The Solving Perinatal Drug and Alcohol Use Initiative

The goal of this initiative is to reduce the adverse outcomes of perinatal (during and after pregnancy) drug and alcohol use for newborns and families.

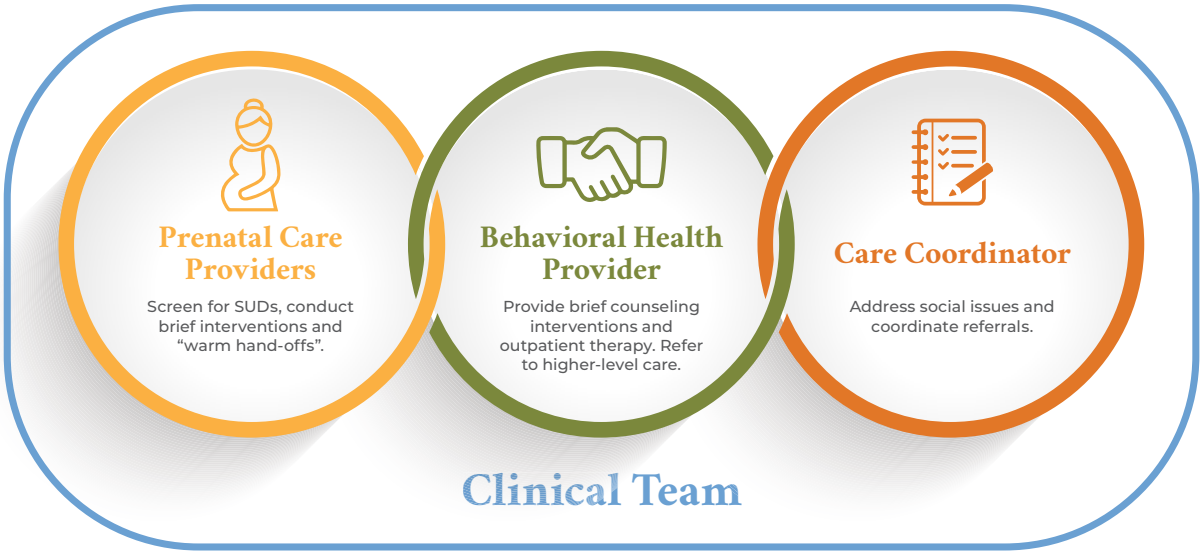
Perinatal drug and alcohol use has serious impacts on the health and well-being of children and families around Montana: the problem is on the rise, and affected families are not adequately served by Montana's current health care and social services systems. The number of Montana children in foster care 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. In a 2017 report, we found that only 6% of Montana's state-licensed substance use disorder treatment programs serve pregnant women or young families.

Supportive care during and after pregnancy has been shown to markedly improve both health and social outcomes for moms and newborns. Montana Healthcare Foundation's Solving Perinatal Drug and Alcohol Use Initaitive is a collaboration between the Foundation and the Montana Department of Health and Social Services that seeks to implement this model of care in each of the 25 hospitals that care for pregnant women in Montana.

MONTANA HEALTHCARE FOUNDATION

The Solving Perinatal Drug and Alcohol Use Initiative's Model of Care

For pregnant women with substance use disorders (SUDs), a simple system of prenatal care can improve both health and social outcomes. This system of care is made up of clinical and community teams that provide the patient with comprehensive primary care, behavioral health, and social services.



Clinical Team: The clinical team consists of prenatal care providers who develop a team-based practice that integrate prenatal care, behavioral health, and care coordination.

Prenatal Care Providers: Screen all patients for SUDs using a validated written or verbal screening tool.

Behavioral Health Providers: Patients who screen positive for a SUD receive a same-visit meeting with the Behavioral Health Provider (an LCSW, LAC/LCSW, or LCPC), who assesses the patient and provides a brief counseling intervention, outpatient therapy, or the appropriate referral to higher-level care.

Care Coordinators: Complex social situations - such as unsafe or insecure housing, lack of transportation and childcare, and family violence - impede successful treatment. The Care Coordinator works with each patient to address social factors through systematically identifying these factors and identifying appropriate outside services in collaboration with the Community Team.

Augmenting the clinical team, some practices may add:

Peer Recovery Coaches: Peers can help engage patients, both in the clinic and in the community, and address barriers to recovery.

Medication Assisted Treatment (MAT) Providers: Women with an opioid use disorder may benefit from buprenorphine-based MAT. This can be provided by a prenatal care provider who obtains a DATA waiver or by another clinician.

Community Team: The Clinical Team leads development of a 'Community Team' that can provide critically-needed support for affected families. Typically, the Community Team will include child protective services, social service providers, public health departments, home visiting programs, housing providers, and criminal justice agencies. The Clinical Team will coordinate periodic meetings with Community Team agencies to align care for the family.