

# TEXAS COMMISSION ON JAIL STANDARDS

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To: Sheriffs and Jail Administrators

From: Brandon Wood, Executive Director

RE: Neonatal Abstinence Syndrome Project

The Department of State Health Services (DSHS) announces its Neonatal Abstinence Syndrome (NAS) Exceptional Item projects in partnership with Texas Commission on Jail Standards. Through this unprecedented project of utilizing state resources, individual services can be provided to pregnant and postpartum county jail inmates through the three below-listed programs.

1. Opioid treatment services- The open enrollment is ongoing to enroll methadone and buprenorphine prescribers who are interested in prescribing to pregnant and postpartum women with opioid use disorders. Once enrolled, prescribers will be reimbursed for travel to women in restricted environments such as jails and residential treatment centers. Enrolled-prescribers will likely contact jail officials of the prescribers' ability to provide medications and services to women with opioid-use disorders
2. Targeted Outreach services- Pregnant and Postpartum Intervention (PPI) programs (19 throughout the state serving several counties each) have received amended contracts funding them to provide healthcare information and case management to pregnant and postpartum women in area jails.
3. "Mommies" expansion- Mommies is an integrated approach to the care of pregnant opioid-dependent women and postpartum women and their newborns. In each of the five counties of highest reported incidence of NAS, a corresponding hospital system partners with a PPI program to provide integrated services that have resulted in a 33% decrease in Neonatal Intensive Care Unit length of stay. In fact, many newborns do not require pharmacologic interventions. Also, this approach has shown a high rate at which newborns go home from the hospital with the biological mother as opposed to foster or kinship care.

Providers will be approved by DSHS, and, after approval, providers may contact jails to offer services for their inmate population. Sheriffs and health care providers should encourage methadone/buprenorphine prescribers or PPI providers in their area to sign up for the program.

Please see the attached information sheet for more information.

For more information, contact:

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Mission Statement

To empower local government to provide safe, secure and suitable local jail facilities through proper rules and procedures while promoting innovative programs and ideas.  
The Commission on Jail Standards welcomes all suggestions and will promptly respond to all complaints directed against the commission.



## Integrated DSHS-funded Treatment Services for Pregnant Women in the Jail Population

**Purpose:** DSHS-funded MAT and PPI providers are prepared to assist jails in reducing risks associated with Opioid Use Disorder in incarcerated pregnant women including miscarriage, fetal death and maternal death by providing integrated treatment model within the jail system.

**Background:** The number of female prisoners has risen at a faster rate than ever in the past five years. Female inmates have higher rates of mental health and substance use disorders. Opioid use among pregnant women has increased in Texas, and approximately 1 out of 4 pregnant women admitted to DSHS-funded treatment services are dependent on opioids. The 84<sup>th</sup> Legislature appropriated \$11.2 million general revenue to DSHS Mental Health and Substance Abuse Division to reduce the incidence and severity of neonatal abstinence syndrome (NAS) in Texas. This Exceptional Item (EI) appropriation will fund new and existing services aimed at reducing incidence, severity, and costs associated with NAS. This EI would take a multi-pronged approach to addressing NAS: by increasing targeted outreach services to engage women earlier in care, increasing the availability of intervention and treatment services to pregnant and postpartum women to improve birth outcomes, and implementing specialized programs to reduce the severity of NAS.

**Details:** Integrated treatment models are essential for addressing the many needs of pregnant and parenting women with Substance Use Disorder. These programs combine Medication Assisted Treatment (MAT), pregnant-related education (PPI programs) and services with additional services to assist pregnant women with substance use disorders.

DSHS-funded MAT provides regularly administered *Methadone* or Buprenorphine. This is the standard of care for opioid dependent pregnant women. It reduces the risk of repeated fluctuations in blood level experienced with short-acting opioids such as heroin. MAT reduces the incidences of *miscarriage, fetal death, and overdose deaths*. Tapering of MAT dosing during pregnancy is associated with maternal relapse. More than 50 years of research supports the benefits and safety of methadone for opioid dependent, pregnant women. Methadone protects the fetus from risk of repeated withdrawal. MAT programs are located throughout Texas in: Abilene, Amarillo, Arlington, Austin, Beaumont, Brownsville, Cedar Park, Center, Clute, Conroe, Corpus Christi, Dallas, Denton, El Paso, Fort Worth, Garland, Halton City, Houston, Huntsville, Humble, Irving, Jacksonville, La Marque, Longview, Lubbock, Lufkin, Mesquite, McKinney, New Braunfels, Odessa, Pasadena, Pharr, Plano, Port Arthur, San Antonio, Tomball, Tyler, Waco, Waskom, and Webster

DSHS-funded PPI programs provide community-based, gender-specific outreach and intervention services for pregnant and postpartum females with substance use disorders or who are at risk of developing substance use disorders. These programs provide pregnant-related education and services to assist pregnant women with substance use disorders. PPI programs are located throughout Texas in: Abilene, Bryan, Corpus Christi, Dallas, El Paso, Fort Worth, Georgetown, Houston, Killeen, Laredo, Lubbock, Longview, Odessa, Pharr, San Antonio, and Temple and to surrounding counties of each location.

**Impact:** The potential impact for the Texas jail system could be a reduced number of substance use disorder related miscarriages, fetal deaths, and maternal deaths in the jail and an improved outcome for mothers and babies in Texas.

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