and beyond
PTH Physicians:

Medical Director: Christopher Croom, MD
Melanie Glover, MD
David McKenna, MD
Samantha Wiegand, MD
PTH Care Managers:

Sarah Zinn, MSW-LISW-S   Trish McVey, RN, BSN
Who we serve:

- Pregnant women who are diagnosed with an opiate use disorder
  - Use may also include Polysubstance, our hope is to expand to serve pregnant women with any addiction in the near future
What we do:

• Care coordination
• Case management
• Advocacy
• Partnership
• Education
• Support
Hope: believing things can change.
Program Timeline

- 2015 MVH Foundation Gala established initial funding for program
- Mother's Day 2015: program was established with a “soft start” within MVH, no dedicated staff yet
- August 2015: First full time staff RN hired
- August 2016: Full time Social Worker hired
How we do it:

• Care Coordination
  – Assess patients biopsychosocial needs as related to addiction recovery and readiness to change.
  – Connect patient to the community recovery agency of their choosing.
  – Coordinate bridge scripting of patient’s MAT services.
How we do it:

• **Case Management:**
  – Weekly case conferences with partner organizations to keep the “pulse” on patient status and needs
  – Make and receive calls to assist patients with eliminating barriers to treatment (Ex: transportation, dental care)
How we do it:

• Advocacy
  – We are a voice to speak up for our patients who often are unable to appropriately advocate on their own behalf.
  – Our staff advocates on a local level for patient needs within the systems of: incarceration, healthcare, job and family services, housing, and more.
How we do it:

• Partnership
  – ADAMHS board connection, legal system, local recovery advocates
  – We partner with local recovery agencies to connect our patients to treatment at the level and location they choose.
  – Options: Patients can choose from Inpatient or Outpatient levels of care
Partner Agencies Utilized:

- Samaritan Behavioral Health
- Recovery Works
- TCN
- Out of area
- Other: Local
How we do it:

• Education
  – to patients about addiction, recovery, pregnancy, delivery, NAS, children’s services, breastfeeding, etc.
  – to the greater community through presentations & outreach events
How we do it:

• Support
  – Weekly patient support group on Tuesday evenings
    • Voluntary attendance
    • Small incentives weekly, ability to earn large incentive after each 6 weeks attended (pack-n-play, car seat, stroller, swing, diapers)
    • Physician attends each week to answer medical questions
    • Community is formed within the group, begins to have a “life of it’s own”
  – Educational and Experiential components on a variety of topics such as:
    • Children’s Services, Family Treatment Court, NICU, breastfeeding, childbirth, Help Me Grow, Yoga and meditation, art therapy, newborn care, parenting, healthy relationships, etc.
Our Outcomes:

• Both qualitative and quantitative
• Our greatest outcomes are the lives changed, some of whom are here today to share with you their stories
• Quantitative outcomes keep funding streams active, show relevancy
• Our main metrics are: breastfeeding rate, infant length of stay at hospital and infant disposition at discharge
Promise to Hope
Patient Enrollment Trends:

- 2015
- 2016
- 2017 YTD
- Total

Series 1
Breastfeeding: Breaking Records!

Of PTH Moms who are eligible, choose to breastfeed! This is higher than the overall population of 60%!
Decreasing NICU Length of Stay:

NICU Infant Average LOS

- Mom not active in PTH at delivery
- Mom active in PTH at delivery
Infant Disposition:

70%

Of moms who are active in recovery with PTH at delivery, 70% are able to take their infant home at discharge, with no Children’s Services involvement.
Promise to Hope:
937-208-4093

Trish McVey, RN 937-208-2481
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Sarah Zinn, MSW, LISW-S 937-208-8382
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How you can do it!

Keys to community implementation
Recruit a diverse team:

• Within a hospital system:
  – Physicians: Select a Medical Director who champions the service
    • Consider: MFM, OBGYN, Addiction Medicine, Psychiatry, Family Medicine, Residents and Medical Students
  – Nursing: Administration, Triage, Labor and Delivery, Nursery, NICU, Postpartum
  – Social Work: high level of competency and experience needed
Recruit a diverse team:

• Within your community:
  – Legal System administration
  – ADAMHS board designated liaison
  – OBGYN providers / local prenatal clinic
  – County agencies providing direct services at each level of care
  – County Children’s Services Agency
  – Local recovery community
  – Sober living homes
  – Domestic Violence service agencies
  – Peer supporters
  – Managed Medicaid providers
Plug into existing networks:

• **Ohio MOMS 2.0**
  – http://momsohio.org/

• **Existing out of state programs:**
  – Mothers in Recovery at Dartmouth-Hitchcock, New Hampshire
  – Project Respect: Boston Medical Center

• **Existing regional programs:**
  – Columbus, Cleveland, Dayton, Cincinnati, Athens
Establish a Care Pathway:

- There are no wrong paths, as long as the *destination* is the same - Healthy Moms living out recovery!
- Buy-in of key stakeholders at the outset is critical for success
- Include persons with lived experience in your planning process
Entry Points

- Disease Management
  - Treatment for medical conditions, pain management

- OB/GYN
  - Prenatal Care
  - Delivery
  - Postpartum Care
  - Breastfeeding
  - Family planning

- Behavioral Health
  - Psychiatric counseling
  - Including therapy, behavioral modification, and relationship/family counseling

- Addiction Services
  - Medication-assisted treatment, therapy, vocational, housing, transportation, relapse prevention

- Emergency Department/Hospitalization
  - Acute trauma care, opioid-related admission, labor & delivery

- Child Welfare
  - Prevent, identify, assess, and treat to ensure child and family safety

- Social Services
  - Housing, education, self-care, employment, public welfare programs

- Primary Care Clinician
  - General medical care
  - Pediatrician

- Legal System
  - Placement decisions

- Others
  - Church, friends, family, self-referral, health department

Credit to MOMS Ohio: http://momsohio.org/

Premier Health
Miami Valley Hospital

mvh.org
Barriers: Opportunity for growth

• You are ambassadors for cultural change regarding the disease of addiction
  – Assess the culture of your organizations and partners, take action to create a culture of non-judgmental, trauma-informed care
  – Ongoing multimodal staff education and outreach to the community
  – Establish opportunity for debrief and self-care of staff to prevent compassion fatigue
Trial and Error: Learn from ours!

- A community of doctors with their XDEA prescribing waiver for Subutex/Suboxone
- Clinical staff with passion and working synergy
- Treatment providers who will see pregnant clients
- Designated contact person at each partner agency
- List of accepting OB providers / clinics for prenatal care
- Standard order sets for MAT induction process
- Standard release of information form with partner agencies
- Awareness of insurance requirements and benefits
- Discuss the partner agencies’ requirements for the patient to remain compliant
- Ascertain the typical bridge scripting time for partner agencies
- Work closely with your ADAMHS Board
Montgomery Co. ADAMS & Promise to Hope Partnership
June 2018
Introductions

Jodi Long LISW-S, LICDC-CS
Director of Treatment & Support Services
Montgomery Co. Alcohol, Drug Addiction & Mental Health Services
937.853.4331
jlong@mcadamhs.org
In the Beginning

Summer 2016 – Promise to Hope approaches ADAMHS about funding 16 beds of residential treatment specifically for women served in Promise to Hope

- As the Promise to Hope team and ADAMHS staff met it became clear the need was not for residential treatment but gender specific recovery housing
Nov 2016 – ADAMHS applies for OHMHAS Capital Project for L3 recovery housing project & is awarded $560,000

Early 2017
• Awarded OHMHAS grant
• Began property search – found “ideal” 2 4 apartment complexes next door to each other
• After much negotiation with out of state building owners, the offer fell through in Spring of 2017
Recovery Housing Capital Project

Summer of 2017

• 2 properties are placed on market again; ADAMHS makes 2nd offer
• Capital & renovations of project exceed available funds ADAMHS has available based on the grant match requirements by $20,000
• ADAMHS approaches Miami Valley Hospital Foundation for $20,000
• Decision is made to change project to L2 recovery housing which allows women to remain with treatment provider of their choice

November 2017

• Final project grant details are approved by OHMHAS
Recovery Housing Capital Project

January 2018
• Current tenants are given 90 days to vacate property
• ADAMHS contracts with property management company to oversee tenant re-location and property maintenance

March 2018
• Renovation bids go out

HOPEFUL, apartments will be operational by Fall 2018
Recovery Housing Capital Project

Final Project Details:

• Once renovations are completed, ADAMHS will turn deed over to private non profit recovery housing provider

• Will provide up to 12 women with L2 recovery housing during & post partum up until child turns 1 year old

• Onsite recovery supports will include:
  • 24/7 onsite Peer recovery staff
  • Prenatal and Child development groups (likely partner with Public Health and/or Promise to Hope staff)
  • Care coordination
  • Living skills courses
  • Family education programs
Funding

Annual Operating Budget for Property Only - $25,000/year

- Women, as appropriate and medically cleared, will be expected to contribute 35% of any earned income towards room and board (we estimate $3,000/year revenue)

- ADAMHS will subsidy remaining operating costs with county levy funds

Onsite Recovery Supports – estimated $75,000 - $150,000/year

- Dependent on contracted partners providing services onsite some services may be Medicaid billable and/or funded by other state/local funding (ie. Health Department)

- ADAMHS will fund the remaining onsite recovery supports via county levy funds
Our Recovery
Promise to Hope Moms