Indiana Pregnancy Promise Program

Promoting Recovery from Opioid use:
Maternal Infant Support and Engagement

2022 **ANNUAL REPORT**

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Indiana Family & Social Services Administration

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A letter from FSSA Secretary Rusyniak

In 2017, Governor Holcomb made attacking the drug epidemic and reducing infant and maternal mortality one of his administration's priorities. Therefore, in 2019, when CMS provided an opportunity to fund innovative programs that would reduce the health impact of opioid use in pregnancy, we created the Pregnancy Promise Program.

Little did we know at that time the impact this program would have on us and those we serve. We knew the barriers for pregnant individuals with an opioid use disorder to get into recovery were monumental. Many individuals had to navigate social needs like housing, transportation, food insecurity, child care and safety. In addition, recovery would require navigating a complex healthcare system. It would require coordinating obstetrical care, addiction treatment, mental health treatment and family counseling. And it would need a trusted advocate who cared. Someone who wouldn't stigmatize addiction, someone who listened emphatically, someone who would not add to an individuals already experienced trauma.

This is why the key principles behind the Pregnancy Promise Program are connection, coordination and prevention. Moms in the program would need to be connected to a trained case manager. Nurses and social workers who understand stigma, trauma-informed care and the challenges individuals with addiction face. Managers who can help coordinate the physical and mental health care moms need along with addressing their social needs. And managers who can provide preventative screening to better understand the needs of each individual.

As we were designing a program that would incorporate these principles, a pandemic occurred—a global event that would exacerbate many of the causes of addiction, such as social isolation, stress and anxiety. Factors that resulted in overdose being the leading cause of maternal death in 2020. The pandemic also created enormous barriers for our Promise team. How could we launch a program in the middle of a pandemic? To be successful, we would need to work with the Department of Health, DCS, the Division of Mental Health and Addiction, four managed care entities and countless community-based organizations—a seemingly impossible task at that time. But seeing the impact that opioids have on moms and their babies, how could we not launch it?

Therefore, despite the obstacles, we launched the Pregnancy Promise Program statewide in July of 2021. And I cannot be prouder of the impact it has already had. In partnership with Medicaid, we extended pregnancy coverage for a full 12 months for all women. We provided childcare for moms in recovery programs. We were able to address many health-related social needs including secured housing, transportation, baby formula and even air conditioners. We were able to ensure moms got prenatal and postpartum care to address their physical and mental health needs. Because of this program 275 women got the connection, coordination and prevention they needed to assure the health and well-being of the and their baby. At a time when overdose deaths are increasing, not a single individual in our program died. At a time when nationally cases of neonatal abstinence syndrome are increasing, the vast majority of infants born in this program where home within five days. And as this report shows, the benefits of this program extend beyond moms and their infants. The case managers and organizations we have collaborated with have also been positively affected. The ability to work together to help a person in need is why many of us chose healthcare as a career. This program has reconnected us to that purpose.

As successful as the first year has been, we have more work to do. Not enough women have been enrolled. We must reach more. We must reach more women of color and more women in rural Indiana. And we must collectively do more to reduce the stigma of substance use, to remove barriers to getting care and to eliminate social needs that stand in the way of sustained recovery for all individuals.

What can you do to help us in this work? You can share outreach materials, make referrals to the program, join the ECHO trainings, model compassion and empathy to reduce stigma. Together, we can help more moms, more babies and more communities thrive.

Sincerely,

Dan Rusyniak, MD
Secretary, Indiana Family and Social Services Administration

Background

The Indiana Pregnancy Promise Program (Promoting Recovery from Opioid use, Maternal Infant Support and Engagement) aims to remove barriers and increase access to care for mothers and infants impacted by opioid use disorder. The program serves pregnant Medicaid beneficiaries across Indiana with current or previous OUD.

The Pregnancy Promise Program is a free, voluntary, program made possible through a five-year federal cooperative agreement known as the Maternal Opioid Misuse model awarded by the Centers for Medicare and Medicaid Services Innovation. Indiana is one of seven state Medicaid agencies to receive MOM model funding, along with New Hampshire, Maine, West Virginia, Tennessee, Colorado and Texas.

Program Goals

The goals of the Pregnancy Promise Program are to help individuals enter prenatal care, access OUD treatment and recovery services, address other physical and behavioral health care needs, identify the health-related social needs of the family and make appropriate referrals. The program aims to provide hope and set a strong foundation for the family's well-being now and into the future.

The MOM model was designed to improve and transform care delivery systems and lower health care costs. The primary drivers of change for this initiative focus on:

1. Enhancing case management and care coordination activities for pregnant individuals with OUD;
2. Identifying the health-related social needs of the families and linking to resources;
3. Increasing provider capacity to care for pregnant individuals and infants impacted by OUD through professional development and training opportunities; and
4. Ensuring Medicaid coverage continues through 12 months postpartum for Medicaid beneficiaries, which was achieved by Indiana legislative efforts in April 2022.

Program Structure

The Pregnancy Promise Program is a statewide program, available across all 92 counties, which provides enhanced case management and care coordination services to participants. These services are delivered by highly skilled and credentialed nurse or licensed social work case managers within the Indiana Medicaid health plans. Anthem, CareSource, MDwise and Managed Health Services are the four Managed Care Entities, also referred to as care delivery partners, selected by FSSA to implement the program. The Pregnancy Promise Program builds upon the already existing high-risk OB case management services available to Medicaid beneficiaries through their health plan.

The Pregnancy Promise Program, in partnership with the four care delivery partners, began pre-implementation work in July 2020. Original project timelines were set to launch the program on Jan. 1, 2021, but this was delayed by six months due to the COVID-19 public health emergency. As a result, the Pregnancy Promise Program began enrollment on July 1, 2021. This report focuses on the achievements, challenges and lessons learned from the first year of program enrollment, which concluded on June 30, 2022.

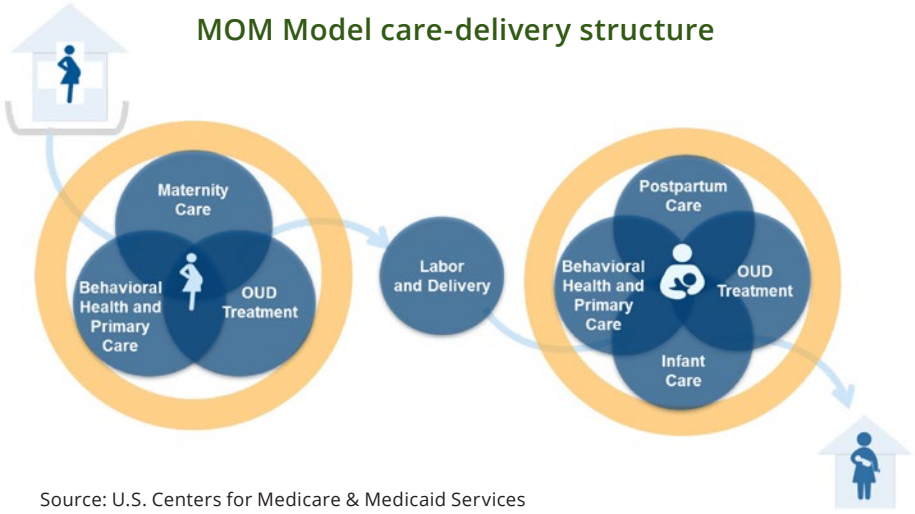
Statewide efforts

The Pregnancy Promise Program project team assembled a statewide steering committee beginning in July 2020 with representatives from several diverse organizations across the state. The steering committee is comprised of FSSA divisions, including the Division of Mental Health and Addiction, the Office of Medicaid Policy and Planning, the Division of Family Resources, the Office of Early Childhood and Out-of-School Learning, Indiana 211 and the Office of Healthy Opportunities. Other state agencies represented on the steering committee include the Indiana Department of Health, Indiana Commission to Combat Substance Use Disorder, the Department of Child Services, Indiana Minority Health Coalition, Indiana Rural Health Association, Indiana Recovery Network, Volunteers of America Ohio & Indiana, Indiana Housing and Community Development Authority, Indiana University School of Medicine, Department of Psychiatry and MCE representatives, including medical directors and care management leadership. During the pre-implementation phase, the committee provided input and direction for program design, outreach materials and website content. The committee includes voices of individuals with lived experience of navigating pregnancy and the postpartum period while engaging in OUD recovery services and supports.

Throughout the first year of program enrollment, the steering committee met on a quarterly basis to receive updates from the FSSA project team and hear directly from the MCE care delivery partners about their experiences working with program enrollees.

Originally in 2020, a key component of the pre-implementation work of the FSSA team was focused on submitting a Medicaid 1115 Demonstration Waiver to extend Medicaid coverage through 12 months postpartum for all Pregnancy Promise Program enrollees. However, with support from the steering committee, FSSA withdrew the waiver application in 2021, as Indiana expanded Medicaid coverage for all pregnant beneficiaries through 12 months postpartum through legislative actions which were finalized in April 2022. This Medicaid expansion received approval from CMS in September 2022.

MOM Model care-delivery structure



Source: U.S. Centers for Medicare & Medicaid Services

Prior to, and throughout the first year of enrollment, the FSSA team engaged in community outreach efforts across the state. As an important part of this outreach, the Pregnancy Promise Program joined the launch events of the My Healthy Baby Program, which were led by the state health commissioner. Together, My Healthy Baby and the Pregnancy Promise Program toured the state to share programmatic information with healthcare providers and local community-based human service providers. My Healthy Baby is joint initiative between the Indiana Department of Health, FSSA and the Department of Child Services. My Healthy Baby connects pregnant individuals to family support providers

in their own community. The initiative was created to address high infant mortality rates in Indiana and offer support to mothers and babies resulting in healthier outcomes for both. These efforts intentionally targeted the communities with highest infant mortality rates. However, my Healthy Baby has been steadily expanding and will be fully rolled out across the state by mid-2023.

Moreover, the FSSA project team met virtually with more than 150 community partners, local programs and human services agencies throughout the first year of enrollment. Broad efforts occurred to engage with opioid treatment programs, community mental health centers, local health departments, local DCS offices, home visiting and family support programs such as Nurse-Family Partnerships and First Steps Early Intervention. The Pregnancy Promise Program had a presence at several statewide annual conferences such as the Indiana Primary Healthcare Association, Indiana Annual Recovery Symposium and Labor of Love maternal child health conference.

ECHO Training Series

To increase provider capacity to care for pregnant individuals and infants impacted by OUD, the Pregnancy Promise Program partnered with Indiana University School of Medicine, Department of Psychiatry's Project ECHO (Extension for Community Health Outcomes) program. Project ECHO is a national model and a virtual learning platform. FSSA and IU Project ECHO designed curriculum for three distinct training series for professionals supporting pregnant and postpartum individuals and infants impacted by OUD. The ECHO model is founded upon an "all teach, all learn" approach. Each ECHO series includes 12 one-hour sessions held every other week.

The sessions are facilitated and include didactic presentations from a hub team of subject matter experts spanning a variety of relevant topics. The latter half of each session contains a de-identified case presented by a community participant. The multi-disciplinary group of participants across the state and hub team members process the case together, ask clarifying questions and identify potential recommendations or next steps for the case presenter. Over 800 professionals have registered and participated in the trainings funded by the Pregnancy Promise Program. The ECHO trainings will continue to be offered throughout the remainder of the 5-year grant project.

The three ECHO series funded by the Indiana Pregnancy Promise Program/MOM Model include:

- **OUD in Pregnancy**: Designed for providers caring for pregnant individuals working in OB/GYN settings, mental health clinicians, persons with lived experience
- **Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Symptoms**): For providers working in NICU/pediatric settings, child welfare and child protective services
- **Case Management for OUD in Pregnancy**: For case managers, community health workers, home visitors, etc.

Data Linkages

The FSSA Data and Analytics team created several key data collection systems and processes to fulfill the data reporting terms and conditions of the CMS MOM Model cooperative agreement. FSSA is required to report multiple data points for each participant and their infant enrolled in the program. This information is primarily collected by the MCE care delivery partners.

The CMS MOM Model places emphasis on the population's healthcare utilization, specifically tracking all prenatal, postpartum and OUD treatment encounters for each enrollee. The Pregnancy Promise Program case managers collect data from multiple sources including enrollee self-report, medical records, Medicaid claims data and information contained within the Indiana Health Information Exchange to report all information required by the MOM Model. The FSSA Data and Analytics team developed a secure application for the MCEs to enter the data required by CMS. The platform allows for multiple users at one time, which was an important function for the MCEs. Additionally, the application serves as a referral and enrollment tracking system and feeds into internal Pregnancy Promise Program dashboards. These features allow the FSSA project team to track data in real time.

During the initial year of enrollment, FSSA worked with IHIE to improve the MCE case managers' access to information and reports available within the IHIE system. Pregnancy Promise Program case managers have access to the enrollee's daily admission, discharge and transfer reports as well as clinical reports. These reports are time-sensitive and contain critical information for the case management and care coordination process. For example, if a Pregnancy Promise case manager receives a hospital admission alert for an enrollee, this enables the Pregnancy Promise case manager to communicate the hospitalization to other providers involved in the individual's care, where signed authorizations are in place. As a result, the Pregnancy Promise case manager can reschedule necessary appointments, meetings and court dates for the enrollee as needed. Additionally, these alerts allow the case manager to be notified of an enrollee's labor and delivery admission and alerted again when the enrollee is discharged. These notifications help case managers provide timely follow-up.

Closed-loop referral system to address health-related social needs

Each MCE care delivery partner utilizes the FindHelp.org online referral platform to address the health-related social needs of enrollees. The FindHelp platform houses information for thousands of local programs and resources organized by ZIP code. Once a Pregnancy Promise case manager completes the health-related social needs screening tool and identifies a particular area of need or unmet resource, the case manager can input a referral into the FindHelp system so the enrollee is immediately referred to local services in their community for food, legal aid, transportation etc. The FindHelp platform offers closed-loop referral tracking features so that the Pregnancy Promise Program case manager can monitor whether referrals were successfully completed by the enrollees and confirm that help was received.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved Nov. 9, 2022, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

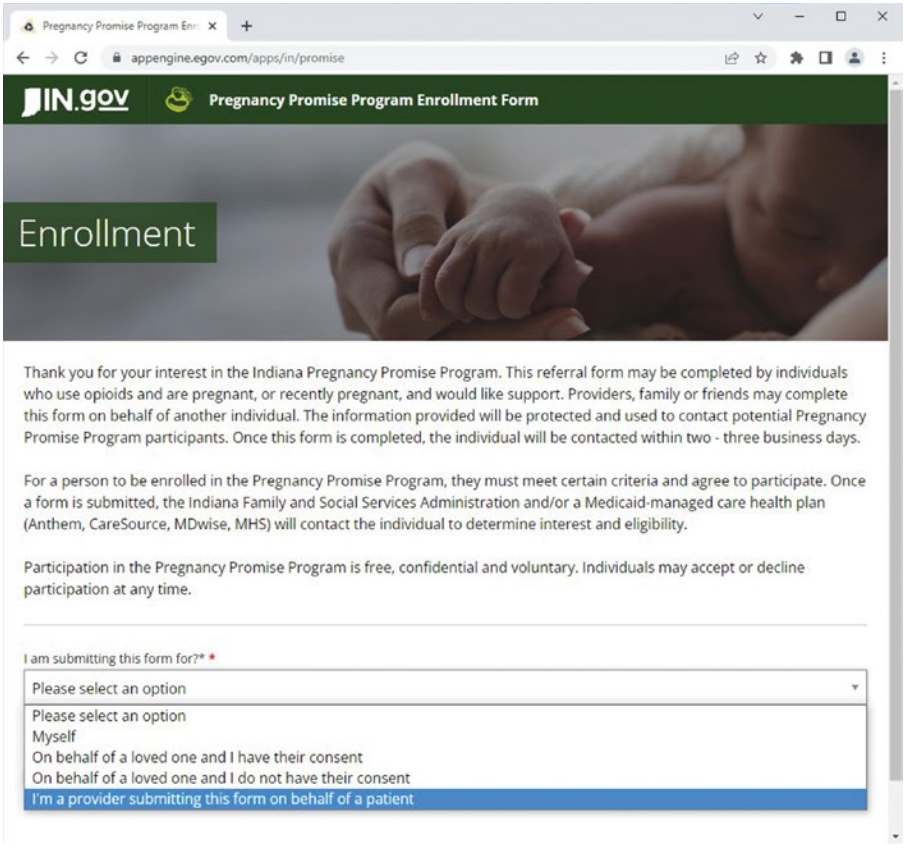
Features of the Pregnancy Promise Program

Identification and Outreach

Prior to Pregnancy Promise Program enrollment starting on July 1, 2021, FSSA launched a public-facing website and online referral platform for the Pregnancy Promise Program. The Pregnancy Promise Program takes a "no wrong door" approach to referrals. Anyone can make a referral to the program, including but not limited to self-referrals, referrals from family members or loved ones, medical providers, family support providers or any other professional. FSSA also created local and toll-free phone numbers for referrals. The phone lines are staffed by FSSA's Indiana 211 staff outside of regular business hours. 2-1-1 is available across Indiana. This is a free confidential service, which operates 24 hours a day and is a low-barrier first stop which helps people across Indiana find and connect with resources they need.

In addition to the public facing website and phone numbers, the four MCE care delivery partners regularly review Medicaid claims data to identify potential Pregnancy Promise Program participants. Once an individual has been referred or identified by the MCE as potentially eligible, continuous outreach is attempted until the individual is reached and either consents to the program or declines the program. This continuous outreach is an important feature of the Pregnancy Promise Program to ensure all pregnant individuals with OUD who could benefit from the program are made aware of the services and supports available to them.

Data from the first year of enrollment indicates the average number of attempts before an individual is reached is eight. These attempts may include phone calls, text messages, letters or a home visit. The program's enhanced outreach efforts have resulted in improved enrollment into case management services compared to rates of enrollment into Medicaid managed care high-risk OB case management. During the first year of enrollment, over 1,700 individuals were identified as potentially eligible and received outreach for program participation. 972 individuals were reached and either chose to participate, or declined for various reasons (not interested, did not actually have opioid use disorder, were no longer within the postpartum eligibility window). However, 804 individuals were never able to be reached, despite all efforts.



Comprehensive Screenings, Assessments and Care Planning

The Pregnancy Promise Program case managers complete comprehensive screenings and assessments within specific timeframes as part of the enrollment process and again in the postpartum period. The screenings and assessments address substance use (including alcohol and tobacco use), depression, anxiety, health-related social needs and patient activation measures. The screening results allow the case managers to take swift action to address immediate concerns and allow for the development of comprehensive Pregnancy Promise Program care plans. The care plans include individualized participant goals related to their health care, behavioral health, substance use treatment, parenting goals and health-related social needs. The care plan outlines the individualized support needed from the Pregnancy Promise Program case manager.

Importantly, the Pregnancy Promise Program care plan establishes the parent's substance use treatment goals and outlines needed resources to have a safe, healthy pregnancy, labor and delivery, followed by a positive start to parenting the newborn. The information contained within the Pregnancy Promise Program care plan aligns with the federal Child Abuse Prevention and Treatment Act requiring all infants under the age of one year to have a Plan of Safe Care in place when there has been parental substance use disorder. When families have these types of plans in place and professionals like Pregnancy Promise Program case managers (or other home visiting or perinatal navigators) are supporting families and carefully monitoring the plan, this may result in less formal involvement from local DCS offices.

High-touch case management and care coordination

All four of the MCE care delivery partners adhere to the Pregnancy Promise Program manual, which outlines program expectations, requirements and best practices for serving the population. Additionally, all Pregnancy Promise Program case managers are required to participate in professional development activities each year focusing on de-stigmatization, implicit bias, secondary trauma, harm-reduction, motivational interviewing, cultural considerations and other topics intended to build knowledge and skills to be effective in their role. A highlight of the Pregnancy Promise Program is high-touch case management and care coordination, occurring at a regular frequency, but flexible and individualized for each enrollee. While Pregnancy Promise Program case managers help participants coordinate care and acquire resources and supports, they also provide active listening, advocacy and family education for participants.

The Pregnancy Promise Program was originally intended to be a program that regularly offers in-person contact and support for participants whenever possible. In-person contact between Pregnancy Promise Program case managers and participants had to be scaled back or replaced entirely with phone calls, text messages or virtual contact during the first year of enrollment due to the COVID-19 pandemic. The program manual outlines the minimum contact requirements during the prenatal period, labor and delivery hospital admission period and the postpartum period. The Pregnancy Promise Program emphasizes a relationship-based approach to service delivery. Foundational to the Pregnancy Promise Program case manager's role is empathy, compassion, authenticity and trust-building. Once enrolled in the program, a member is never disenrolled for missed visits or missed contact with the Pregnancy Promise Program case manager. All enrollees remain in the program receiving support for themselves and their infants until they reach 12 months postpartum. Early disenrollment only occurs when a participant voluntarily exits the program.

Child care benefit

receive child care subsidies every month funded by the Child Care and Development Fund

The Pregnancy Promise Program partnered with the Indiana Office of Early Childhood and Out-of-School Learning to improve access to federal child care funds, known as Child Care and Development Fund vouchers, for Pregnancy Promise Program participants. Historically, child care has been a major barrier for postpartum individuals trying to achieve sustained recovery in the postpartum period while adhering to daily treatment services. The new childcare incentive policy created with OECOSL gives Pregnancy Promise Program enrollees priority status, which means the population has an emergent need for childcare funds and will not be waitlisted.

Furthermore, the policy allows Pregnancy Promise Program enrollees' service needs to be met by waiving the standard work or education requirements. The state recognizes enrollees participate in daily OUD treatment and recovery services, behavioral health care appointments and postpartum follow-up care appointments. These responsibilities combined meet the demonstrated service need to qualify for childcare funds. This policy removes barriers for parents trying to achieve stability, optimal health and well-being during the infant's first year of life. Through this innovative policy, parents can focus on physical and mental health care and engage in treatment and recovery services while their children have access to safe, regulated childcare environments during the 12-month postpartum period. Within the first six months of launching this incentive, more than $84,000 in childcare funding was utilized by families within the Pregnancy Promise Program. This policy is ground-breaking and has garnered interest from other MOM model states.

receive child care subsidies every month funded by the Child Care and Development Fund

Program achievements

Indiana is one of the only MOM Model awardees with a statewide scope. Due to effective outreach and engagement efforts, Indiana led the MOM Model states with the highest number of participants in the first year of enrollment. The Indiana Pregnancy Promise Program achieved 100% survival rate of all mothers during the first year of enrollment, meaning there were no fatalities of participants from overdose, suicide or other causes. This is significant because the national Maternal Mental Health Leadership Alliance recognizes suicide and substance use as the leading causes of death for new mothers.

The Indiana Pregnancy Promise Program has been a driver of significant MCE system enhancements for faster service delivery to pregnant members with OUD. MCEs have implemented secure text messaging platforms improving rates of successfully reaching and communicating with enrollees. Additionally, MCEs implemented electronic signature capabilities to obtain signatures on consent forms and authorization forms to put services in place more quickly and exchange information across providers.

The Pregnancy Promise Program staff has forged key partnerships across the state with several programs and networks (including, but not limited to, DCS, IRN, Community Hospital CHOICE Program, Volunteers of America Fresh Start Recovery Centers, Indiana Coalition Against Domestic Violence), which has resulted in improved and more comprehensive responses and interventions when enrollees are in crises.

Case manager achievements

Pregnancy Promise Program case managers have experienced daily successes in their work with enrollees. The following are a few examples that demonstrate the commitment the case managers have to the population they serve.

One Pregnancy Promise Program case manager advocated for and helped secure housing for an enrollee who, days later, gave birth unexpectedly in their home. The team acknowledged the outcome could have been much more worrisome if this family was without housing.

Another Pregnancy Promise Program case manager connected an individual with a 12-course treatment for Hepatitis C, which the enrollee completed and as a result no longer has the virus detectable in their blood.

Additionally, one case manager helped a pregnant enrollee find and enter a residential treatment program for opioid use disorder, where the enrollee was able to bring their toddler to the program. It was very important for the individual to be with her young child while engaging in treatment during her new pregnancy.

A case manager identified early warning signs of serious infection in a recently postpartum enrollee and coordinated a follow-up appointment immediately with the medical provider. The case manager's early detection prevented a potential catastrophic outcome.

Another Pregnancy Promise Program case manager listened while an enrollee decided not to return to their former neighborhood when the urge to use opioids returned. The case manager then worked with the individual's prescribing physician to help the enrollee adjust their medication dosage to prevent cravings.

Pregnancy Promise Program case managers reflect on their role

> **"I became a nurse because I wanted to help others. Specifically, I wanted to have the knowledge to help family, friends and my community in times of medical emergencies and needs. I wanted to make a difference in the health and well-being of others. Opioid use disorder has taken the lives of many in my community. I wanted to help in some way and this position and program has allowed me to help those in the most critical areas of need. Helping a soon-to-be mother and unborn infant is very rewarding. I enjoy helping them achieve whatever goals they may have to accomplish overcoming this disorder."**

> **"As a registered nurse, I have been working in this field for a majority of my professional career, even before nursing, doing case management in mental health and addiction for about 10 years now. This program has given me the opportunity to closely walk alongside a patient who struggles with opioid use. It has opened my eyes to see more of the stigma than ever before that faces these individuals. They need help, in some cases they are fighting 10 times as hard as other patients just to get the basic medical care they need. We can help and this program is a start."**

> **"I wasn't searching for a new job when I came upon the opening for an Indiana Pregnancy Promise Program case manager position. As I read the description, there was something that called me to apply. Being a Pregnancy Promise Program case manager has been so fulfilling, both intellectually and emotionally. I have helped members who are actively using substances seek recovery. I have helped members who have been in recovery for years find community resources for housing, day care and other social determinates of health. I am able, with the help of many community resources, to give many members the boost that they so desperately need. I have left some days feeling defeated, but most days I feel like I am making a difference in someone's life."**

Challenges and opportunities

As with any new initiative, the Pregnancy Promise Program experienced some hurdles and challenges during the first year of the program.

Successfully reaching the population to enroll participants

Multiple strategies are utilized to reach potential enrollees including phone calls, text messages, written communication and attempts to reach members in person through community health worker efforts. However, the program experienced significant limitations and barriers reaching the population, in part, due to COVID-19 and subsequent waves throughout the first year of enrollment. The data from the first year shows the average number of contact attempts before individuals were successfully reached was eight. Of the 1,776 individuals identified as potentially eligible, 804 were never able to be reached, despite multiple and varied efforts. Additionally, a large portion of the 972 individuals who were reached by the MCE care delivery partners did not enroll for reasons such as "not interested," "no OUD but referred to other SUD treatment," "beyond 90 days of the end of pregnancy." And yet, once individuals were reached and consented to the program, retention rates of participation were over 95% in the first year, meaning few enrollees voluntarily withdrew their participation in the program or exited due to moving out of the state. It should be noted that a small number of participants re-enrolled during the first year of the program due to a subsequent pregnancy. MCEs and FSSA program staff commonly experienced more responses and engagement from potential enrollees through text messaging. In addition, MCEs invested in electronic signature platforms which expedited the enrollment process.

Reaching and enrolling minority populations

Notably, a large majority, 90% of Pregnancy Promise enrollees across the state, identify as white and non-Hispanic and approximately 9% of the 1,776 referrals identified as Black or other. The rate of enrollment into the Pregnancy Promise Program for individuals identifying as white/non-Hispanic was 18% compared to 14% for enrollees identifying as Black/other. The data from the 2019 National Survey on Drug Use and Health shows systemic disparities in mental health care and SUD treatment for Black and other minority populations and indicates that white individuals are more commonly prescribed and treated with medications for opioid use disorder than Black and Hispanic individuals. The Pregnancy Promise Program has engaged multiple partners, systems and agencies to improve outreach to and enrollment among Indiana's minority populations, but there is more work that is planned for future grant years. Utilizing community health workers, certified peer recovery specialists and doulas have all been cited as promising practices for engaging minority populations. All MCE care delivery partners are collaborating with their health equity officers and health equity committees to better understand the challenges and innovate solutions across the state.

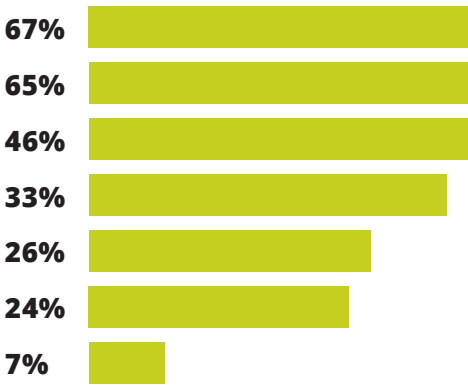
Data collection and reporting requirements: This has been a challenge across many of the MOM Model awardee states, including Indiana. A high volume of data is required to be reported for each enrollee. Collecting and reporting the information has taken a great deal of effort on the part of both the MCEs and FSSA. FSSA expended important resources during the first year of enrollment to build a secure online data collection and reporting platform. This system created efficiencies for the MCEs and FSSA's ability to

submit timely data to CMS. Important mechanisms have been put in place within the secure data app to protect the private health information and personal identifiable information of each enrollee.

Stigma and bias

Another challenge and common theme across the first year of the program is that stigma persists among the public and some professionals across disciplines and roles. To combat stigma, the Pregnancy Promise Program has partnered with IU Project ECHO to offer trainings and professional development opportunities to providers across the state. The ECHO sessions include voices of individuals with lived experience of being pregnant and managing opioid use disorder. ECHO participants share their personal stories as well as de-identified stories of clients who have faced stigma and bias because of being pregnant with a substance use disorder. The cross-discipline conversations and learning that occurred and continues to occur during these virtual sessions has been a valuable part of transforming systems and practices across Indiana. The ECHO sessions and case studies have raised awareness of widespread trauma and adverse childhood experiences among pregnant individuals with substance use disorder. Sharing stories and experiences have let to important conversations about trauma-informed care. One step to address stigma and bias has been to start with education around language and terminology. Starting with respectful, compassionate language and educating individuals and teams about avoiding use of stigmatizing terminology has been an important foundation.

REPORTED BEHAVIORAL HEALTH CONDITIONS



99% of enrollees were screened for depression in Year One

Lessons learned

Throughout the development of and during the first year implementing the Pregnancy Promise Program, valuable insights have been gained to inform processes and practices. One of the most valuable experiences has been bringing the MCE care delivery partners together as one statewide Indiana Pregnancy Promise Program team, with a shared vision for supporting parents and infants impacted by OUD. MCE staff across all four care delivery partners have engaged in regularly occurring meetings and have participated in shared learning experiences so that the quality and delivery of the Pregnancy Promise Program is consistent across the state. The Pregnancy Promise case managers encourage one another, discuss difficult cases and celebrate successes across the MCEs.

During the initial launch and into the first year of enrollment, critical resources were needed and developed to provide clear guidance for program operations and serve as a road map for leadership and front-line staff. FSSA developed the Pregnancy Promise Program Manual in June 2021 and revised the manual in August 2022. The manual serves as an orientation and training tool for all MCE care delivery partners. The manual outlines best practice expectations and the requirements for delivering services to the population.

Technology has been utilized and data resources have been developed to automate data collection when possible and make data reporting more efficient. Newly developed data systems have been used to track and monitor program outcomes. The creation of the secure, online data entry platform has provided the ability to run data queries for quality monitoring purposes. Importantly, the FSSA Data and Analytics team developed real-time data dashboards and visualizations to track enrollee and infant outcomes and map enrollment by county across the state.

During the first year of launching the program, it became apparent that many individuals visited the Pregnancy Promise Program website seeking assistance obtaining Medicaid coverage for a new pregnancy and not necessarily coming to the website to make a self-referral because of opioid use disorder. As a result, the FSSA project specialist became a certified insurance navigator, an additional resource among the FSSA project team who could directly help individuals complete a Medicaid application. To date, the Pregnancy Promise Program staff has assisted 25 individuals with the Medicaid application process. Though not all these individuals met enrollment criteria for the Pregnancy Promise Program, they were still provided with assistance and resources. Importantly, if an individual is referred to the Pregnancy Promise Program but does not meet the eligibility criteria for opioid use, they are still connected with a high-risk OB case manager, who will perform screenings to identify any potential health care needs.

The Pregnancy Promise Program established important connections with FSSA Indiana 211 staff soon after launching the online referral platform. Indiana 211 staff frequently follow-up with Pregnancy Promise Program referrals when individuals are found to be ineligible for Medicaid. In those cases, Indiana 211 has provided resources to the individual seeking help with pregnancy.

The first year enrollment data highlighted the prevalence of co-occurring mental health conditions among the population, thus emphasizing the importance of coordinating physical and behavioral health care for participants. Ninety percent of program enrollees experienced at least one additional mental health condition other than substance use disorder. Most commonly these conditions include depression, anxiety and/

or trauma-related stress disorders. Time and again participants shared their personal histories of trauma and adverse childhood experiences with their Pregnancy Promise Program case managers and expressed a desire for mental health supports. Per the grant requirements, any individual who screened positive for depression required documentation of the follow-up plan. The Pregnancy Promise Program acknowledges the work of the Indiana Behavioral Health Commission to research and recommend systemic reform and strengthen the mental health care system in our state.

Given the particularly tender nature of the work of the Pregnancy Promise Program and the multi-generational focus, it became clear that preparing and supporting the frontline staff is critical for workforce retention. In the first year of enrollment, the program experienced some turnover in Pregnancy Promise Program case managers due to the nature of the work. Multiple strategies and forums are in place for case managers to receive consultation and support as they navigate complex situations to prevent secondary trauma and burn out.

Program enrollee testimony

> **"The Pregnancy Promise Program has been helpful for not only me but my family too. Our life is going in a new direction and I feel that the Pregnancy Promise Program case manager I worked with listened and helped me become the best version of myself. I feel like now I understand myself better and I know who I am. Without this program, my life may have been very different. I would recommend this program to others."**

> **"With the Indiana Pregnancy Promise Program I felt treated like a human, I felt like someone was listening to me."**

> **"Prior to Indiana Pregnancy Promise Program I had miscarriages. This program helped me get treatment and I'm in love with my baby. I am working on housing and employment. I even got help going to the dentist."**

> **"Because of the Pregnancy Promise Program, I would like to take classes to become a peer recovery coach."**

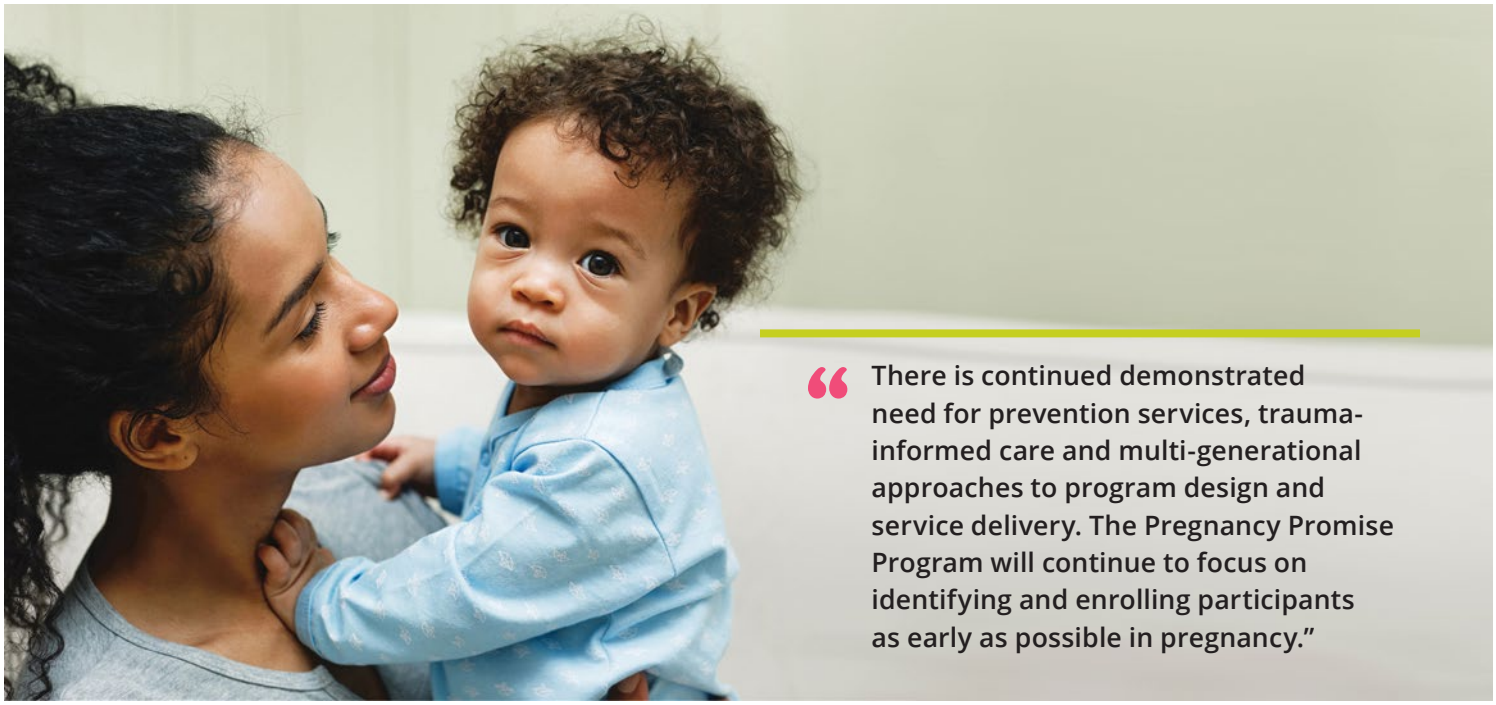
> **"I was able to leave a violent situation with my baby and go to a safe community with my infant. This program allowed me to get child care while I work on safety, stability and recovery."**

Looking ahead

With the second year of the program already underway, there is a continued demonstrated need for prevention services, trauma-informed care and multi-generational approaches to service delivery and program design like the Indiana Pregnancy Promise Program. Opioid use disorder continues to impact families and communities in Indiana, with increasing threat and dangers of deadly fentanyl products. Indiana now has three years of data from the state Maternal Mortality Review Committee which indicates substance-use disorder is the number one contributing factor to pregnancy associated deaths in Indiana.

Given the scope and complexity of the issues, over the next three grant-funded years, the Pregnancy Promise Program will continue to focus on identifying and enrolling program participants as early as possible in pregnancy. The Pregnancy Promise Program recognizes the value of harm-reduction programs and services as this becomes more widely available across the state. Key to coordinating care is also addressing the health-related social needs of the participants, especially safe, stable, affordable housing. Additional emphasis will be placed on increased collaboration with doulas, community health workers and certified peer recovery specialists. Importantly, the Pregnancy Promise Program will continue to coordinate postpartum follow-up care, provide information about healthy birth spacing and family planning services, including access to long-acting reversible contraceptives so that parents and infants are positioned for the best possible health outcomes.

FSSA is honored to offer the Pregnancy Promise Program to pregnant individuals and infants across Indiana. The project team recognizes the program has achieved a successful first year because of partnerships and collaborations at every level across the state. Thank you to the countless individuals who have shared their knowledge, skills, stories and experiences to help mothers and babies thrive.



> **“There is continued demonstrated need for prevention services, trauma-informed care and multi-generational approaches to program design and service delivery. The Pregnancy Promise Program will continue to focus on identifying and enrolling participants as early as possible in pregnancy.”**

Indiana Pregnancy Promise Program

Promoting Recovery from Opioid use: Maternal Infant Support and Engagement

2022
ANNUAL REPORT

"With the Pregnancy Promise Program, I felt treated like a human, I felt like someone was listening to me."

YEAR 1 : JULY 1, 2021, TO JUNE 30, 2022

275 Pregnancy Promise Program enrollments

97% Program retention rate

82% Of infants born at healthy birth weight

75% Of infants with hospital stay of five days or fewer

93% Of participants achieved sustained recovery during enrollment

100% Survival rate (overdose or otherwise)

» Highest enrollment among Maternal Opioid Misuse Model states in Year 1 «

OUTREACH AND ENROLLMENT, YEAR 1

20 Hospital and community events with My Healthy Baby initiative (IDOH, DCS, FSSA collaboration)

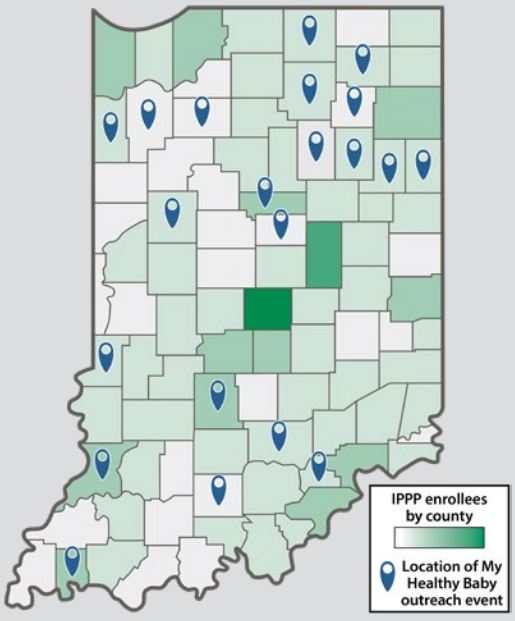
68 Of Indiana's 92 counties with enrollment

158 Community partner organizations engaged

394 Website referrals

1,776 Prospective enrollees identified and contacted

64% Of participants enrolled during the prenatal period



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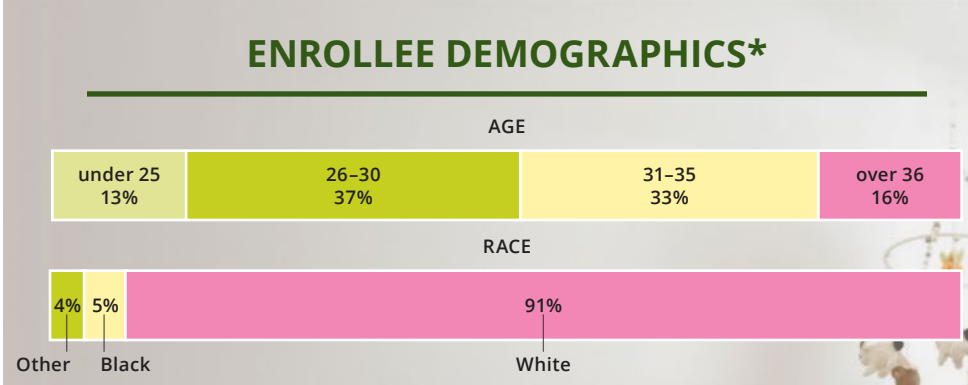
ENROLLEE DEMOGRAPHICS*



PROVIDERS AND CASE MANAGEMENT

12 Full-time RN or LSW case managers

35:1 Enrollee to case manager ratio

826 Provider professionals trained through our collaboration with IU project ECHO

1,764 Successful case manager and enrollee contacts

98% Of enrollees screened for health-related social needs within seven days

219 Health-Related Social Needs referrals made (housing, transportation, safety, etc.)

SERVICE UTILIZATION, YEAR 1

78% Of participants received OUD treatment services

85% Of participants who enrolled during pregnancy received prenatal care

72% Received medication for opioid use disorder

24 Infants enrolled in Pregnancy Promise childcare benefit

mhs
CareSource
Anthem
MDwise
A McLaren Company

"Being a Pregnancy Promise Program case manager **has been so fulfilling, both intellectually and emotionally.** I am **making a difference** in someone's life."

*A link to the full report can be found on the Pregnancy Promise Program website: www.pregnancypromise.in.gov

Indiana Family & Social Services Administration

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