



CHAMPS Substance Use Disorder Podcast Series: Season 2

Episode 2: Interview with Jillian Adams

From Illuminate Colorado

The Colorado Perinatal Substance Use Provider Toolkit

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Helen Rhea Vernier: Welcome to the second episode of the second season of the Substance Use Disorder Podcast Series, produced by [Community Health Association of Mountain/Plains States \(CHAMPS\)](#). I'm your host, Helen Rhea Vernier, the CHAMPS Programs Coordinator, Population Health. In this session, we will highlight another interesting and innovative way a stakeholder in Region VIII is addressing substance use and its impact of the health of various parties.

Today, we'll be talking with Jillian Adams, the Director of Strategic Initiatives at [Illuminate Colorado](#). Thank you for being here!

Jillian Adams: Thanks for having me!

Helen Rhea Vernier: Please introduce yourself and tell us a little bit about your work.

Jillian Adams: My background is really in both public health and social work and I am particularly excited to do work that is really around ensuring that families and communities have the tools they need to thrive. My organization – [Illuminate Colorado](#) – strengthens families, organizations, and communities to prevent child maltreatment. We do work across a whole host of different kinds of strategies; everything from service provision – so direct services for families – all the way up to informing policy change at a number of different levels. One of the particular things that we do, and part of why I am so excited to talk to you all today, is that we provide the backbone support for the [Colorado Substance-Exposed Newborn Steering Committee](#), which is really our state entity that's looking really closely around perinatal substance use and what kind of impacts that has across the lifespan and where are opportunities to prevent and support families. So, that steering committee includes some of our work with healthcare providers including the [Colorado Hospital Substance Exposed Newborns \(CHoSEN\) Collaborative](#) as well as a provider education Workgroup.

Helen Rhea Vernier: Can you give us a little bit of background on the CHoSEN Collaborative? What is this group, who is involved, and how did it come to be?

Jillian Adams: Absolutely! CHoSEN Collaborative – that's our shorthand for referring to that Colorado Hospital Substance Exposed Newborns (CHoSEN) Collaborative, cause that's a mouthful. And the CHoSEN Collaborative is an effort to increase consistency in implementation of best practice approaches in the identification of, and response to newborns prenatally exposed to substances across and throughout the Rocky Mountain region. Our CHoSEN Collaborative has a few different elements to it and the cornerstone of the Collaborative is focused on quality improvement and our way we refer to that is to say CHoSEN QIC ("quick") so the QIC stands for Quality Improvement Collaborative. And this work is really built around multi-disciplinary, hospital-based improvement teams working collaboratively to achieve measurable outcomes. Hospitals commit to becoming members and use team-based quality improvement methods to improve local practice. So, we have some specific aims, and

follow outcome and process measures and really use the Plan, Do, Study, Act (PDSA) cycle to test and implement different changes.

On the more education and learning side, CHoSEN Collaborative also offers hospitals, and other professionals, whether or not they're formally able to commit to CHoSEN QIC or not, shares tools and educational resources and learning opportunities for all perinatal providers to improve their practice related to prenatal substance exposure or perinatal substance use. So, that looks like some online resources as well as some in-person education and practice sharing opportunities. I do want to share that the CHoSEN Collaborative is coordinated and led in partnership by the Colorado Substance Exposed Newborn Steering Committee, which is chaired by Illuminate Colorado, but that's really in collaboration and partnership with the [Section of Neonatology Department of Pediatrics at the University of Colorado \(CU\) School of Medicine](#), as well as the [Colorado Perinatal Care Quality Collaborative \(CPCQC\)](#). We have so many partners in this work as well, so I just wanted to highlight those particular ones who are really key to the implementation of all of the work of the CHoSEN Collaborative.

Before we move on, I also wanted to share a little bit about the Substance Exposed Newborns Provider Education Workgroup that's also closely associated with this work. So, that Workgroup is a Workgroup of the steering committee that I mentioned that's closely coordinated with the practice change efforts of the CHoSEN Collaborative. So, like the CHoSEN Collaborative, the Provider Education Workgroup has its roots really from recommendations directly from clinical providers. Roughly in 2016/2017, a group of Colorado hospital-based providers came together as part of a hospital learning collaborative that was convened by the Substance Exposed Newborns Steering Committee. This predated some of the more recent quality improvement work of CHoSEN QIC, and it really was a group focused on collective learning from the literature in order to develop some recommendations for hospitals. And one of the strongest recommendations that came out of that project in 2017, was this idea of developing a really easy-to-use online toolkit for perinatal providers to find the latest and greatest resources related to perinatal substance use and prenatal substance exposure. So, providers told us in no uncertain terms that they knew good things were out there – there were great resources out in the world, and it wasn't always the easiest to find them, especially when they needed them.

Helen Rhea Vernier: That brings us to our next question around finding resources; tell us about the [Colorado Perinatal Substance Use Provider Toolkit](#)? What is it, and how it could be used?

Jillian Adams: With that group of providers really wanting to have a toolkit, really translate that recommendation into, "Hey, why don't we just make it? If we're not finding what we need, let's put it together." The provider education Workgroup convened a collection of, not only clinicians and other kind of medical-associated staff, but other folks that really know this population – this patient population – and what additional supports they might need. And so, they launched the development of the Colorado Perinatal Substance Use Provider Toolkit to inventory what was out there, organize it, and really figure out how to make it useable for providers who are looking for that latest and greatest.

We were really lucky that our [Colorado Department of Public Health and Environment \(CDPHE\)](#) was interested in the development of this project and that they provided a support to really get this off the ground. So, it was in partnership with many different providers that were really thinking about how to make this relevant. And I'll

share that while Colorado folks were really the ones at the table in the development, I think a lot of it would really be generally useful for anyone that's in practice and there's only a handful of things that are really Colorado-specific – really around statutes.

So, the Toolkit really is designed to be used by anyone that's looking for resources related to perinatal substance use and prenatal substance exposure. So, it is meant to kind of, fill the need when folks are, "Huh, I wonder what's out there already around, patient education resources," around let's say, alcohol and breastfeeding, or, "I wonder what the [AAP's \(American Academy of Pediatrics\)](#) latest recommendations on something specific are." So, rather than needing to look at a bunch of different places to kind of collect what is out there, this Toolkit is meant to bring all of that. With just a few clicks, you can look at multiple different kind of professional associations, more recent guidance, tools that you can literally use right after you find them whether that's with patients or with staff. And then also find some things if folks are looking for more in-depth learning as well. So, really the "how it could be used" part of your question, is really, however someone is looking to use it to kind of match what they are looking for related to this topic.

Helen Rhea Vernier: Great! Can you share the process that goes into a resource being included in the Toolkit?

Jillian Adams: Absolutely. So, the way that resources for the Toolkit are identified is luckily by a number of different stakeholders around this project. So, the Provider Education Workgroup absolutely has their eyes out there making sure that we're up to date with what new recommendations are going out or new studies that are getting published. Our Workgroup members and our co-chairs of that Workgroup absolutely help identify that. Sometimes, Illuminate Colorado staff or some of the providers that are part of the CHoSEN Collaborative will identify new resources. So really, anyone who has ideas with what those are is very welcome to identify and propose resources for consideration – and that would include folks who are even using the Toolkit for the first time. We are always looking for more ideas about things that folks are finding useful in practice, and we want to make sure that those are easy for everyone to find.

Once a resource is identified that should be considered, it then goes through a vetting process by that Workgroup. So, Workgroup members use a number of different criteria to vet each resource and so that would include things like, is it in alignment with the latest evidence around the topic? How recent or timely is this or is there something more recent that we should consider instead? We look at the language that the resource is using, really thinking through, is this addressing or furthering things like shame and stigma that we know are really complicated when we're talking about substance use? So, we look for things like person-first language, that sort of thing. And then we also look at the relevance for the particular kind of practice context that this is designed for. I'm not sure if I mentioned already but the Toolkit is really designed for any provider who works within that perinatal period – so whether mom might be your patient and you are a prenatal provider, if kiddo's your patient, whether that's inpatient, you're an outpatient provider. But if you're working with patients, during pregnancy or in that first year after a delivery, this Toolkit is for you, and it doesn't matter what letters you have after your name, what kind of training you are [have], if you work in that health care setting and are interacting with folks, there is something for you in this Toolkit. So, we really think about that when we're adding new resources to make sure that it's really relevant for what folks are using this Toolkit for.

And then I would say that one of the last things that the Workgroup really looks for when adding resources, is if a stronger resource already exists related to that topic. And so, maybe there's a different resource that has better language related to approaching stigma, that is also a lens that we apply when adding new resources.

Once a decision has been made to add a new resource to the Toolkit, then we walk through all of the different ways that we want to tag or categorize that resource, again to make sure that the folks that are using the Toolkit can find it as quickly as possible.

Helen Rhea Vernier: So, you gave us some examples of what kinds of materials are available, but can you tell us more about the kinds of materials that are available through the Toolkit? And what some of the categories it includes are?

Jillian Adams: Absolutely. So, in terms of different kinds of materials that are available in the Toolkit, we have things kind of ranging from clinical guidance or recommendations, we have patient-oriented resources – so think a little bit about something that maybe you’d print off and use in conversations with patients – we have things that are more oriented towards providers who are really seeking to build some of their content knowledge around this topic, and then we also include like reports and research for folks who are looking for a little bit more about the evidence base or any of the like public health data potentially about this topic.

Other ways to kind of think about what’s in this Toolkit, and I had mentioned this before, is that it really stands [up] resources that are oriented for folks whose patient is mom, and whose patient is kiddo, as well as for folks who are approaching the whole family. So, it kind of has a little bit of everything in there in terms of that. Now, you asked a little bit about some of the categories that it includes as well, and so some of those topics are content around billing related to this subject, pieces around patient communication around this topic, some content knowledge, really just, what are the effects of prenatal substance exposure – to kind of think about what some of that might look like in the short-term and long-term – ethics around this topic. We also have information about fetal alcohol spectrum disorders, or FASDs, content around harm reduction, about hospital practice, related to lactation, as well as Medication-Assisted Treatment (MAT), neonatal abstinence syndrome, content around that connection with policy. And then information about prescribing, what prevention really looks like, and I’d say, one of the ones that I feel like is really important is thinking about potential referrals for families that might be really valuable.

Helen Rhea Vernier: So, for our listeners can we walk through the process of how to find a resource someone might be looking for? For instance, what if I was looking for information on billing for perinatal substance use services?

Jillian Adams: Great, absolutely. So, step one would be, getting to the site that hosts the Toolkit. So, that is available at chosencollaborative.org/toolkit and once you’re on that page, you have a few different options to navigate and find what you need. So really, if you know exactly what you want, so in the example that you just gave, which I’ll walk through in a second, there’s kind of a method, and if you’re more wanting to just explore what’s out there, that’s a possibility as well. So, in terms of looking for information on billing, specifically, once you’re on the page where the Toolkit is, you have the option to filter by a couple different categories. So, you can filter by topic directly, by the audience of the tool, by who the primary patient might be in relation to the tool, or what we call the type of the resource – so if you’re looking for something that’s clinical guidance versus something that might be a patient resource. And so for this example, I would go into the tool and I would click, “Billing,” under topic, and given if we’re just generally looking for billing around this topic I’d probably only click that, and then I would hit the search button and see what comes up. So, when I do that, there are actually a

number of different resources – 10 actually, to be specific at this exact day and time – that come up. And so, there are resources really specific to ICD-10 diagnostic codes, information about SBIRT billing, so, Screening, Brief Intervention, and Referral to Treatment billing, as well as a number of other resources that folks could click through from there. And those span from national entities as well as some that are more Colorado-specific.

Helen Rhea Vernier: Cool! Let's try another one using that more general search option that you mentioned. What if I were interested in just generally the subject of marijuana? Let's walk through finding a resource on that.

Jillian Adams: Absolutely! So, when looking at the options to filter, we don't have, really many options if folks are looking for a substance-specific resource and so, there also is a keyword search that is part of the tool. So, to find something that is related to marijuana, I would go head and click in that keyword search, type in "marijuana," and then hit search, and see what comes up from there. And so, when I do that, right now, a number of different resources come up – more than 10 this time – and I can see that there's marijuana-related resources that span a bunch of our other categories. So, for instance I'm seeing resources related to marijuana and lactation, I see resources related to marijuana and identification and testing. So, from there I could scroll through all of the different resources that come up to find what I'm looking for, and I also could use some of those filters that I mentioned before if I want to narrow what comes up. So, right now, more than one page of resources comes up, and so if that's too much for me to sort through at this moment and I know I wanted marijuana and lactation, I might go up to the filter, click "lactation," and click "search again." And now I'm only seeing lactation resources, that also have the word "marijuana" associated with them. And so now, I only have six resources that come up, which might be a lot more manageable for me to find what I'm looking for.

Helen Rhea Vernier: So, what are some of your favorite resources that the Toolkit contains?

Jillian Adams: Oh gosh! I feel like that's a bit of a hard question to pick a favorite, so I'm going to pick a couple of my favorite categories in no particular order. And so, I know for a lot of the conversations I've had with some of our Colorado providers that use this Toolkit, that the resources that are tagged as referrals – so literally the places that a healthcare provider can be making referrals for patients to, that those are really meaningful, because that's sometimes a good way when folks are short on time and maybe don't have a resource within their practice like a social worker or a care coordinator whose role certainly includes referrals, that, by easily being able to search on this tool, can help facilitate those connections and warm handoffs for a patient. I mentioned earlier that I have training in both public health and social work and so I am a very strong believer in the opportunities that other services that can wrap around families – that those have in thinking about things like the social determinants of health and all of the social needs that we know also inform those health outcomes.

Now, I did say it's hard for me to pick favorites, so I'll also mention one of my other favorite categories of the Toolkit, which is really our set of resources that are about communication. The resources in here really I think acknowledge how hard it can be sometimes to have conversations directly with folks about substance use during pregnancy or during that postpartum period, and the resources that we have included in the Toolkit take that on and really highlight how important our language is in having productive conversations with families. So, thinking a little bit about how stigma, and fear, and shame can get in the way of folks maybe getting the

healthcare they need but also some of the other social supports that they might need around their substance use. And so, by really emphasizing the importance of the language that we choose when we're speaking directly with folks, that that's really powerful to let folks feel heard and that they do have a space to talk through what's going on with them. When we think about this – I'm a bit of a nerd when it comes to some of the literature around this topic – and our evidence really shows us that substance use during pregnancy can be kind of at the intersection of a number of different kinds of ways folks experience stigma. So, stigma associated with substance use might be one that listeners of the podcast are very familiar with, but in thinking about all of the different ways that we kind of culturally place some stigma or shame around how folks choose to parent and/or have kiddos, and all of the ways that our sexual health and our behavioral health connect to lots of other kinds of experience of trauma potentially – both thinking about systemic experiences of trauma, as well as more kind of individual- or interpersonal-level experiences of trauma. So, talking about all of this is so hard and complicated, and so, again, I am really proud, I'd say, of the communication resources that are included in this Toolkit to make those hard conversations maybe seem a little less daunting for providers.

Now I do want to mention, one of the folks that's involved with the Toolkit, has this quote that I love to refer to. And it's really this idea that pregnancy has never cured any chronic condition, ever. And that when we're talking about folks that are experiencing substance use disorders, that's no different. If someone has a substance use disorder and becomes pregnant, the pregnancy isn't going to "fix" someone's chronic condition of having a substance use disorder, it actually adds another level of "complicated" for that person. And so, again, I think being able to have those productive conversations with patients who may have a substance use disorder and also be pregnant, can really lead to ensuring that those patients are getting the care that they really need to be well.

Helen Rhea Vernier: Thank you! I think that it's so important that you've highlighted those resources. We, in the health center world talk about stigma a lot, but there aren't often those really useful and tangible resources to help us have those conversations better. So, I really appreciate that you brought that up and highlighted those. Thank you, again.

What are the top three things you would like health care providers and support staff to know about this Toolkit?

Jillian Adams: Great question. Well I would want folks to know that this Toolkit will continue to be evolving over time. So, if you look for resources here and maybe don't see the exact resource that you were hoping for, I would encourage folks to keep checking back as the Toolkit continues to be updated. There's even a possibility we'll be adding new ways to search for tools, so, stay tuned if you're not finding exactly what you need in the Toolkit.

Secondly, if you have ideas for resources that you would like to be considered for the Toolkit but that you're not seeing in there, would love for folks to reach out with those recommendations. This whole Toolkit is created based on that provider feedback of the resources they find valuable in practice. So, the more folks that are pitching those ideas, the better. The way that you would be proposing a tool for additional consideration would actually be through the exact same website where the tool lives. We have a "contact us" button or a "join us" button on the website where folks can fill out a brief contact form, and then they'll be in touch with someone that's part of this team with next steps about what that looks like.

And then, the last thing I would want health care providers and support staff to know, is that no resource ever takes the place of your clinical judgement and that this Toolkit was really designed to be helpful to providers in that decision making, and that we hope it offers tools that help guide those kinds of considerations. That we know that nothing replaces your clinical judgement, your knowledge of the patients that you have in mind. We just hope this Toolkit helps make your job in making those key decisions just a little bit easier.

Helen Rhea Vernier: Wonderful. Thank you very much for sharing that information and advice with our Region VIII health centers and thank you for joining us today for the second episode of the second season of the CHAMPS Substance Use Disorder Podcast Series.

Jillian Adams: Thank you again for having me, it's been a pleasure.

Helen Rhea Vernier: This and other episodes will be available for free download at www.champsonline.org. Typed transcripts of each episode are also available. Links to the resources mentioned in today's podcast will also be included there. If you're interested in recording an interview for our series, please let us know by sending an email to helen@champsonline.org. Thanks for listening!