



# Colorado Perinatal and Substance Use Disorder Integration Conference

The Westin Riverfront Avon/Vail Valley

Avon, CO

May 3<sup>rd</sup> to May 4<sup>th</sup>, 2023

## Program



Practice Innovation Program

UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS

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This conference's speaker sessions can be redeemed for Continuing Medical Education credit made possible by a generous donation from the Colorado Consortium for Prescription Drug Abuse Prevention.

**Please see page 25 for more details on how to redeem CMEs for this conference.**



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# Agenda

## Colorado Perinatal and Substance Use Disorder Integration Conference

May 3<sup>rd</sup> — May 4<sup>th</sup>

The Westin Riverfront Avon/Vail Valley

### Day 1: Wednesday, May 3<sup>rd</sup>

**1:00** Conference Registration Check In

**1:30** Welcome— Dr. Kyle Knierim

**1:45** *Understanding the Neurobiology of Addiction in Pregnancy*

Dr. Marcela Smid, MD, MS, MA, University of Utah

**2:45** Break

**3:00** Breakout Sessions

SUD	Pediatrics
<i>Understanding Stimulant Use Disorder in Pregnancy</i> Dr. Marcela Smid, MD, MS, MA	<i>Breastfeeding and Substance Use: Guidance and Best Practices</i> Dr. Kaylin Klie, MD & Dr. Christine Gold, MD

**4:00** Break

**4:10** *Non-Clinical Supports: The “Secret Sauce” to Supporting Those in Recovery. A Facilitated Panel Discussion with Peer Support Specialists and Doulas*

Panelists: Britt Westmoreland, Kris Laur, Nikki Ray, Sarah Lopez, Leamon Austin, Desiree Flores

Facilitator: Kathy Cebuhar

**5:10** Wrap Up— Dr. Kyle Knierim

**5:20** Poster Session, Vendor Tables, and Networking Hour

**6:30** Dinner—on your own

**Day 2: Thursday, May 4<sup>th</sup>**

**7:30** Breakfast

**8:00** Keynote Presentation:

*Let's Talk About Drugs: Harm Reduction in Colorado*

Lisa Raville, Harm Reduction Action Center, Denver

Dr. David Mendez, MD, Denver Health and CU Anschutz

**9:30** Break

**9:45** Breakout Sessions

<b>Behavioral Health</b>	<b>Health Equity</b>	<b>Pediatrics</b>
<i>The Building Blocks of Integrated Substance Use Treatment</i>  Dr. Jessica Stephen Premo, PhD, LMFT, LAC	<i>"But I treat everyone the same." An introduction to Health Equity and Inclusion</i>  Ashley Sherrill & Jennifer Halfacre	<i>Together for NOWS: Neonatal Opioid Withdrawal Syndrome</i>  Dr. Ryan Jackman, MD & Dr. Christine Gold, MD

**10:45** Break

**11:00** *What's on the Horizon in Colorado? Updates on Policies and from Funders*

Panelists: José Esquibel, Jillian Fabricius, Kallen Thornton

Facilitator: Allyson Gottsman

**12:00** Lunch

**12:30** Closing Plenary

*Understanding the Intersection between Perinatal Substance Use and Child Protection Services*

Dr. Kaylin Klie, MD, Matt Holtman, CDHS, Shannon Bryan, CDHS & Ashley Miller

**2:30** Wrap Up— Dr. Kyle Knierim

## **A Thank You from Dr. Kyle Knierim**

Dear Attendees,

Welcome to the first Colorado Perinatal and Substance Use Disorders (SUD) Integration Conference in Avon, CO. Substance use impacts communities across Colorado; and for pregnant and parenting people and their families, this presents significant challenges. Since 2020, the Integrated Care for Women and Babies (ICWB) and IMPROVE Perinatal Access, Coordination and Treatment for Behavioral Health (IMPACT BH) projects, led by the Practice Innovation Program at the University of Colorado, have worked with several statewide partners to bring integrated SUD and perinatal care to families in need. To date, the projects have partnered with 17 medical practices and substance use disorder treatment sites to deliver care to over 1,000 pregnant and parenting people, children, and their families.

We are happy that you have convened to learn more about these projects and future efforts in this work. We have brought together leaders innovating in these important fields to provide varying perspectives, from outpatient clinicians, labor and delivery teams, community members, and policy makers. Everyone here is contributing to the health and wellness of Coloradans and beyond.

This event is only possible with the generous support of many in attendance today. We are grateful for our partners who provide the funding and technical expertise required to support this important work. We also offer our sincere gratitude to the sponsors who are helping make this conference a reality. Lastly, without the ICWB and IMPACT BH team members who have planned this event and are hosting us over the next two days, this opportunity to learn, share, and celebrate these accomplishments would not be possible.

Thank you again for your contribution to this important work.

Dr. Kyle Knierim, MD

*Associate Professor*

*Associate Director of the Practice Innovation Program*

*University of Colorado, School of Medicine, Department of Family Medicine*

## Sponsors and Partners

This conference would not be possible without the contributions and support of the following organizations:

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## **Speaker Biographies**

*(In order of appearance)*

### **Marcela Smid, MD, MS, MA**

*University of Utah School of Medicine, Salt Lake City, UT*

Marcela Smid MD, MA, MS is a board certified Maternal Fetal Medicine and Addiction Medicine physician and Assistant Professor at the University of Utah. She is the medical director of the Substance Use & Pregnancy – Recovery, Addiction, Dependence (SUPeRAD) specialty prenatal clinic, a multi-disciplinary clinic for pregnant and postpartum women with substance use disorder. She has been a member of the Utah Perinatal Mortality Committee since 2016. Her research focus is on perinatal addiction, interventions for pregnant and postpartum women with substance use disorders, maternal mortality, and maternal mental health.

### **Kaylin Klie, MD**

*University of Colorado School of Medicine, Aurora, CO*

Kaylin Klie is a dually boarded family medicine and addiction medicine physician in Denver, CO, who focuses her clinical and academic work on caring for pregnant and parenting people impacted by substance use. She is the founder of the Denver Health and University of Colorado PeAR (Perinatal Addiction and Recovery) clinics, where perinatal patients can receive integrated medical, mental health, and substance use care and treatment. Dr. Klie is the immediate past chair of the Colorado Maternal Mortality Review Committee, Co-Chair of The Naloxone Project MOMs (Maternal Overdose Matters) Initiative, clinical faculty for the Integrated Care for Women and Babies project, and serves on several other local, regional, and national committees and boards devoted to improving the lives of families impacted by substance use.

### **Christine Gold, MD**

*University of Colorado School of Medicine, Aurora, CO*

Christine Gold is a physician and CLC. She is from New Jersey and completed her pediatric residency training through UC Denver. She currently practices as a board-certified pediatric hospitalist with a focus on level 1 newborn care and substance-affected families. During her tenure as medical director for the University of Colorado Hospital level 1 nursery, she established policies and clinical practice guidelines to improve care of birthing persons and infants affected by substance use. She works with Illuminate Colorado and the CHoSEN QIc initiatives to improve care of substance-affected families across the state of Colorado. In her spare time, she enjoys gardening and traveling with her husband Dale and their 7 year-old twin girls.

**Britt Westmoreland**

*CU College of Nursing Midwifery Clinic, Aurora, CO*

Brittany (Britt) Westmoreland is a Certified Addiction Technician, Peer Support Specialist, and doula with a special interest in maternal SUD care. Britt works on multiple projects with CU's College of Nursing, some of which include implementing MAT services in underserved areas and connecting pregnant women with SUD to Peer Support Specialist Doulas. Britt has been in recovery for five years and has worked in SUD treatment for nearly four years. She enjoys sharing her knowledge of the special challenges and needs of this population in hopes of improving experiences and outcomes.

**Kris Laur**

*Mind Springs Health, Grand Junction, CO*

Kristina (Kris) Laur is a Certified Addiction Specialist, Peer Recovery Coach, and a doula with a special interest in maternal SUD care. Kris works with women who are pregnant and have children one year postpartum through Mind Springs Health. She also works for Peer 180 where she facilitates the Circle of Parents Group. Kris has just started getting connected with women who want a support person to assist with their prenatal, the birth of their babies, and postnatal care. Kris has been in recovery for 8 years and has worked in SUD treatment for the last 4 years. Kris enjoys sharing her knowledge and providing support to the populations in need.

**Nikki Ray**

*Heart of the Rockies Medical Center, Salida, CO*

Nikki Ray is a Behavioral Health Worker (BHW) at Solvista Health's Regional Assessment Center working as a Peer Counselor for Dr. Vanna Irving in Salida, CO. As a BHW, she assists with the 24-hour walk-in crisis center and social detox unit. She helps with Dr. Irving's pregnant patients that are on medicated assisted treatment (MAT). Currently, she is working on getting her certified addiction technician (CAT) and phlebotomy certifications. As a person in recovery who had a child while on MAT, she is very passionate about helping pregnant women who suffer from active addiction or are on MAT during their journey. She is also interested in taking a doula class soon. Outside of her work, she is a mother to two beautiful children, and loves snowboarding and astrophotography.



**Sarah Lopez, ECD**

*Elephant Circle, Aurora, CO*

Sarah Lopez is the Community Doula at Elephant Circle, and also works for the Recovery Nurse Advocate Program. She has been a doula for 8 years in which the last 7 years she has focused on working with families that are experiencing negative impacts because of substance use. Sarah enjoys connecting families with a doula and providing access to funds so that doulas are paid a sustainable wage to provide the unconditional love that only a doula can give. Sarah also provides legal doula services to families by helping them to navigate and prepare for the child welfare and court systems.

Sarah is the only parent to two adult children. She lived in four different states throughout childhood and currently lives in Aurora, Colorado. She only plans to leave Colorado if it is to live in another country.

**Leamon Austin**

*Denver Health, Denver, CO*

Leamon Austin is a Peer Recovery Support Specialist for the Women's Care Clinic at Denver Health. Leamon is currently working on a project to help create training and support for rising peer navigators across the organization. Leamon is a recent transplant to Denver, CO and has been with Denver Health for a year and a half, and recently transitioned into his role as a peer navigator. He is very excited to make an impact on his community and help the program grow!

**Desiree Flores**

*North Range Behavioral Health, Greeley, CO*

As a Doula – Peer Support Specialist for the Wings Program, Desiree Flores provides support for pregnant woman and their babies including post-partum and newborn care. She provides basic baby care for new mothers, promoting safety and bonding routines. She brings a background of being a Family Resource Specialist providing direct support services to families referred to by local DHS agencies. Retired after working 30 years for WCDHS as a Senior Child Welfare Adoption Caseworker, she has a lot of experience working with families and children and working knowledge of child development and special needs and challenges of children affected by parental substance abuse.

**Lisa Raville**

*Harm Reduction Action Center, Denver, CO*

Lisa Raville (she, her, hers) grew up outside of Chicago, IL and graduated from DePaul University with a degree in Communications and a minor in Women's Studies. Lisa is the Executive Director of the Harm Reduction Action Center, a public health agency that works with people who inject drugs. Lisa has been with HRAC since 2009. Lisa's activist voice was cultivated with her experiences as an overnight homeless shelter coordinator, development work at a domestic violence agency, a former campaign manager for a CA County Supervisor, and an AmeriCorps VISTA at an AIDS agency.

Lisa is the Secretary of the Board of Directors of the Colorado Criminal Justice Reform Coalition. In 2014, Lisa won the Colorado Public Health Association Award for Excellence in Policy and in 2018 won the Recovery Ally of the Year award from Advocates for Recovery Colorado.

**David Mendez, MD**

*University of Colorado School of Medicine, Aurora, CO*

David Mendez is an addiction medicine physician at the University of Colorado Anschutz Medical Center. He graduated from both his family medicine residency and addiction medicine fellowship at the University of Colorado. He currently practices at CeDAR doing detox management and outpatient addiction medicine. He is passionate about education, harm reduction, and treatment of patients with substance use disorders.

**Jessica Stephen Premo, PhD, LMFT**

*St. Mary's Hospital, Grand Junction, CO*

Jessica Stephen Premo graduated from the University of San Diego with a Masters in Marital and Family Therapy before completing her Doctorate of Philosophy at Virginia Tech. Her special interests in trauma, addiction, and integrated care lead to a fellowship at St. Mary's in conjunction with the University of Colorado School of Medicine where she completed an advanced specialization in Medical Family Therapy. Dr. Stephen Premo currently acts as the Behavioral Health Coordinator of St. Mary's Integrated Addiction Medicine Clinic in Grand Junction. She is a Licensed Marriage and Family Therapist and a Licensed Addiction Counselor with specialty training in EMDR. She is an AAMFT approved supervisor.

**Ashley Sherrill**

*University of Colorado School of Medicine, Aurora, CO*

Ashley is on a journey to facilitate data evaluation in service of equity. Currently, she serves as a Research Services Senior Professional in the Department of Family Medicine at the University of Colorado Anschutz Medical Campus. Ashley uses her data management, analysis, and evaluation skills to inform inclusivity and health equity efforts in her Practice Innovation Program team. As a Licensed Professional Counselor, she brings perspectives gained from her behavioral health crisis management experiences in communities and hospitals.

**Jennifer Halfacre**

*University of Colorado School of Medicine, Aurora, CO*

Jennifer is a Health Care Program Manager and Practice Facilitator with the University of Colorado, Practice Innovation Program. She entered the health care industry in 2010, managing grants, data, and quality for a primary care clinic. As a Practice Facilitator and Clinical Health Information Technology Advisor, she leads practices to achieve their goals and sustain improvements, focusing on teaching quality improvement techniques to clinics.

**Ryan Jackman, MD**

*St. Mary's Hospital, Grand Junction, CO*

Dr. Ryan Jackman is a board-certified family medicine and addiction medicine physician who practices at St. Mary's Medical Center in Grand Junction, Colorado. He is the medical director for St. Mary's Integrated Addiction Medicine clinic and provides full-spectrum education to family medicine residents. He currently also fulfills roles as the program director for St. Mary's HRSA funded Rural Communities Opioid Response Program and co-chair of Mesa County's opioid settlement committee, both of which aim to increase prevention, treatment, and recovery resources in Western Colorado. He is a content expert with the Integrated Care for Women and Babies program.

**Kallen Thornton**

*Behavioral Health Administration, Denver, CO*

Kallen Thornton is focused on bridging gaps in maternal behavioral healthcare through strategy, innovation and community partnership. She is the Manager of Gender Responsive Services within Colorado's Behavioral Health Administration and the senior staff-authority on maternal behavioral health and substance abuse treatment for pregnant and parenting women. Within her role, Kallen has primary responsibility for the gender-responsive statewide programs and works collaboratively across sectors providing consultative guidance, strategic alignment and continuous quality improvement in the development, implementation and evaluation of programs, policies and best practice guidelines that shape Colorado's gender-responsive continuum of care. With a background in clinical social work, Kallen has over ten years of direct practice experience working with individuals and families and developing and expanding integrated behavioral healthcare programs. She specializes in maternal behavioral health, and the intersection of trauma, relationships and substance use. Kallen has committed her career to ensuring that the systems, policies, and programs utilized by pregnant and parenting families are responsive to their unique needs, grounded in equity, and ultimately designed to support the flourishing of all pregnant and parenting families.

**José Esquibel**

*Colorado Consortium for Prescription Drug Abuse, Denver, CO*

José Esquibel serves as the director of the Colorado Consortium for Prescription Drug Abuse, an organization that coordinates the statewide response to the opioid crisis and consists of a broad network of subject matter experts from multiple disciplines. In 2020 and 2021, the Consortium received funding from the Colorado General Assembly for the Perinatal Data Linkage Project and contracted with the Evaluation Lab of Denver University for implementation of that project.

Prior to his role as director of the Consortium, José served from 2015 to 2019 as the Director of Community Engagement in the Colorado Office of the Attorney General as an appointee of Attorney General Cynthia Coffman and then of Attorney General Phil Weiser. In that role, he advised the Attorney General on evidence-based strategies for addressing the opioid crisis. By appointment of the President of the Colorado Senate, José was Vice Chair of Prevention from 2010 to 2019 for the Colorado Statewide Substance Abuse Trend and Response Task Force, a legislatively mandated task force chaired by the Colorado Attorney General. He continues to serve on this task force by appointment of Attorney General Weiser. The task force monitors state drug data trends, promotes evidence-based practices to respond to those trends, and provides drug policy recommendations to the state legislature.

**Jillian Fabricius**

*Illuminate Colorado, Denver, CO*

Jillian Fabricius (she/her/hers) joined the Illuminate team in August of 2017 and is currently Deputy Director. In her role, Jillian leads development and implementation of systems changes strategies, responds to shifting conditions, and supports organizational and program sustainability. She also directly supervises Communications, Evaluation, Grants & Development, Policy, and Strategic Initiatives. Formerly the Director of Strategic Initiatives at Illuminate, she previously oversaw Illuminate's coalition and community-based efforts, including the San Luis Valley HRSA RCORP NAS Grant Consortium, the Substance Exposed Newborns Steering Committee and associated workgroups (now called SuPPoRT CO), the Colorado Partnership for Thriving Families, the Colorado Infant Safe Sleep Partnership, and the Colorado Early Childhood Comprehensive Systems Project. Prior to joining Illuminate, she connected citizens with opportunities to affect health policy as an organizer with Planned Parenthood of the St. Louis Region and Southwest Missouri and then later developed and managed a national advocacy program with The Climate Reality Project in Boulder, Colorado. With a background in organizing community members around opportunities to affect health policy, Jillian is passionate about her work because she wants to live in a happier, healthier, and more just world where families have what they need to thrive.

**Matt Holtman, MSW, LCSW**

*Colorado Dept of Human Services, Division of Child Welfare, Denver, CO*

Matt Holtman is a Licensed Clinical Social Worker who has extensive experience in child welfare in a multitude of settings. Matt is from Wisconsin and received his undergraduate degree from the University of Minnesota-Twin Cities in psychology and his Master's in Social Work from the University of Denver. His work in child protection began in rural Wisconsin before moving to Colorado to complete his graduate education. He has been with the State of Colorado since 2013, managing the rollout of Colorado's Differential Response Model and later transitioning to the role of CAPTA and Federal Funding Administrator having overseen Colorado's anti-human trafficking specialist, institutional abuse and neglect specialist, substance use disorder/substance-exposed newborn specialist, federal reporting administrator, and core and prevention administrator. Most recently he is leading Colorado's Family First Prevention and Services Act implementation.

**Shannon Bryan**

*Colorado Dept of Human Services, Division of Child Welfare, Denver, CO*

Shannon Bryan is the Substance Use Disorder and Substance Exposed Newborn Specialist for CDHS' Division of Child Welfare. Shannon has a Masters in Public Health with a focus on Family and Child Health, as well as 10 years of experience leading and facilitating multi-system projects to improve outcomes for children, youth and families involved in the juvenile justice, child welfare and mental/behavioral health systems. She currently serves as a co-chair for SuPPoRT Colorado as Plans of Safe Care Work Group and DCWs Substance Use Disorder and Substance Exposed Newborn Working Group.

**Ashley Miller**

Ashley Miller is a full-time student, a parent advocate for families with open child welfare cases and involved on committees evoking change in the community. She is dedicated to her education, maintaining a 4.0, and committed to helping pregnant and parenting women realize there is hope after addiction, based on her own lived experience with addiction and recovery, losing and then re-gaining custody of two of her children. She is currently enrolled in the Clinical Behavioral Healthcare program with an emphasis on addiction counseling at Metro State University. Her goals include counseling pregnant and parenting women escaping domestic violence and addiction. She believes generational change is possible. She is involved on committees sharing her lived experience of substance use while pregnant and changing legislation around parenting time with families involved with Child Protective Services.

## Session Summaries and Learning Objectives



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### Plenary - Day 1

#### Understanding the Neurobiology of Addiction in Pregnancy

Dr. Marcela Smid, MD, MS, MA

##### Learning Objectives

1. To identify neurobiological pathway in the development of addiction
2. To describe how pregnancy and the postpartum state intersect with addiction in the life course of people with a substance use disorder.
3. To review evidence-based and evidence-informed treatments for pregnant and postpartum people with substance use disorders.

### Breakout - Day 1 - SUD

#### Understanding Stimulant Use Disorder in Pregnancy

Dr. Marcela Smid, MD, MS, MA

##### Learning Objectives

1. To understand the epidemiology of stimulant use disorders & overdose in the US.
2. To describe effect of stimulant use in pregnancy and postpartum period on maternal, neonatal and child outcomes.
3. To review evidence-informed approaches for stimulant use disorder in pregnancy and postpartum period.

## **Breakout - Day 1 - Pediatrics**

### **Breastfeeding and Substance Use: Guidance and Best Practices**

Dr. Kaylin Klie, MD and Dr. Christine Gold, MD

#### Learning Objectives

1. Explore current guidelines regarding breastfeeding for people with a history of substance use.
2. Confirm evidence for safety and benefits of breastfeeding for people receiving MOUD.
3. Examine one hospital system's current protocols for breastfeeding, especially regarding perinatal cannabis use.

## **Panel - Day 1**

### **Non-Clinical Supports: The “Secret Sauce” to Supporting Those in Recovery. A Facilitated Panel Discussion with Peer Support Specialists and Doulas**

Panelists: Britt Westmoreland, Kris Laur, Nikki Ray, Sarah Lopez, Leamon Austin, and Desiree Flores

#### Learning Objectives

1. Understand the unique role and perspectives of peer support specialists and doulas and the impact they have on pregnant and parenting people experiencing substance use disorders.
2. Learn best practices to incorporate these professional roles into organizations—hiring, training, supervision, non-traditional work hours, and beyond.
3. Hear direct patient success stories resulting from their work.

## **Keynote - Day 2**

### **Let's Talk About Drugs: Harm Reduction in Colorado**

Lisa Raviile and Dr. David Mendez, MD

#### Learning Objectives

1. Understand harm reduction and how it applies to substance use.
2. Learn 2-4 harm reduction strategies to support people who use substances.
3. Hear about what is on the horizon in Colorado for harm reduction approaches.



## **Breakout - Day 2 - Behavioral Health**

### **The Building Blocks of Integrated Substance Use Treatment**

Dr. Jessica Stephen Premo, PhD, LMFT, LAC

Learning Objectives

1. Identify the core components and principles of integrated substance use treatment.
2. Identify areas of increased engagement specific to your clinic or practice.
3. Learn to utilize trauma-informed language to improve treatment engagement and outcomes.

## **Breakout - Day 2 – Health Equity**

### **“But I treat everyone the same.” An introduction to Health Equity and Inclusion, and where you can start to improve health outcomes in your community**

Ashley Sherrill & Jennifer Halfacre

Learning Objectives

1. Learn basics about race and ethnicity.
2. Understand why it is important to collect race and ethnicity data.
3. Learn about self-reporting and accuracy of Electronic Medical Record (EMR) data.
4. Understand the importance of scripting to ensure patients receive the highest quality of care.

## **Breakout - Day 2 - Pediatrics**

### **Together for NOWS: A Collaborative Approach to Supporting the Birthing Person-Infant Dyad Affected by Neonatal Opioid Withdrawal Syndrome**

Dr. Ryan Jackman, MD & Dr. Christine Gold, MD

Learning Objectives

1. Identify ways to support a birthing person prenatally in anticipation of NOWS.
2. Utilize components of Eat, Sleep, Console management for both the inpatient and outpatient settings.
3. Distinguish between supportive and pharmacologic care strategies for neonates with NOWS.
4. Evaluate improvement opportunities for their own institutions to support birthing person-infant dyads across the prenatal, intrapartum, and postpartum journey.

## **Panel - Day 2**

### **What's on the Horizon in Colorado? Updates on Policies and from Funders**

José Esquibel, Jillian Fabricius, Kallen Thornton

#### Learning Objectives

1. Learn about current legislation and funding for SUD and perinatal care for Coloradans.
2. Hear about future opportunities happening for this work across the state.
3. Have an opportunity to ask questions and make suggestions about ideas for future funding and legislation.

## **Closing Plenary - Day 2**

### ***Understanding the Intersection Between Perinatal Substance Use and Child Protection Services***

Dr. Kaylin Klie, Matt Holtman, Shannon Bryan, and Ashley Miller

#### Learning Objectives

1. Have a better understanding of the recent changes to Colorado's laws governing child abuse and substance use.
2. Understand Colorado's Plan of Safe Care and its importance to all parties.
3. Understand what information providers can use to help determine whether or not a report needs to be made to child protection.
4. Learn from persons with lived experience, and how providers/clinicians can best support families involved with Child Protective Services.

## Poster Summaries

*Posters will be displayed throughout the conference in the main foyer.*

### **An Educational Approach to Implementing a Medication for Opiate Use Disorder (MOUD) in Pregnancy Program**

Elizabeth Ross, DO PGY3

**Background:** Opioid use in pregnancy has escalated dramatically in recent years in parallel with the opioid epidemic. According to the American College of Obstetrics and Gynecology (ACOG), opioid agonist pharmacotherapy is the recommended therapy and is preferable to medically supervised withdrawal because withdrawal is associated with higher relapse rates which lead to worse outcomes, including fatal overdose. Significant misunderstanding in provider and nursing care results in unnecessary barriers to medications for opioid use disorder.

**Goals and Objectives:** The goal of this study was to assess the need for education in both family medicine residents and labor and delivery nurses to reduce misinformation, improve knowledge gaps and reduce stigmatizing language and barriers surrounding treatment for medication for opioid use disorder (MOUD).

**Relevance Statement:** We believe that resident and nursing education and stigma reduction is at the heart of improving access to MOUD in pregnancy.

### **Factors associated with retention of pregnant people with opioid use disorder in a longitudinal study**

Anna Melicher MD, Amanda Fallin-Bennett PhD, RN, Jessica L Coker MD, Kara McKinney MA, Sherry Weitzen MD PhD, Kristin Ashford PhD, Marcela C Smid, MD, MA, MS

**Background:** Research involving pregnancies complicated by opioid use disorder (OUD) has gained significant priority from funding agencies; however, prospective studies with this population often struggle with retention. Understanding factors associated with participant retention in prospective studies is critical for reducing attrition bias.

**Goals and Objectives:** The goal of this study was to identify baseline factors associated with attrition among pregnant people with OUD enrolled in a prospective cohort study. From August 2018 to March 2019, we recruited pregnant people with OUD at 20 weeks gestation into the Pregnancy and Opioids Models of Care (PROMO) study, a multi-center prospective observational study with data collected at two time points at three months apart. Participants received specialty addiction care for pregnant people with OUD at one of the four sites.

**Relevance Statement:** Longitudinal studies recruiting and retaining pregnant people with OUD may over-represent those with more severe symptoms.

Understanding the relationship between research and clinical infrastructures may help to contextualize results of studies that utilize this recruitment and retention approach.

## **Family Connects Colorado: Nurse Home Visiting in Eagle County**

Joan Dieter

**Background:** Providing sufficient mental and behavioral health needs has been a focus for multiple partners in Eagle County for the past several years. As a community we have examined how best to provide services across the care continuum so that we are not only providing support at times of crisis but providing health promotion and prevention services as well. Home visitation is a proven method to increase safe, supportive, and nurturing relationships while decreasing adverse childhood experiences that can result in lasting trauma and increased mental health needs.

Family Connects is an evidence-based nurse home visiting model developed at Duke University and now overseen by Family Connects International. The model is a universal, light-touch, systems-based nurse home visiting program. The Family Connects model offers prevention and early-intervention services to families with newborns, normalizing care for families, as well as filling in gaps in the care continuum for birthing parents and caregivers. All in an effort to support a healthy start for the baby and the entire family unit. In doing this, Family Connects improves health outcomes at the population level.

**Goals and Objectives:** The goal of providing the Family Connects model in Eagle County is to provide population-level support for all residents welcoming a newborn into their family, regardless of income, background, or number of children. In doing this, we hope to improve home environments, decrease child protective service calls, decrease maternal depression and anxiety, increase positive parenting behaviors, as well as decrease stigma in our community around receiving and utilizing community resources. Additionally, the model places an emphasis on increasing connection to community resources including medical homes, mental health support, lactation support, more intensive in and out of home services, and more.

**Relevance Statement:** Family Connects has the ability to provide support to every single family welcoming a newborn in Eagle County. Families of both new and seasoned parents can improve their confidence with a new child while requesting connections to resources they feel can improve the health of their baby and their family. This program allows us to track our ability as a community to provide care for families and children during one of the most crucial and impactful points of their lives.

## **Health Equity Inclusivity PDSA**

Jennifer Halfacre

**Background:** In 2021, Pediatric Partners began health equity and inclusion work. They decided to focus on collecting the patient's preferred language since they had a large Spanish speaking population. Their PDSA took them on a different path where they found they were not using the data provided. All reminders and patient education were communicated in English.

**Goals and Objectives:** Initiate health equity and inclusion work through a Quality Improvement lens. Understand why it is important to collect health equity and inclusion data. Learn about a real PDSA cycle from a practice who is actively engaged in Health Equity and Inclusion work.

**Relevance Statement:** Health Equity and Inclusion work seems daunting; we have struggled to have practices move this work from receiving training to actual quality improvement and practice transformation work. Here is an example from a practice that not only tried, but succeeded and continues with their work.

## **How the Colorado Perinatal Care Quality Collaborative (CPCQC) is working to improve care for pregnant and postpartum patients in Colorado**

Karli Swenson PhD(c), MPH(c)

**Background:** In Colorado, the top two leading causes of maternal death are suicide (19.5%) and unintentional drug overdose (19.0%). Additionally, mental health concerns or substance use contributed to one half of maternal deaths from 2016-2020. To prevent unnecessary death in pregnancy and postpartum periods, healthcare teams must implement systems to systematically identify maternal substance use and mental health concerns and implement intervention strategies.

**Goals and Objectives:** The Colorado Perinatal Care Quality Collaborative (CPCQC) works with healthcare facilities, community-based organizations, and families in Colorado to implement equitable best practices and improve outcomes in maternal and infant health.

**Relevance Statement:** The Colorado Perinatal Care Quality Collaborative (CPCQC) works with hospital teams in Colorado to address maternal substance use and mental health, which are the two leading causes of maternal death in the state. Additionally, CPCQC has initiatives to address unnecessary cesarean sections, improve parental involvement in the NICU, and following best care practices for substance exposed newborns. Through a combination of approaches, CPCQC aims to improve the quality of care that pregnant and postpartum people receive in Colorado.

## **How the Improve Perinatal Access, Coordination, and Treatment for Behavioral Health (IMPACT BH) program works to address behavioral health access for pregnant and postpartum people in rural Colorado**

Karli Swenson PhD(c), MPH(c)

**Background:** Colorado is currently facing a perinatal behavioral health crisis. Suicide is the leading cause of maternal death in Colorado and rates of postpartum anxiety and depression are increasing. Additionally, minoritized individuals are more likely to suffer from one or more pregnancy or postpartum mental health diagnoses. Maternal mental health concerns often coincide with other risk factors, including substance use and intimate partner violence.

**Goals and Objectives:** The Colorado Perinatal Care Quality Collaborative (CPCQC) aims to address rising rates of maternal mental health concerns. CPCQC facilitates a program, Improve Perinatal Access, Coordination, and Treatment for Behavioral Health (IMPACT BH), which offers a framework for integrating perinatal behavioral health care across sectors. IMPACT BH is led by CPCQC in partnership with University of Colorado Practice Innovation Program, Illuminate CO, and Stader Opioid Consultants.

**Relevance Statement:** In Colorado, improving mental health care for pregnant and postpartum patients is a major concern. Through CPCQC, the IMPACT BH initiative works to benefit pregnant and postpartum patients by improving connections to mental health care and social support, improving relationships between healthcare teams and patients, and increasing access to care in rural Colorado communities.

## **Implementation of a Pilot Program at a Level I Nursery to Improve Substance Use Identification Practices**

K. Lyle Holmes, MSN, CPNP and Christine Gold, MD

**Background:** Umbilical cord toxicology testing is performed during birth hospitalizations when substance use during pregnancy is suspected in order to identify families and newborns affected by substance use. There are no standard indications for toxicology testing and universal testing is not recommended. Many institutions use risk-based criteria, which lack supporting evidence and often disproportionately select for patients who may have difficulties accessing healthcare due to language barrier, financial insecurity, and transportation difficulties.

**Goals and Objectives:** The goal was to execute a pilot program in a level I nursery at an academic medical institution removing late initiation of prenatal care as an indication for umbilical cord toxicology testing and to determine rates of substance use identification pre- and post- intervention while reducing the total number of tests ordered and the number of language barrier patients selected for testing.

**Relevance Statement:** Toxicology testing in pregnant birthing persons and newborns is done in order to identify and improve the care of families affected by substance use. However, there are no standard indications for toxicology testing in these populations which leads to a great deal of variation in toxicology testing across birthing facilities. Many facilities use “risk” based testing criteria which is biased and not well-studied. This Quality Improvement project sought to look more closely at one these commonly used criteria.

### **Optimizing SUD Screening, Referral, and Support during Pregnancy at Denver Health**

Ellen Brodrick DNP, CNM and Leamon Austin, PRSS

**Background:** Substance use disorder is common during pregnancy with up to 15% of pregnant patients affected. Detection is challenging and the diagnosis is frequently missed. Untreated SUD during pregnancy is associated with maternal mortality and risk of poor neonatal outcome including neonatal abstinence syndrome.

**Goals and Objectives:** Implement universal screening for SUD during pregnancy using a validated screening tool. Establish a Peer Recovery Support Specialist within the prenatal clinic setting to support patients diagnosed with SUD and facilitate connection to services.

**Relevance Statement:** Screening all pregnant patients for substance use disorder increases detection and helps patients get connected to individualized health care services. Peer support and care navigation seem to be important in supporting patient engagement in care.

### **Risk-Based Criteria for Umbilical Cord Toxicology Testing: A Retrospective Cohort Study**

Christine Gold, MD

**Background:** Substance use has a major impact on the health of pregnant patients and their newborns, leading to short- and long-term consequences. Universal toxicology testing is not recommended by any major medical entity. Validated risk-based toxicology testing criteria have not been published. Significant variation exists regarding toxicology testing practices across institutions. Toxicology testing is not without harm.

**Goals and Objectives:** The objective of this study was to determine the association between umbilical toxicology test results and the risk-based criteria prompting the toxicology test. We conducted a retrospective cohort study on umbilical cord toxicology tests obtained after birth at a single tertiary care birthing center between Oct 2016 and Dec 2018.

**Relevance Statement:** Toxicology testing practices are variable and often not associated with a likelihood of identifying substance use. More research and better guidelines on toxicology testing for women and infants are necessary to improve care of substance-affected families.

### **The Integrating Care for Women and Babies (ICWB) Program**

Susan Mathieu; Jennifer Ammerman; Lauren Quintana; Kyle Knierim

**Background:** Pregnant people who misuse substances are at high risk for poor outcome, including miscarriage and delivery-related complications. These impacts can also affect their newborns who are more likely to have low birthweight, be born early, and need intensive care treatment than unexposed infants. Colorado's Behavioral Health Administration (BHA) is supporting the Practice Innovation Program and 15 clinics and treatment sites in the ICWB program to address these health outcomes in women and their newborn children.

**Goals and Objectives:** The program offers clinics and treatment sites grant funding to implement and integrate OB and SUD care partners which is driven by clinic, patient, and community needs. Data is collected during the clinic/treatment site's participation in the program over 2.5 years, with assistance from a Clinical Health Information Technology Advisor (CHITA). Over time we aim to show that these interventions will impact health outcomes for mothers and their babies exposed to substance use.

**Relevance Statement:** ICWB is a part of several projects in the state of Colorado addressing the intersection of perinatal and SUD care for mothers and their babies.



### **Evaluate Our Conference and Speakers**

Thank you for attending this year's Perinatal SUD Integration Conference. **We value your feedback!** Please scan this QR code to review the conference and speaker sessions or use this link: <https://bit.ly/44kH6Jq>.

Paper evaluations are also available if preferred, please see a conference host if you would like one.



## Continuing Medical Education Information

Thanks to a generous donation from the Colorado Consortium for Prescription Drug Abuse Prevention, we can offer 7.5 hours of continuing medical education (CME) credit for this conference.

**Please read the following information.**

### Notes About the CME Opportunities Presented at this Conference

1. The AMA ACCME Statement Disclosure is available at <https://bit.ly/41BC2OS> or scan the QR code to the right.
2. The learning objectives are for the target audience of medical professionals to become aware of perinatal SUD resources around them and to get up to date information on SUD resources, laws, and other useful information. Detailed learning objectives are available starting on page 15 of this program.



### How to claim CME AFTER the conference:

Learners have 30 days to complete the CME evaluation, claim credit, and download the CME certificate.

To access the evaluation, you will need to register (for free) at the link below (or the QR code to the right) and then click on the contents tab to complete the evaluation and obtain your certificate.

[https://elearning.asam.org/products/nnesam-13th-annual-scientific-educational-conference-april-29-2023#tab-product\\_tab\\_overview](https://elearning.asam.org/products/nnesam-13th-annual-scientific-educational-conference-april-29-2023#tab-product_tab_overview)



If you are a physician boarded by ABIM, ABA, ABP, or ABS, ASAM will report your MOC learner credits for you, as long as we have your DOB and certification number in our membership database. Learn how to add your certification number [here](#).

Physicians boarded by other primary boards/certifying agencies and non-physician participants will receive a CME certificate upon completion of the online evaluation and may self-report/submit to their professional organization/institute.

If you have any trouble with the link, please reach out to Kate Brundage, Director of Accreditation, [kbrundage@asam.org](mailto:kbrundage@asam.org)

## About Our Projects

### ICWB – Integrated Care for Women and Babies

**ICWB** is a program established by the Colorado Department of Human Services, Behavioral Health Administration (BHA), the University of Colorado, Department of Family Medicine's Practice Innovation Program to integrate the obstetric and gynecological (OB/GYN) health care services of clinics with behavioral health and substance use disorder treatment (SUD), including Medication-Assisted Treatment (MAT) services, of treatment facilities, by coordinating and providing such services at the same location. The program started in 2020 as a pilot program and became permanent in 2021.

Currently, seven partners, two SUD treatment facilities and five clinics where OB/GYN services are provided, are participating in the project, along with advising from professionals in areas including clinical health information technology, behavioral health training, and sustainability planning. The program has graduated six additional partners who started in 2020.

Funding for this project is provided by the Colorado State Legislature based on Senate Bill 19-228, Part 2.

Learn more at: <https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/integrated-care-for-women-babies> or use the QR code to the right.



Learn more about  
ICWB

### IMPACT BH – Improve Perinatal Access, Coordination, and Treatment for Behavioral Health



**IMPACT BH** brings together hospitals, primary healthcare services, and community-based organizations as active collaborators and partners in providing wrap-around support and care navigation to pregnant and postpartum people and their families. IMPACT BH is a partnership led by CPCQC (Colorado Perinatal Care Quality Collaborative) in partnership with University of Colorado Practice Innovation Program, Illuminate CO, and Stader Opioid Consultants and is currently working in Garfield, Pitkin, Eagle, and Summit counties.

The program is intended to focus on more than just hospital improvement by creating an integrated delivery system that brings together hospitals, community-based healthcare services, and patients as active partners in perinatal and

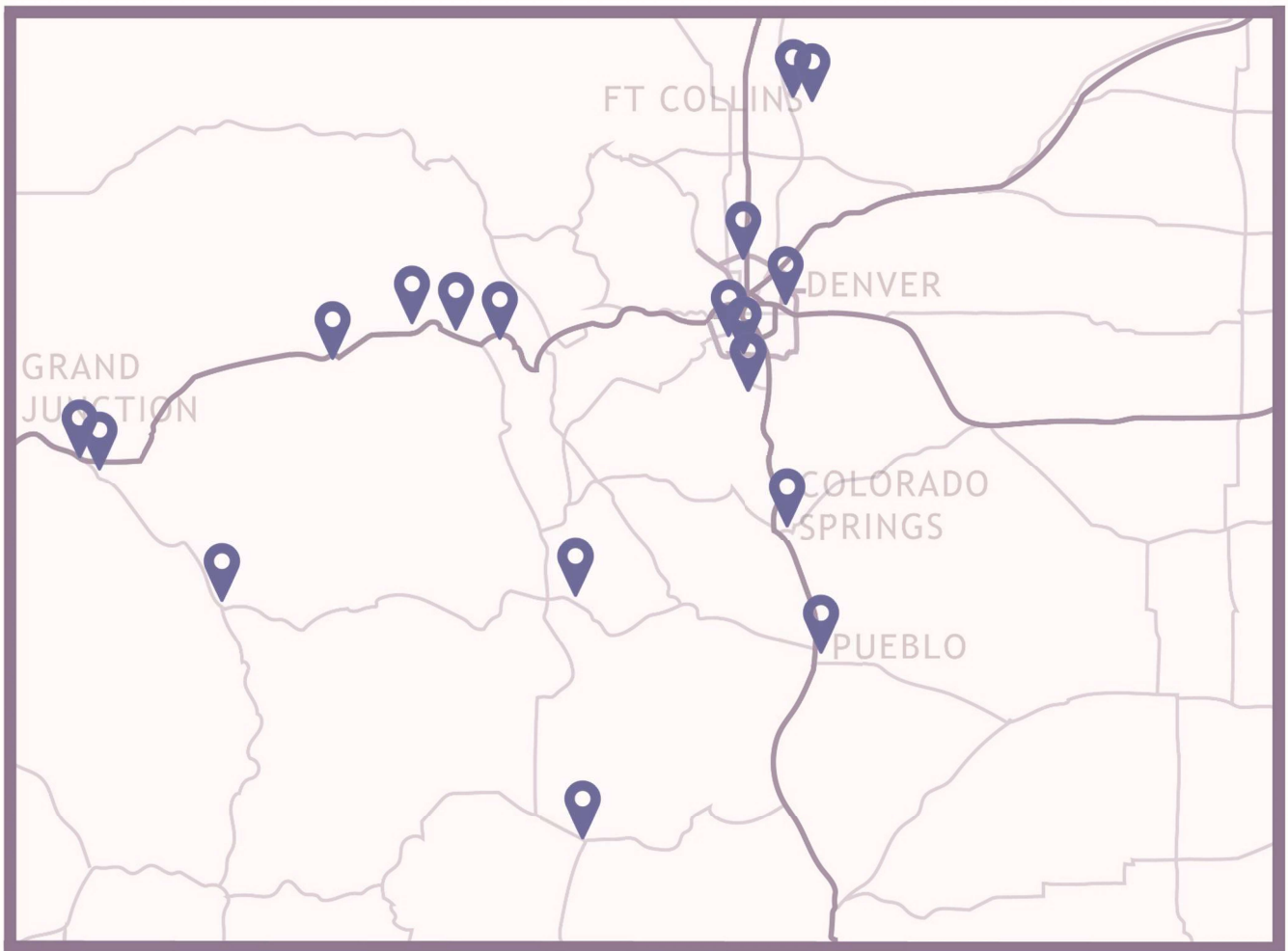
postpartum care. We are advancing the traditional model that focuses solely on hospital improvement to create an integrated delivery system that supports the whole patient through access to hospital- and community-based care and treatment, wrap-around support services, individualized care coordination, and increased social and peer support.

Learn more at: <https://cpcqc.org/qii/impact-bh/> or use the QR code to the right.



Learn more about  
IMPACT BH

### Our Statewide Reach



Learn more about all of the programs participating in ICWB and IMPACT BH here: [ICWB and IMPACT BH Site Partners \(cuanschutz.edu\)](https://cuanschutz.edu)



Map of ICWB and  
IMPACT BH Sites

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