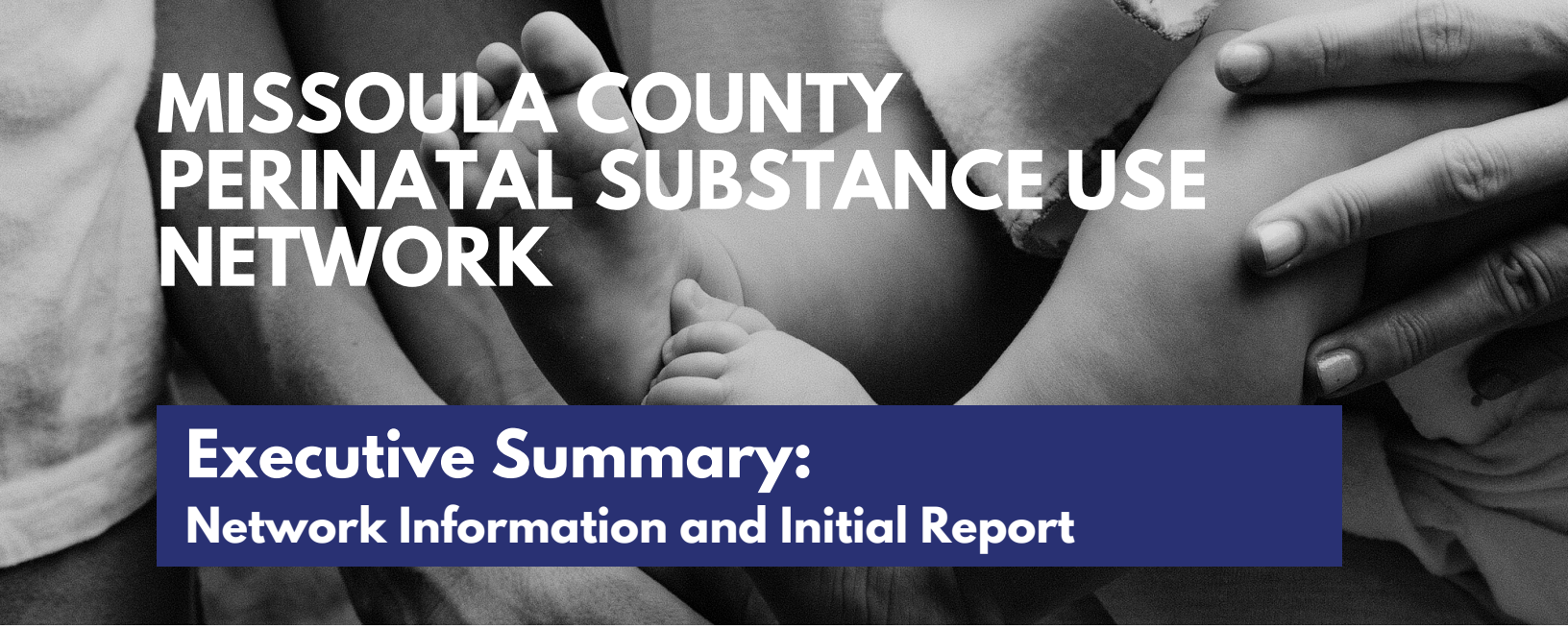


MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

Executive Summary:
Network Information and Initial Report

This document summarizes key themes from the full PSU Network Information and Initial Report document, which can be found at www.healthystartmissoula.org/psunetwork.

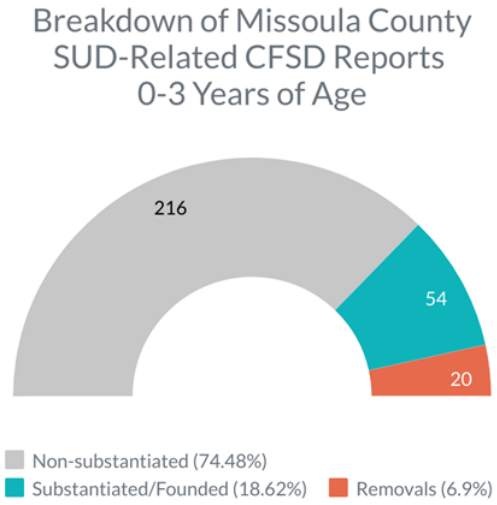
Please contact Anna Semple (asemple@missoulacounty.us) with questions or feedback related to the Perinatal Substance Use Network.

Introduction

The goal of the Perinatal Substance Use Network is that 90% of families impacted by perinatal (pregnancy-age 3) substance use in Missoula County will be able to stay safely and securely together by 2025. The Network vision is that families are safe asking for help, families can access the care they need, care is effective, and families can sustainably live together into the future.

In 2019, there were 74 substantiated or founded reports of child abuse and neglect related to parental substance use for the 0-3 age group. Twenty of these reports resulted in child removal.

Additional local data can be found on pages 3.3-3.5 of the PSU Network Initial Report and Introductory Materials document.



Data provided by Child and Family Services Division

PSU REPORT EXECUTIVE SUMMARY

The PSU Network Program Team conducted interviews with 39 different community partners to better understand community needs and possible action steps. The following barriers and equity concerns were most-mentioned in the interview process.

Barriers

Interviewees mentioned the following items the most when asked which barriers most impact families experiencing perinatal substance use.

Stigma & Fear

Stigma, including fear of losing custody of children, was the most-mentioned barrier. More information can be found on p. 3.9 of the full report.

Housing

Lack of stable housing was the second-most mentioned barrier. More information can be found on pp. 3.10-3.11 of the full report.

Lack of Services

Lack of services, particularly in-patient treatment that allows children, was the third-most mentioned barrier. More info can be found on p. 3.12 of the full report.

A more extensive list of specific barriers can be found on page 4 in this summary or page 3.16 of the full report.

Equity Concerns

There is currently no publicly available demographic data related to families impacted by perinatal substance use in Missoula County. Interviewees indicated a concern that BIPOC families and families with low income may be particularly vulnerable within the systems involved with perinatal substance use (medical, treatment, child welfare, social service, housing, and criminal justice). The PSU Network is committed to identifying sources of race and income-specific data, and will also incorporate anti-racism and stigma reduction trainings into Network meetings. More information can be found on p. 3.9-3.21 in the full report.

Differing Opinions

Medication Assisted Treatment (MAT) came up regularly in interviews. It was the only key theme from the interview process that elicited widely varying perspectives. Furthermore, there was concern that these widely varying perspectives may impact organizational policies and patient access to consistent treatment options. More information can be found on p. 3.18 in the full report.

Ideas for Change

Over the coming months the PSU Network will prioritize needed changes and select community-wide initiatives. Big ideas for change uncovered through the interview process are included on pp. 6-8 in this report or pp. 3.22-3.24 in the full report.

Next Steps

Lived Experience

The Program Team will conduct interviews with families with lived experience, and will work with key Network partners to get feedback on Network progress from families with lived experience.

Network Learning

The PSU Network will participate in trainings and peer learning sessions to build shared knowledge about how to support families impacted by perinatal substance use.

Data Collection

The Program Team will work with key Network partners to identify sources of demographic-specific data related to perinatal substance use, and will continue to work with hospitals and CFS to collect continuous data about the number of families impacted by perinatal substance use.

Initiative Selection

The PSU Network will undergo a series of facilitated exercises to prioritize needed changes and collectively select 1-4 initiatives to achieve the Network goal.

The Intent Map (Section 2) contains the information that will guide this process.

MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

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.

Specific Barriers, cont.

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.

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

MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

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/
  - 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**.