

Alabama Care Network SOUTHEAST  
and GULF COAST Medical Management  
Meeting

August 2023



# AGGENDA

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Alcohol Abuse and Families  
Substance Use HEDIS Review  
Mental Health Resources  
(Connect Alabama App)





# Alcohol Abuse and Families

National Center on Substance Abuse and Child Welfare

# Objectives

01

Understand the demographics of alcohol abuse in the context of families

02

Appreciate the complicated interactions of alcohol abuse and families.

03

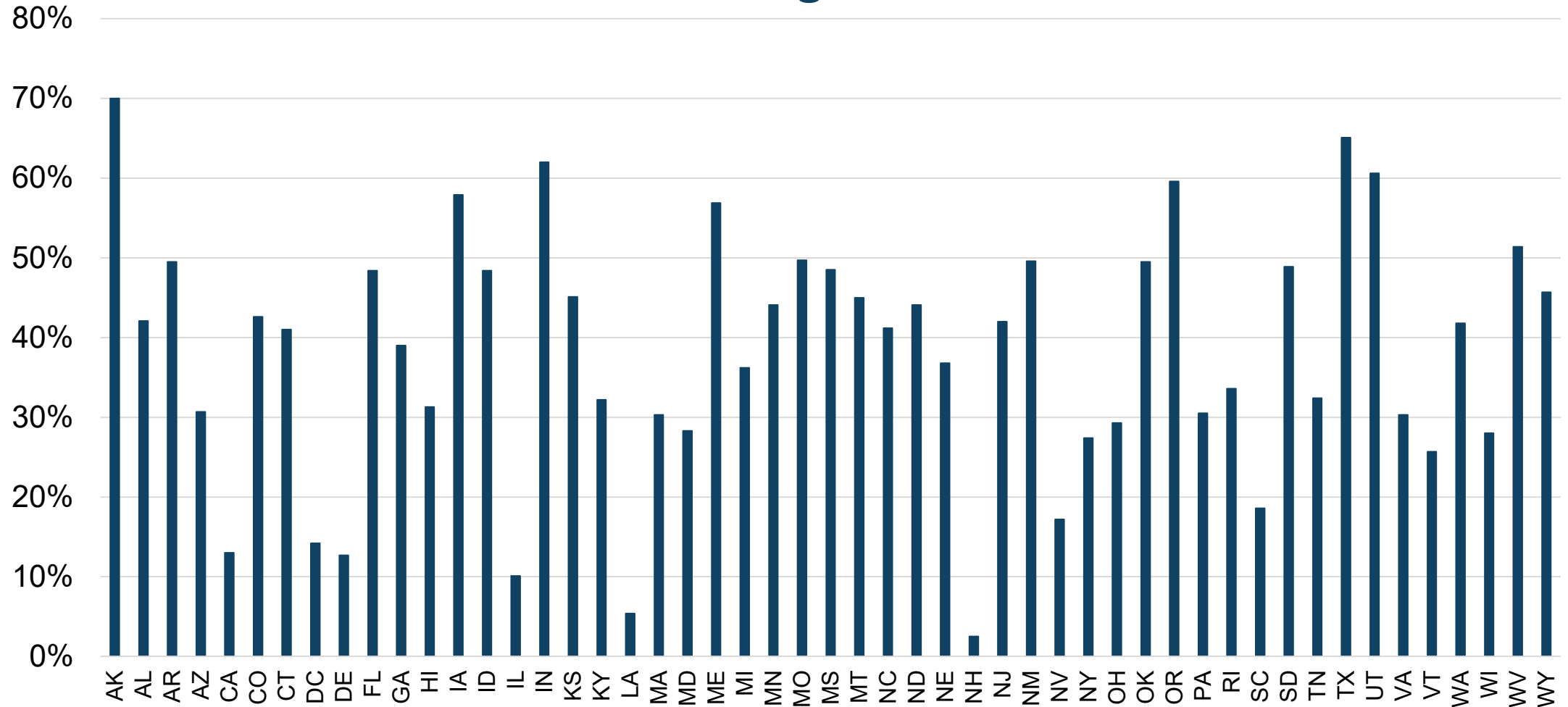
Become aware of stigma and stigmatizing language

04

Learn about accessing treatment and ways the ACHN intervenes in patients with alcohol abuse

# Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2017

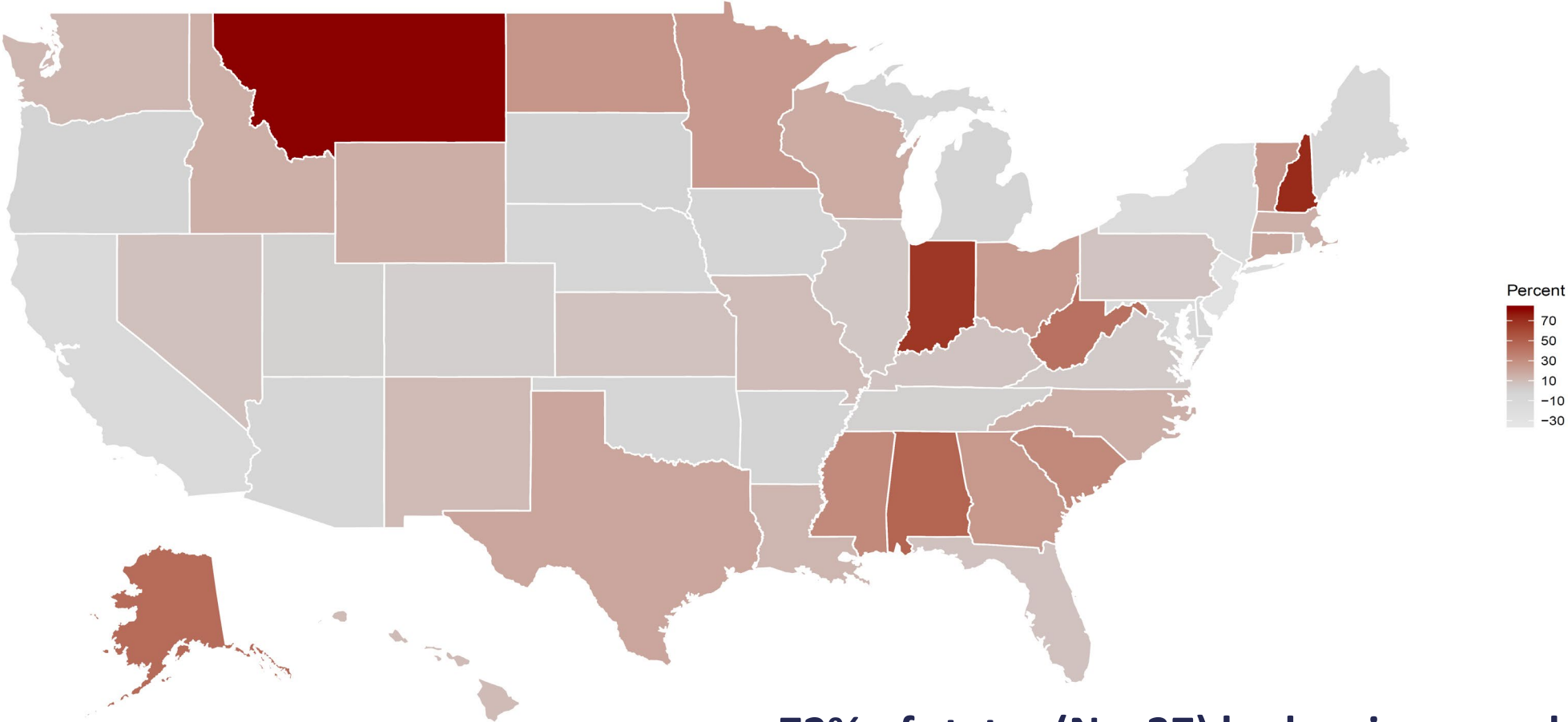
**National Average: 37.7%**



Note: Estimates based on all children in out-of-home care at some point during the fiscal year.

(U.S. Department of Health and Human Services, 2018)

# Percent Change of Children Placed in Out-of-Home Care (OOHC) by State, 2012–2017

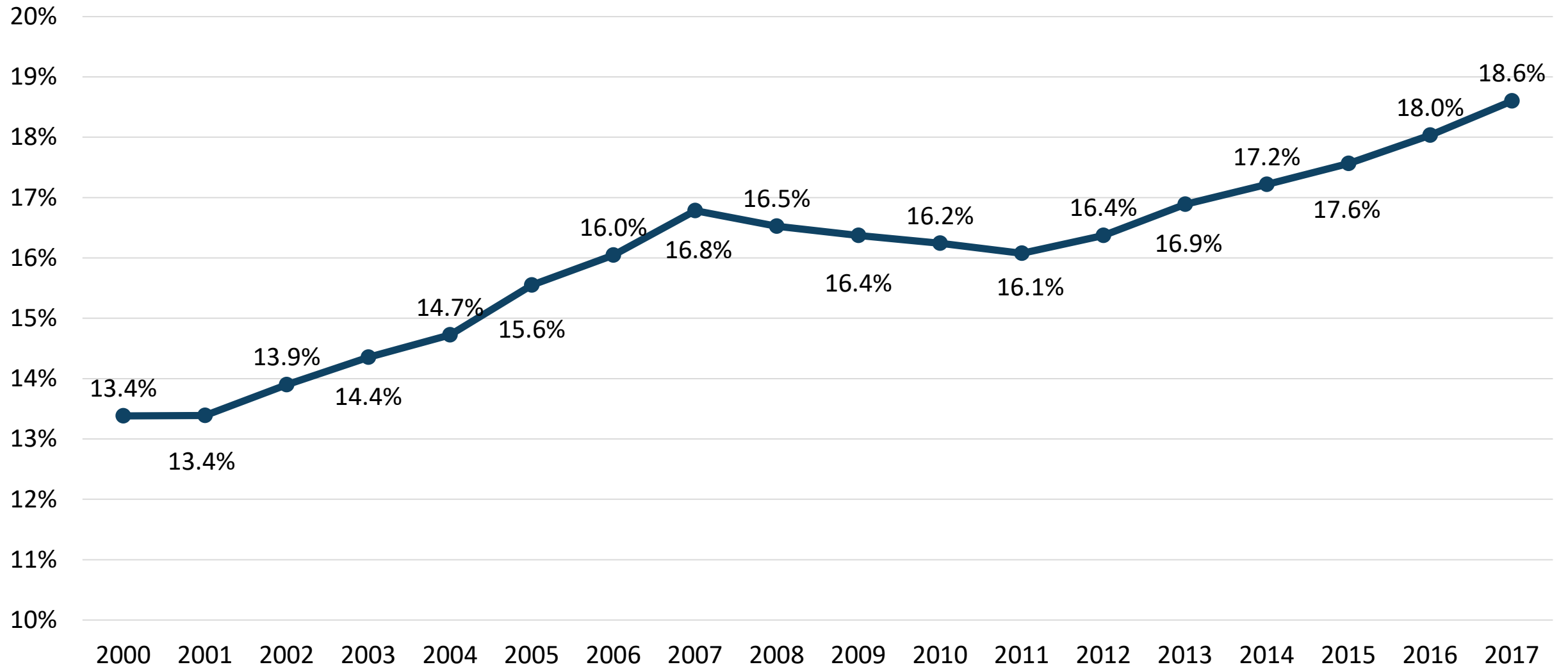


**72% of states (N = 37) had an increased rate of children placed in OOHC from 2012 to 2017.**

Note: Estimates based on children who entered out-of-home care during the fiscal year.

(U.S. Department of Health and Human Services, 2018)

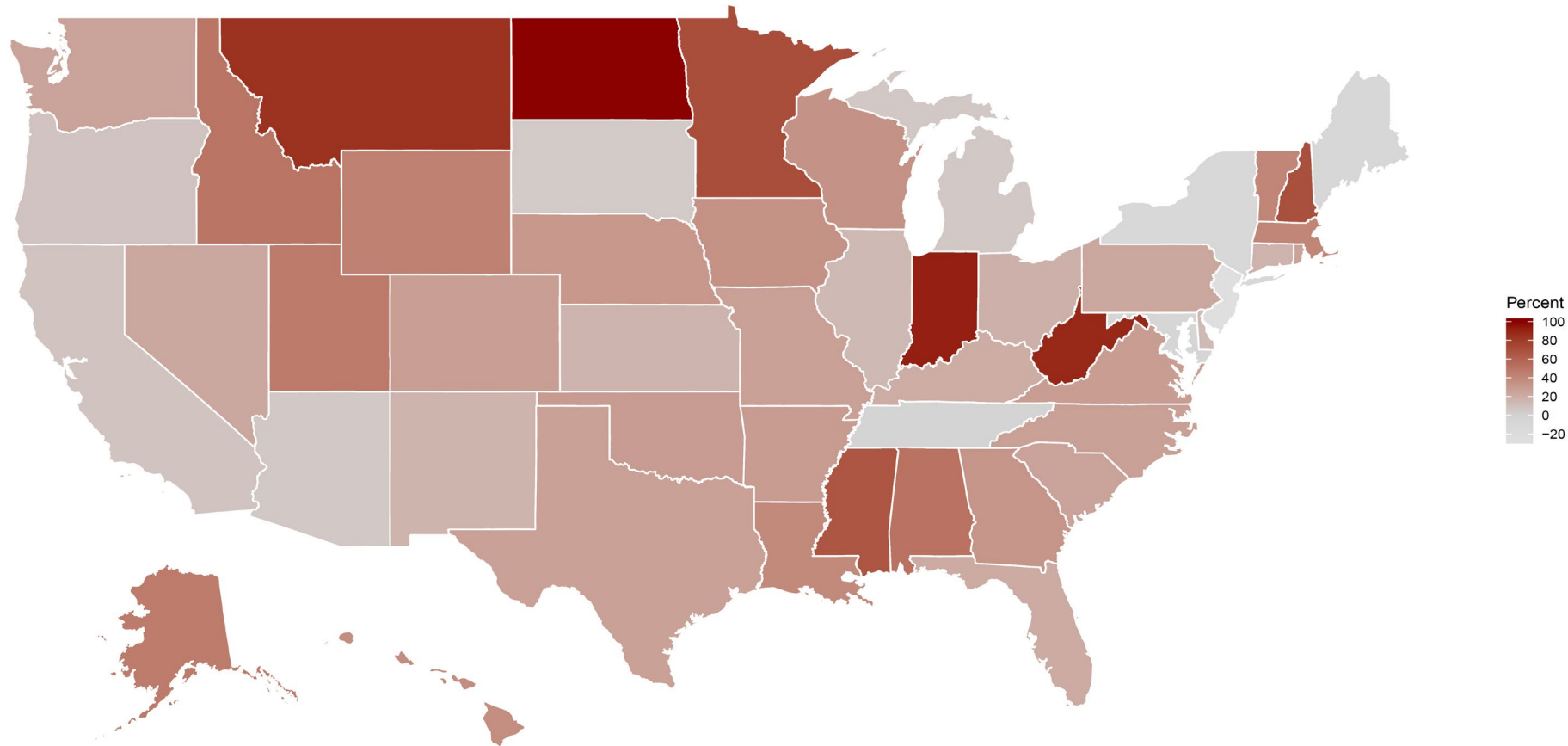
# Percentage of Children Under Age 1 Who Entered OOHC in the United States, 2000–2017



Note: Estimates based on children who entered out-of-home care during the fiscal year.

(U.S. Department of Health and Human Services, 2018)

# Percent Change of Children Under Age 1 Placed in Out-of-Home Care by State, 2012–2017



**90% of states (N = 46) had an increased rate of *children under age 1* placed in OOHC from 2012 to 2017.**



# Complex Interplay of Factors

## Interaction of various prenatal and environmental factors:

- Family characteristics
- Family trauma
- Prenatal care
- Exposure to multiple substances (alcohol and tobacco)
- Early childhood experiences in bonding with parents and caregivers
- Other health and psychosocial factors



# Effect of Substance Use Disorders on Family Functioning

- Child development
- Household safety
- Psychosocial impact
- Parenting
- Intergenerational factors

# Understanding Parents With Substance Use and Mental Health Disorders

- Self-medicate untreated emotional or health problems
- Manage untreated anxiety or depression
- Express anger and discouragement
- Punish themselves for failure
- Escape negative aspects of their lives



# Substance Use Disorder, Mental Health Disorders, and Trauma

- An estimated **10%–11%** of the **4.1 million live births** annually involve prenatal exposure to alcohol or drugs.
- Parents with substance use disorders often have a history of trauma, with **60%–90%** of treatment participants experiencing one or more traumatic events.
- Families affected by substance use disorders who are involved in the child welfare system need a system of care that recognizes the impact of trauma on their functioning and recovery.
- In a trauma-informed organization, every part of the organization—from management to service delivery—has an understanding of how trauma affects the life of an individual seeking services.
- Roughly 7.9 million adults had co-occurring mental health and substance use disorders in 2014.
- Just over 42% of persons seeking substance use disorder treatment have been diagnosed with co-occurring mental health and substance use disorders.

# Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

## Childhood Abuse

- Women with substance use disorders are more likely to report a history of childhood abuse.
  - Physical, sexual, and/or emotional abuse

## Trauma

- Many women with substance use disorders experienced physical or sexual victimization in childhood or in adulthood, and may suffer from PTSD.
- Alcohol or drug use may be a form of self-medication for people with PTSD and other mental health disorders.

# Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

## **Domestic Violence**

- Women who have a substance use disorder are more likely to become victims of domestic violence.
  - Victims of domestic violence are more likely to become dependent on tranquilizers, sedatives, stimulants, and painkillers, and are more likely to abuse alcohol.

## **Co-Occurring Disorders**

- Childhood abuse and neglect may contribute to anxiety, depression, PTSD, dissociative disorders, personality disorders, self-mutilation, and self-harming in adults.
- Among individuals with substance use problems, more women than men have a secondary diagnosis of a mental health disorder.

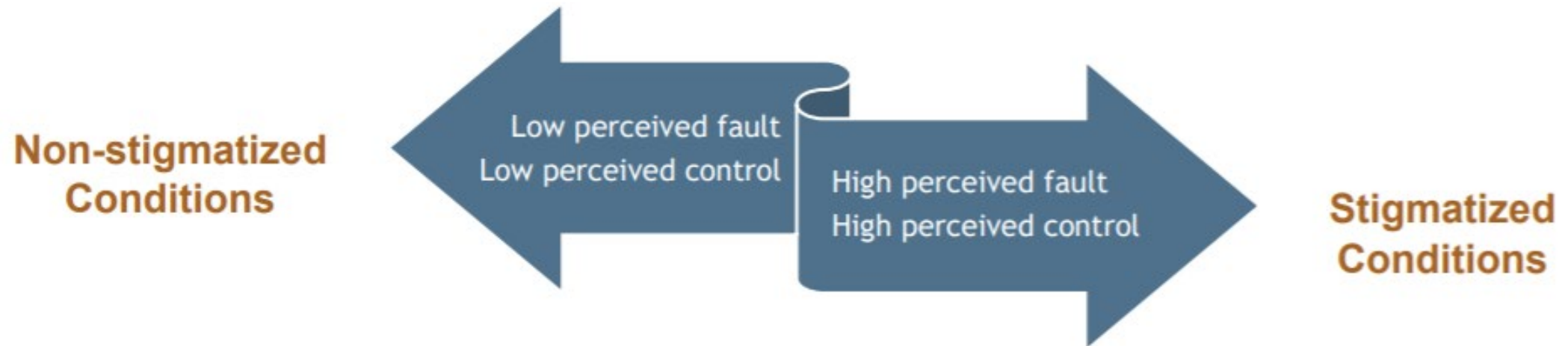
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# Stigma

Two main factors affect the burden of stigma placed on a particular disease or disorder:

- Perceived control that a person has over the condition
- Perceived fault in acquiring the condition





# Stigma



- Affects the attitudes of...
  - Medical and healthcare professionals
  - Social service agencies and workers
  - Families and friends



- Creates barriers to treatment and impedes access to programs
- Influences policies

# Stigma and Perceptions

Perceptions about people with substance use disorders:

- Once an addict, always an addict
- They don't really want to change
- They lie
- They must love their drug more than their child
- They need to get to rock bottom, before...

# Combating Stigma

- Are you using person-first language?
- Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
- Are you conflating substance use and a substance use disorder?
- Are you using sensational or fear-based language?
- Are you unintentionally perpetuating drug-related moral panic?

# Language Considerations

Instead of:	Try:
Addict	Person with a substance use disorder
	Person with a serious substance use disorder
Addicted to X	Has an X use disorder
	Has a serious X use disorder
	Has a substance use disorder involving X (if more than one substance is involved)
Addiction	Substance use disorder
	Serious substance use disorder
	<b>Note:</b> <ul style="list-style-type: none"><li>• “Addiction” is appropriate when quoting findings or research that used the term or if it appears in a proper name of an organization.</li><li>• “Addiction” is appropriate when speaking of the disease process that leads to someone developing a substance use disorder that includes compulsive use (for example, “the field of addiction medicine,” and “the science of addiction”).</li><li>• It is appropriate to refer to scheduled drugs as “addictive.”</li></ul>

# Language Considerations

Alcoholic	Person with an alcohol use disorder
	Person with a serious alcohol use disorder
Alcoholics Anonymous / Narcotics Anonymous / etc.	<b>Note:</b> When using these terms, take care to avoid divulging an individual's participation in a named 12-step program.
Clean	Abstinent
Clean Screen	Substance-free
	Testing negative for substance use
Dirty	Actively using
	Positive for substance use
Dirty Screen	Testing positive for substance use
Drug habit	Substance use disorder
	Compulsive or regular substance use

# Language Considerations

Drug/Substance Abuser	Person with a substance use disorder
	Person who uses drugs (if not qualified as a disorder)
	<b>Note:</b> When feasible, “Drug/Substance Abuse” can be replaced with “Substance Use Disorder.”
Former/reformed Addict/Alcoholic	Person in recovery
	Person in long-term recovery
Opioid Replacement or Methadone Maintenance	Medication assisted treatment
	Medication-assisted recovery
Recreational, Casual, or Experimental Users (as opposed to those with a use disorder)	People who use drugs for non-medical reasons
	People starting to use drugs
	People who are new to drug use
	Initiates

# A Treatable Disease

**“Groundbreaking discoveries about the brain have revolutionized our understanding of addiction, enabling us to respond effectively to the problem.”**

*—Dr. Nora Volkow,  
National Institute on  
Drug Abuse*

- Substance use disorders are preventable and treatable.
- Discoveries in the science of addiction have led to advances in substance use disorder treatment that help people stop misusing drugs and resume productive lives.
- Treatment enables people to counteract addiction’s powerful disruptive effects on the brain circuitry and behavior and regain areas of life function.
- Successful substance use disorder treatment is highly individualized and entails:
  - Medication
  - Behavioral interventions
  - Peer support

# Purpose of Treatment

- Reduce the major symptoms of the illness.
- Improve health and social functioning.
- Teach and motivate individuals to monitor their condition and manage threats of relapse.
- Substance use disorder treatment is classified into different modalities—detoxification, residential treatment, outpatient treatment, medication-assisted treatment, aftercare, and community supports.



# Overview of the Treatment Process



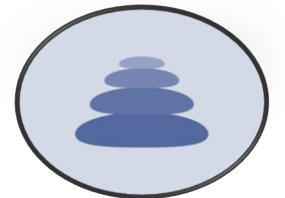
**Early Identification, Screening, and Brief Intervention**

Done at earliest point possible



**Comprehensive Assessment**

Determine extent and severity of disease



**Stabilization**

Via medically supervised detoxification, when necessary



**Timely and Appropriate Substance Use Disorder Treatment**

Address substance use disorder and co-occurring issues

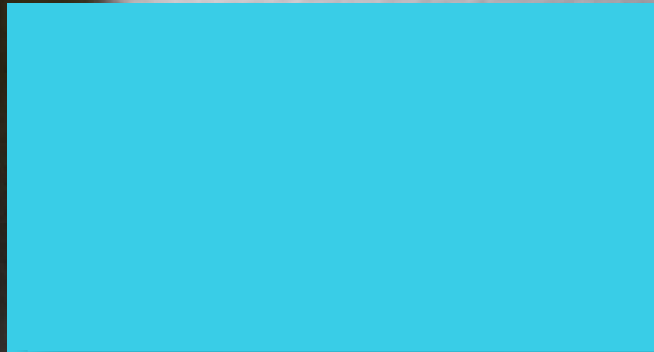


**Continuing Care and Recovery Support**

Help parents sustain recovery, maintain family safety and stability



Substance Use Disorder  
HEDIS Measure



- The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. The measures being evaluated include:
  - *Initiation of SUD Treatment:* The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days of the diagnosis.
  - *Engagement of SUD Treatment:* The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

**What is the  
HEDIS<sup>®</sup> IET  
measure  
looking at?**

- Members with a new substance use disorder episode
- Medicaid Members aged 18+

**Who is  
included in  
the measure?**

- Members treated for SUD during the previous 194 days (i.e., 6.5 months)
- Members using hospice services at any time during the year

**Which  
Members are  
excluded?**

- Initiation: SUD treatment within 14 days of the diagnosis episode
  - If the episode is an inpatient encounter – this is considered treatment and the Member is compliant.
- Engagement: Compliant with the initiation treatment AND one of the following between the day after and 34 days after the initiation visit:
  - at least 2 inpatient, outpatient, or medication treatment visits (excluding methadone billed on a pharmacy claim)
  - a long-acting SUD medication administration event

**When does  
the Member  
'pass' the  
measure?**

- Any of the following services done with a mental health provider or having an SUD diagnosis:
  - An outpatient behavioral health or SUD service
  - Intensive outpatient therapy
  - Partial hospitalization visit
  - Opioid treatment service
  - Non-residential substance abuse treatment service
  - Community mental health center service
  - Observation visit
  - Behavioral health or SUD assessment
  - Pharmacotherapy dispensing event

**What counts  
as a follow up  
visit?**

- Use appropriate documentation and correct coding
- Explain the importance of follow-up to your patients
- Schedule an initial follow-up appointment within 14 days during the first service
- Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- Provide timely submission of claims and encounter data

**What can  
providers do  
to help  
improve  
Substance  
Use Disorder  
rates?**



# Initiation and Engagement Timeline:



# Mental Health Resources-Connect Alabama App



**CONNECT ALABAMA**  
**BEHAVIORAL HEALTH SERVICES**  
**& TREATMENT FINDER**

# Mental Health Resources-988 Suicide & Crisis Lifeline

## 988 Suicide & Crisis Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.



# Mental Health Resources-Maternal Mental Health Hotline



## The National Maternal Mental Health Hotline

**24/7, free, confidential hotline for pregnant and new moms  
in English and Spanish**

**Call or text 1-833-TLC-MAMA (1-833-852-6262)**

**TTY users can use a preferred relay service or dial 711 and then 1-833-852-6262.**

# Mental Health Resources-AL Dept. Mental Health Services

**ADVOCACY**

**1-800-367-0955**

**AUTISM**

**1-800-499-1816**

**DEVELOPMENTAL DISABILITY**

**1-800-361-4491**

**MENTAL ILLNESS**

**1-800-367-0955**

**PEER SUPPORT**

**1-800-832-0952**

**SUBSTANCE USE**

**1-844-307-1760**



## **Gulf Coast TotalCare**

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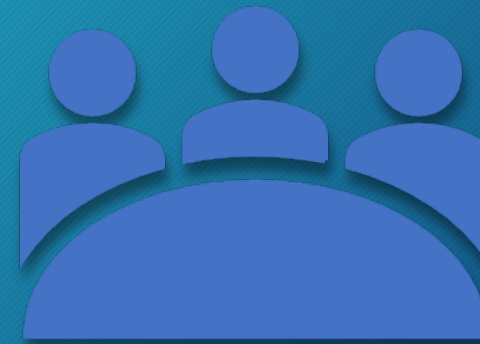
Phone: 251-508-5085

Email: [lrather@uabmc.edu](mailto:lrather@uabmc.edu)

# Thank You For Your Time

## Medical Management Meeting Schedule

- All meetings will be via webinar at 12:00 p.m. Central Time
- August 16, 17, 22, 24
- Gulf Coast Network
- August 24, 31





GULF COAST  
**TotalCare**

**THANK  
YOU!**