MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

NETWORK INFORMATION AND INITIAL REPORT

Missoula Public Health
City-County Health Department

Healthy Mothers, Healthy Babies
The Montana Coalition

Missoula County Perinatal Substance Use Network

Report and Introductory Materials

October 2021

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MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

About this Document

The information reflected in this report reflects a wide range of perceptions and priorities of those working closely with families impacted by perinatal substance use, as well as local data, and insights from published research. This document is intended to create a transparent, shared starting-point for discussion and learning, which will launch the work of the Perinatal Substance Use Network.

This is a working document, and suggestions for additional content and edits are welcome. **You will see a QR code throughout the document; this will take you to a form where you can submit suggestions for additional content or edits.** The digital version of this report also has links directly from comment boxes to this form. Please share your ideas with us so that this process can truly be driven by the experiences and expertise from our community.

Document Sections:

MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

A Note About Language

Language used to describe substances and the individuals who use them varies greatly from person to person. In this document, we use the phrase "**people with substance use disorders**;" using person-first language and language that describes problematic use of substances as a medical condition instead of a moral failing. This choice of language is based on best practice recommendations for reducing stigma. However, we acknowledge that individuals who have experienced substance use disorders may use different language to describe themselves and their experiences.

Use of language will be an ongoing conversation within the Perinatal Substance Use Network. If you would like to read more on this subject, the resource in **Appendix 1** and the following articles may be helpful:

- Language, Substance Use, and Policy: The Need to Reach Consensus on an "Addictionary." https://www.thenationalcouncil.org/wp-content/uploads/2016/10/Substance-Use-Teminology.pdf?daf=375ateTbd56
- Addictionary: https://www.recoveryanswers.org/addiction-ary/

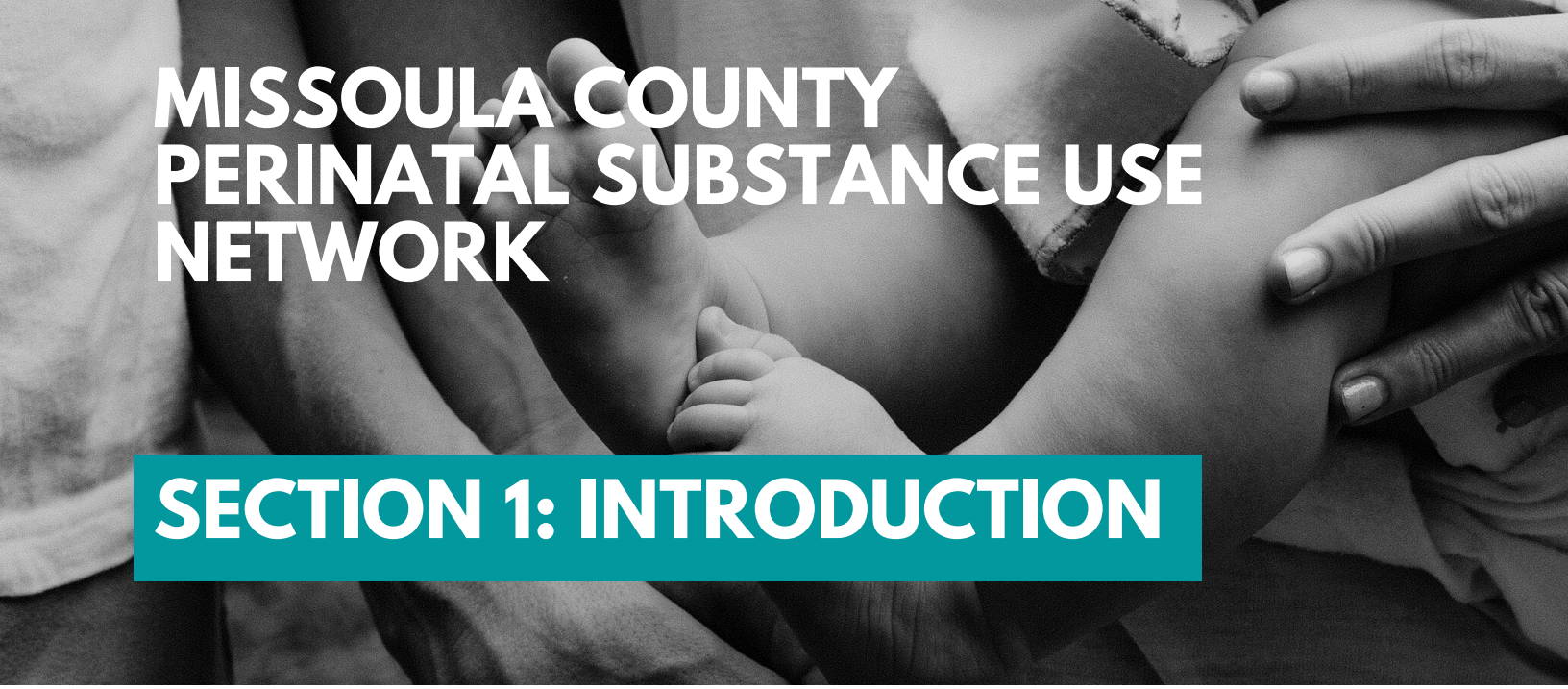
For more information on SUDs, please see page 1.8 and Appendix 2.

What Does "Perinatal" Mean?

Traditionally the perinatal period is the time spanning from pregnancy through the first year of the child's life, though some national groups advocate for expanding this range up to age 3. The Perinatal Substance Use Network is focusing on this expanded period from pregnancy through age 3.

Key Terms and Acronyms

Regularly used terms and acronyms are defined in **Appendix 2**.



MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

SECTION 1: INTRODUCTION

This introductory section provides an overview to the recent history of work related to Perinatal Substance Use (PSU) in Missoula County, an outline of the PSU Network structure, and contextual information about SUDs and the Perinatal Period.

Contents:

History of Collaborative Work

2017
- NAS Workgroup forms

2018
- Meadowlark Initiative begins at Community Medical Center and Providence, St. Patrick Hospital.
- Addiction Recovery Teams begin at Child and Family Services and Western Montana Mental Health Center.

2019
- NAS Workgroup begins exploration of the CONNECT Electronic Referral System.

2020
- PSU Network Community Partner Interviews conducted

2021
- Launch of the PSU Network:
  - February: Design Team convenes.
  - October: Network convenes.
- Project Welcome begins at Partnership for Children.
- CONNECT electronic referral system launches in Missoula.

For more information about programs mentioned on this timeline, as well as other programs specific to perinatal substance use in Missoula County, please see Appendix 3.

INTRODUCTION

2017

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  - December: Network convenes.
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- CONNECT electronic referral system launches in Missoula.

2022

- January-June: PSU Network meetings continue
- August: Final PSU Network meeting, initiative decisions

History of Work

In the summer of 2017 an informal group of community partners convened to discuss increased concern with newborns who were exposed to substances in utero. This group evolved into the Neonatal Abstinence Syndrome (NAS) Workgroup, meeting monthly to build relationships, discuss best practices, and better align the work of organizations involved with this issue. When the Montana Healthcare Foundation's Meadowlark Initiative came to Community Medical Center and Providence St. Patrick Hospital, the NAS Workgroup was a logical table for conversations about maintaining consistency between programs at both hospitals.

In September 2019 it was clear that the group needed to expand membership, set clear community-wide goals, and involve the voice of lived experience into the work. The NAS Workgroup also wanted to shift the focus from treating the baby to supporting the wellbeing of the entire family. The complexity of supporting families impacted by perinatal substance use required a thoughtful approach to community organizing. With this in mind, Network Coordinators chose to follow the Collaborative Innovation process outlined by CoCreative Consulting.

Between January and September 2020, thirty interviews and five surveys were conducted with community partners who work with families impacted by perinatal substance use. The interviewees were selected based on recommendations by the NAS Workgroup, and referrals from other interviewees. This will be followed up with interviews of families who experienced substance use during the perinatal period.

The Perinatal Substance Use (PSU) Design Team was formed in February 2021. This group was responsible for finalizing the Network Goal and Intent Map, selecting membership, and consulting on data analysis and interpretation. We are excited to convene the PSU Network in October of 2021.

Network Structure

The following teams are associated with the Perinatal Substance Use Network. Documents associated with a specific group use the colors associated with the group descriptions below:

Program Team

Supports the work of the network through planning, grant writing, communicating with stakeholders and facilitation.

- The Backbone Organization for Perinatal Substance Use Network is the Missoula City-County Health Department.

Program Team Members:

- **Anna Semple**, Early Childhood Collaborative Coordinator at the Missoula City-County Health Department;
- **Stephanie Morton**, Program Manager at Healthy Mothers, Healthy Babies - The Montana Coalition;
- **Sarah Garbe**r, Coordinator for Health Equity at the Missoula City-County Health Department; and,
- **Laurel Naylor**, 2021/22 Program Support Intern, Tulane University

Design Team

6-8 people. Shapes and leads the network strategy. Holds project intent, engages other stakeholders, acts as sounding board for process designs.

Design Team Members:

- **Courtney Callaghan**, Regional Administrator and **Kate Larcom**, Child Welfare Manager at Child and Family Services Division Western Region V;
- **Zachary Cannada**, Addiction Recovery Team Peer Support Specialist at Western Montana Mental Health Center;
- **Emily Hall, DO, FAAP** Lake and Missoula Counties;
- **Skye McGinty**, Executive Director, and **Lily Gervais**, Behavioral Health Clinical Director at All Nations Health Center;
- **Tammera Nauts**, IBH Special Projects Coordinator at the Montana Primary Care Association;
- **Shannan Sproull**, Substance Use Disorder Connect Coordinator at the United Way of Missoula County; and,
- **Tressie White**, Program Director and **Kassie Runsabove**, Program Officer at the Montana Healthcare Foundation.

INTRODUCTION

Network Structure, cont.

Network

Up to 50 people. Analyzes, prioritizes and innovates solutions.

Initiative Teams

6-15 members each. Each team works to design, test, refine and scale a solution identified by the Network. Initiative Teams may be made up of Network Members, Design Team Members, and/or other community partners. 1-4 Initiative Teams will be created as a result of the Network Meetings, depending on leadership capacity.

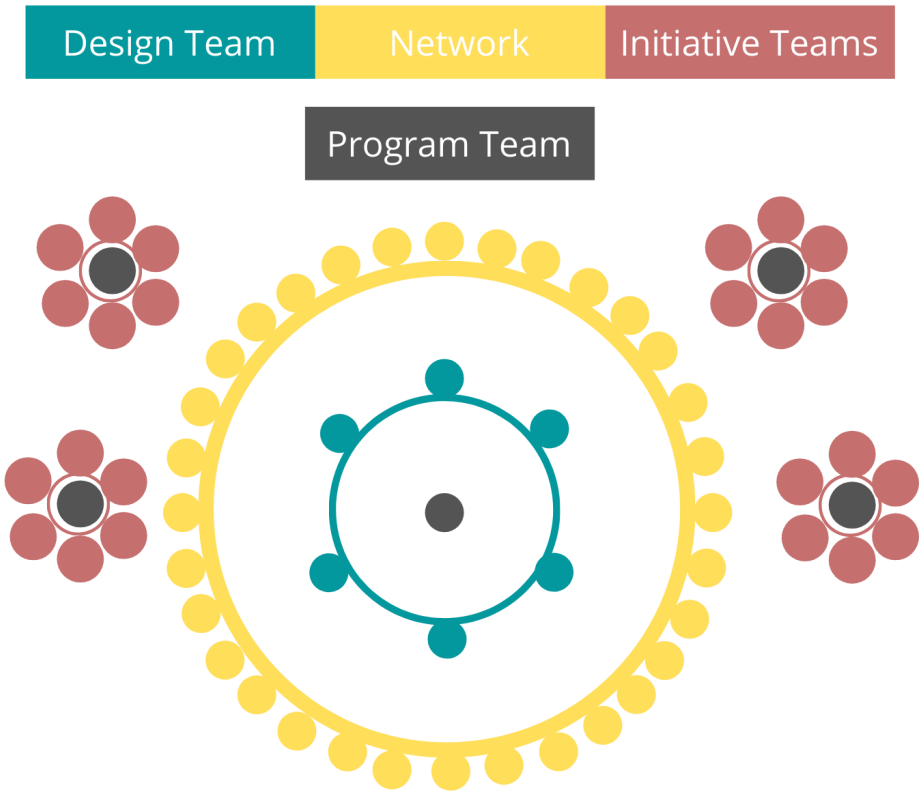


Image adapted from the Collaborative Innovation Essentials manual by CoCreative Consulting. The structure of the Perinatal Substance Use Network is based on the Collaborative Innovation model, but the group is not associated with CoCreative Consulting.

Community Partners

Design Team

All Nations Health Center, Missoula, Montana

Montana DPHHS, Healthy People. Healthy Communities. Department of Public Health & Human Services
Child and Family Services Division

United Way of Missoula County

Missoula Substance Use Disorder Connect
Prevention. Treatment. Recovery

Missoula Pediatric Associates

Montana Healthcare Foundation

MPCA
Montana Primary Care Association

Western Montana Mental Health Center

NAS Workgroup

Child Development Center

Community Medical Center
From day one.

Montana DPHHS, Healthy People. Healthy Communities. Department of Public Health & Human Services
Child and Family Services Division

Healthy Foundations
Helping to build a stronger community, one family at a time.

Missoula Public Health
City-County Health Department

PHC
Partnership Health Center

Healthy Mothers, Healthy Babies
The Montana Coalition

Providence St. Patrick Hospital

Funders (Staff time, trainings and materials)

Montana DPHHS, Healthy People. Healthy Communities. Department of Public Health & Human Services
Overdose to Data Action Mini-Grant

Missoula County
Substance Abuse Prevention Mill Levy

Montana Healthcare Foundation
HMHB Staff Program Support

INTRODUCTION

Introduction to Substance Use Disorders

A substance use disorder (SUD) is a chronic, recurring brain disease that requires treatment. Diagnosis of a SUD comes from a person meeting at least two of the diagnosis criteria in the last year that result in distress or impairment. SUDs are diagnosed at varying levels of severity depending on the number of symptoms present. Return to use, often referred to as relapse, is a common step in the recovery process, and it does not mean that an individual has failed in their recovery. Forty to sixty percent of individuals will return to use after a period of abstinence; this is similar to rate of relapse for other chronic health conditions such as asthma and diabetes[1]. it is important to remember that return to use does not mean a treatment has failed, it is sometimes a part of the process.

In Montana, there are comparatively high rates of SUDs in the overall population. Of Montanans with a SUD, less than 10% will receive treatment. It is estimated that 22% of pregnant women in Montana use some type of substance, including alcohol, tobacco or illicit substances in the last three months of pregnancy.[2] In Missoula County, there are approximately 3,000 to 4,000 individuals actively using methamphetamines or heroin. There are approximately 2,300 other individuals that need treatment for another substance use disorder.

According to a Needs Assessment commissioned by United Way of Missoula County, the majority of treatment options in Missoula County are unable to meet the demand. The most significant gaps exist in the areas of detoxification, partial day treatment and hospitalization, and Certified Peer Support Specialists. There are also gaps in treatment for specific substances, like methamphetamines. Treatment options for opioid use and alcohol use are much more robust in comparison. These are important gaps to be aware of when thinking about substance use treatment in Missoula County.[3]

Discrimination and stigma often prevent people using substances, especially pregnant women, from seeking and receiving the treatment that they need. In addition to stigma, fear of legal repercussions such as the loss of child custody, further hinder seeking help.

This series of five-minute trainings from Shatterproof are a great way to learn more about Substance Use Disorders and how you can help: https://justfive.org/sudmt/. For families, this resource from the Addiction Policy Council may also be helpful: Navigating Addiction and Treatment: A Guide for Families

1. https://www.addictionpolicy.org/post/chronic-disease-management-for-sud
2. https://dphhs.mt.gov/ecfsd/PRAMS
3. https://uw-admin.windfall.tools/wp-content/uploads/2021/09/SUDC-Needs-Assessment-FINAL-2021-08-25.pdf

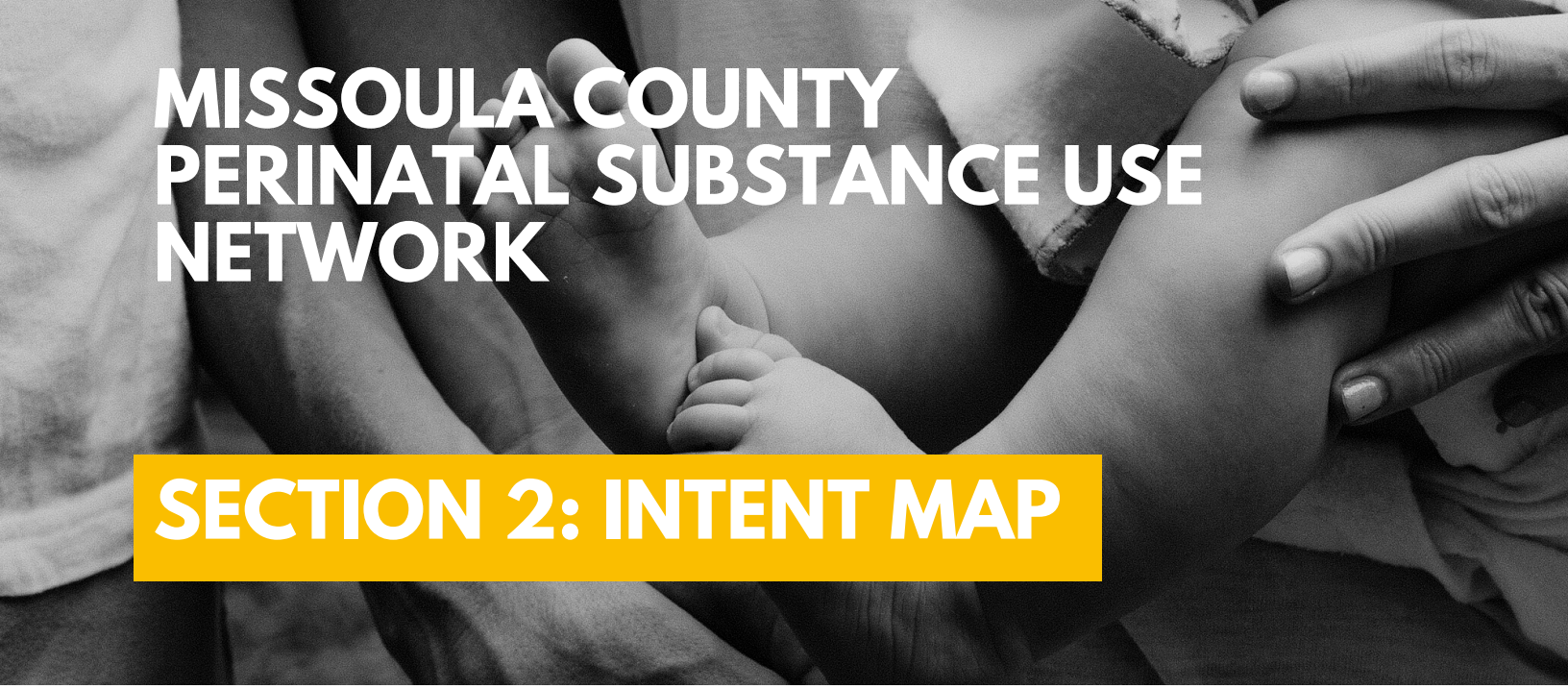
The Perinatal Period

Having a baby is an important, and sometimes difficult change in any family. While each experience with pregnancy, birth, and new parenthood is unique, there are some common challenges faced by families such as feeding their baby, getting enough sleep, or healing from the physical impacts of childbirth. New parents may experience stress about the well-being of their new child or themselves in this new stage of life. In addition to this, there are new, stressful costs associated with having a child, and lack of parental leave or infant child care may jeopardize employment. Additionally, following birth, focus often shifts from the health and wellbeing of the mother to that of the baby.

Perinatal or Postpartum Mood and Anxiety Disorders (PMADs) are a result of physical, social, emotional, and mental stress associated with giving birth and becoming a parent. PMADs are distressing feelings that may occur during pregnancy (prenatal) or for 12 months after birth (postpartum). One in six mothers in Montana experience depression during their pregnancy.[1] Suicide risk is greatest for new mothers between nine and 12 months postpartum, but data to understand self-harm in the perinatal period is only taken in the first six weeks after delivery. Half of women with a PMAD are not treated, and maternal depression is the leading Adverse Childhood Experience (ACE) for children under the age of five.

While the perinatal period comes with many challenges, pregnancy is also a time where parents are often motivated to engage with healthcare services, and pregnant women with SUDs have been shown to have increased motivation to reduce use.[2] However, the hormonal changes and added stresses of the postpartum period increase the likelihood of overdose for the mother.[3] It is important to keep this unique set of challenges and opportunities in mind as we work to improve outcomes for families during the perinatal period.

1. https://hmhb-mt.org/moms-and-families/oneinsix/
2. https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/08/14/for-addicted-women-the-year-after-childbirth-is-the-deadliest
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2714164/



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.

Contents:

INTENT MAP

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.

INTENT MAP

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.

INTENT MAP

Focus and Frame:

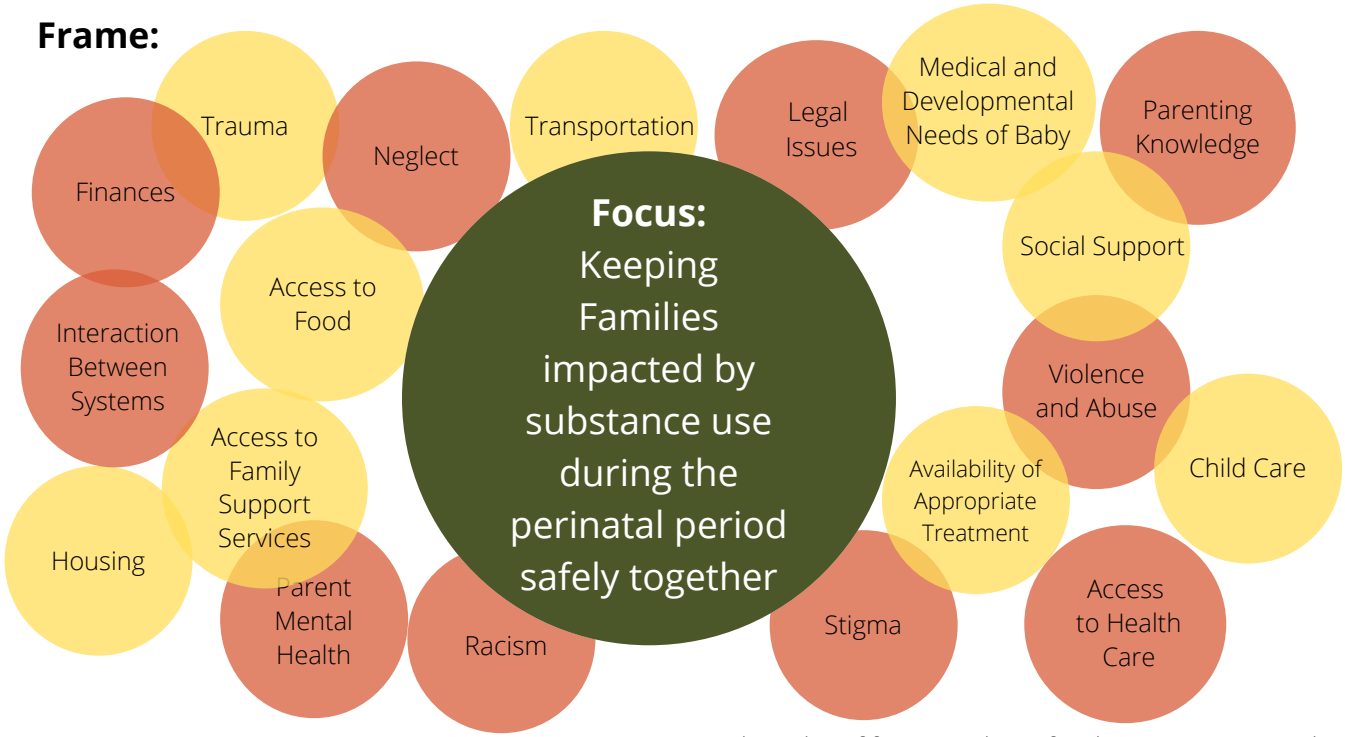
With a complex issue like perinatal substance use, there are many factors that influence the success of families. Our overall goal is to increase the number of families who are able to stay safely together, and this may be impacted by issues like housing, legal issues, transportation, etc. However, these 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:

INTENT MAP

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:

INTENT MAP

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:

INTENT MAP

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.

INTENT MAP

Possible Critical Shifts, cont.

System Shifts

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

Current State		Future State
Providers experiencing burnout.	→	Providers given more support and training to ease burnout.
Different organizations managing Perinatal Substance Use in different ways that don't support one another.	→	Centralized system that all services can use to track referrals.
Providers lack education in trauma and SUD which impacts the care patients receive.	→	Providers are trained in supporting clients with trauma background and SUDs.
Providers struggling with SUD, housing or finances may not be identified for help.	→	Expecting families receive screenings and are connected to the help they need.
Families struggling with SUD, housing or finances may not be identified for help.	→	Expecting families receive screenings and are connected to the help they need.
Providers don't know where to refer clients because there are not enough services for all the people who need them.	→	Providers know where to refer someone based on their needs, and know there is space for them.

INTENT MAP

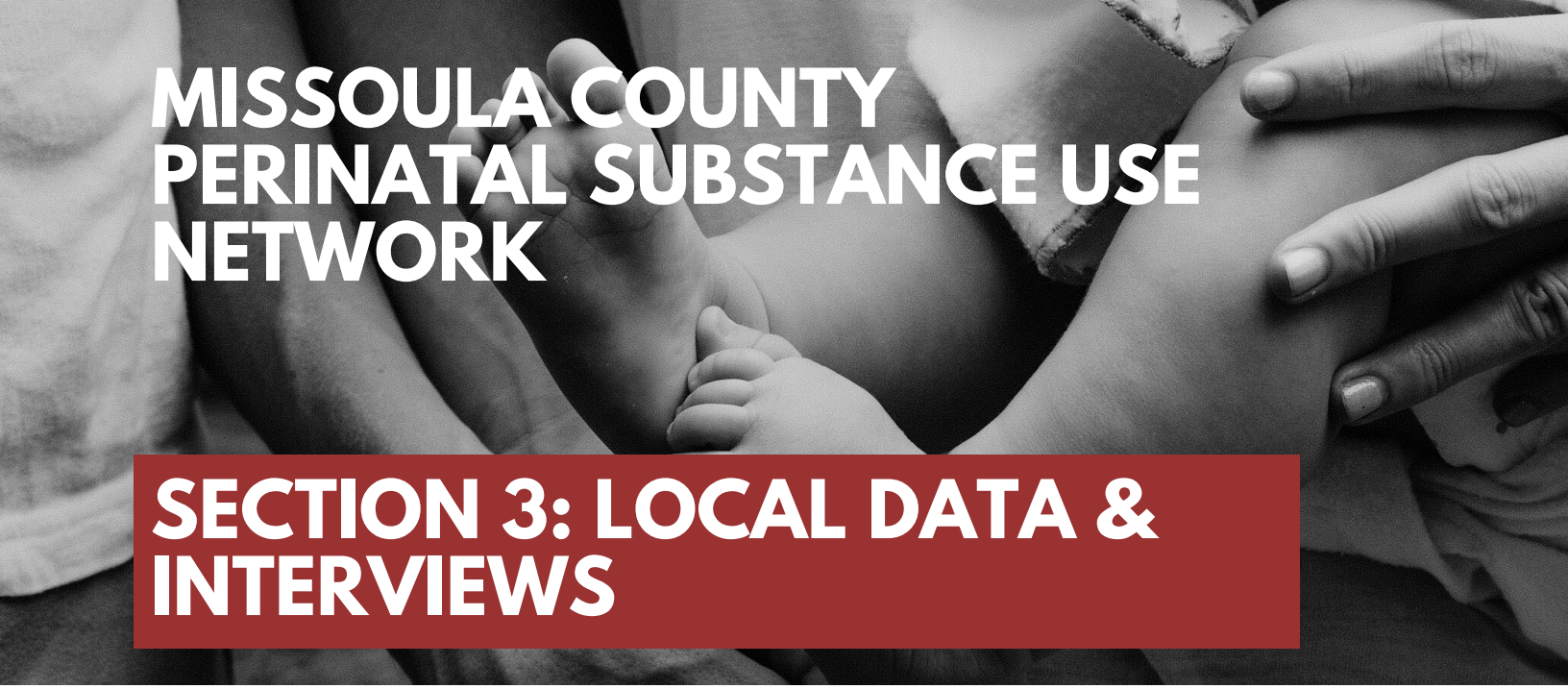
Possible Critical Shifts, cont.

System Shifts, cont.

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

Current State		Future State
Providers lack cultural humility.	→	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:



MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

SECTION 3: LOCAL DATA & INTERVIEWS

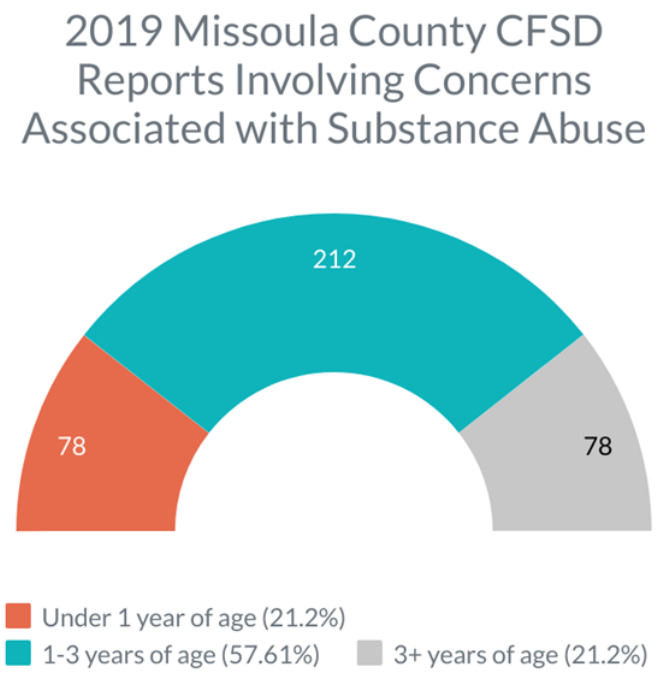
This section provides an overview of existing data related to perinatal substance use in Missoula County as well as the results of community partner interviews related to barriers, needs and opportunities.

Contents:

LOCAL DATA AND INTERVIEWS

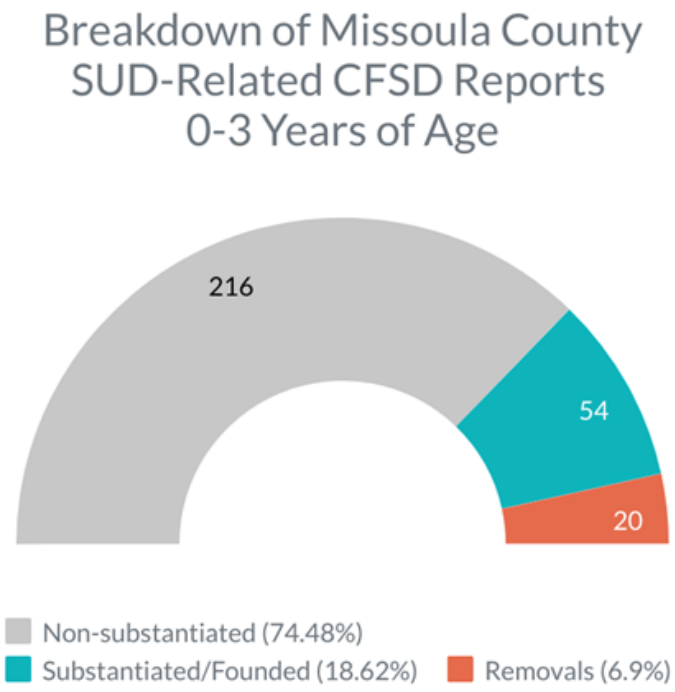
LOCAL DATA

Child and Family Services Data



In 2019, 290 out of 368 Missoula County reports of child abuse and neglect related to substance use were for children under age 3.

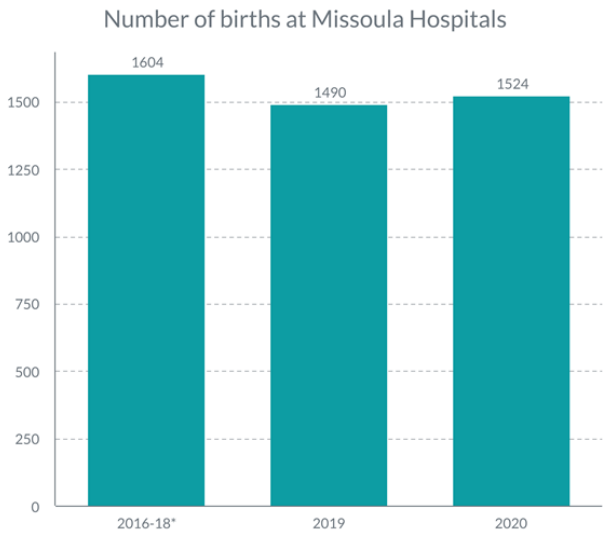
Of these 290 reports, 74 were substantiated or founded, and 20 children were removed from their homes. Only four of the children removed were under age 1.



LOCAL DATA AND INTERVIEWS

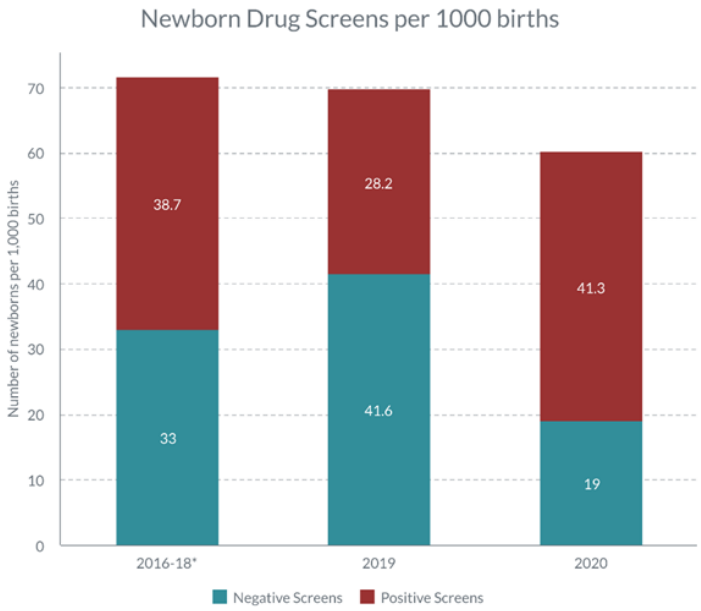
Hospital Data

Source: Community Medical Center and Providence, St. Patrick Hospital



Community Medical Center and Providence St. Patrick Hospital shared data collected as a part of their Meadowlark Initiative programs. The combined data reflect all births in Missoula hospitals, including residents of other counties who gave birth in Missoula.

Between 2016-2020, newborns were screened for substance use if parents demonstrated elevated risk factors for substance use. This chart displays the rate per 1,000 births of drug screens administered, as well a the number of positive screens. In 2021 both hospitals began universal drug testing of mothers in an effort to reduce testing discrimination and improvement of medical care.

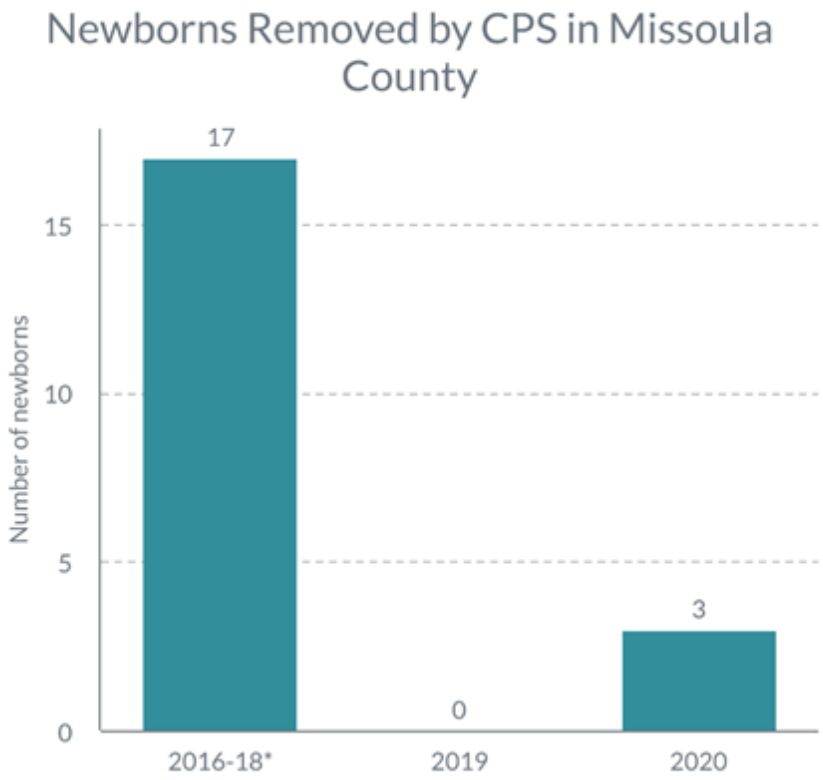


* Data from 7/1/16-6/30/18 were averaged to create one data point. Data for 2019 and 2020 were collected during the respective calendar years (1/1-12/31)

LOCAL DATA AND INTERVIEWS

Hospital Data, cont.

Source: Community Medical Center and Providence, St. Patrick Hospital



The number of newborns removed from their families upon discharge from the hospital averaged at 17 per year between 2016 and 2018. This number dropped to zero in 2019, coinciding with the implementation of the Meadowlark Initiative and Eat, Sleep, Console protocol at both hospitals, as well as the Addiction Recovery Teams at Child and Family Services and Western Montana Mental Health Center (see **Appendix 3** for descriptions of these programs).

* Data from 7/1/16-6/30/18 were averaged to create one data point. Data for 2019 and 2020 were collected during the respective calendar years (1/1-12/31)

LOCAL DATA AND INTERVIEWS

COMMUNITY PARTNER INTERVIEWS

In 2020, thirty-four community partners working in fields related to perinatal substance use participated in this interview process. Some interviews included two partners at once, for a total of 30 interviews. Five additional participants answered identical questions in the form of a written survey. When sharing data, we are combining the responses of participants who interviewed together for a total of 35 interviewees.

The purpose of these interviews was to get an idea of what various community partners are seeing in their work with families, and to give the Network a starting point for conversations about critical shifts, future interventions, and areas for deeper research.

Interviewees were asked about **reactions to the draft Network goal, barriers to achieving this goal, existing programs supporting families impacted by Perinatal Substance Use, vulnerable populations, and ideas for change**. The Network MAST goal was edited to reflect interview input, and a list of key community programs is included in **Appendix 3**. Barriers, vulnerable populations and ideas for change are all included in this section of the report. Regularly mentioned topics are also explored in greater detail to better understand interviewee perspectives.

Barriers: p. 3.8 - 3.17

Differing Perspectives: p. 3.18

Vulnerable Populations: p. 3.19 - 3.21

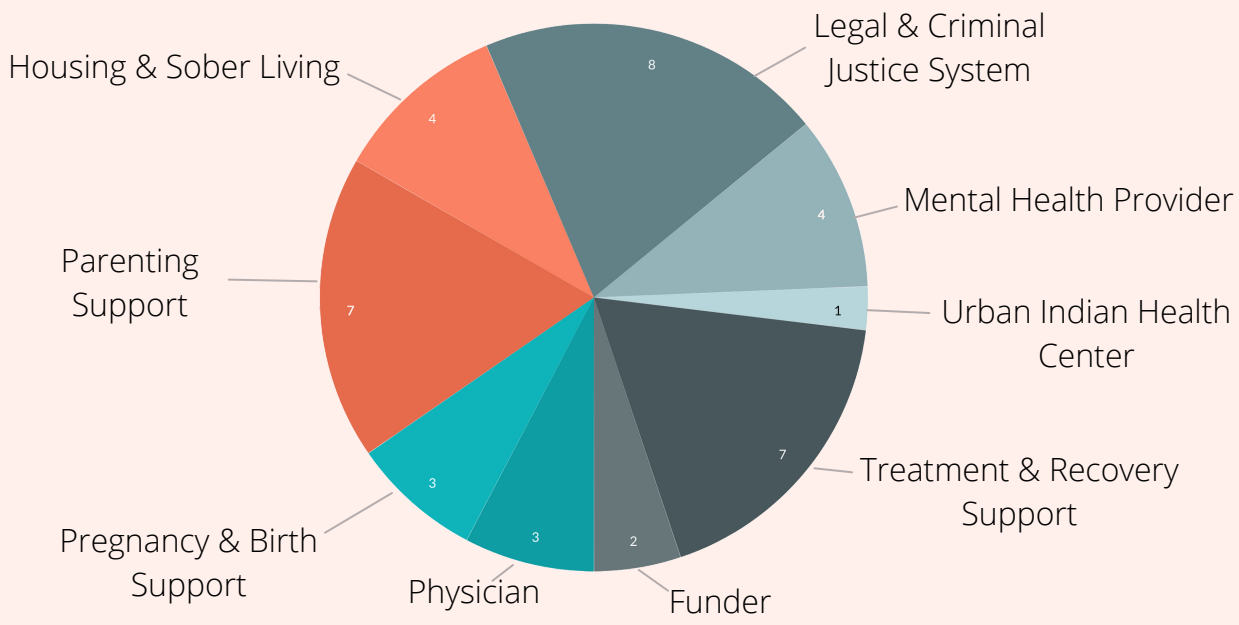
Ideas for Change: p. 3.22 - 3.24

LOCAL DATA AND INTERVIEWS

It is worth noting that more-mentioned concepts are not necessarily more important. Additional data collection, discussion and exploration in these areas will be an important next step. Additionally, if any key points are missing, **readers are encouraged to use the QR code or survey links to provide feedback**. This feedback will be incorporated into future Network discussions and documents.

The PSU Program Team will be conducting a second series of interviews with families with lived experience following approval from IRB.

The 39 community partners interviewed were from the following sectors:



Interview Results and the PSU Network

The PSU Design Team utilized information from the community partner interviews to create the Intent Map for the PSU Network (Section 2 of this document). Want to know more? Look for text in yellow boxes (like this one) to find out which sections of the Intent Map reflect information gathered in the interview process.

LOCAL DATA AND INTERVIEWS

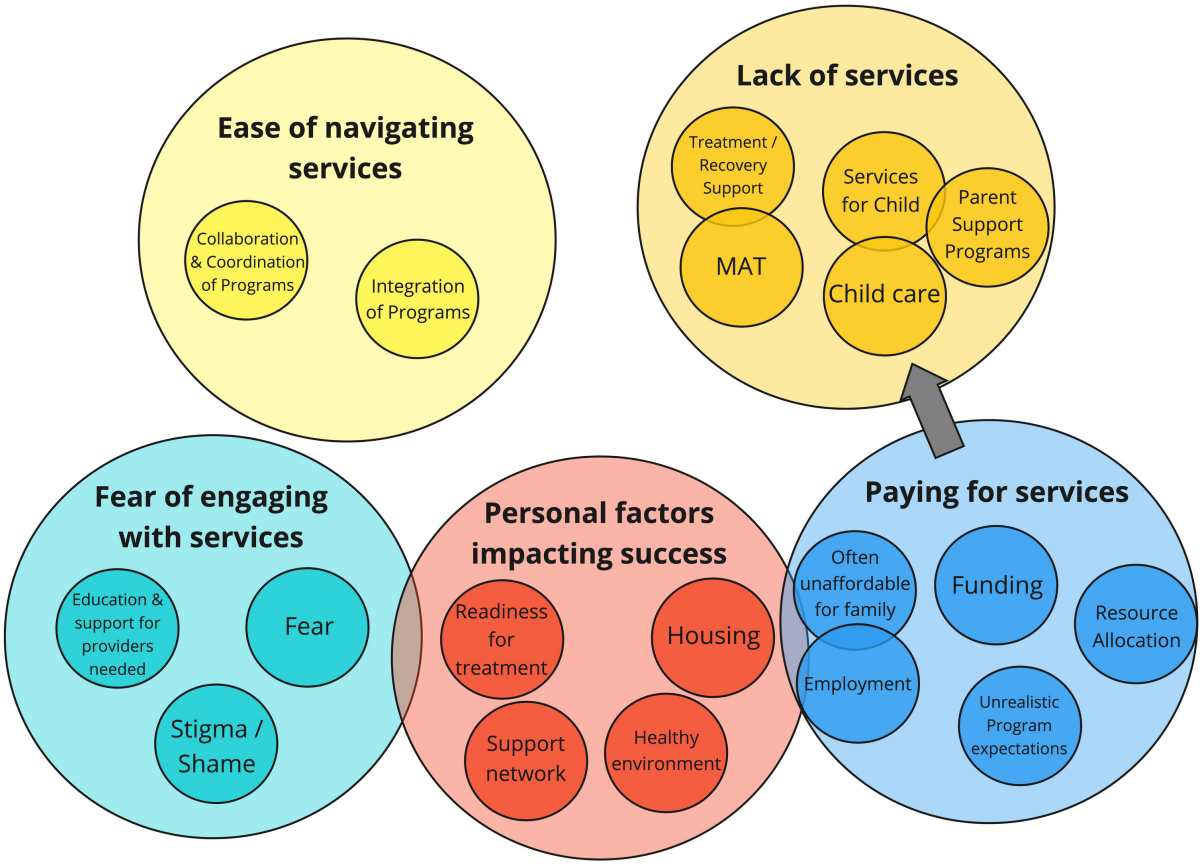
Barriers

Barriers to Accessing Support

Interviewees identified multiple barriers families face when accessing support services. These barriers generally fell into one or more of the following categories:

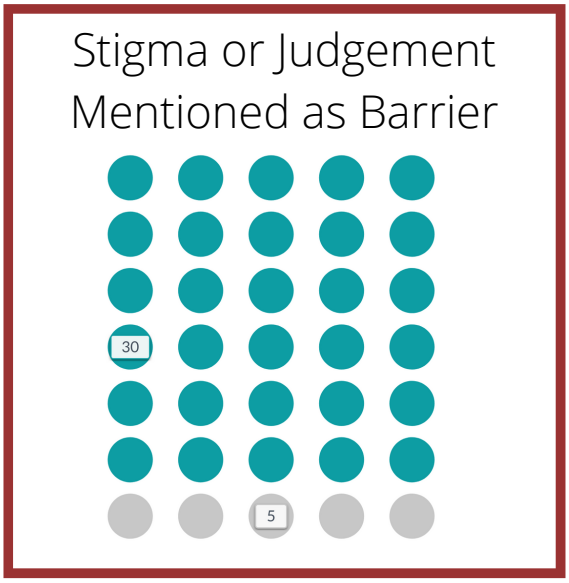
- Fear of engaging with services;
- Ease of navigating services;
- Lack of services;
- Paying for services; and,
- Personal factors impacting access.

The specific barriers most commonly mentioned are included in the figure below:



Notes or other suggestions:

Barriers



Stigma and Judgement

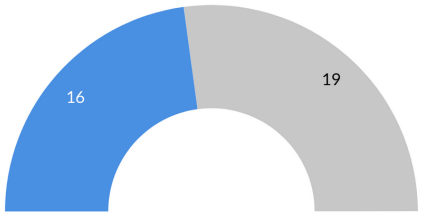
Nearly all interviewees named stigma or judgement from providers as a barrier keeping families struggling with substance use from accessing the support they need to stay safely together.

Criminalization of drug use was linked to the categorization of parents with SUDs as criminals, instead of people struggling with a medical or mental health disorder. Other interviewees mentioned that problematic substance use was seen as a moral failing.

Several service providers expressed that it was challenging to make client referrals, due to the judgemental treatment clients experienced with referral partners. Judgement or prohibition of Medication Assisted Treatment in programs was linked by some interviewees to increased stigma, further reinforcing the concept that substance use was a moral failing instead of a medical condition. Concern was expressed that parents would avoid medical, treatment or other supportive services because of stigma, or that care would not be as effective because of a lack of trust in judgemental providers.

Fear

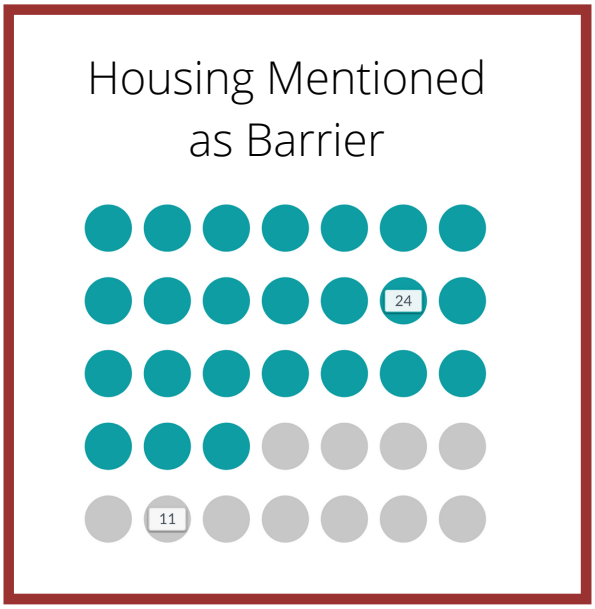
Client fear of child removal or legal repercussions was also recognized by 16 out of 35 interviewees. It was suggested that parents avoid prenatal care, treatment and other support services out of fear that they would be reported to CFS and/or the police. This fear is linked to stigma and the criminalization of substance.



<u>Other suggestions:</u>

LOCAL DATA AND INTERVIEWS

Barriers



Housing

Housing was one of the other most-stated barriers to families impacted by perinatal substance use.

Interviewees pointed out that families impacted by perinatal substance use who do not have stable housing face additional obstacles to recovery:

- readiness for treatment may be delayed if a parent's basic housing needs are not met;
- it can be difficult to maintain recovery while living with others who are still using.

Other times interviewees discussed the scarcity of affordable housing for families in Missoula County. Insufficient housing vouchers and designated affordable housing were both specifically named as challenges.

Some housing-related comments from interviewees related specifically to challenges posed by substance use during the perinatal period.

- Housing first programs require homelessness for a year for admission, which may not be helpful for a newly homeless family with a baby.
- Families may be hesitant to disclose they are homeless because of a fear that it will lead to child removal.
- There are rules about at what point in pregnancy someone may qualify for housing support. This could further complicate someone's ability to get sufficient prenatal care and treatment early on in pregnancy.
- Felony drug convictions may impact access to housing.

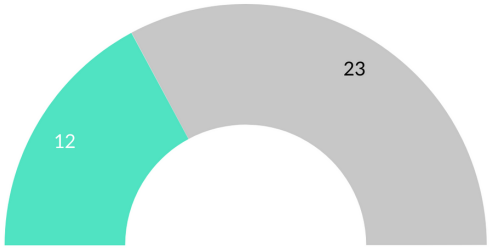
Finally, stable housing was linked to greater ease in finding stable employment. Lack of stable housing further complicated a family's ability to earn income, which may already be challenging during and after preganancy.

Other suggestions:

Barriers

Housing, cont.

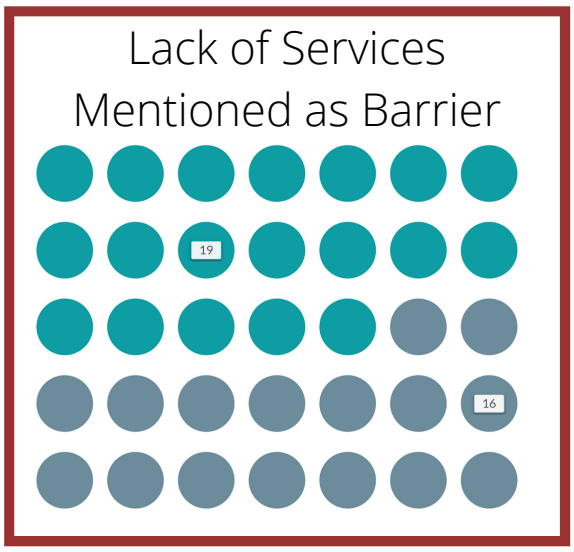
Children in Residential Treatment and Supportive Housing



Twelve out of 35 interviewees mentioned lack of access to in-patient treatment or supportive housing that is inclusive of children as a barrier. This could result in a separation of parents from a new child, or a deterrent to a parent entering into a treatment program. While programs that allow children do exist in Missoula County, need for expansion of services was expressed. A need for child care within treatment or supportive housing programs was also identified.

Other suggestions:

Barriers



Lack of Services

Lack of services was the third-most mentioned barrier faced by families experiencing perinatal substance use. Interviewees reported long waiting lists for various services, with lack of residential treatment capacity coming up most often. As described on the previous page, supportive housing that allows children to stay with their parents was also said to have long waiting lists.

In addition to residential treatment and supportive housing, the following services were said to be lacking:

- Treatment in general;
- Detox centers;
- Child care;
- Supportive housing for those who are still using substances; and,
- Legal services.

Additionally, transition between services was noted as a challenge. Some transitions identified by interviewees were:

- transition from prenatal care to a family practice doctor;
- transition from supportive housing to living independently; and,
- transition from a lower income that qualifies families for supportive services to a slightly higher income that does not qualify families for supportive services.

Other suggestions:

Barriers

System Barriers

Service providers also face barriers as they work to implement programs that better support families struggling with substance use. A variety of barriers occurring within systems were named in the interviews. Service providers in medical, criminal justice, behavioral health, and parent support fields named barriers impacting their ability to serve families. These barriers fell into five different categories:

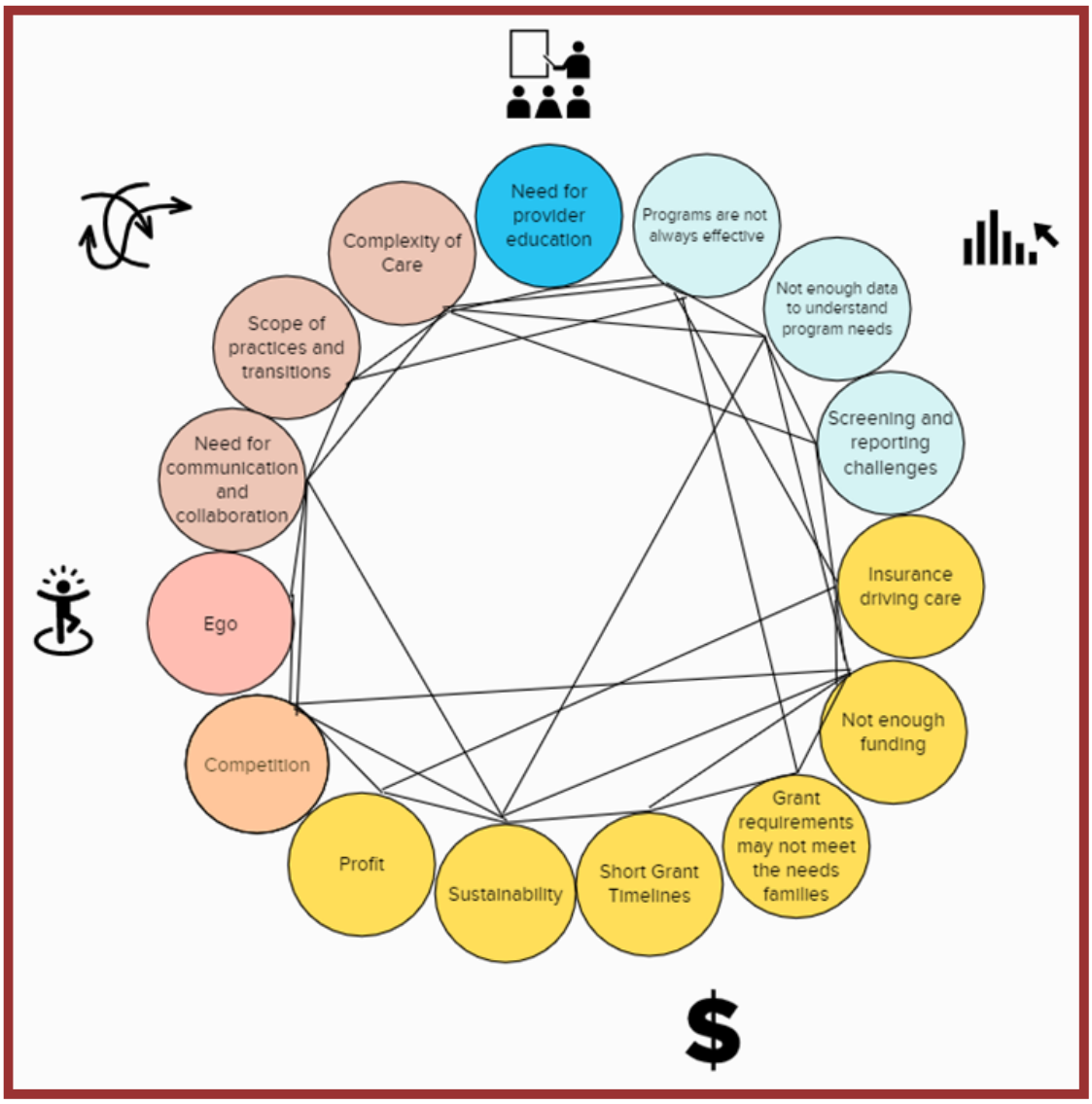
Collaboration and Coordination

Data & Evaluation

Ego

Funding

Need for Education



Barriers

Child Welfare Barriers

Child and Family Services plays a different role than other community partners and is faced with different barriers. Interviewees identified the following barriers specifically in relation to the child welfare system:

Staff turnover - need for increased pay

Providers were unclear about whether it is helpful to make a report for pregnant women.

CFS is a large system with a lot of moving parts.

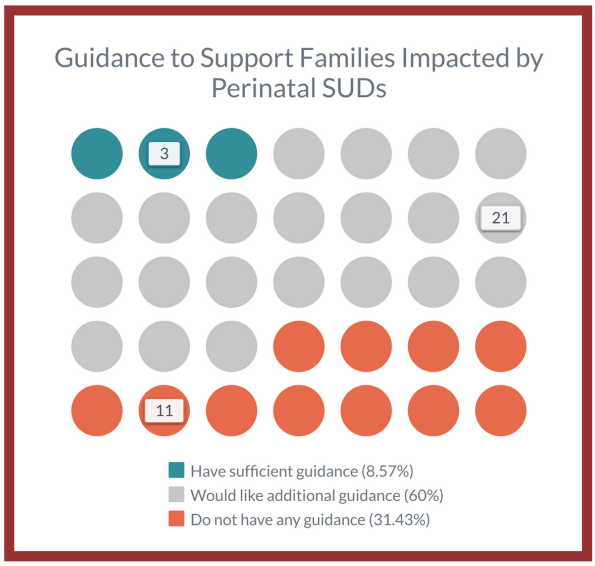
Not everyone felt that mandated reporting guidelines were clear.

Child welfare laws could be clarified and updated.

Other suggestions:

Barriers

Guidance to Support Families



Only three of the 35 interviewees confidently expressed that they had the guidance they needed to support families experiencing perinatal substance use, at least within the context of the service they provided. This small group included providers who were involved with families for a short window of time as well as those who supported families throughout the treatment and recovery process. These providers were not averse to continued learning, but did want to emphasize that this was an issue that can be addressed with the proper tools.

Eleven interviewees expressed strongly that they did not have guidance to support families impacted by perinatal substance use. Some sentiments expressed by this group include feeling unsure if guidance even existed, feeling that they had to "wing it," or stating that their organization did not have established protocols for supporting families impacted by perinatal substance use. One interviewee felt that providers often did not want to get involved in the potentially complicated process of supporting families impacted by perinatal substance use. Another interviewee mentioned that providers were not aware of potential resources available to support families.

The remaining 21 interviewees expressed a more moderate need for guidance. Many felt like they had a general idea of how to support families, but expressed a desire for additional training. One interviewee expressed that each sector had a very different approach to supporting families, and that these approaches did not always work together. All together, these responses suggest that additional training and sharing between sectors could be useful.

<u>Other suggestions:</u>

Specific Barriers

Several specific policies or programs were mentioned as being barriers to families struggling with substances. Some of these policy or program recommendations are more actionable than others, and decision-making power over these policies and programs is held at varying levels (local, state and federal levels).

CFS Reporting and Child Removal

- Child removal laws can be confusing and could be restructured to address current issues (i.e. clarifying how a Dependent Neglect case should proceed legally, articulating what permanency can look like, and how to handle or dissolve a guardianship).
- Referral sources are not always clear which providers will be supportive of families impacted by perinatal SUDs.
- Providers fear they will lose trust with clients if they make a report to CFS. Reporting during pregnancy is not mandated unless there are other children, so providers have some discretion in this decision.
- Mandatory reporting guidelines are not clear to all providers, and reporting process is not always made clear to families.

Child Care

- Best Beginnings Child Care Scholarships can't be used when not working or going to school, meaning a parent enrolled in a full-time treatment program would not receive this assistance for child care costs.
- While infants can be integrated into residential treatment or supportive housing settings, and school-aged children are at school for the majority of the day, toddlers are more difficult to support in these settings during the day.
- Children are not allowed at some critical appointments such as parole or mental health therapy. This creates a barrier for families looking to meet their legal requirements or work on personal growth and stability.

Criminalization of Substance Use

- Families fear reaching out for help because of potential legal consequences.

Employment

- Past felony drug convictions can prevent someone from working in a specific field (e.g. CNA).
- Individuals with medical insurance through their work may not want the company to know they are receiving SUD treatment.

Specific Barriers

Housing

- Medication Assisted Treatment is not always allowed in housing or other service programs, even if it is a part of a person's treatment plan.
- Past felony drug convictions can block families from accessing housing.
- Housing first grants have restrictions that can make it difficult to effectively support recovery for families with young children - i.e. drug testing not allowed, even if a positive test would not result in loss of housing or support services.

In-Patient Treatment

- There are not enough treatment facilities for mothers in recovery with their children. There are no treatment facilities for fathers in recovery with their children, and no Medicaid billing code to pay for this service. (see Child Care on previous page.)

Public Assistance

- Medicaid requires a diagnosis of severe emotional disturbance to authorize more than ten sessions for kids, but this diagnosis could have lasting implications on the child.
- Different assistance programs have different rules about when they can serve clients during pregnancy. In some cases parents are not considered legally pregnant until the last trimester.
- Exposure to substances during pregnancy no longer means automatic eligibility for Part C Early Intervention Services. Children may be able to be enrolled for other delays, but the process can be more complicated.

Racism and Culturally Inappropriate Services

- Overt racism and microaggressions in health care practices. One example was being immediately accused of child abuse based on race.
- Lack of culturally similar providers can lead to increased opportunity for discrimination and decreased chance of integrating traditional practices that are important to the individual.
- Past experiences could cause distrust due to intergenerational trauma related to health care and child welfare systems.

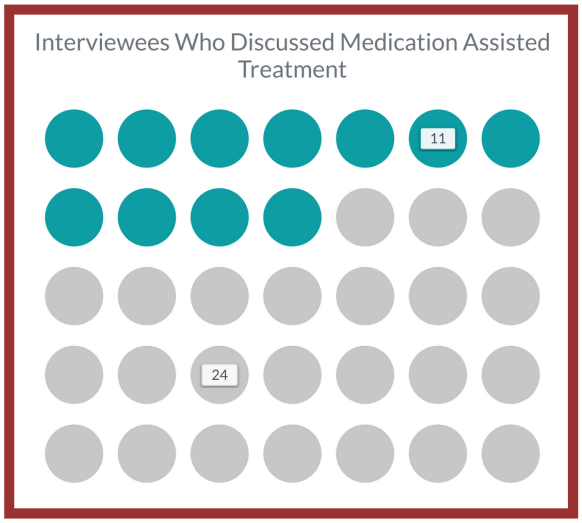
Other suggestions:

LOCAL DATA AND INTERVIEWS

Differing Perspectives

While different interviewees had varying areas of expertise, there was largely agreement about challenges and community needs related to families struggling with substance use. However, several areas of differing viewpoints or tensions arose throughout the interview process.

Medication Assisted Treatment



Medication Assisted Treatment (MAT) was only mentioned by 11 of the 35 interviewees, but it stood out because the statements made about MAT varied greatly. The following themes were heard from those who discussed MAT in their interviews:

- MAT is one key tool in treating individuals with SUDs, and it can save lives.
- Concerns that MAT doesn't address root causes of substance use.
- Providers may not understand MAT, or know that it can be appropriate for a pregnant woman.
- Concerns about diversion and misuse of MAT.
- Families may not be aware of all the places they can access MAT if needed.
- Concerns about potential side effects of MAT.

Additionally, one of the specific policy barriers mentioned on p. 3.17 was that MAT is not always allowed in housing or other service programs, even if it is a part of a person's treatment plan.

MAT and the PSU Network

The Perinatal Substance Use Network recognizes MAT as a best practice in treating some SUDs, but also recognizes that each person's care is highly individualized. In the values statement on p. 2.3 we state that the PSU Network supports the parent's ability to implement the treatment plan that they develop with their providers.

Equity Concerns

Interviewees were asked two questions specifically relating to equity concerns. Because there is not data readily available that would provide insight into health disparities related to perinatal substance use, we felt it was important to gather information from interviewees about what populations might be:

1. Disproportionately represented within systems or programs; and,
2. More vulnerable within systems related to perinatal substance use.

A Note About Equity Data:

We recognize that **all populations** are impacted by Substance Use Disorders, and that any expressed disproportionate representation within a program or service does not necessarily reflect disproportionate use in the general population. This was reiterated by several interviewees during the interview process. Some interviewees also suggested that one possible cause of over-representation within systems could be discriminatory drug testing practices that target non-dominant cultures. This suggestion demonstrates how disproportionate representation may be tied to vulnerability within systems. Indeed, interviewee responses often discussed the two questions simultaneously without prompting from the interviewers. The PSU Network is only using this information as a starting point for investigating possible health inequities, so for this purpose we tallied the number of interviewees who mentioned a specific population when answering either question. Further work will be done to identify race and income-specific data to better understand actual need.

Specific Populations:

The majority of responses reflected that members of non-dominant cultures were more vulnerable within systems, with most interviewees mentioning BIPOC (Black, Indigenous, and People of Color) and families in poverty as being most vulnerable to mistreatment within systems. Respondents also indicated a wide range of ways someone may be vulnerable, as this was not clearly defined in the question. Types of vulnerability included being vulnerable to mistreatment within systems, having unsafe living situations, having a high number of stressors, having an SUD (i.e. those with a trauma history), or not being identified (i.e. wealthy white families).

Specific Populations mentioned by interviewees:

- BIPOC Families
- Families in Poverty
- Trauma History
- Homeless Families
- Young/Teen Parents
- Those Leaving Treatment
- Intergenerational SUD
- LGBTQ Families
- Wealthier White Families
- Non-Dominant Culture
- Trafficking Victims
- Social Support Also Have SUD

Equity Concerns

Race and Racism

Twenty one out 35 interviewees mentioned that BIPOC (Black, Indigenous and People of Color) were either disproportionately represented in systems or were more vulnerable within systems (see p. 3.19 for our reasoning for combining these numbers). Six interviewees explicitly named racism as a barrier to families, and several other interviewees suggested that discriminatory screening practices likely play a role in disproportionate representation.

There is currently no race-specific local data regarding families impacted by perinatal substance use. Local data sources need to be established to gain a better understanding of race and perinatal substance use in Missoula County.

One interviewee suggested that increased number of BIPOC providers may ensure delivery of safe and culturally appropriate services.

Anti-Racism and the PSU Network

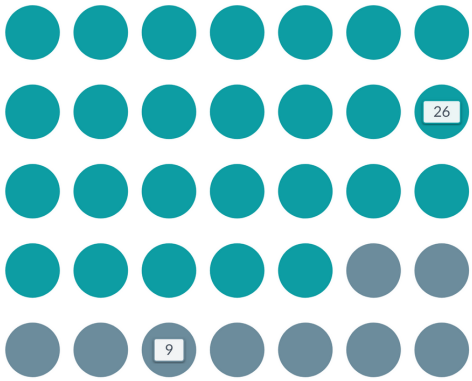
The PSU Program Team sees interviewee suggestions of vulnerable populations as a prompt to explore data related to families impacted by substance use. The Program Team will investigate ways to track racial demographics of families impacted by perinatal substance use to better understand need and shape programming.

The PSU Design Team underwent a training on Anti-Racism in Healthcare Systems and used this information to craft a Network value (p. 2.3). Further training on cultural humility and anti-racism will be incorporated into the PSU Network agendas.

Equity Concerns

Socioeconomic Status / Income

Interviewees who reported an equity concern for low-income families



The second most-mentioned population was low-income families. Twenty six out of 35 interviewees thought that low-income families were either disproportionately represented or more vulnerable within systems (see p. 3.19 for our reasoning for combining these numbers).

There is currently no income-specific data related to families experiencing perinatal substance use. Local data sources need to be further explored to better understand this suggestion. One interviewee noted the large percentage of Montana births covered by Medicaid, meaning that families having babies may be more likely to be lower income than other populations in our state.

Multiple interviewees suggested that discriminatory screening processes resulted in more low-income families being identified. Others also noted a disproportionate representation of low-income families in the child welfare system, as well as a lack of easy access to legal services to families with ability to pay. Because not all treatment programs and mental health providers have room for Medicaid patients, income can also play a role in dictating treatment options.

As mentioned in the barriers section, housing was one of the top-mentioned barriers faced by families impacted by perinatal substance use. Additionally, employment challenges due to physical restrictions during pregnancy, need for parental leave, and lack of child care also impact family income during the perinatal period.

Poverty and the PSU Network

The PSU Program Team sees interviewee suggestions of vulnerable populations as a prompt to explore data related to families impacted by substance use. The Program Team will investigate ways to track income demographics of families impacted by perinatal substance use to better understand need and shape programming.

Ideas for Change

Interviewees were asked about their ideas for programs or policy changes that would benefit families impacted by perinatal substance use. The following are the ideas shared by interviewees. These ideas are not the only ways to better support parents and improve outcomes related to perinatal substance use. The PSU Network will undergo a process to identify and prioritize critical shifts for our community, and will design initiatives that address these priorities. However, it may be helpful to better understand what ideas are already being discussed in our community.

Access to affordable child care

The income-based Best Beginnings Child Care Scholarship is unavailable to parents who are in full time treatment programs, so it would be beneficial to have funding available specifically for parents in treatment.

Coordination of Support Services

Many interviewees suggested that simplifying access to support services, either through co-location or coordination between separate entities, would be helpful for families.

- Co-location of support services, particularly in a facility that provides supportive housing or in-patient treatment, would increase families ability to access support. Suggested services ranged from treatment, behavioral health, medical and dental care, life skills training, employment support, child care, children's mental health, and parenting support.
- Children in in-patient settings: A need for an increase in the number of treatment and supportive housing facilities that allow children to live with a parent in recovery was expressed by multiple interviewees. This could be in combination with the co-located services mentioned above or as a stand-alone treatment facility.
- Care Coordination: A need to increase coordination of support services for families was identified. Two existing programs that address this are:
    - Wrapped in Hope program in Lake County: https://stlukehealthcare.org/wrapped-in-hope/ asf
    - Meadowlark Initiative, Community Medical Center and Providence St. Patrick Hospital, with funding from the MT Healthcare Foundation (2018-2021). https://mthcf.org/priority/behavioral-health/the-meadowlark-initiative/

Ideas for Change, cont.

Culturally appropriate service providers

Some interviewees expressed that there was a lack of Native providers in Missoula, which led to increased opportunity for discrimination and provision of services that are not culturally relevant. Increasing the number of Native providers could help to address this.

Immediately available services

Focusing on streamlining access to support services, especially treatment, for families impacted by perinatal substance use was listed by multiple interviewees as a possible area of work. Patient readiness for treatment does not always align with space in a program, and long waiting lists to access services can be problematic. Increasing the number of treatment options and/or prioritizing access for families in the perinatal period could be a way to address this.

Employment Support

Stable, sufficient income is necessary to pay for housing and support a family. The perinatal period can be a tricky time to maintain employment due to pregnancy, leave needed for birth and post-partum recovery, and infant child care needs. Support in finding employment could be helpful.

Housing

A need to lower barriers to accessing housing was identified by interviewees. The following specific suggestions were included:

- Medication Assisted Treatment allowed in emergency or supportive housing programs.
- No preconditions to accessing help with housing (e.g. SUD treatment not required prior to admittance to housing).

Leaders and service providers with lived experience

Elevating individuals with lived experience into leadership and direct service roles supporting families could improve family outcomes by increasing understanding of family experience and reducing stigma.

Provider Training

Multiple interviewees suggested that providers need more guidance on how to support families with SUDs. This Trainings related to stigma reduction, treatment options, and other

Ideas for Change, cont.

Safe Baby Courts

Safe Baby Courts were suggested as a way to minimize the trauma experienced by children involved in the child welfare system by improving the way that courts, child welfare agencies, and related child-serving organizations work together to support the whole family. Safe Baby Courts are similar to the Family Treatment Court available in Missoula County, but it is worth exploring any differences between the these programs. https://www.zerotothree.org/resources/services/the-safe-babies-court-team-approach

Stigma Reduction

Stigma was one of the most common barriers described in the interview process, and reduction of stigma was one of the most common big ideas or system shifts mentioned that could improve outcomes for families experiencing perinatal substance use. Several specific ideas were suggested as ways to reduce stigma in our communities:

- Screen all pregnant women for substance use in a standardized fashion to reduce discrimination.
- Provide education or outreach campaigns to shift attitudes about substance use in the general population.
- Utilize resources from the Prevention and Treatment of Traumatic Childbirth (PaTTCHP) organization: http://pattch.org/
- Focus on treatment instead of incarceration, similar to the approach taken in Portugal: https://www.theguardian.com/news/2017/dec/05/portugals-radical-drugs-policy-is-working-why-hasnt-the-world-copied-it

Trauma-Informed Organizations

An intentional effort toward becoming trauma-informed could help organizations reduce identified barriers to support and increase effectiveness of programs for families. To learn more about Trauma-Informed Organizations, see SAMHSA's *Six Key Principles of a Trauma-Informed Approach*. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf Information about the Linking Systems of Care Trauma-Informed Organization training can be found in **Appendix 3**.

MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

SECTION 4: APPENDICES

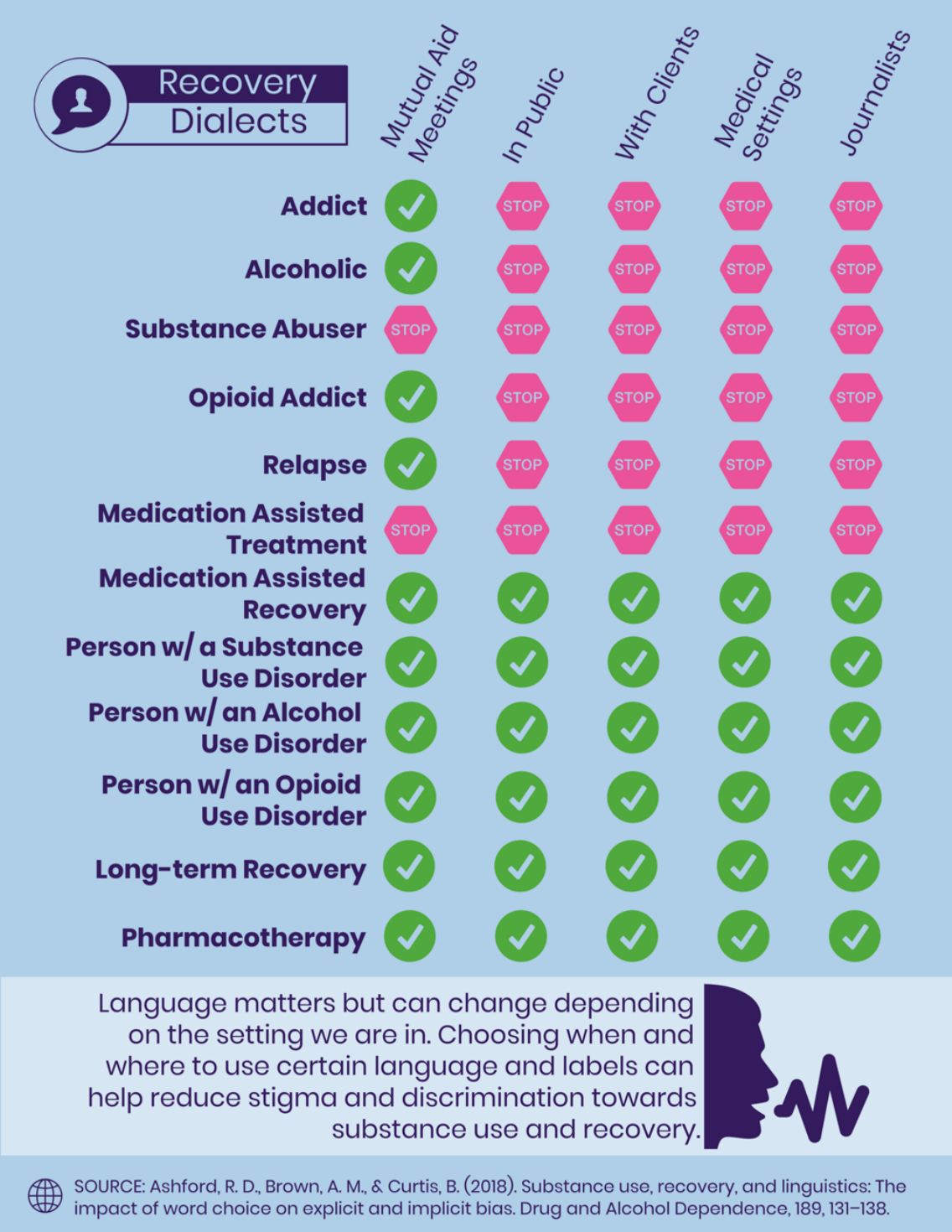
In this section you can find helpful information about language relevant to substance use, a glossary of key terms, and a list of programs relevant to the work of the PSU Network.

Contents:

APPENDICES

Appendix 1

Possible Guide for Language



https://www.thefix.com/language-matters-recovery-scientist-explains-impact-our-words

Appendix 2

Glossary of Key Terms and Acronyms

- **Addiction** refers to the neurobiologic disease that has genetic, psychosocial, and environmental factors influencing its development and manifestation. Addiction can be characterized by impaired control over drug use, compulsive use, continued use despite harm, and cravings. These are similar to diagnosis criteria in the DSM-5. Adapted from the Addictionary.
- **Child and Family Services Division (CFS)** is the statewide agency that provides state and federally mandated protective services to children who are abused, neglected, or abandoned. This includes receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to stay together or reunite, and finding placements in foster or adoptive homes. Definition adapted from: https://dphhs.mt.gov/cfsd/
- **Medication Assisted Treatment (MAT)** uses medication to sustain recovery and prevent overdose. Buprenorphine and suboxone (a combination of buprenorphine and naloxone) are two medications commonly used to treat opioid use disorder. https://www.samhsa.gov/mat
- **Neonatal abstinence syndrome (NAS)** is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy. Definition adapted from CDC.
- **Perinatal Period**: Traditionally the perinatal period is pregnancy through the first year of the child's life. The Perinatal Substance Use Network is focusing on an expanded period from pregnancy through age 3.
- **Substance use** can be used when talking about an individual that may have non-medical substance use but not meet the criteria for an SUD.
- **Substance Use Disorders (SUDs)** are a clinical diagnosis that meet criteria given in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). A substance use disorder (SUD) is a chronic, recurring brain disease that requires treatment. Diagnosis of a SUD comes from a person meeting at least two of the diagnosis criteria in the last year that result in distress or impairment. SUDs are diagnosed at varying levels of severity depending on the number of symptoms present. See p. 1.7 for more detailed information. Definition adapted from Addictionary and SAMHSA.
- **Return to use**, sometimes referred to as recurrence or relapse, is a common step in the recovery process, and it does not mean that an individual has failed in their recovery. Forty to sixty percent of individuals will return to use after a period of abstinence; it is important to remember that return to use does not mean a treatment has failed, it is sometimes a part of the process. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

Appendix 3

Featured Programs

Missoula County is home to a number of programs focused on supporting families impacted by perinatal substance use. This is not an all-inclusive list, and may be added to over time. Please share any missing resources using the QR code at the bottom of each odd numbered page.

Parenting classes, home visiting programs, and other parenting support resources critical tools in supporting families impacted by Perinatal Substance Use. This document is focused specifically on programs designed to support families impacted by perinatal substance use, and is not designed to be an all-inclusive resource guide, these general parenting support programs are not featured. However, all of these programs are included on the LIFTS Resource website which we have included on p. 4.6.

In general featured programs are organized in alphabetical order by organization name. However, the work done by both local hospitals in conjunction with the Montana Healthcare Foundation is featured first, due to the multiple organizations involved in the work, and the frequent inclusion of this work in the larger PSU Report.

Appendix 3

Hospital-Based Programs & the Meadowlark Initiative

The Meadowlark Initiative is funded and supported through a partnership between the **Montana Healthcare Foundation** and the **Montana Department of Public Health and Human Services**. Both Community Medical Center and Providence, St. Patrick Hospital were funded by the Meadowlark Initiative from 2018-2021, and the work has continued following the end of funding. https://mthcf.org/priority/behavioral-health/the-meadowlark-initiative/#at-a-glance

A clinical team consisting of a prenatal care provider, a behavioral health provider and care coordinator work together to provide the following services:

- Prenatal care providers screens patients for mental health concerns, including substance use, and provide a warm hand-off to a behavioral health provider.
- Behavioral health provider assesses any patients who screen positive to provide counseling, outpatient therapy, or a referral to higher level care.
- Care coordinator works with patients to identify and connect patients to needed support resources in the community, and facilitates that the right care occurs at the right time.

Community Medical Center

- Prenatal Care provided by Dr. Holbrook at CPG Maternal Fetal Medicine (MFM) Clinic.
- Licensed Addictions Counselor and LCSW on site to provide behavioral health support. Dr. Holbrook is also able to provide MAT as a part of prenatal care.
- Care Coordination provided by CPG MFM staff on site.

Providence St. Patrick Hospital

- Prenatal Care provided at Western Montana Clinic OB/GYN. Patients in need of MAT and/or Maternal Fetal Medicine care are referred to the CPG MFM Clinic.
- Patients in need of behavioral health support are referred to Providence Urgent Care or Project Welcome at Partnership for Children.
- Care Coordination provided within Providence St. Patrick Hospital Family Maternity Center.

Both Community Medical Center and Providence St. Patrick Hospital are implementing the SBIRT (Screening, Brief Intervention and Referral to Treatment) and Eat, Sleep Console models. You can find more information about these models here:
SBIRT: https://www.samhsa.gov/sbirt
Eat, Sleep, Console: https://pubmed.ncbi.nlm.nih.gov/30855311/

Appendix 3

Featured Programs, cont.

Child Development Center

Part C Early Intervention

Children are eligible through Part C early intervention through a diagnosed disability, developmental delay, or through the informed opinion of professionals. If a child/family may need help with development (such as speech, behavior, or motor), we welcome all referrals. In utero exposure to drugs may affect fetal brain development as well as increase the risk for low birth weight and prematurity. Babies exposed to drugs in utero may be eligible for Part C services due to the increased potential for developmental delays and disabilities.

Part C early intervention is provided free of charge to families in Montana. We work with families to help develop goals and provide family training and support so that the parents increase their competence, capability, and capacity in working with their child to meet those goals.

- Family Support and Training, and Service Coordination
- Speech, Occupational, and Physical Therapy Evaluations and Assessments
- Child and Family Focused Goals and Outcomes
- Other services as indicated, including but not limited to, audiological services, nursing services, nutrition, and psychological services

Part C (started as Part H) was initially authorized in 1986. It has been continually offered to families in Montana, free of charge, since then.

Contact: Hollin Buck, hbuck@childdevcenter.org

Frontier Psychiatry

PRISM for Moms

PRISM for Moms is a perinatal psychiatric consultation service for Montana-based clinicians. Any Montana clinician who is caring for the mental health of pregnant people or people in the postpartum period is welcome to utilize the PRISM for Moms consultation line. Clinicians are welcome to use this service to discuss psychiatric diagnosis and treatment options for patients who are pregnant or who are in the postpartum period. Find more information here: https://prismconsult.org/

continued on following page.

Appendix 3

Featured Programs, cont.

Frontier Psychiatry

PRISM for Moms, cont.

- Psychiatric consultation line for providers
- Advise on best practices in the care of pregnant and postpartum patients who have mental health concerns
- Referrals to needed community resources
- Advise on benefits and risks of medication and non-medication based interventions

To submit a request for consultation Call 1-833-83-PRISM (1-833-837-7476) or submit an e-consult using our HIPAA-compliant online form. When you submit your request, please leave a call-back number or a fax number to allow us to share our recommendations with you securely.
PRISM for Moms was launched in 2021

Contact: 1-833-837-7476, prismconsult.org

Healthy Mothers, Healthy Babies: The Montana Coalition

LIFTS Online Resource Guide

LIFTS, or Linking Infants & Families to Supports, was created to link Montana families who are expecting or raising young ones to supports, resources, and other families. There are several ways to connect and find the information you need. LIFTS Online Resource Guide includes detailed information on services, including relevant contact information and locations, as well as family friendly events in your area. It's completely searchable! Explore LIFTS here: https://hmhb-lifts.org/

- Resource list of thousands of county-specific services specific to caregivers prenatal to age three
- List of family-friendly, substance-free events across Montana
- Warmline (406)430-9100: Anonymous call in service to help with the searching -
- LIFTS Magazine: stories from Montana caregivers about finding help

Launched October 2021.
Contact: Stephanie Morton, stephanie@hmhb-mt.org

Appendix 3

Featured Programs, cont.

Healthy Mothers, Healthy Babies: The Montana Coalition

Look Closer Campaign

Healthy Mothers Healthy Babies developed Look Closer, a public messaging campaign that is focused on decreasing the negative biases surrounding perinatal SUDs and increasing kindness and compassion to promote recovery. Look Closer was developed by and for Montanans to reach women struggling with substance use, where they are. The spirit of the campaign kindness and compassion and messaging to reduce stigma.

- Look Closer Posters
- Curated List of Learning Resources
- Developing Look Closer materials with local branding space
- Developing Look Closer patient/client handouts

The Look Closer Campaign is currently available on HMHB's website at this link: https://hmhb-mt.org/look-closer/. HMHB is working to produce a patient or client facing rack card to help providers of all kinds who use Look Closer in their work, reach more moms.

Contact: Stephanie Morton, stephanie@hmhb-mt.org

Missoula City-County Health Department

Linking Systems of Care Trauma-Informed Approaches Training

This training was developed in Montana by the Linking Systems of Care project to provide tangible next steps after organizations learn about ACEs and the impacts of trauma. It serves as an outline of best practices and policies in trauma-informed care.

- 10 Hour Training on Trauma-Informed Organization principles and policies. Well suited for social service organizations. Cost varies and free trainings may be available.

Contact: Anna Semple, asemple@missoulacounty.us

Appendix 3

Featured Programs, cont.

Missoula City-County Health Department & University of Montana - NASPA

CONNECT

CONNECT is a bidirectional referral network that allows client contact information to be sent between service providers. The goal of CONNECT is to reduce common barriers for external referrals and increase client uptake in services. The system closes the loop in care coordination, resulting in reduced duplication services and unnecessary referrals, fewer lapses in care, improved health outcomes, and reduced frustration for staff and clients. The secure web-based system is available at no cost to organizations that make client referrals.

- Support for free enrollment in CONNECT
- The secure web-based system is available at no cost to organizations that make client referrals. The goal of CONNECT Education on use of CONNECT
- Support for implementation of CONNECT in your organization

CONNECT is an ongoing statewide project supported by DPHHS.

Contact: Jenn Kane, jkane@missoulacounty.us &
Sara Odenthal, sodenthal@naspa.org

Mountain Home Montana

Mountain Home Montana

Mountain Home Montana serves both young mothers and their children with a full array of services. We provide housing resources, childcare, employment placements, community center activities, and many mental health services. They serve two generations simultaneously to create a circle of support to help families thrive.

- Mental Health Center services for young mothers and children including therapy with LAC oversight, case management, and peer support.
- Transitional Housing
- Supported Employment services
- Parenting classes
- Advocacy and community building
- Childcare for children 3 and under
- Budgeting assistance
- Living skills assistance
- Parenting classes

Serving families since 2001.
Contact: Beth Brewer, beth@mountainhomemt.org

Appendix 3

Missoula Programs, cont.

Partnership for Children

Project Welcome: A Perinatal Wellness Program

At Project Welcome, we believe that pregnant and parenting people who use drugs and/or alcohol deserve access to services in a welcoming, shame-free environment that reduces harm to both parents and their children while increasing compassionate, high-quality care. We believe that people are not their addictions, and substance use doesn't have to mean the end of quality family connection.

- Prenatal Counseling
- Perinatal Mood and Anxiety Disorder Counseling
- Perinatal Substance Use Counseling
- Targeted Case Management
- Family Therapy

Began Spring 2021

Contact: Gavin Wisdom, gwisdom@pfcmt.org

Partnership Health Center

OB IMAT Program

The OB IMAT (Obstetric Integrated Medication Assisted Treatment) Program provides integrated treatment for addiction disorders along with the same providers/site as prenatal care. (Could follow patients for addiction treatment only if desired.) Able to follow mothers during their pregnancy and up to 2 years post-partum, at which point they would transition to our regular (also integrated into clinic) IMAT program. Infants are welcome at group when this is done in-person.

- Medication assisted treatment (buprenorphine)
- Individual counseling
- Group counseling
- RN care coordination
- Social work support
- Prenatal medical care

This program was initiated in 2016 with no special funding/end-date.

Contact: Liz Mandell, mandelle@phc.missoula.mt.us

Appendix 3

Featured Programs, cont.

Western Montana Addiction Services

Addiction Recovery Teams

This program provides a quick referral and access to Licensed Addiction Counselor and Peer Support Services while navigating the Child Welfare System.

For families involved with Child and Family Services:

- Chemical Dependency Evaluation
- Peer Support Services

Program began in 2018 and is supported through 2025.

Contact: Carly Kleinert, ckleinert@wmmhc.org

Western Montana Mental Health Center

Turning Point / Carole Graham Home

Carole Graham Home provides a therapeutic, structured environment for chemically dependent women and their children. Residents also work on employment and educational goals, obtaining independent housing and developing a support system to maintain recovery and a healthy lifestyle. The length of stay in the program varies and is based on motivation and individual work within the program. The average length of stay in the program is 12 months.

- ASAM level 3.3, 3.1 in conjunction with 2.5, 2.1, or 1
- Mental health treatment,
- Medication assisted treatment
- Case management services.

Carole Graham opened about 25 years ago. It is funded by grants and Medicaid.

Contact: Samantha Atwood, satwood@wmmhc.org