

# MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

## SECTION 2: INTENT MAP

This Intent Map was developed by the PSU Design Team as a guide to the work of the PSU Network. Each section of the Intent Map will be used in separate PSU Network meetings.

This is a living document, and it will be edited as the work of the Network progresses. Feedback and suggested edits and additions to this section are welcome. Use the QR code provided, or click the link in the feedback box to enter suggestions in the online feedback form.

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## MAST Goal:

90% of families impacted by perinatal substance use (pregnancy-age 3) in Missoula County will be able to stay safely and securely together by 2025.

**MAST = Measurable, Audacious, Specific, Time-bound**

### Vision of Goal:

- Families are safe asking for help.
- Families can access the care they need.
- Care is effective.
- Families can sustainably live together into the future.

Baseline data from 2019 shows that 73% of families with substantiated or founded cases of abuse and neglect related to substance use were able to stay together. The PSU Design Team selected the goal of 90% of families staying together because it is ambitious, yet attainable. However, the group recognizes the larger vision of supporting ALL families impacted by perinatal substance use, and will revisit the goal periodically to identify ways to increase impact.

The Design Team also recognizes that there may be circumstances where a parent chooses not to retain custody of their child. In light of this, a goal of 100% of families staying safely together may not be appropriate.

# PSU NETWORK VALUES

The Perinatal Substance Use (PSU) Network recognizes that all families have unique needs and values, and that our community is stronger if there are a variety of support options available. Families should be respected and allowed to exercise their agency as much as possible in the treatment and services they receive.



The PSU Network supports the parent's ability to implement the treatment plan that they develop with their providers.



The PSU Network recognizes that systems have been intentionally built to create and maintain racial inequities, and is dedicated to integrating antiracism work in all Network actions.



The PSU Network recognizes that other factors impact families experiencing Perinatal Substance Use including age, socioeconomic status, and parenting decisions. The PSU Network commits to continued learning and action toward addressing these factors.



The PSU Network recognizes the need to involve families with lived experience in all aspects of the work of the Network.

## Focus and Frame:

With a complex issue like perinatal substance use, there are many factors that influence the success of families. Our overall goal is to increase the number of families who are able to stay safely together, and this may be impacted by issues like housing, legal issues, transportation, etc. However, these issues are not the focus of our work. For example, we will not end the housing crisis through the PSU Network, but we may work to ensure that families impacted by perinatal substance use have access to safe and stable housing.

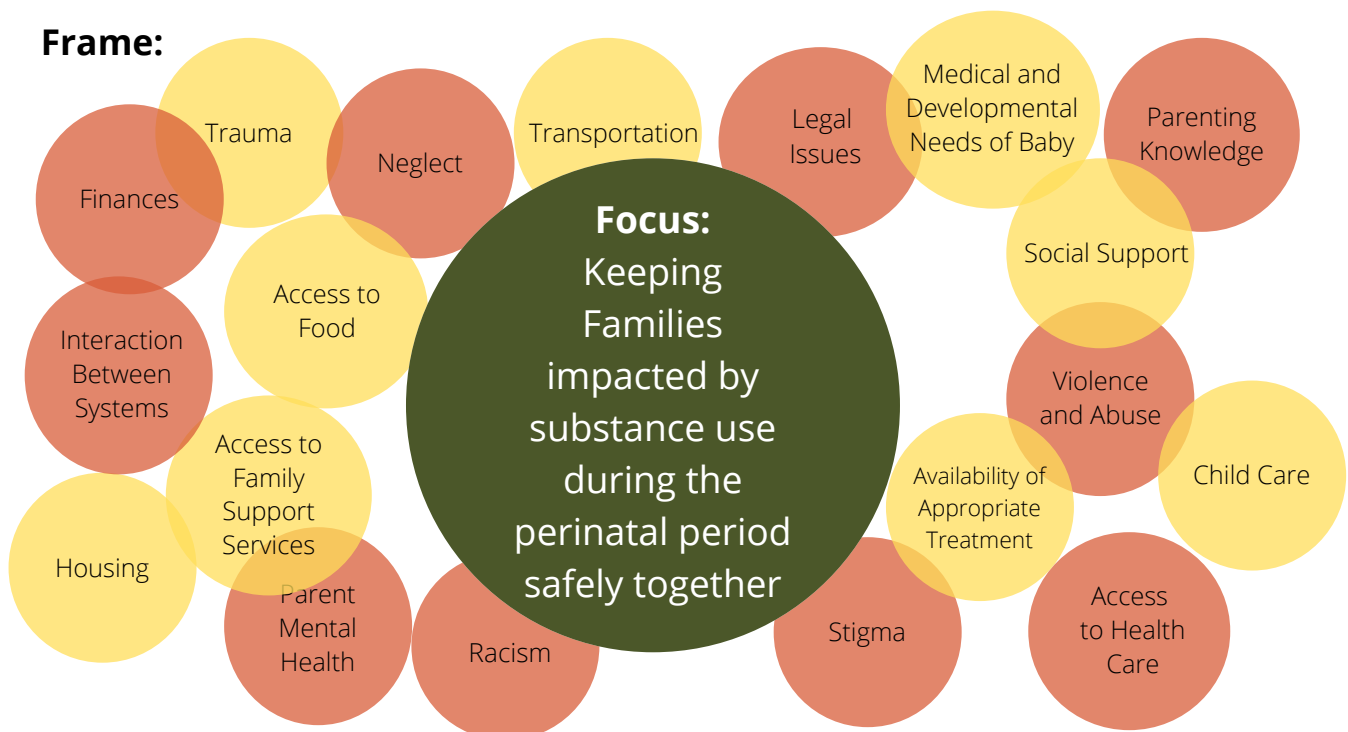
**Focus:** The actual goal of our work.

**Frame:** Factors that are important to consider in context of the focus, but that we are not trying to address as a group.

- Elements in the frame may be positively impacted by interventions addressing the focus.
- Elements in the frame are important, but are not the group's primary goal.

## Focus and Frame Issues:

**Frame:**



The color of frame circles is for design purposes only.

## INTENT MAP

## Focus and Frame Populations:

### Focus:

Families with 0-3 year olds who have substantiated or founded reports of abuse and neglect related to substance use.

### Frame:

Parents of 0-3 year olds who struggle with substance use but are not involved with CFS.

The PSU Network's MAST goal only focuses on families involved with Child and Family Services (CFS) because we have no data tracking substance use and family well-being in the general population. Because of that, our focus population only includes families with CFS involvement. However, families struggling with substance use who are not involved with CFS may end up benefiting from any system-wide interventions implemented by the Network.

Other suggestions:



## Best Results if We Do This

- Break the cycle of trauma and have healthier families in our community.
- Parents feel safe reaching out for the help they need to support themselves and their families.
- Reduced stress on the child welfare and criminal justice systems.
- Alignment between community partners results in a more efficient system.
- A more inclusive system that supports all community members equitably.

Other suggestions:

## Worst Results if We Don't Do This

- Families will continue to face the trauma of child removal and managing SUDs without support. This increases the risk of children to have health and behavioral health challenges as they grow, creating a cycle of trauma.
- Expecting families using substances will continue to avoid accessing prenatal care and SUD treatment due to fear of child removal and legal consequences, leading to decreased health and well being of parents and baby.
- Recidivism into the child welfare system will be more likely for families who are not connected to support following the close of their case with CFS.
- Systems supporting families remain disconnected, with service gaps and/or duplication of services. Weak relationships between sectors mean a continued lack of knowledge about referral options and needs.
- The foster and legal system will experience increased strain as the number of child removals maintains or increases in the future. This contributes to employee burnout and increased cost to taxpayers.

Other suggestions:



## Metrics

- Number of substantiated cases of child abuse and neglect related to SUDs for children between 0-3 in Missoula County.
- Hospital data related to substance exposure, length of stay, infant medication administration, and number of children removed by CFSD before hospital discharge.

Other suggestions:

## Evaluation Areas

### **Initiative Progress**

- Initial measure: Selection of initiatives and creation of Initiative Teams

### **Improved Alignment of Services**

- Initial measure: Increased relationship between sectors represented in the PSU Network (survey)

### **Group Ownership of Process**

- Initial measure: Group trust and ownership (survey)

### **Increased Knowledge**

- Initial measure: Post-training evaluations

### **Equity**

- Initial Measure: Identifying data related to race and income (to be further developed after accessing data)

### **Involvement of Families with Lived Experience**

- Initial Measure: Completion of family interviews
- Initial Measure: Inclusion of families with lived experience in PSU Network, continuing conversation with existing members about deepened engagement.

Other suggestions:



# Polarities

A polarity is a pair of values that seem to be in opposition to each other but are actually interdependent because we need both values over time to be successful.

- Polarities are ongoing and unsolvable.
- They are indestructible so you can't break them - or solve them.
- They are continuous and unavoidable "energy systems," best represented by an infinity loop.
- As long as we have values we have polarities.

*From the Hands-on Polarity Thinking manual by CoCreative Consulting, pp. 5 and 9*

## Potential Polarities in Serving Families

- Personal Responsibility & External Support
- Parent's best interest & Organization's best functioning
- Success defined by parent & Success defined by program/system
- Investing many resources in a few families & Investing fewer resources in many families
- Tradition & Change

## Potential Polarities in the Collaborative Process

- Planning & Doing
- Candor & Diplomacy
- Individual Innovation & Collaborative Planning

Other suggestions:





## Possible Critical Shifts

Critical shifts are a way of identifying an aspect about the current state that is not working, then identifying what future state we would like to shift to. The following critical shift examples were developed by the NAS Workgroup and the Design Team. Possible critical shifts will be added to and prioritized during the Network Meetings in order to focus the work of the Network.

### Experience Shifts

Experience shifts are needed changes from the perspective of families impacted by perinatal substance use.

#### Current State

#### Future State

I worry about stigma and punishment for seeking care.



I feel safe and supported in seeking care.

I worry that someone will take my child.



I know exactly what to do to safely parent. CPS involvement is transparent and supportive.

I feel judged by my medical providers.



I feel empowered and respected by providers and like I have value.

I feel like none of my doctors, nurses, or other providers talk to one another.



I feel like I have a great and collaborative team.

I don't feel like anyone understands or validates me.



I feel heard and validated.

I feel like I don't know who I can trust.



I feel I can trust my treatment team.

# Possible Critical Shifts, cont.

## System Shifts

System shifts are needed changes within systems to better support families impacted by perinatal substance use.

### Current State

Providers experiencing burnout.



Different organizations managing Perinatal Substance Use in different ways that don't support one another.



Providers lack education in trauma and SUD which impacts the care patients receive.



Providers struggling with SUD, housing or finances may not be identified for help.



Families struggling with SUD, housing or finances may not be identified for help.



Providers don't know where to refer clients because there are not enough services for all the people who need them.



### Future State

Providers given more support and training to ease burnout.

Centralized system that all services can use to track referrals.

Providers are trained in supporting clients with trauma background and SUDs.

Expecting families receive screenings and are connected to the help they need.

Expecting families receive screenings and are connected to the help they need.

Providers know where to refer someone based on their needs, and know there is space for them.

# Possible Critical Shifts, cont.

## System Shifts, cont.

System shifts look at what needs to change within systems to better support families impacted by perinatal substance use.

### Current State

Providers lack cultural humility.



### Future State

Providers are aware of the unique impacts that marginalized and oppressed families face when accessing services and actively practice anti-racism.

Many housing opportunities are not available to individuals with criminal records.



Safe and affordable housing is available to all, regardless of past histories of SUD, incarceration, CFS involvement, etc.

Other suggestions:

