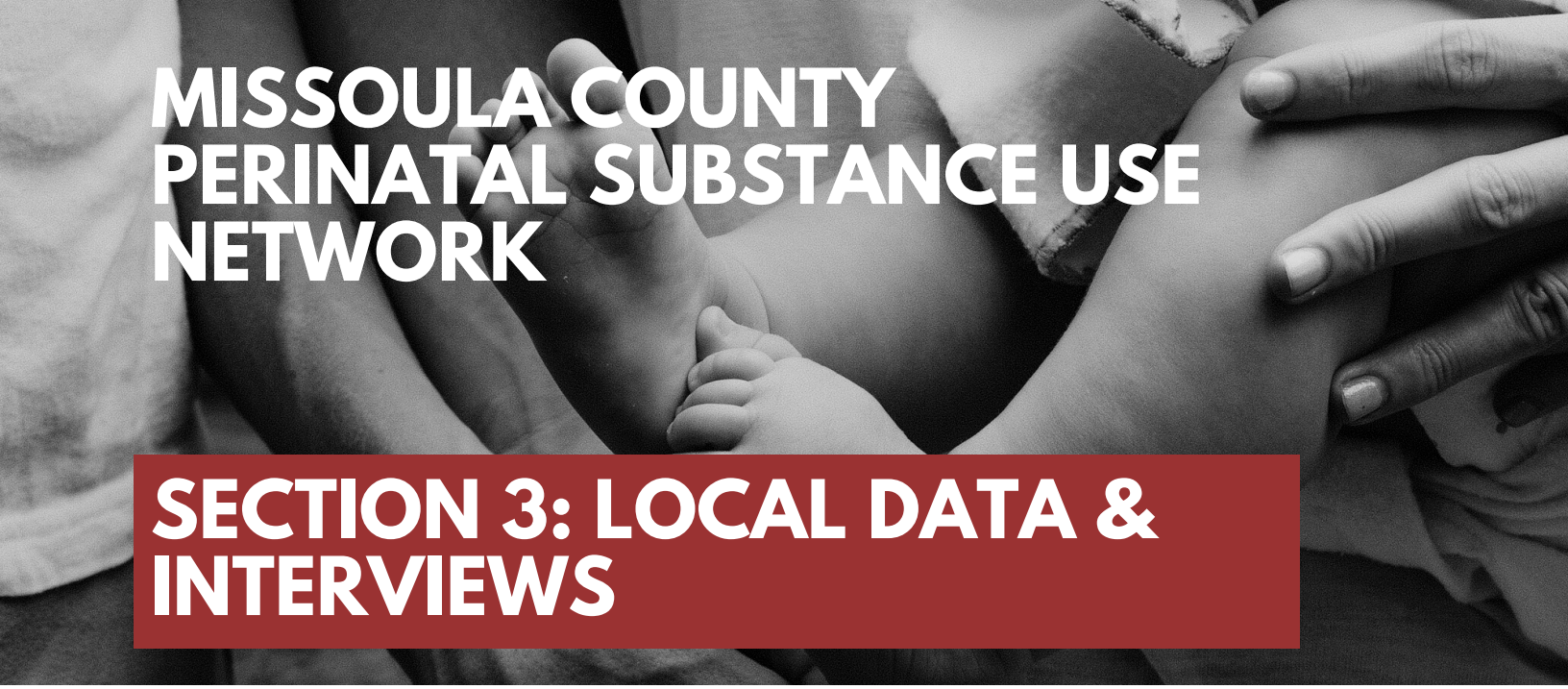


MISSOULA COUNTY PERINATAL SUBSTANCE USE NETWORK

SECTION 3: LOCAL DATA & INTERVIEWS

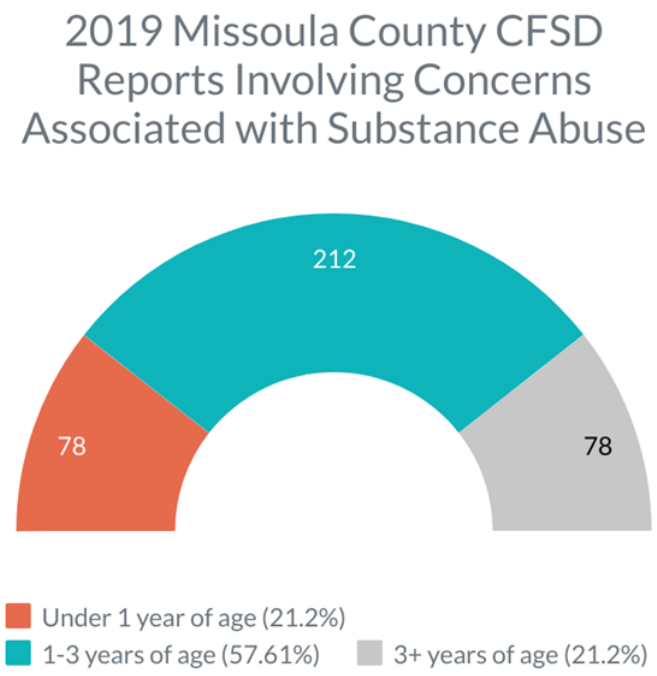
This section provides an overview of existing data related to perinatal substance use in Missoula County as well as the results of community partner interviews related to barriers, needs and opportunities.

Contents:

LOCAL DATA AND INTERVIEWS

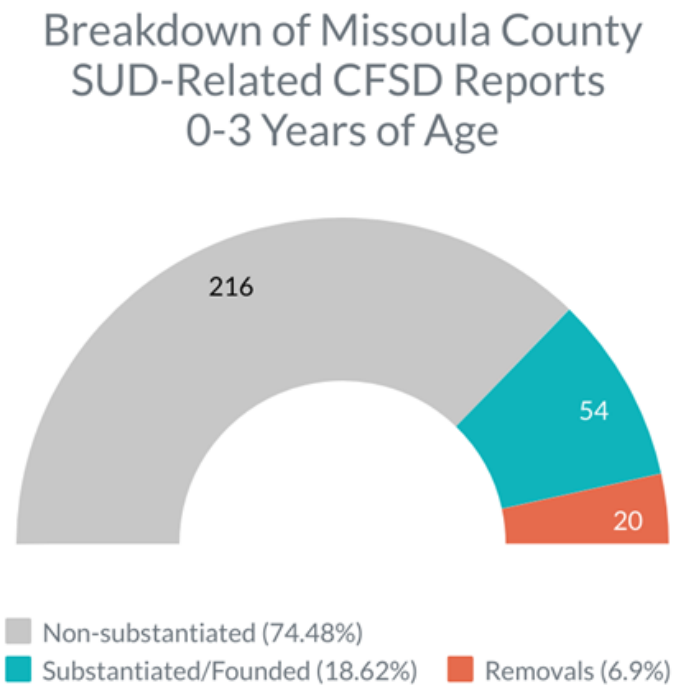
LOCAL DATA

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.

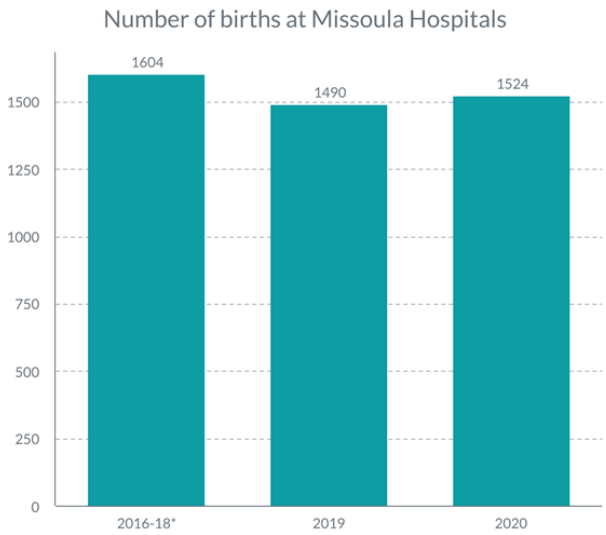
Of these 290 reports, 74 were substantiated or founded, and 20 children were removed from their homes. Only four of the children removed were under age 1.



LOCAL DATA AND INTERVIEWS

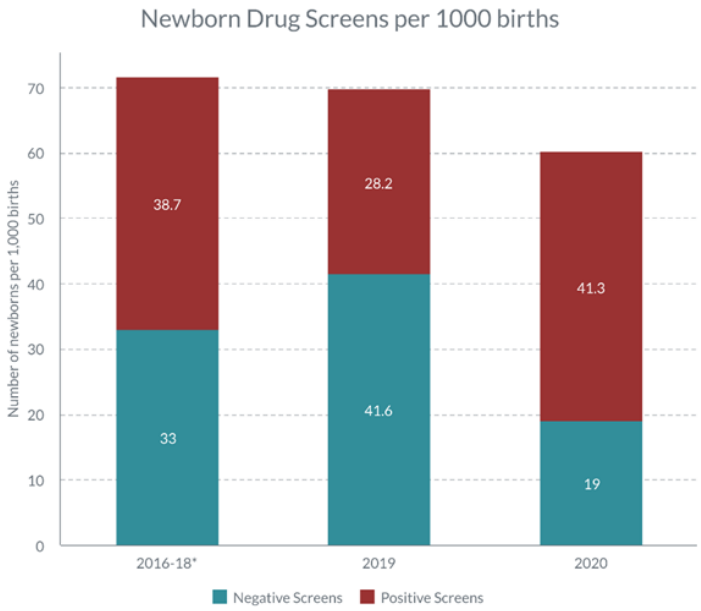
Hospital Data

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.

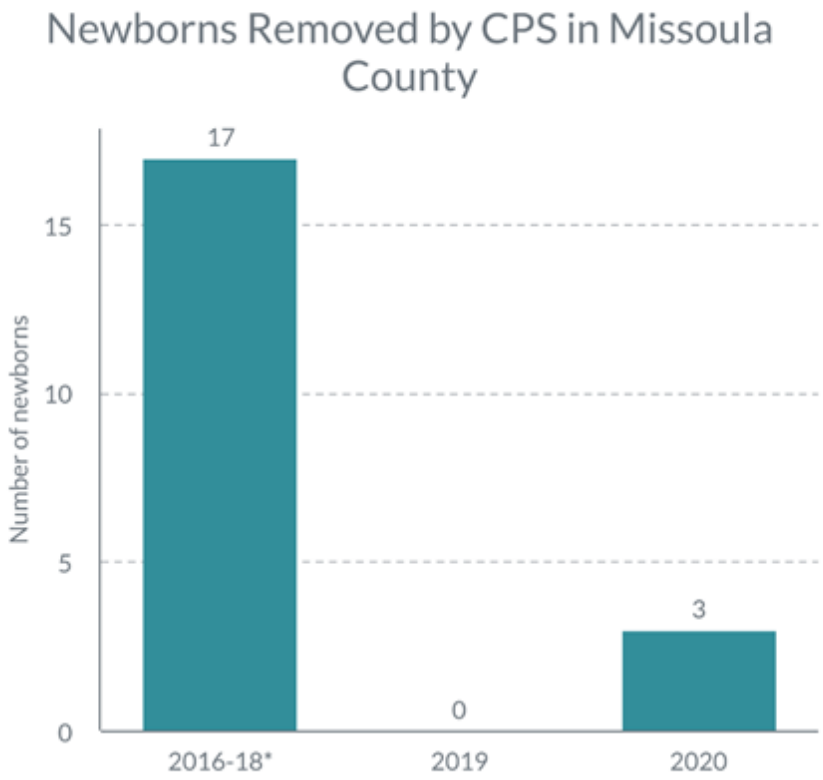


* Data from 7/1/16-6/30/18 were averaged to create one data point. Data for 2019 and 2020 were collected during the respective calendar years (1/1-12/31)

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

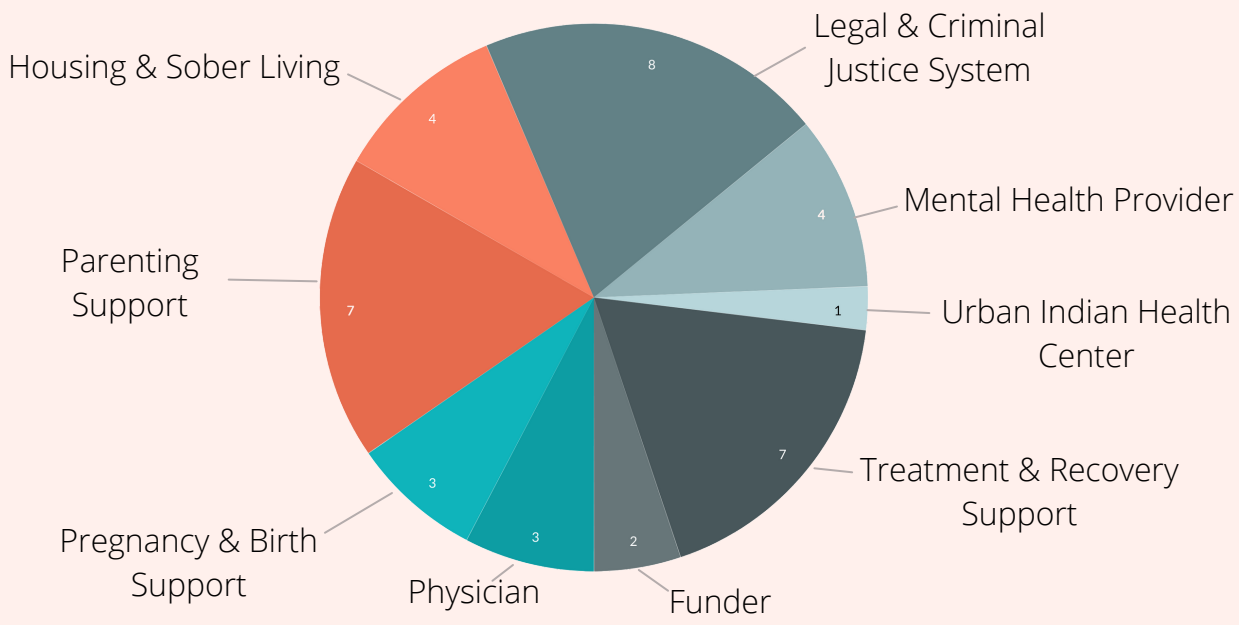
Ideas for Change: p. 3.22 - 3.24

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

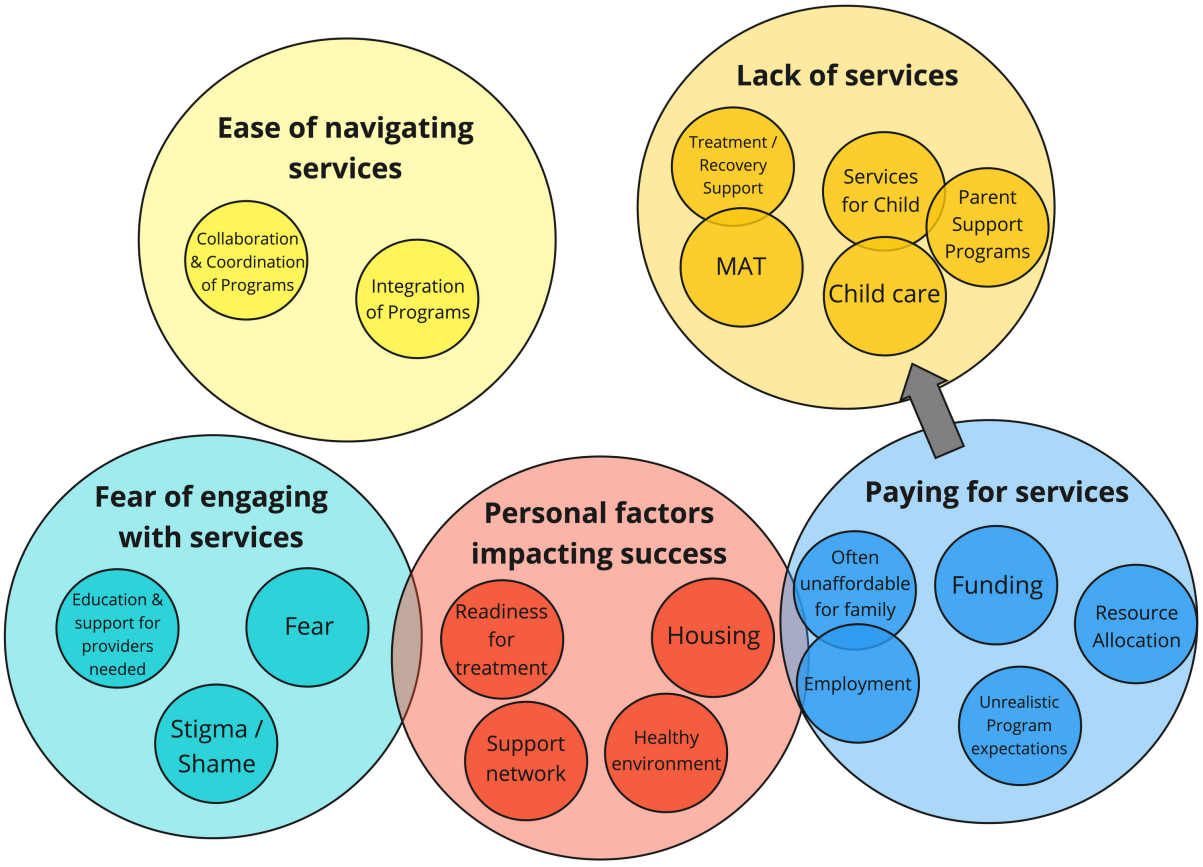
Barriers

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:

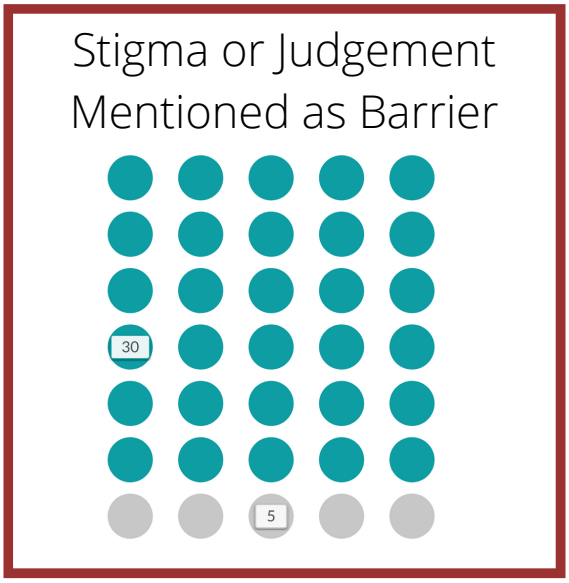
- Fear of engaging with services;
- Ease of navigating services;
- Lack of services;
- Paying for services; and,
- Personal factors impacting access.

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



Notes or other suggestions:

Barriers



Stigma and Judgement

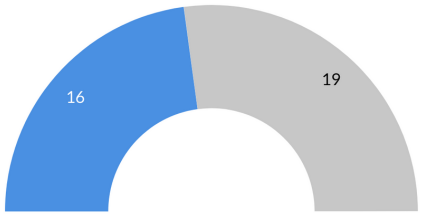
Nearly all interviewees named stigma or judgement from providers as a barrier keeping families struggling with substance use from accessing the support they need to stay safely together.

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

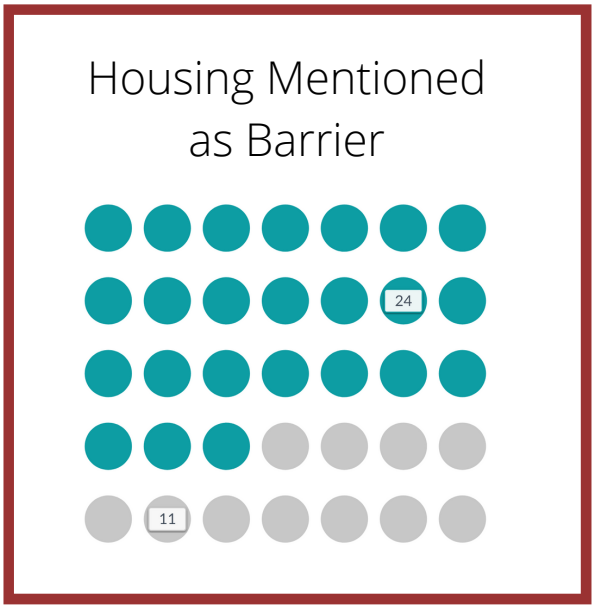
Client fear of child removal or legal repercussions was also recognized by 16 out of 35 interviewees. It was suggested that parents avoid prenatal care, treatment and other support services out of fear that they would be reported to CFS and/or the police. This fear is linked to stigma and the criminalization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



Other suggestions:

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.

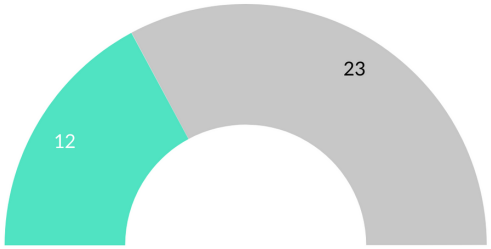
Finally, stable housing was linked to greater ease in finding stable employment. Lack of stable housing further complicated a family's ability to earn income, which may already be challenging during and after preganancy.

Other suggestions:

Barriers

Housing, cont.

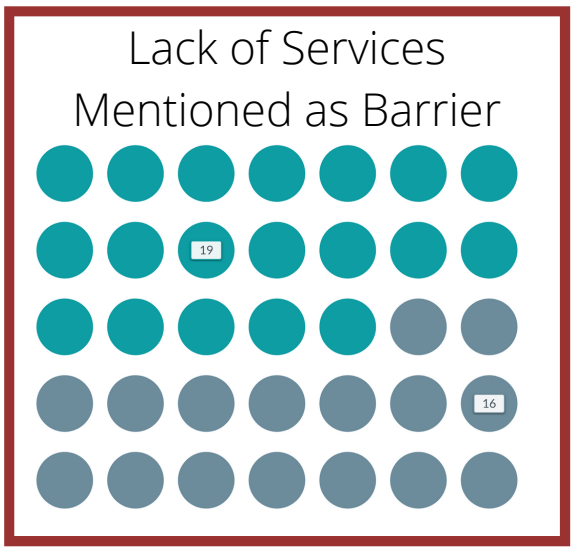
Children in Residential Treatment and Supportive Housing



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:

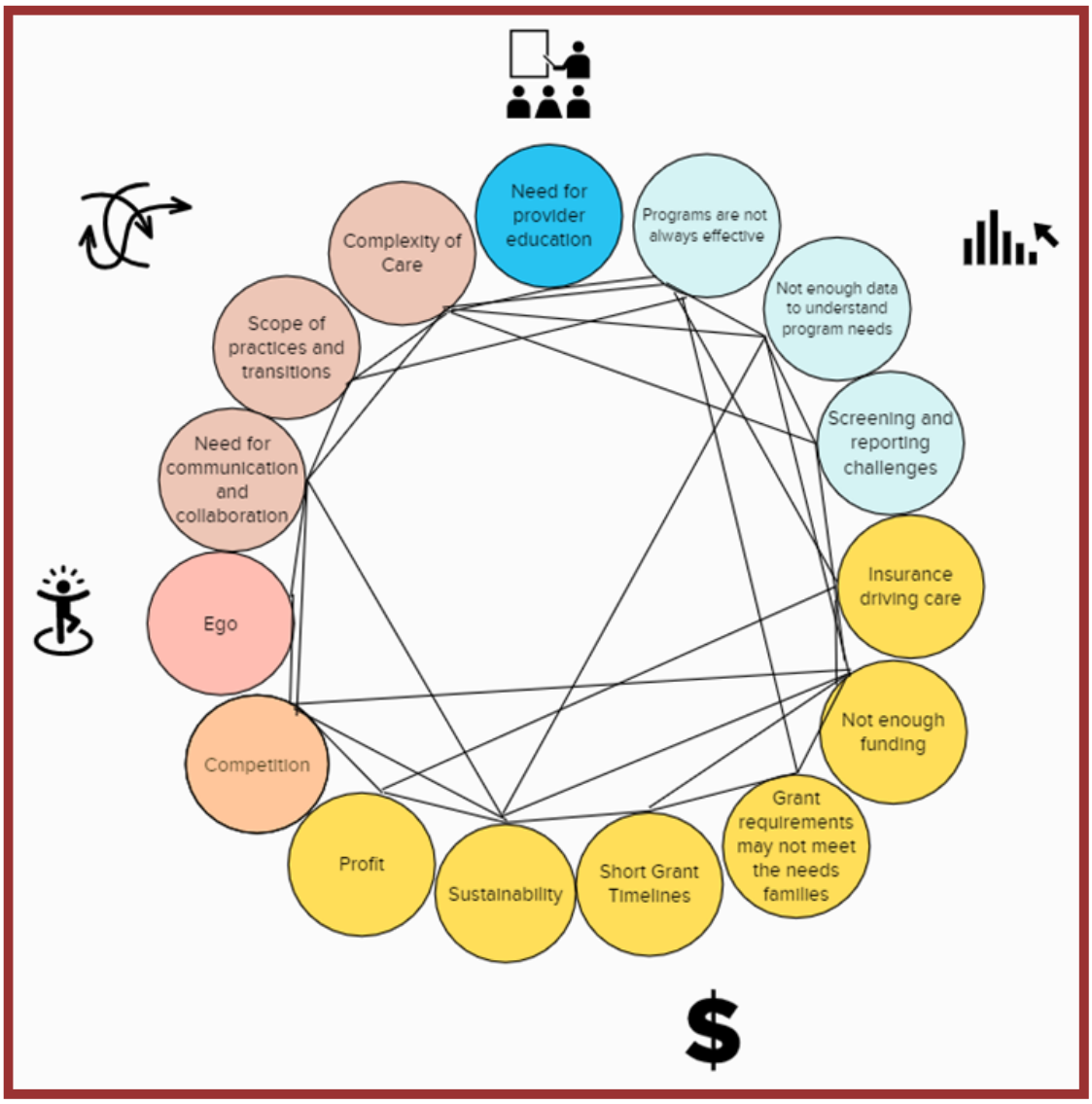
Collaboration and Coordination

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.

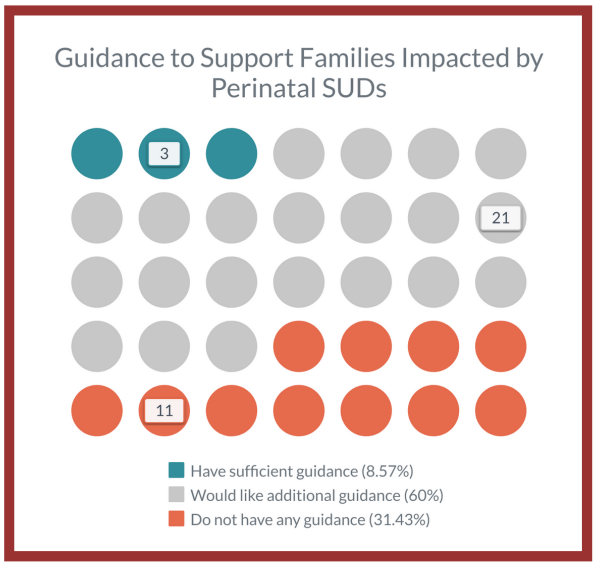
Not everyone felt that mandated reporting guidelines were clear.

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.

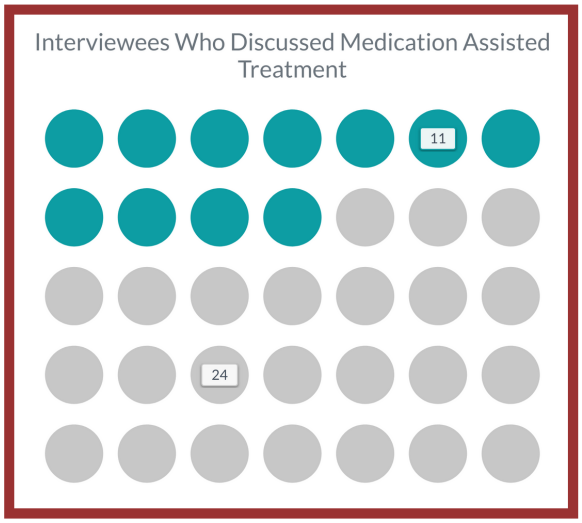
Other suggestions:

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:

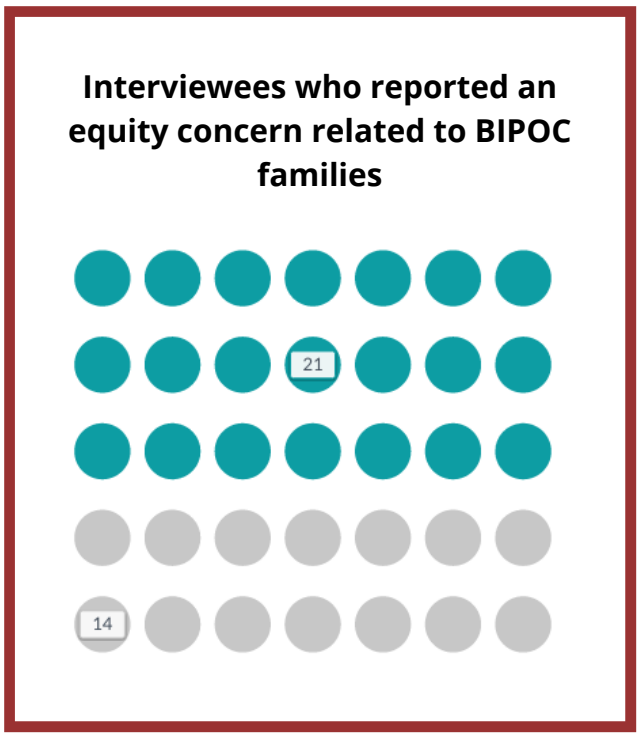
The majority of responses reflected that members of non-dominant cultures were more vulnerable within systems, with most interviewees mentioning BIPOC (Black, Indigenous, and People of Color) and families in poverty as being most vulnerable to mistreatment within systems. Respondents also indicated a 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, being more likely to have 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
- Families Without Housing
- Young/Teen Parents
- Those Leaving Treatment
- Intergenerational SUD
- LGBTQ Families
- Wealthier White Families
- Non-Dominant Culture
- Trafficking Survivors
- Social Support Also Have SUD

Equity Concerns

Race and Racism



Twenty one out of 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

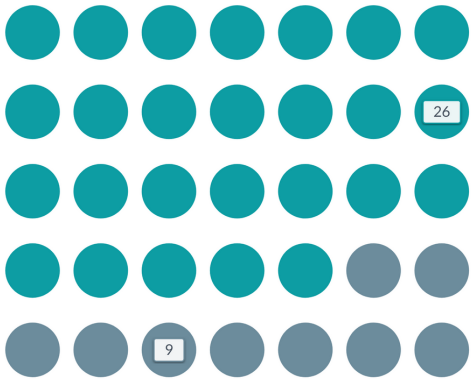
The PSU Program Team sees interviewee suggestions of vulnerable populations as a prompt to explore data related to families impacted by substance use. The Program Team will investigate ways to track racial demographics of families impacted by perinatal substance use to better understand need and shape 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 without 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**.