



MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

NETWORK INFORMATION AND INITIAL REPORT



Missoula County Perinatal Substance Use Network Report and Introductory Materials

October 2021

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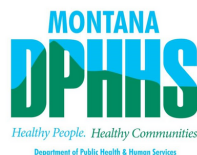
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MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

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:

Section 1: Introduction

Section 2: Intent Map

Section 3: Local Data and Interviews

Section 4: Appendices



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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-Terminology.pdf?dof=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

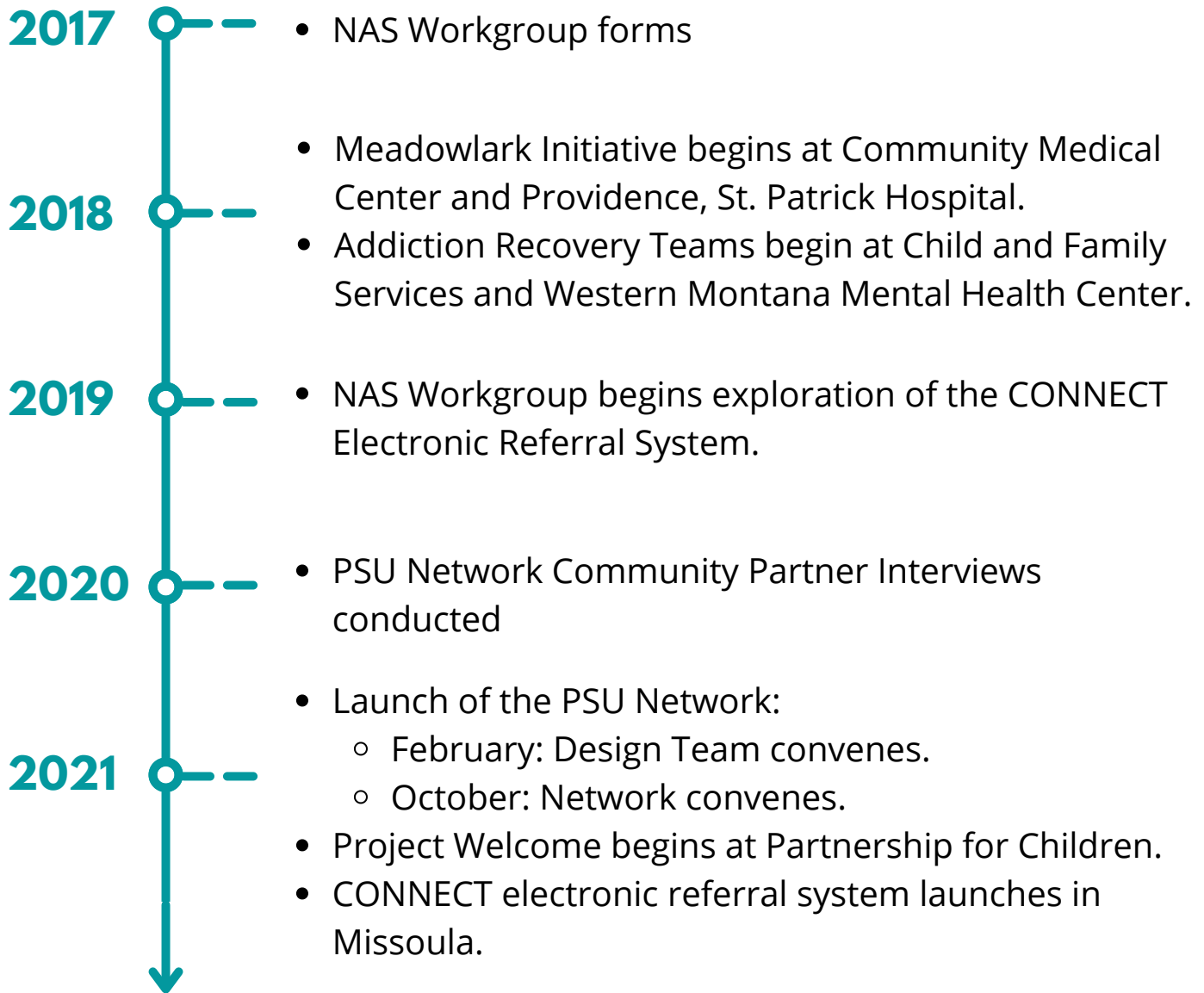
SECTION 1: INTRODUCTION

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.

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History of Collaborative Work



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.

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 Garber**, 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.

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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.

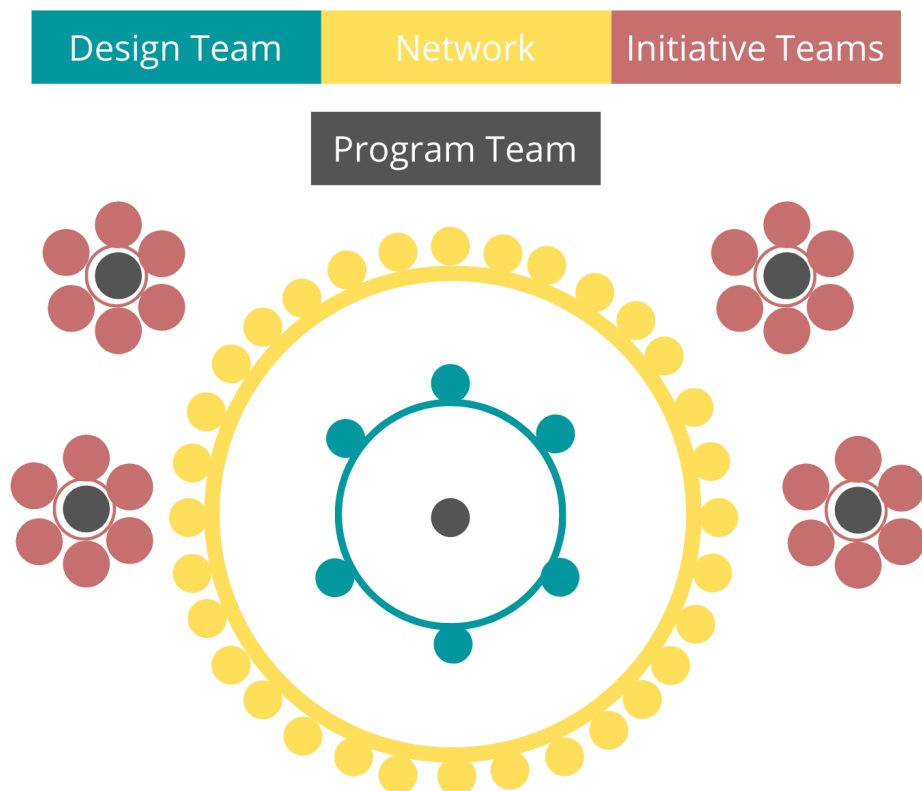


Image adapted from the Collaborative Innovation Essentials manual by CoCreative Consulting. The structure of the Perinatal Substance Use Network is based on the Collaborative Innovation model, but the group is not associated with CoCreative Consulting.

INTRODUCTION

Community Partners

Design Team



NAS Workgroup



Funders (Staff time, trainings and materials)



Overdose to Data
Action Mini-Grant



Substance Abuse
Prevention Mill Levy



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/>