



NPA Conference

NO ONE LEFT BEHIND: How Perinatology Can Be a Leader in  
Equitable Care from Public Health to Rare Diseases

# UNC Horizons - A Comprehensive Model of Dyadic Care

Hendrée E. Jones, PhD

Division/Executive Director, UNC Horizons  
Professor, Department of Obstetrics and Gynecology  
University of North Carolina

April 19, 2023

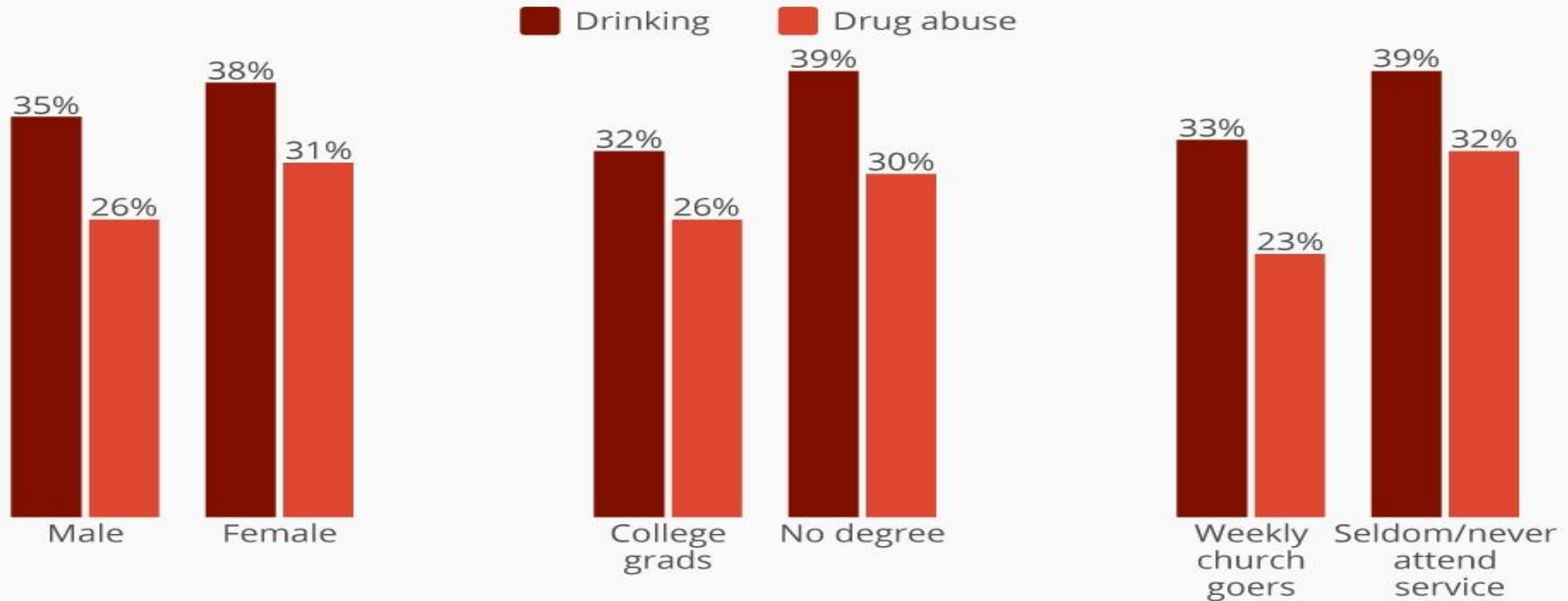
# Objectives

- Describe the evidence-based continuum of care available prenatally through pregnancy and after childbirth to women and infants impacted by substance use disorders
- Summarize the model and evidence supporting a comprehensive approach to providing substance use disorder treatment to pregnant patients in incarcerated settings
- Articulate three ways all care providers can provide strength-based intervention to families affected by substance use disorders

# Substance Use and The Family

## Substance Abuse Touches Around Half of U.S. Families

"Has drinking/drug abuse ever been a cause of trouble in your family?"



# Harms of Substance Use on The Family

**Foster care placements are increasing**

**More children are residing with grandparents and relative caregivers**

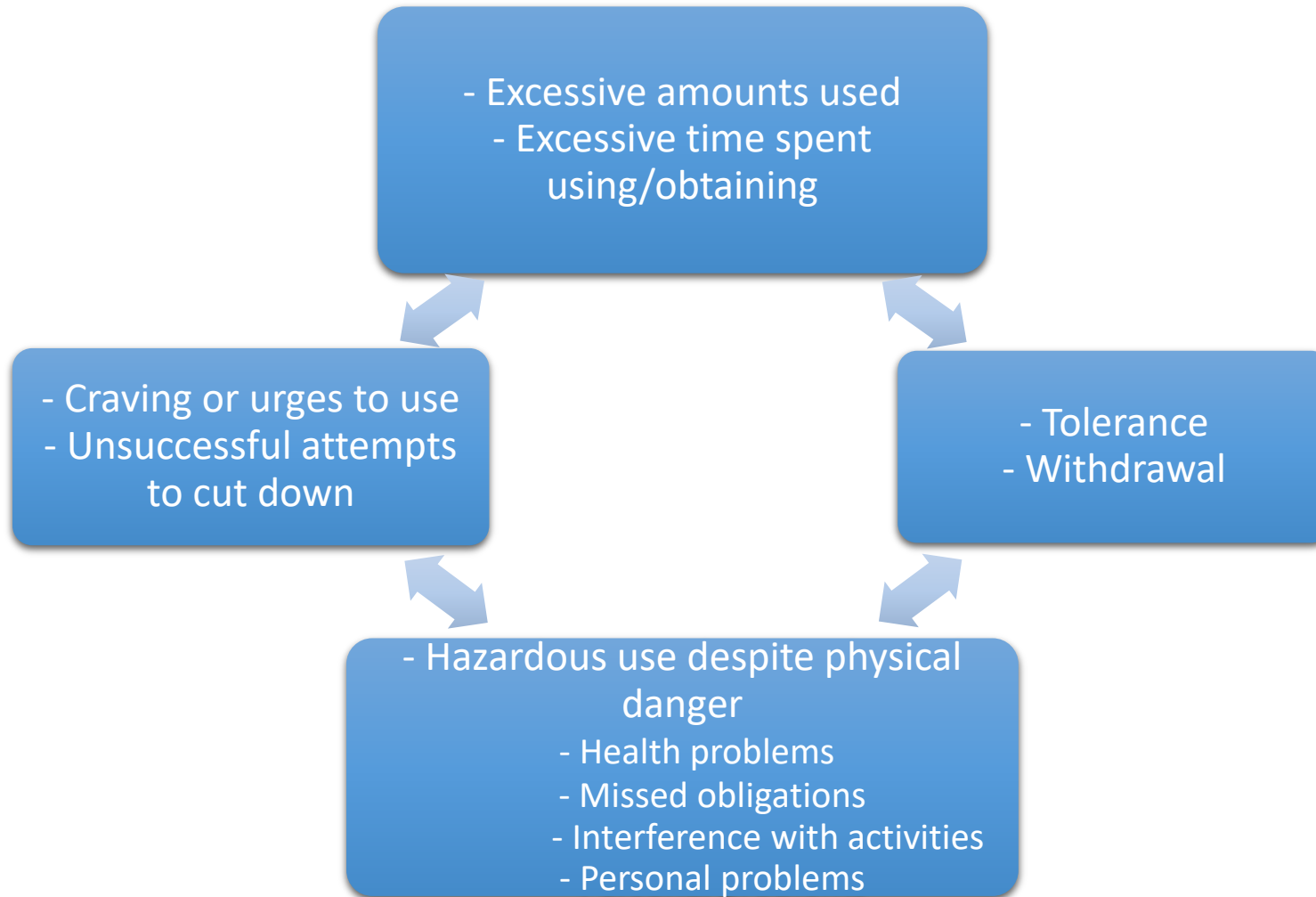
For every child in foster care with relative caregivers, there are 20 children being cared for by grandparents or other family members outside of the foster care system.



**Substance Use Disorders can impact parenting abilities in different ways, leading children to experience:**

- Interruptions in the development of healthy parent-child attachments
- Exposure to parents' drug use or witnessing a parental overdose
- Parental separation
- Disconnection from family and other informal social supports
- A lack of basic care needs

# 11 Signs of Substance Use Disorders



DSM-5 released May 2013

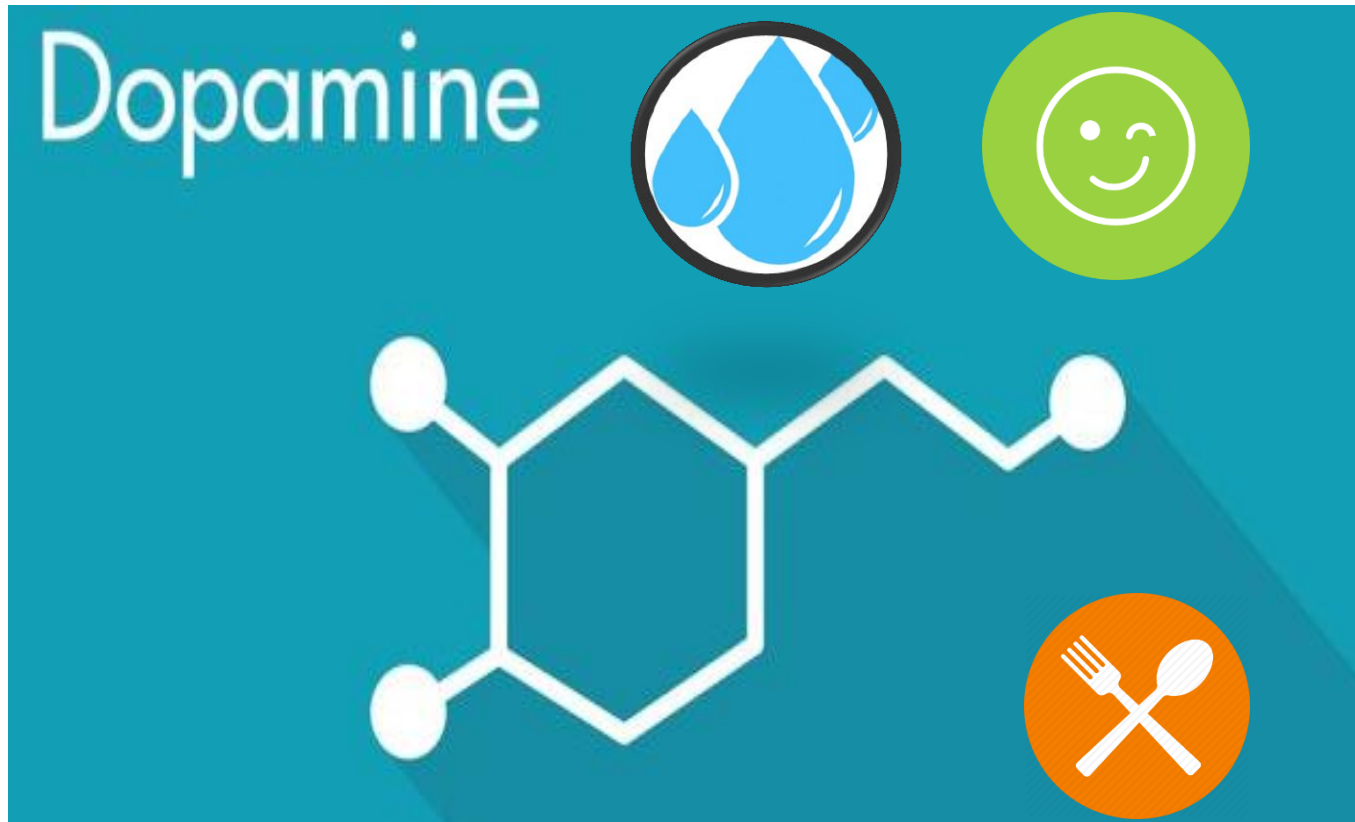
“Substance Use Disorder” terminology

11 diagnostic criteria over a 12-month period:

- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6 or more symptoms

# Why Addiction Matters

Dopamine



The image features a teal background with the word "Dopamine" in white text at the top left. Below the text is a white chemical structure of dopamine, which consists of a benzene ring with a hydroxyl group (-OH) and a methyl group (-CH3) attached to the ring, and an ethylamine chain (-CH2-CH2-NH2) attached to the ring. To the right of the chemical structure are three circular icons: a blue water drop, a green smiley face, and an orange circle containing a white fork and spoon.

nanograms/deciliter

40	Worst Day
50	Average Day
100	Great Day!
500- 1,100	Drugs

# Dopamine Matters!

Repeated Drug Use  
nanograms/deciliter for drugs  
500- 1,100

600

500

400

50

10 nanograms/deciliter every day



# How is Family Defined?

Traditional families

Single parents

Blood relatives

Adoptive families

Foster relationships

Grandparents raising grandchildren

Stepfamilies

Extended families

Elected families

For practical purposes, family can be defined according to the individual's closest emotional connections.

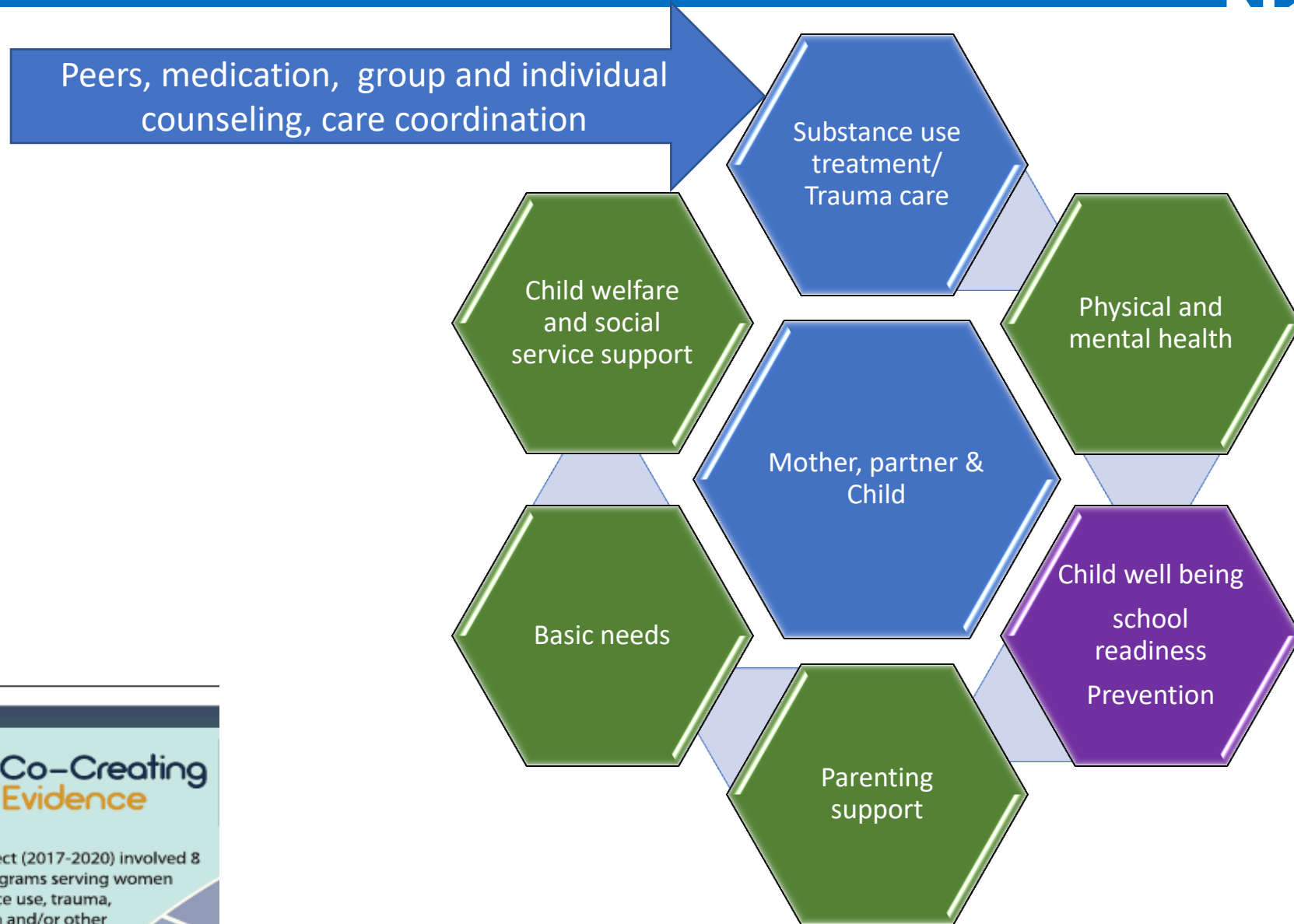


## Treatment that Supports Families

- Treatment that supports the family as a unit has been proven to be effective for recovery and child well-being.
- Family separation is not necessary in order to receive appropriate treatment.

# Family-Centered Treatment

Needs



# UNC Horizons: History and Funding

- **Early 1990s the NC General Assembly used newly available federal and state substance abuse dollars to fund several gender-specific treatment programs targeting perinatal substance use**
- **Since 1993 Horizons has treated approximately**
  - **5,000 women from all of NC's 100 counties**
- **First residential site 2001**
- **Primary sources of funding:**
  - **Federal and State Block Grants**
  - **Medicaid**
  - **State funding for uninsured residents**



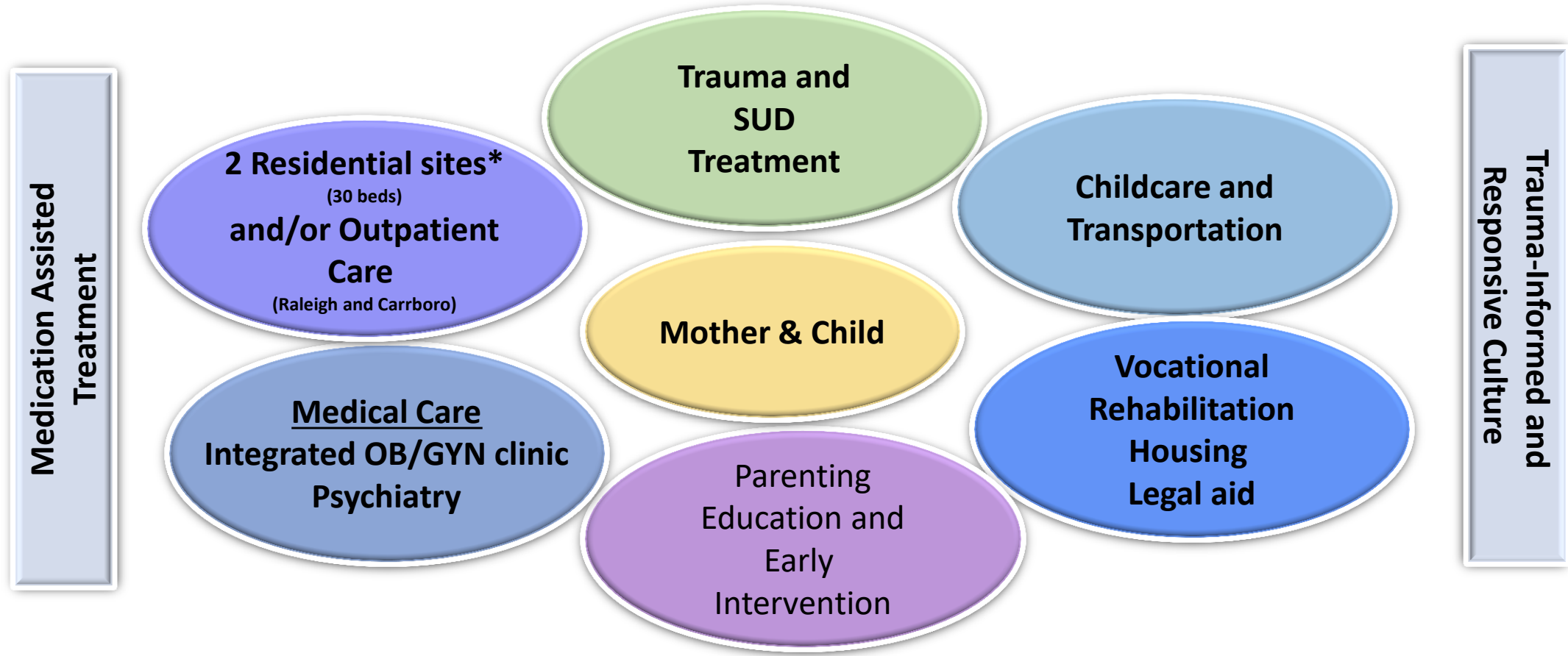
# Who We Serve

- 150-250 women a year
- Mean age of 29 years
- 100% Medicaid or uninsured
- 50% pregnant
- 55% are Child Protective Service (CPS) involved
- Poly-substance problems
- 77% come from families with substance use disorder issues and 75% with mental illness
- 83% have been arrested at least once (average of 4 arrests)
- 84% have experienced at least one type of interpersonal violence
- 32% have attempted suicide

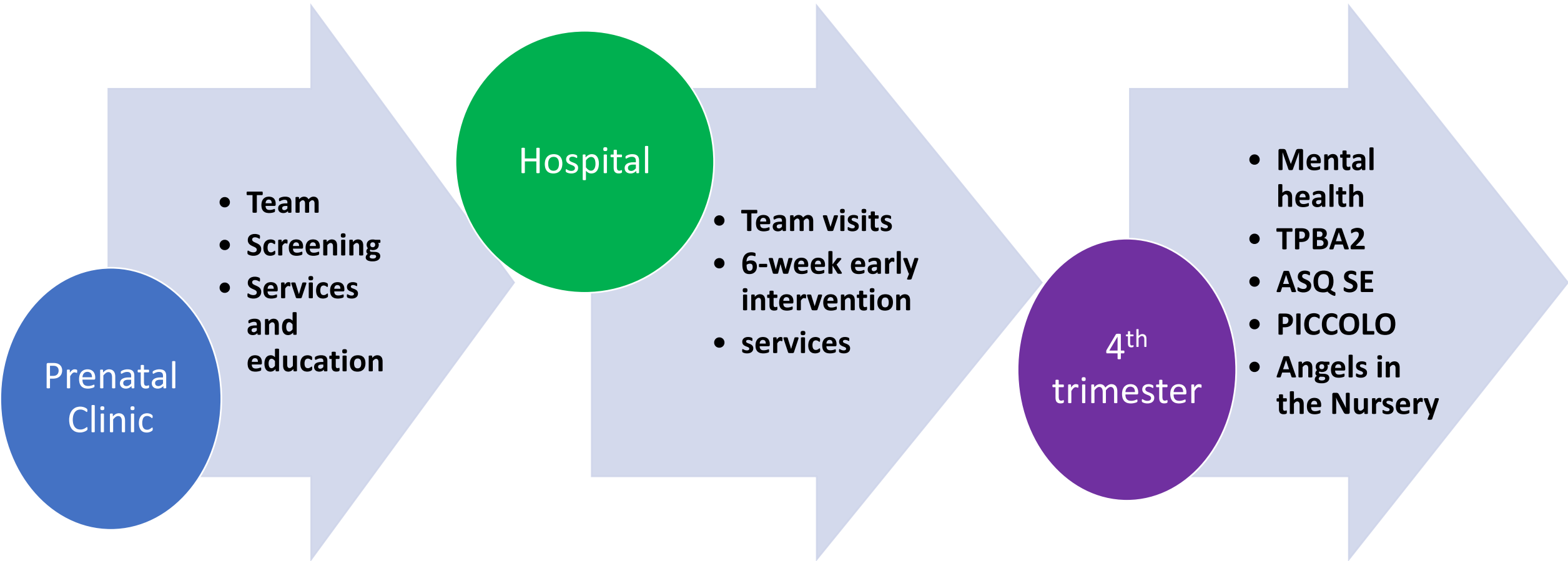


# UNC Horizons: Examples of Residential and Outpatient Family-Centered Care

Unified Philosophy Informed by Social Learning, Relationship and Empowerment Theories

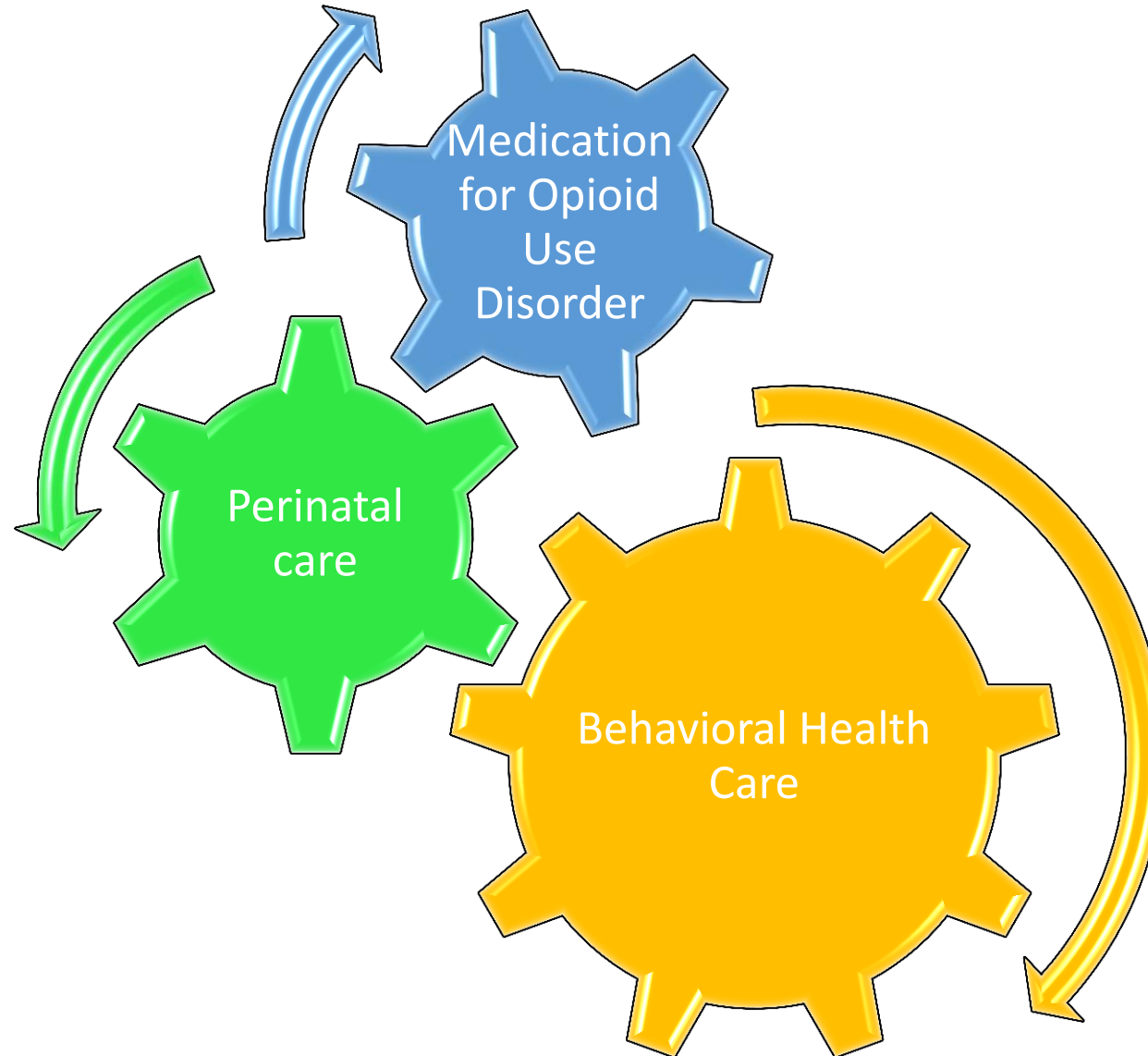


# UNC Horizons: 1<sup>st</sup>-4<sup>th</sup> Trimester Family Care



# UNC Horizons: 1<sup>st</sup>-4<sup>th</sup> Trimester Family Care

Medical Care  
Integrated OB/GYN clinic  
Psychiatry



# Involving Fathers/Partners in the Newborn Period



Invite

Invite their involvement

Seek

Seek opinions to explore cultural traditions, personal beliefs about child rearing and father involvement

Encourage

Encourage participation in prenatal visits and delivery

Screen

Screen for perinatal depression

Educate

Educate father/partner about importance of their role in child development and child outcomes

Discuss

Discuss the stresses of parenting: lack of sleep, less 1:1 time with mother, changes in sexual relationships



# UNC Horizons: Residential Care

Residential  
and/or Outpatient  
Care

- Average of 9 months, then continuing care services:

- ◆ Attend outpatient groups
- ◆ Childcare services   ◆ Transportation
- ◆ Case management   ◆ Peer-support
- ◆ Individual counseling
- ◆ Urine drug testing
- ◆ Parenting/ Family therapy
- ◆ Crisis contingency plans
- ◆ Disease management
- ◆ OB/GYN and psychiatry

## Goals Set with Shared Decision-Making:

- ❖ Alcohol and drug abstinence
- ❖ Employment and/or on educational path
- ❖ Resolve or address legal issues
- ❖ Secure housing
- ❖ Positive parenting
- ❖ Physical and mental health

## Child

- ❖ Child outcomes are in normal limits

## Dyad

- ❖ CPS case resolved with reunification

# The Difference Between Treatment and Recovery



## Treatment

Services that initiate and maintain reduction or cessation of substance use

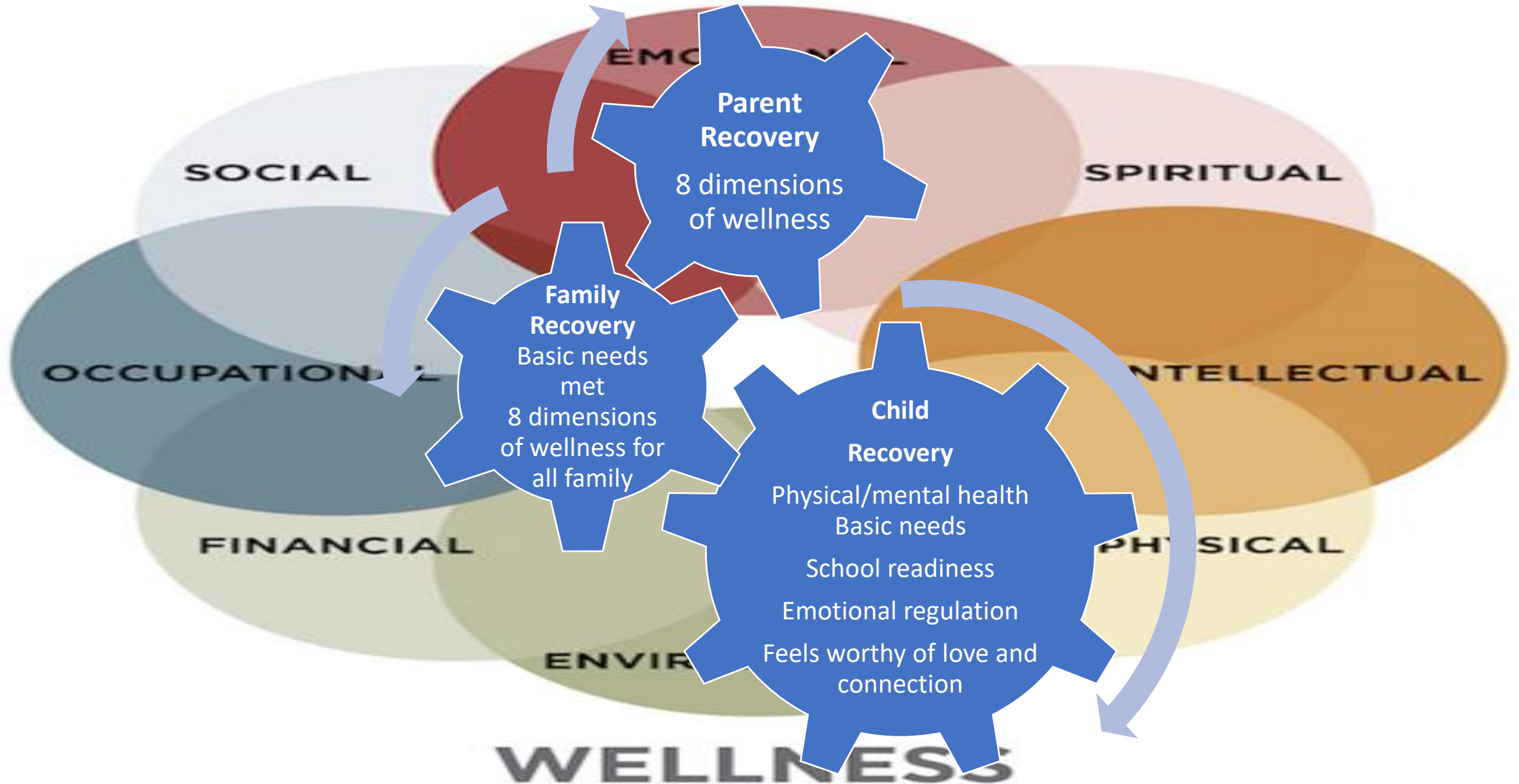


## Recovery

A way of life- a process or journey

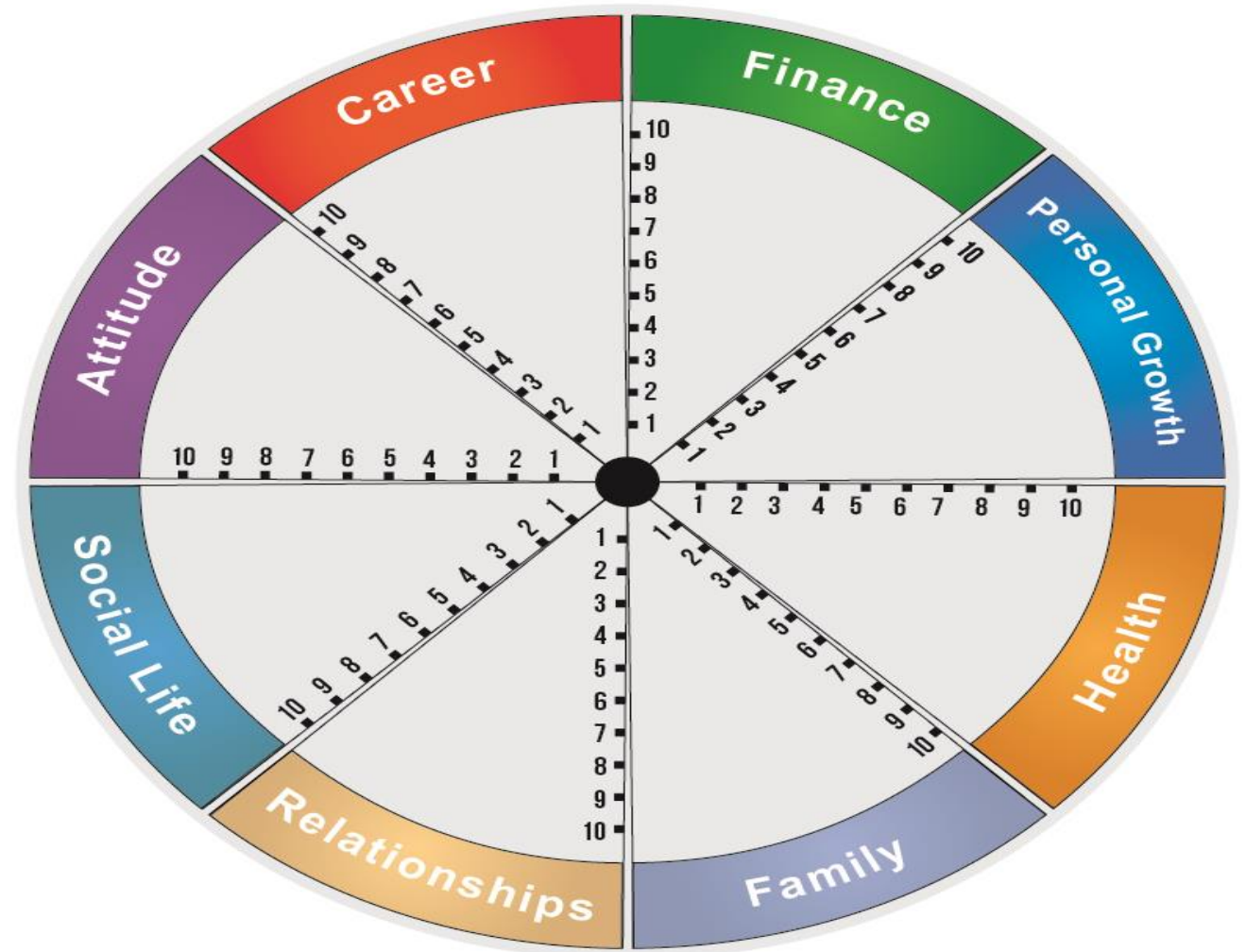


# What is Family Recovery?

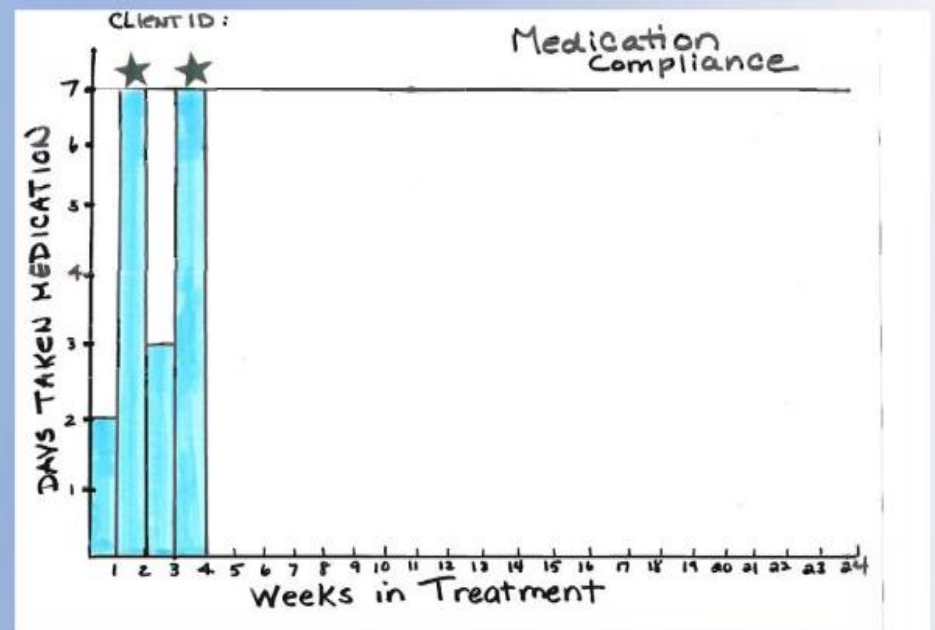
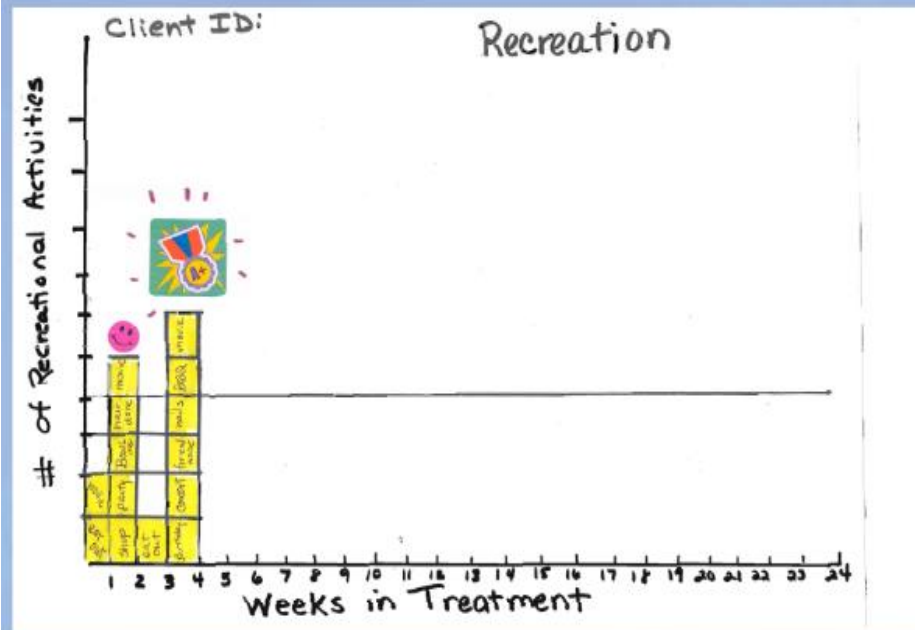
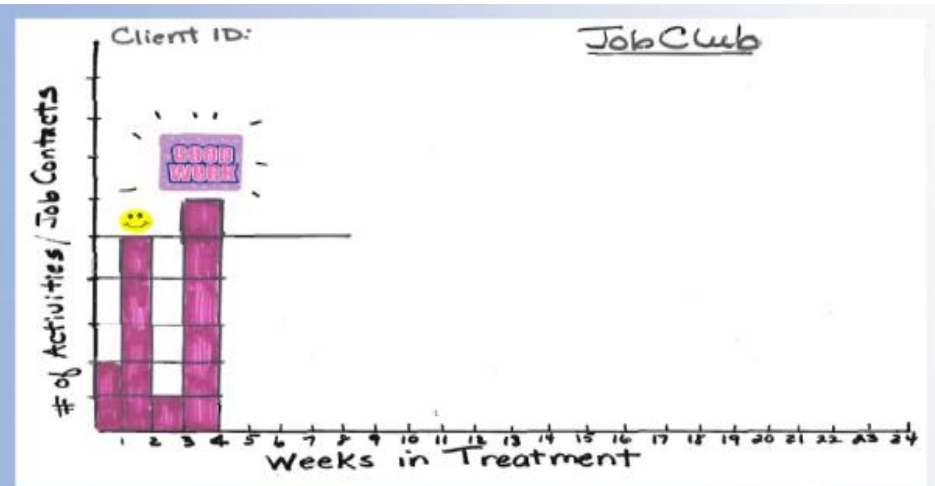
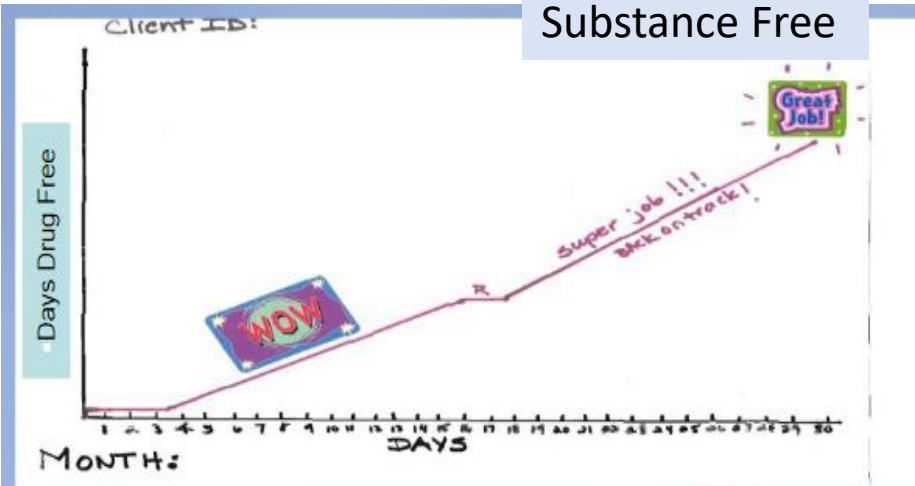


# Simple Recovery Tracking Tools

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential
- There must be a belief that anyone can recover and/or manage conditions successfully



# Simple Recovery Tracking Tools



# Evidence-Based Group Curricula



- ❖ **Beyond Anger and Violence**
- ❖ **Beyond Trauma**
- ❖ **CENAPS model of relapse prevention**
- ❖ **Circle of Security**
- ❖ **Dialectical Behavior Therapy (DBT)**
- ❖ **Helping Women Recover**
- ❖ **The Matrix Model (modified for women)**
- ❖ **Nurturing Parenting Program**
- ❖ **Art of Addiction Recovery**
- ❖ **A Woman's Way Through the 12 Steps**

**Plus CBT, MI, CPP, CM etc.**

A woman with long dark hair, wearing a grey and white patterned sweater, is smiling warmly while looking down at a baby. The baby is seated in a car seat, wearing a grey and white striped hat and orange mittens. The background shows the interior of a car with a window looking out onto a bright, slightly blurred outdoor scene.

# Treatment for Children

- Childcare
- Psychiatry
- Early intervention Services

# UNC Horizons Program: Early Intervention and Therapeutic Services for Children

Parenting  
Education and  
Early  
Intervention

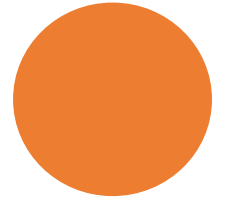
- All children receive age-appropriate mental health and social/emotional assessments; and individual, group, and/or family therapy as needed
- All children screened for speech and language, occupational therapy, physical therapy, dental, hearing and vision and referred for developmental evaluations
- About 90% of the residential children ages 0-5 qualify for and receive early intervention services





# UNC Horizons Postnatal Protocol

- **Visit from child therapist within first week of delivery, even if in NICU**
- **Focus on infant strengths, learning infant cues (Hug Your Baby)**
- **Continue on going parent education (twice per week)**
- **At 6 weeks: Referrals for developmental assessments (Early Intervention) including Speech/Language, Occupational Therapy,**
- **Physical Therapy, and Social-Emotional Assessment**
- **Support Dyad: Weekly Child Parent Psychotherapy (CPP)**



# Best Practices for Trauma-Informed (or Responsive) Organization Structure & Treatment Frameworks: Trauma Definition

***“Resulting from an event, series of events, or set of circumstances  
That is experienced by an individual as physically or emotionally  
harmful or threatening and  
That has lasting adverse effects on the individual's functioning and  
physical, social, emotional, or spiritual well-being”***

***Event + Experience of the event + Effects = Trauma***

# Best Practices for Trauma-Informed (or Responsive) Organization Structure & Treatment Frameworks: Trauma-Informed Care Definition

A definition of trauma-informed approach incorporates three key elements:

- (1) *Realizing* the prevalence and impact of trauma
- (2) *Recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- (3) *Responding* by putting this knowledge into practice

*Trauma-Informed Care (TIC) – adoption of principles and practices that promote a culture of safety, empowerment, and healing. Based on what we know about the prevalence and impact of trauma, it is necessary to ensure widespread adoption of trauma-informed care*

# Best Practices for Trauma-Informed (or Responsive) Organization Structure & Treatment Frameworks:

## Principles of A Trauma-Informed Approach



# Vicarious Trauma



Also called:

***Compassion fatigue***

***Secondary traumatic stress***

***Secondary victimization***

People working with trauma survivors may experience vicarious trauma because of the work they do.

Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.

# Tools to Address Vicarious Trauma

- Self-care toolbox
- Formal and informal opportunities to talk to a supervisor to de-brief
- Grounding Skills
- Ways to Find Work/Life Balance
- Mindfulness & self-compassion

## Acknowledging the Positive

- Post Traumatic Growth
- Vicarious Resilience
- Compassion Satisfaction
- Vicarious Transformation



# Parenting Skills and Education Foundation in Substance Use Disorder Treatment-Attachment Theory Review

- Healthy (“Secure”) relationships with caregivers have a positive impact on child development
- Unhealthy (“Insecure or Disorganized”) relationships are associated with poor developmental outcomes including substance abuse and other mental health issues
- The relationship patterns learned in childhood are often carried into our adult relationships
- We now have **interventions** designed to improve child and caregiver relationships



# Best Practices for Parenting Skills and Education Foundation in Substance Use Disorder Treatment: Examples

## Common Elements

1. Aim to improve attachment relationship between children and their caregivers

1. Help to improve sensitivity to children's needs in the child's caregiver

1. Have research supporting their efficacy



# Three Interventions Grounded in Attachment Theory Used with Families in Treatment for Substance Use Disorder



## Circle of Security

<https://www.circleofsecurityinternational.com/>

## Child Parent Psychotherapy

<http://childparentpsychotherapy.com/>

## Attachment and Biobehavioral Catch-Up

<http://www.abcintervention.org/>

# Cross-Systems Collaboration

- Care Coordination for Children (CC4C)
- Compass Center for Women and Children
- Diaper bank
- Family Reading Partners
- Nurse home visiting
- Contracted Developmental services for the children
- Formerly Incarcerated Transition (FIT) Program
- Hope Renovations
- Legal Aid
- Orange County Community Initiative to End Homelessness (CIEH)/ Circles of Support
- Managed Care Organizations
- 80 Departments of Social Services
- NC Recovery Communities
- Family Drug Treatment Court
- Oxford Houses
- PORCH
- Project Enlightenment
- Project Homestart and CASA
- Recovery Communities of North Carolina
- 10 faith organizations
- Vocational Rehabilitation Services
- Technical/Trade Schools and Community College
- Wheels for Hope

## Keys to Success

- Designed liaisons who provide clear and regular communication before there are issues- relationships are essential
- Explain our confidentiality rules and our Release of Information
- Be willing to take the time to work through issues and hand-hold the patient and the other system's liaison through the process
- In person is best, phone is next, text and email are the last resort

# Recovery Language for Women/Families

Instead of...	Use...	Because...
<ul style="list-style-type: none"> <li>• Pregnant opiate addict</li> <li>• Addict</li> <li>• User</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant woman with an OUD</li> <li>• Person with substance use disorder<sup>1</sup></li> <li>• Person with OUD or person with opioid addiction (when substance in use is opioids)</li> </ul>	<ul style="list-style-type: none"> <li>• Person-first language helps to focus on the person and not their disorder. While they may have history of substance use, it is not their only identity.<sup>18</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Clean</li> </ul>	<p><b>For toxicology screen results:</b></p> <ul style="list-style-type: none"> <li>• Testing negative</li> <li>• Drug free</li> </ul> <p><b>For non-toxicology purposes:</b></p> <ul style="list-style-type: none"> <li>• Being in remission or recovery</li> <li>• Abstinent from drugs</li> <li>• Not drinking or taking drugs</li> <li>• Not currently or actively using drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Clinically accurate, non-stigmatizing terminology should be the same as would be used for other medical conditions.<sup>22</sup></li> <li>• It is important to set an example with your own language when treating patients who might use stigmatizing slang.</li> <li>• Use of such terms may evoke negative and punitive implicit cognitions.<sup>21</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Dirty</li> </ul>	<p><b>For toxicology screen results:</b></p> <ul style="list-style-type: none"> <li>• Testing positive</li> </ul> <p><b>For non-toxicology purposes:</b></p> <ul style="list-style-type: none"> <li>• Person actively using substances</li> </ul>	<ul style="list-style-type: none"> <li>• Clinically accurate, non-stigmatizing terminology should be the same as would be used for other medical conditions.<sup>23</sup></li> <li>• Such terminology may decrease patients' sense of hope and self-efficacy for change.<sup>21</sup></li> </ul>

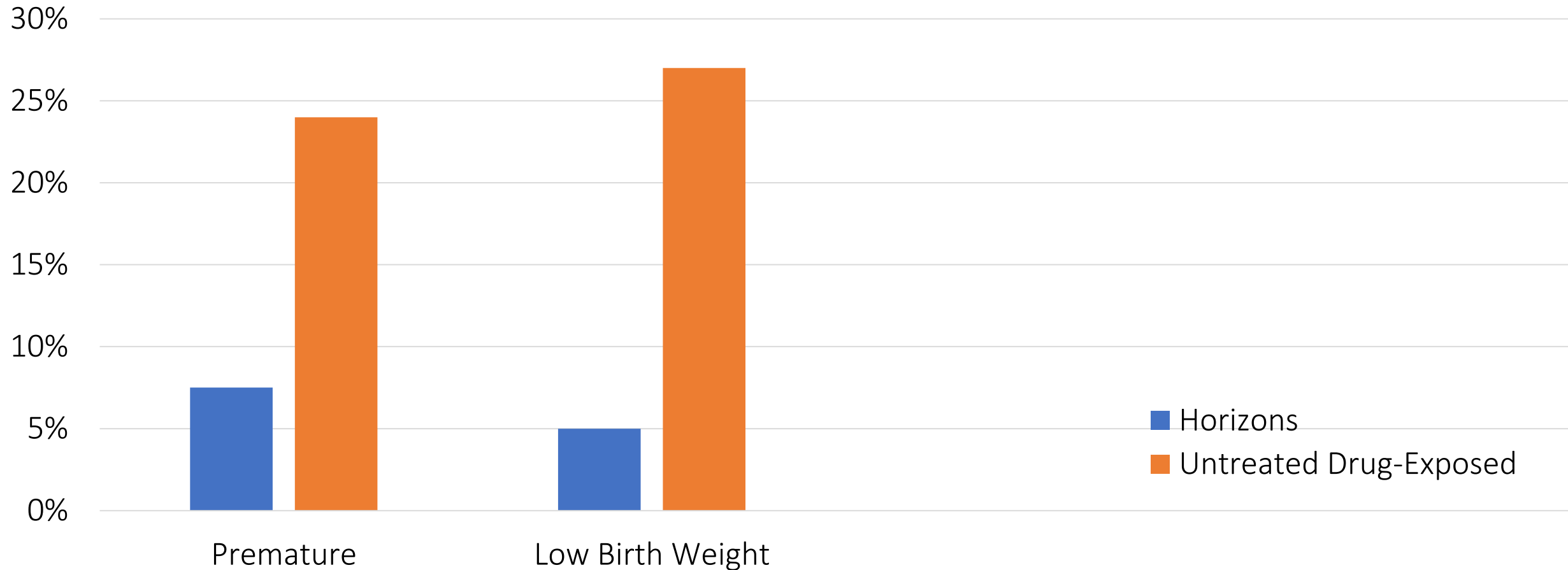


# UNC Horizons Program: Measuring Success

- **Personal Treatment Goals**
- **Substance free**
- **Housing and Employment**
- **GED/Education**
- **CPS Case Status**
- **Legal status**
- **Birth Outcomes**
- **Parenting knowledge**
- **Coping Skills and Perceived Stress**
- **Client Satisfaction**
- **Child outcomes**

# UNC Horizons Program: Measuring Success

## Birth Outcomes: Horizons vs. Untreated Drug-Exposed



# Graduate Family Outcomes

- 77% of RESIDENTIAL WOMEN HAD A JOB WHEN THEY LEFT
- 95% of residential families MAINTAINED OR IMPROVED CPS CASE STATUS

# Estimated Cost Savings



UNC Horizons saves North Carolina an estimated **\$3,366,815** every year

# Horizons Around the World





# Jenna's Project

Witnessing the increase in overdoses among pregnant and parenting women transitioning from prison



Site: North Carolina Correctional Institute for Women (NCCIW)



Interdisciplinary team provided comprehensive care coordination upon release for up to six months from the release date

OBGYN – GOG

NCCIW

UNC Family  
Medicine

UNC Psychiatry



Main milestones:

50 participants

Reduce opioid-related injuries and deaths



# Jenna's Project Outcomes

- Connected with two prisons (NCCIW and Anson CI) 40 jails in North Carolina, and one federal prison in Carswell, Texas
- Reduced perinatal incarceration by intervening at the jails
- n=132 unduplicated pregnant and postpartum
- 1.5% return to illicit substances
- 0% opioid related-deaths or injuries
- In 2021, integrated a SUD counselor at NCCIW's prenatal Clinic



# Perinatal Substance Use Services at North Carolina Correctional Institute for Women

---

- In 2020, a proposal was submitted to NCCIW to advocate for integrating perinatal SUD counseling
- 2021 – Perinatal SUD counseling was approved to join NCCIW’s prenatal clinic led by Dr. Andrea Knittel
- Utilized Horizons High-risk clinic structure
  - Licensed clinical addiction specialists
  - Comprehensive care coordination
  - Provides individual counseling before or after OB appointments
  - Evidence-based models and culturally-relevant services
  - Psychoeducation
  - Coping skills
  - Transition planning
- *As of today, Dr. Andrea Knittel Ob clinic is the first integrated Prenatal SUD clinic in a carceral setting.*



# Engaging and Motivating: Preventing Overdoses Among Women via Effective Re-entry (EMPOWER)

Awarded in 2022 by the North Carolina Department of Health and Human Services

State-wide pilot project to work with women-identified people leaving 3 prisons

All women leaving prison with a SUD diagnosis or history of substance misuse

Hub-and-spoke model

- Interdisciplinary team provides comprehensive care coordination upon release for up to six months from the release date

Main milestones

- 400 participants
- Reduce opioid-related injuries and deaths

Project started September 1<sup>st</sup> (*30 referrals in one month at one prison*)

# Recovery-supported Housing: Perinatal Incarceration and Substance Use

Awarded in 2021 by Wake County Board of Commissioners and American Rescue Plan – COVID-19 disparities



To address social drivers and to reduce health, racial, and social inequities among pregnant or postpartum people leaving prison in NC, including mitigating caregiver-child separation due to substance use-related charges



Includes five fully furnished apartments and a housing manager in Wake County



Comprehensive physical and behavioral health services:

Case management	Individual counseling	Vocational training	Prenatal care & doula support services	Primary care	Medication for MOUD and MAUD
-----------------	-----------------------	---------------------	----------------------------------------	--------------	------------------------------

# Policy Implications: Safekeeping Practices

- Safekeeping originated during the reconstruction era as a **form of discipline and enslavement** of Black men and women throughout Southern states.
- Safekeeping is the **involuntary movement of a pregnant woman from a county jail to a women's prison because of their pregnancy status despite being convicted**; however, safekeeping also implies to men and women with untreated medical or psychiatric diagnoses



# Policy Implications: Request a Reduction in the use of **Safekeeping Practices**

---

- Request that only individuals who have been **convicted** are transported to prisons to address physical and behavioral health needs
- Request that pregnant and parenting women are **offered perinatal and maternal substance use treatment programs** as a form of alternative placement
- Request that **jails contract with physical and behavioral providers**, including patient navigators with lived experience, to avoid the transition to prison



# Recommendations: Implement Transdisciplinary Collaborations

Housing Specialists to identify safe and validated housing

Attorneys, Probation and Parole and Local Reentry Councils and Reentry partners

Workforce Agencies to promote employment goals

Child Welfare and Protection Services to promote visitation and reunification at the time of release

Comprehensive physical and behavioral health services



# Looking Back and Looking Forward

## Lessons Learned

Mothers and children need strength-based support

Your language choice matters

Pictures and visuals matter

Help tell stories of recovery and success

Consider mother and child not mother vs. child

Be familiar with toolkits like ACOG's on state legislation regarding *Pregnant Women & Prescription Drug Abuse, Dependence and Addiction*

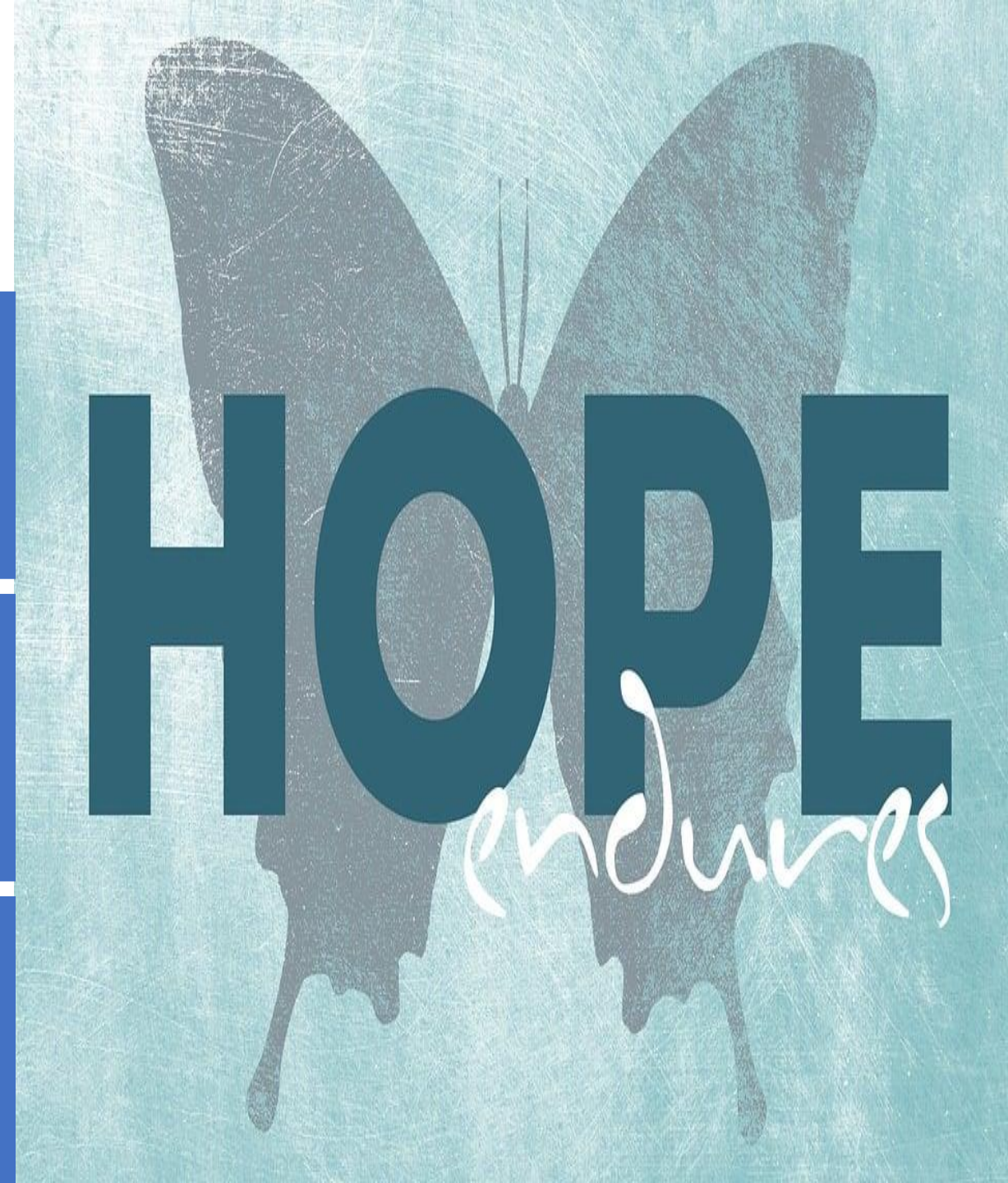
## The Future

- Continue to increase Tobacco cessation support
- Advocate for compassionate care mother and child NAS hospital policies
- Ensure post-partum and life span care
- Continue to work towards eliminating stigma and discrimination against women with substance use disorders
- Partner and collaborate to eliminate the need for safekeeping

# Learning Objectives

## *Re-visited*

Describe	Describe the evidence-based continuum of care available prenatally through pregnancy and after childbirth to women and infants impacted by substance use disorders
Summarize	Summarize the model and evidence supporting a comprehensive approach to providing substance use disorder treatment to pregnant patients in incarcerated settings
Articulate	Articulate three ways all care providers can provide strength-based intervention to families affected by substance use disorders

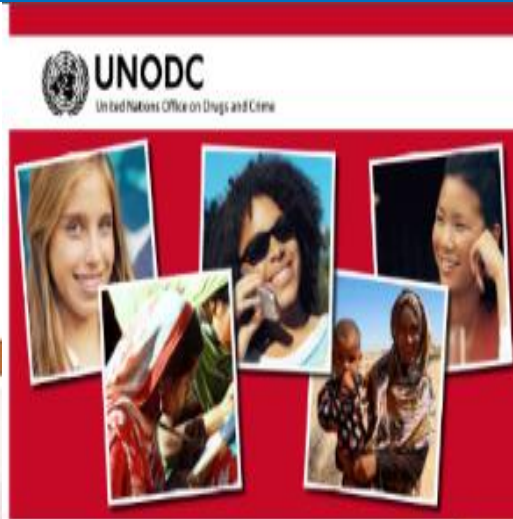


# Key Documents



A COLLABORATIVE APPROACH TO THE TREATMENT OF PREGNANT WOMEN WITH OPIOID USE DISORDERS

Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers

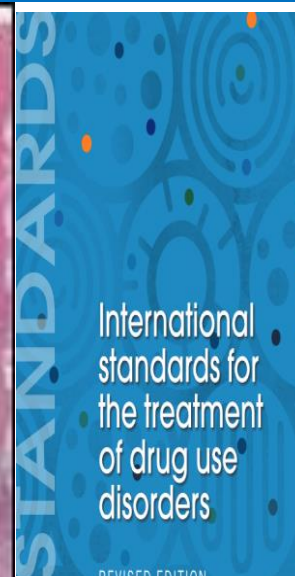


**UNODC**  
United Nations Office on Drugs and Crime

Guidelines on drug prevention and treatment for girls and women



Guidelines for the identification and management of substance use and substance use disorders in pregnancy



International standards for the treatment of drug use disorders

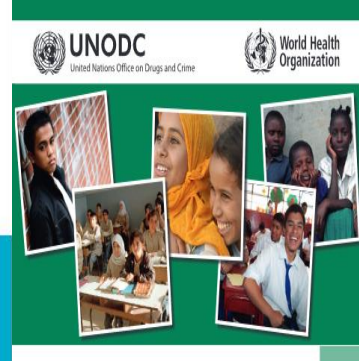


INTERNATIONAL NARCOTICS CONTROL BOARD  
Report 2016



PREGNANCY AND SUBSTANCE USE:  
A HARM REDUCTION TOOLKIT

NATIONAL HARM REDUCTION COALITION  
IN COLLABORATION WITH  
Academy of Perinatal Harm Reduction



International Standards on Drug Use Prevention  
Second updated edition



CLINICAL GUIDANCE FOR TREATING PREGNANT AND PARENTING WOMEN WITH OPIOID USE DISORDER AND THEIR INFANTS

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

# Contact Information

**Hendrée E Jones, PhD**

*Executive Director, UNC Horizons*

*Professor, Department of Obstetrics  
and Gynecology*

*University of North Carolina*

[hendree\\_jones@med.unc.edu](mailto:hendree_jones@med.unc.edu)