

Initiative Webinar: Solving Perinatal Drug and Alcohol Use

February 26, 2018



Technical Notes

If you are having any trouble with the audio, we recommend:

1. Muting your computer speakers, and
2. Dialing in on the phone line:

Dial in #: 1-408-638-0968

Webinar ID: 604-221-949

Please submit your questions anytime via the Q&A feature. We will be collecting everyone's questions and answering them at the end of the webinar.

We will be recording this webinar and will send it to attendees afterwards.

Agenda

1:05-1:35 PM

- Welcome (Aaron Wernham and Jessica Rhoades)
- Initiative outline
- Elements of the clinical model
- Grant application timeline
- DPHHS First Years Initiative and MHCF collaboration
- National Council for Behavioral Health

1:35-2:00 PM

- Q&A Session

Webinar Goals

- Introduce the MHCF initiative and describe the clinical model.
- Introduce DPHHS's First Years Initiative and the collaboration with MCHF.
- Introduce the National Council for Behavioral Health, their technical assistance for this initiative, and their broader work on integrated care in Montana.
- Answer any questions you may have.

About MHCF

- MHCF makes strategic investments to improve the health and well-being of all Montanans.
- Independent, private foundation, and Montana's largest health-focused foundation.
- Permanent resource for Montana: MHCF manages trust investments sustainably, making grants and grant-related investments of roughly 5% of the value of our trust each year.

Introduction: MHCF Team



Dr. Aaron Wernham
Chief Executive Officer



Ted Madden
Chief Operating
Officer



Scott Malloy
Senior Program
Officer



Tressie White
Senior Program
Officer



Michele Henson
Program Associate



Kayla Talbert
Grants Administrator



Price Klaas
Office Manager



Melinda Buchheit
Communications
Coordinator &
Executive Assistant



Anna Lange
Administrative
Assistant

Solving Perinatal Drug and Alcohol Use Initiative

Goal: Reduce the adverse outcomes of perinatal (during and after pregnancy) drug and alcohol use for newborns and families.

The basics of this initiative: supportive, team-based care and better coordination between health care providers and social service agencies offer a powerful way to improve these outcomes.

Scope of the Problem

- **The number of Montana children in foster care more than doubled since 2011;** out of more than 3,200 children in foster care in 2016, 64% were removed from the home for reasons related to parental substance abuse.
- Among Medicaid patients, **the percentage of infants with perinatal drug exposure increased from 3.7% in 2010 to 12.3% in 2016.**
- **Only 6% of Montana's state-licensed substance use disorder treatment programs serve pregnant women or young families.**

(Reference: [Medicaid's Role in the Delivery and Payment of Substance Use Disorders, March 2017](#))

Is there any good news on this problem?

Yes: A simple set of clinical and community interventions can:

- ***Reduce the rate of drug positive newborns***
- ***Reduce the rate of NAS***
- ***Reduce the need for foster care placement***
- ***Improve maternal/family health and social outcomes***

Examples:

- **Kaiser Early Start:** *Marked improvement in perinatal outcomes, \$6 million annual system savings.*
 - All prenatal patients screened with validated questionnaire.
 - “Warm handoffs” to outpatient SUD treatment when needed.
 - Care coordination
- **Vermont:** *Marked reduction in NAS diagnosis and referrals to NICU*
 - Multidisciplinary team meetings between clinicians/RNs, social workers, home visitors, and child welfare.
 - MAT for opioid use disorders
- **T-CUP (Toronto):** *High attendance at prenatal care; reductions in drug use among moms; 75% of participants discharged home with their babies.*
 - Team-based prenatal care with immediate access to addiction counselling and social services to address unmet social needs.
- **Active grants in Montana:** (Current grantees and more information: <https://mthcf.org/focus-area/behavioral-health/solving-perinatal-drug-alcohol-use/>)
 - Wrapped in Hope (Providence, funding St. Joseph and St. Luke)
 - KRMC NICU (evaluation in progress)

(Reference: [Strategies to Address Perinatal Substance Use Disorders](#), February 2018)

MHCF Funding Opportunity

Start-up funding to hospitals and clinics that provide prenatal care, deliver babies, and provide inpatient newborn care

Grant amount: \$100,000-\$150,000; substantial match by grantee or partners is desirable

Required grant elements

- 1. Clinical team:** establish a care team that includes prenatal & post-delivery care with care coordination and “warm handoffs” to a licensed behavioral health clinician (i.e. an LAC, LCPC, LCSW, or psychologist).
- 2. Community-wide reach:** develop partnerships and a defined referral pattern among practices in the community such that most prenatal patients are screened for SUD, and those that need care are cared for by the clinical team.
- 3. Multidisciplinary collaboration:** among the clinical team, child protective services, public health and home visiting programs, criminal justice, and other agencies as appropriate.
- 4. Unmet social needs:** screen for social needs and use care coordination and collaboration with local organizations to address social needs such as transportation, housing, and more intensive treatment.
- 5. Culture change and communications:** develop and promote (both in the hospital and the community) a supportive approach that engages women and increases participation in prenatal care and SUD treatment.

Additional Required Grant Elements

- **SBIRT:** Implement screening, brief intervention, and referral for treatment for pregnant women.
- **Collaboration with Tribes or Urban Indian Health Centers:** Develop a strong collaboration with the appropriate tribal/urban Indian health centers if you care for a substantial number of American Indian families.

Initiative partners

- **Governor's Office**
- **Montana Healthcare Foundation**
- **Department of Public Health and Human Services**
 - Medicaid
 - Child and Family Services
- **National Council for Behavioral Health**

DPHHS

- Medicaid Related Programs

- Promising Pregnancy Care

- Evidence based group prenatal care that includes prenatal visit and education in one session.
 - Reimbursable if program is approved by DPHHS and requires patient data elements.

- Long Acting Reversible Contraceptives (LARCs)

- LARCs inserted at time of delivery have been unbundled from the inpatient stay reimbursement and are separately reimbursable.
 - LARCs inserted in an Federally Qualified Health Center(FQHC) or a Rural Health Clinic (RHC) are reimbursed outside of the clinics all inclusive rate.

National Council Technical Assistance

- Provided support to over 30 organizations advancing integration in 2016-2018
- Connecting perinatal initiative to principles of integration:
 - Team based care
 - Care coordination
 - Stepped care
 - Evidence based practices
 - Data driven systems

National Council Technical Assistance

- Grant development support
- Facilitation of learning community of grantees
- Individual calls
- Support in execution of individual work plans to include:
 - Model
 - Financing
 - Building buy in and community participation
 - Using data to drive clinical care

Eligibility Criteria

We will only fund Montana-based organizations under this initiative. Montana-based organizations that are eligible to apply for funding include:

- *Tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (excluding those classified as private foundations or any type III non-functionally integrated supporting organization under section 509(a) of the Code).
- Tax-exempt educational institutions.
- State, tribal, or local government agencies.

*NOTE: MHCF is evaluating whether we are able to accept applications from private group practices that are not 501(c)3s for this initiative.

Timeline and Next Steps

1. **March 12: Expression of interest due.** Let us know if you're interested in applying, and schedule a brief call with Tressie or Aaron.

Email: tressie.white@mthcf.org

2. **May 7: Application due.** MHCF staff and the National Council will be available throughout to help you put together your proposal.

3. **Approx. June 1: MHCF funding decision.**

4. **Aiming for Late June: 2-day, in-person meeting in Helena:**

- Key clinical and administrative leadership, and (ideally) CPS partners attend
- Meet current grantees
- National Council training
- SBIRT training

Question & Answer Session

- Please type questions directly into the **Q&A** feature:  
- Please refrain from asking specific questions related to your project – instead, try to frame your questions in a way that applies to a broad range of projects.
- If you do not have the opportunity to ask your question today, or we do not respond to it directly during the presentation, please email it to us as we will respond as quickly as possible.
- As a reminder, this presentation, including the Q&A session, is recorded and will be archived and publicly available on our website.

Thank You

Don't hesitate to call or email us as you develop your proposal:

Email: info@mthcf.org

Phone: 406-451-7060