



# 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:**

Appendix 1: Possible Guide for Language.....	4.2
Appendix 2: Glossary of Key Terms and Acronyms.....	4.3
Appendix 3: Featured Programs.....	4.4

# Appendix 1

## Possible Guide for Language

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
<b>Addict</b>	✓	STOP	STOP	STOP	STOP
<b>Alcoholic</b>	✓	STOP	STOP	STOP	STOP
<b>Substance Abuser</b>	STOP	STOP	STOP	STOP	STOP
<b>Opioid Addict</b>	✓	STOP	STOP	STOP	STOP
<b>Relapse</b>	✓	STOP	STOP	STOP	STOP
<b>Medication Assisted Treatment</b>	STOP	STOP	STOP	STOP	STOP
<b>Medication Assisted Recovery</b>	✓	✓	✓	✓	✓
<b>Person w/ a Substance Use Disorder</b>	✓	✓	✓	✓	✓
<b>Person w/ an Alcohol Use Disorder</b>	✓	✓	✓	✓	✓
<b>Person w/ an Opioid Use Disorder</b>	✓	✓	✓	✓	✓
<b>Long-term Recovery</b>	✓	✓	✓	✓	✓
<b>Pharmacotherapy</b>	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

<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.

Addiction Recovery Teams .....	4.11
Carole Graham Home/Turning Point .....	4.11
CONNECT.....	4.9
Hospital-based programs.....	4.5
LIFTS Online Resource Guide.....	4.7
Linking Systems of Care Trauma-Informed Org. Training .....	4.8
Look Closer Campaign.....	4.8
Meadowlark Initiative .....	4.5
Mountain Home Montana .....	4.9
OB IMAT Program (Partnership Health Center) .....	4.10
Part C Early Intervention .....	4.6
PRISM for Moms .....	4.6-4.7
Project Welcome.....	4.10

# 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, [h buck@childdevcenter.org](mailto:h buck@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](https://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](mailto: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](mailto: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](mailto: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](mailto:jkane@missoulacounty.us) & Sara Odenthal, [sodenthal@naspa.org](mailto: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.
- Parenting classes
- Transitional Housing
- Advocacy and community building
- Supported Employment services
- Childcare for children 3 and under
- Budgeting assistance
- Living skills assistance
- Parenting classes

Serving families since 2001.

**Contact:** Beth Brewer, [beth@mountainhomemt.org](mailto: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](mailto: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](mailto: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](mailto: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](mailto:satwood@wmmhc.org)

