



Implementing MOMS Community-Based Strategies

2019 Montana Perinatal Behavioral Health Initiative Conference



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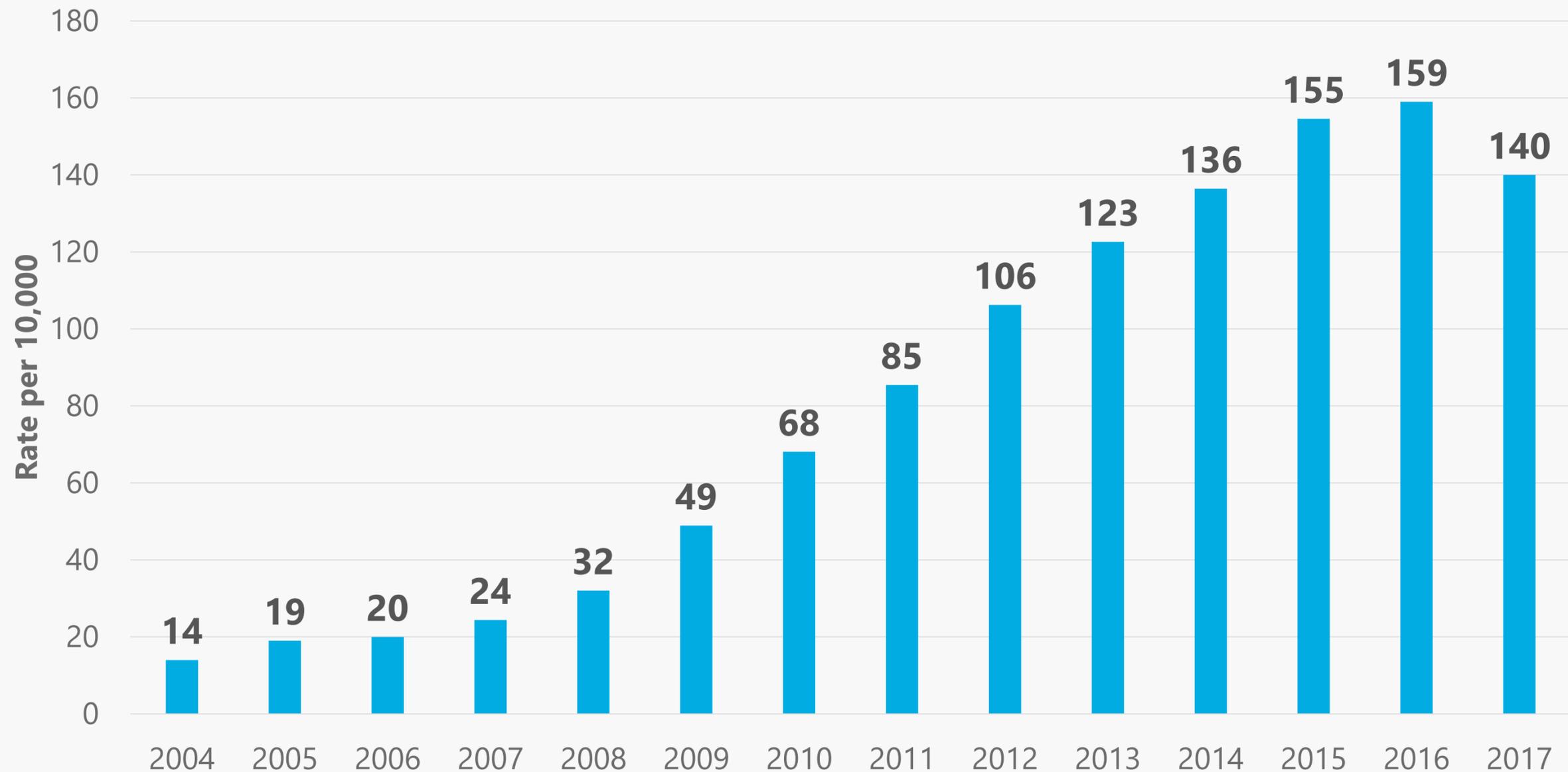
Ohio Dept. Mental Health & Addiction Services

Disclosure

- Relationships with commercial interests: None
- There is no commercial support for this program.

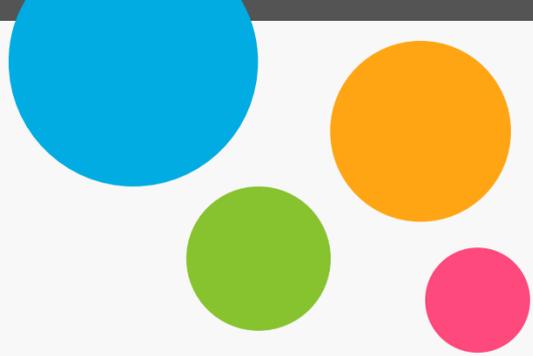
Ohio's Problem: Neonatal Abstinence Syndrome

Rate per 10,000 live births, Ohio, 2004-2017



In 2017, there were 1,935
NAS inpatient admissions

Source: Ohio Hospital Association



MOMS: An Example from Ohio

A quality improvement
initiative for pregnant
women with OUD

MOMS seeks to:

- **Improve** maternal and infant outcomes
- **Promote** family stability
- **Reduce** costs of Neonatal Abstinence Syndrome (NAS)

Strategy: Provide treatment to pregnant mothers with opiate issues during and after pregnancy through a Maternal Care Home (MCH) model of care. This team based healthcare delivery model emphasizes care coordination and wrap-around services.

Maternal Care Home Model

Basic Tenets of a Maternal Care Home Model (MCH):

Continuity of Care

Continuity of care from a primary clinician who accepts responsibility for providing and/or coordinating all health care and related social services during a woman's pregnancy, childbirth, and postpartum period

Commitment

Commitment to utilize highest standards of care for newborns and provide appropriate pediatric/specialist referrals to ensure achievement of all developmental milestones

Continuous Quality Improvement

Commitment to continuous quality improvement, patient/child safety, evidence-based practice, patient-centeredness and a positive experience of care

Timely Access

Timely access to appropriate care and information



Formalized Partnerships

Formalizing existing partnerships with service providers is important to cover all areas of care



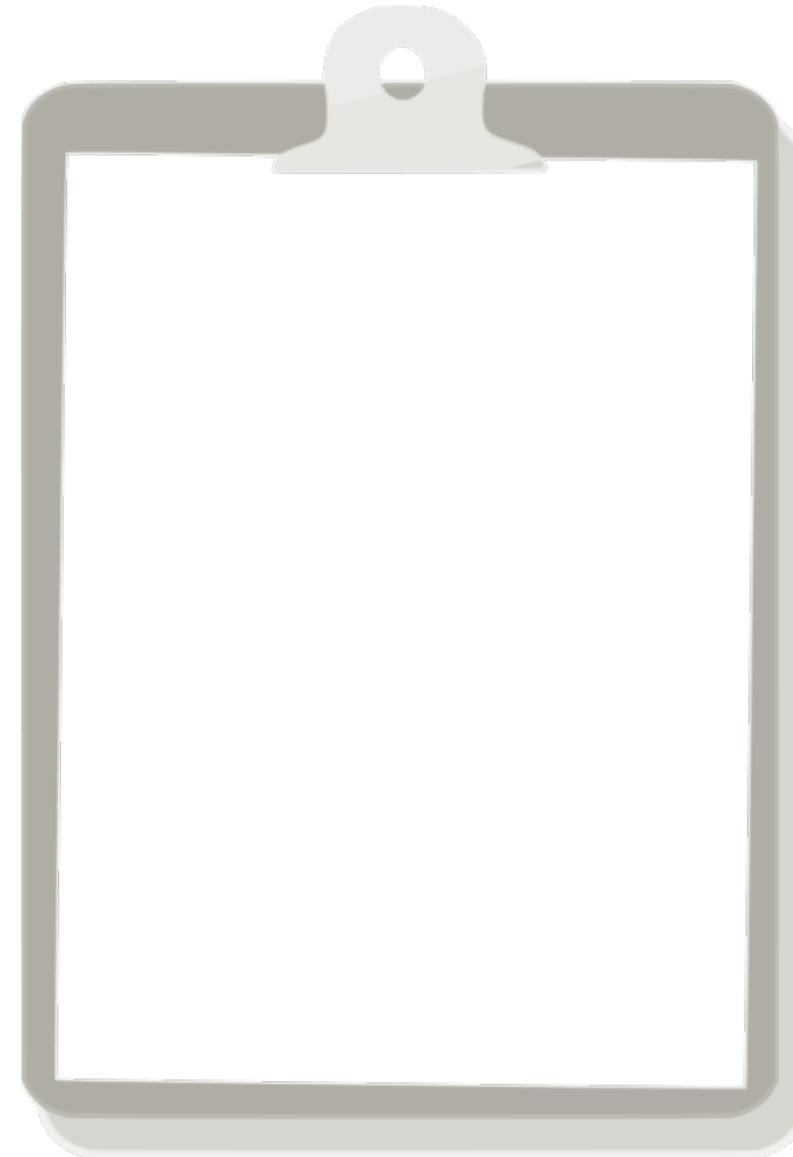
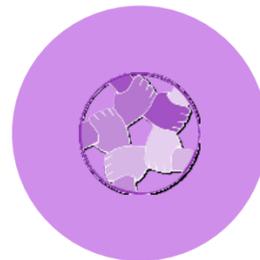
Lead Care Coordinator

Establish one, centralized care coordinator



Health Service Integration

Full integration of prenatal, MAT, and behavioral health care services



MAT Utilization

Consistently utilizing MAT during and after pregnancy



Child Welfare Involvement

Development of a plan of safe care in anticipation of delivery



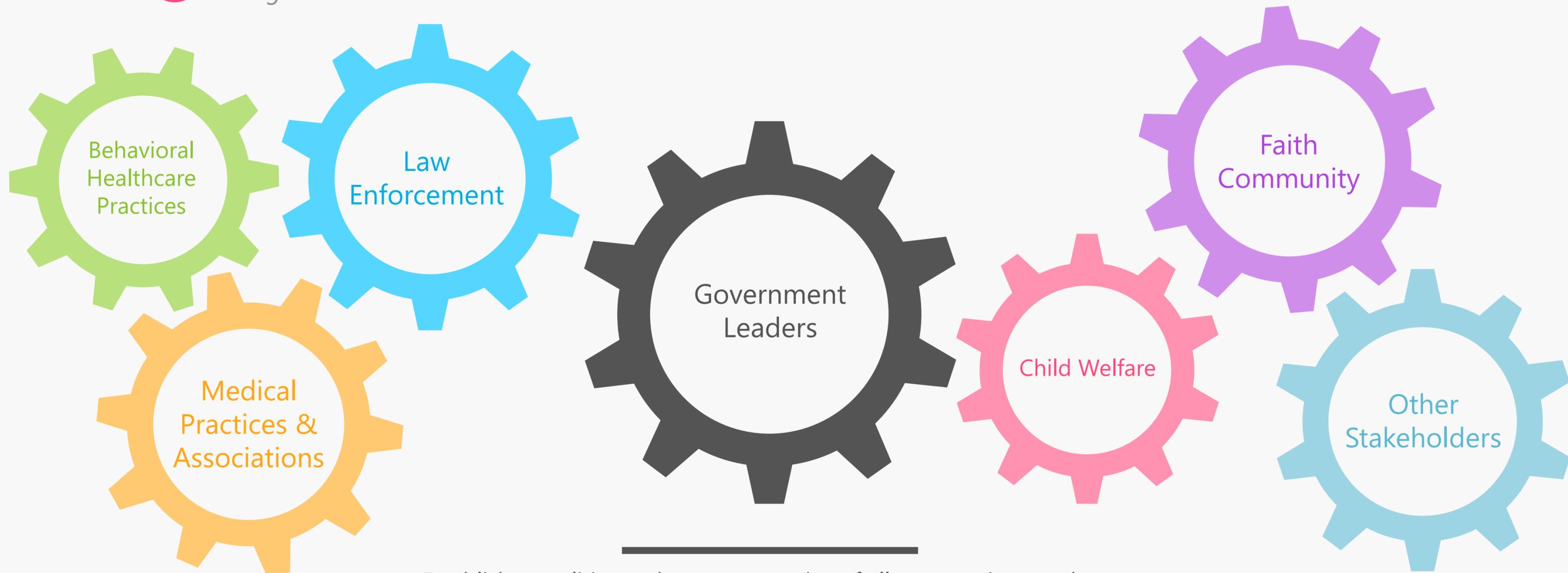
Social Services

Social services and recovery supports from prenatal through post-partum

Critical Components of Model

Building a MOMS Team

Organize a broad and inclusive coalition



Establish a coalition to be representative of all community members. The coalition must provide community-wide oversight to establish accountability and ensure the effective use of resources.

Comprehensive Addiction and Recovery Act

Pillars of Focus

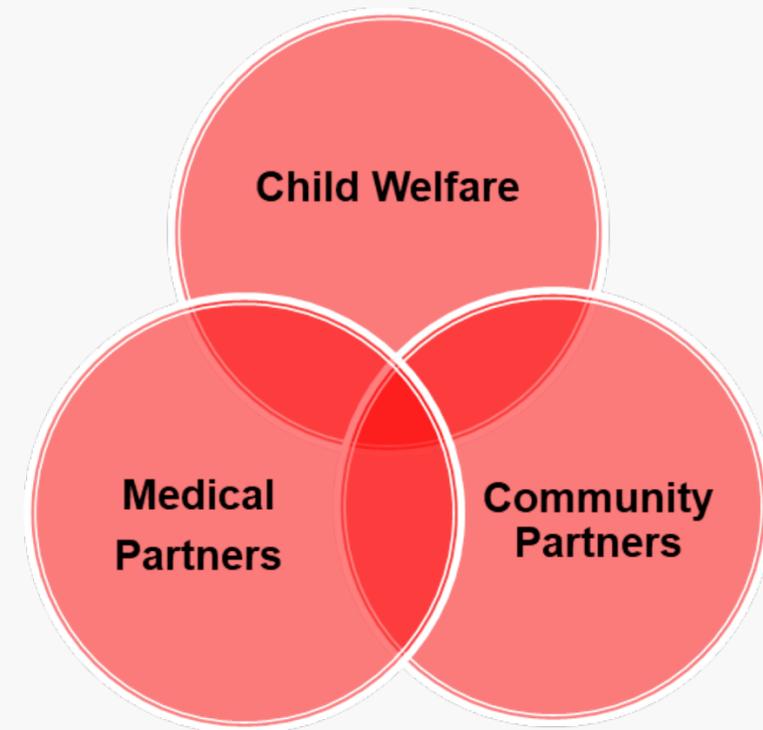
- Prevention
- Treatment
- Criminal Justice Reform
- Law Enforcement
- Recovery
- Overdose Reversal

CARA was signed into law on July 22, 2016. The law establishes innovative strategies to address the nation's opioid epidemic, including coordinated care for individuals challenged by substance use disorders and their families.

CARA's Impact on Community Systems

Goal: Systems to work together to ensure the requirements of CARA are met.

- Hospitals – specifically OB/GYN, labor & delivery
- Community Providers
 - Substance abuse treatment agencies
 - Mental health
 - Medical (primary care, pediatricians, etc.)
- Child Welfare

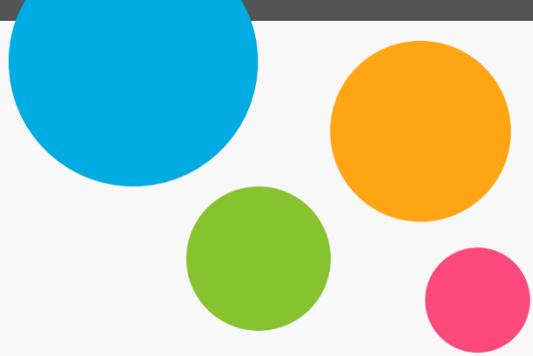




MOMS Partnerships

Proactive, collaborative partnerships between MOMS MCHs and child welfare helps better support families and helps both agencies accomplish their goals.

Child Welfare	MOMS MCHs
Prefers to keep babies with their moms whenever possible and safe.	Coordinates all program partners needed to fully support recovery for opioid-dependent women.
Is required to ensure a plan of safe care is in place; this does not necessarily mean a “case” will be opened.	Ensures safe and stable housing, employment, and other supports for the health and safety of mom and baby.
Education on available community resources to support a client’s recovery.	Gathers many resources in the community to support all aspects of a client’s recovery.



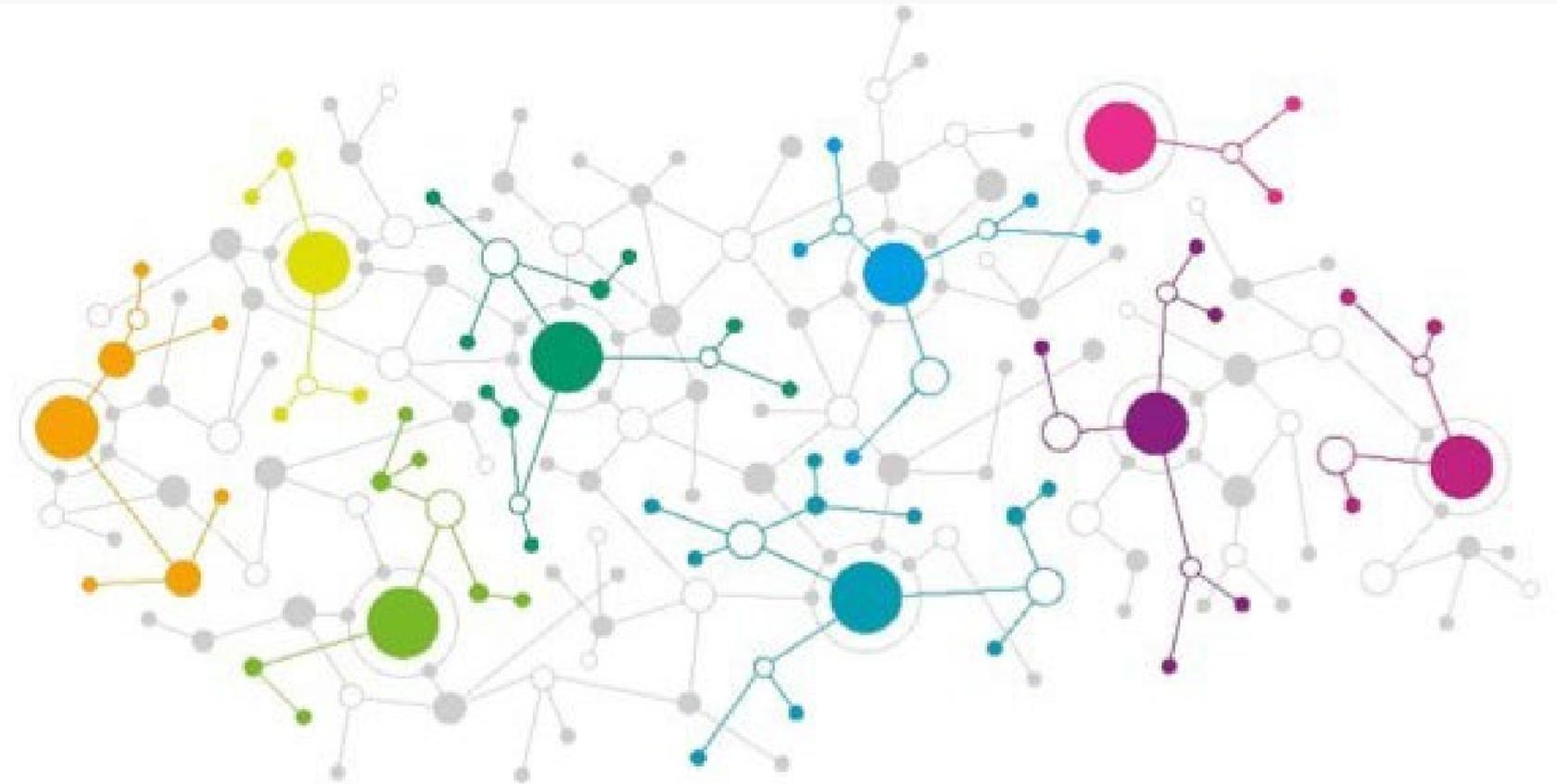
Ohio's Plan of Safe Care

Goal: Ensure the safety and well-being upon release from the care of health care providers

- Describes the services and supports needed to comprehensively address the needs of infants prenatally exposed to the use of substances and their families. It incorporates:
 - Identification of all family members and caregivers health needs
 - Substance use disorder treatment services
 - Developmental intervention for the baby
 - Services and supports needed to promote family stability

Plan of Safe Care Development

**Development of a
plan of safe care**

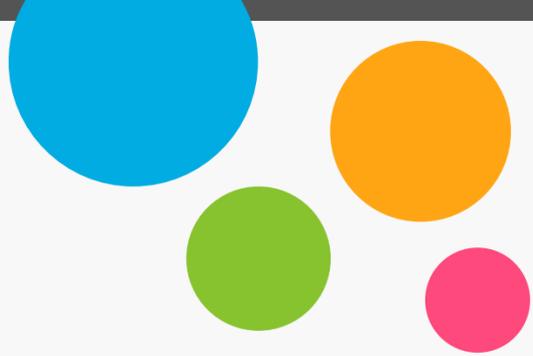


Systems may collaborate to develop and monitor the plan of safe care.

Who Needs a Plan of Safe Care?

- CARA amended the Child Abuse Prevention and Treatment Act (CAPTA).
 - Requires a plan of safe care to be in place at the time of hospital discharge for the following:
 - Infants <12 months if:
 - Prenatally exposed to substances
 - Demonstrating symptoms of withdrawal
 - Diagnosed with Fetal Alcohol Spectrum (FAS)





CARA's Impact on Community Systems

- The state is required to apply policies and procedures to address infants affected by all substance use – not just illegal as was the requirement prior to this change.
 - The rules have been updated to include CARA requirements – Ohio Administrative Code 5101:2-36 Screening and Investigation.
- Further clarified the population requiring a Plan of Safe Care:
 - “infants born with and identified as being **affected** by substance abuse or withdrawal symptoms resulting from prenatal drug **exposure**, or a Fetal Alcohol Spectrum Disorder”.
 - The word “illegal” was intentionally removed – CARA addresses both the legal and illegal abuse of substances.

Ohio Definitions

Understanding “affected” an “exposed” terminology

Substance Affected Infant:

A child **under the age of 12 months** who has any detectable physical, developmental, cognitive, or emotional delay or harm which is associated with a parent, guardian or custodian’s abuse of a legal or illegal substance; excluding the use of a substance by the parent, guardian, or custodian as prescribed.



Substance Exposed Infant:

A child under the age of 12 months who has been subjected to legal or illegal substance abuse while in utero.





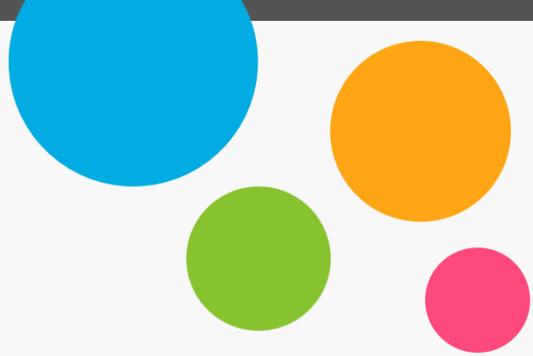
Case Scenario

- Mandated Reporter (MR) advised that infant is being released today from OSU Medical Center.
 - Infant tested positive at birth for Fentanyl and Buprenorphine. MR advised the mother was given Fentanyl in the delivery room, but reportedly abused it during pregnancy.
 - Buprenorphine was prescribed by her obstetrician. MR advised the baby did have withdrawal symptoms but is ready for release today.
 - MR advised the mother has 4 more weeks of substance abuse rehab at treatment facility.
 - The child is being released today from hospital and treatment facility has agreed to allow the child to come into their facility to be with the mother.
 - MR advised after the mother graduates rehab, she will enter sober living.



Steps We Need to Take Together (Recap 1)

- Provide pregnant women access to comprehensive medication assisted treatment.
- Prepare mothers for the birth of their infant who may experience withdrawal syndrome and potential involvement with Child Protective Services (CPS).
- Begin the development of a Plan of Safe Care prior to the birth event.
- Timely information sharing and monitoring of infants and families across multiple systems.



Steps We Need to Take Together (Recap 2)

- Consistent notifications to CPS.
- Provide comprehensive assessments of the infant's physical health and the mother's parenting capacity, physical, social and emotional health.
- Develop a thorough discharge plan that provides a multi-disciplinary Plan of Safe Care.

MOMS Resources



About Us

Contact Us

♥ For Moms & Moms-To-Be

✚ For Healthcare Providers

📁 For Stakeholders



For Moms & Moms-To-Be

You Can Have a Healthy Baby

Finding out you are pregnant can be very exciting. It can also be overwhelming and scary for moms with opioid use disorder. This may be a tough time for you but there are resources and professionals that care about you and your baby. They will support you every step of the way to be a wonderful parent and have a healthy baby.

<http://momsohio.org/moms-moms-to-be>

Connecting Child Welfare & Community Workers



Child Welfare and MOMS: Building Partnerships to Improve Care



Overview

Child Welfare	MOMS Program
<ul style="list-style-type: none">• Prefers to keep babies with their moms whenever possible and safe• Is required to ensure a plan of safe care is developed; this does not necessarily mean a "case" will be opened• Might be able to provide additional resources to support a client's recovery	<ul style="list-style-type: none">• Coordinates all program partners needed to fully support recovery for opioid-dependent women• Ensures safe and stable housing, employment, and other supports for the health and safety of mom and baby• Gathers many resources in the community to support all aspects of a client's recovery



How Child Welfare Can Help

Partner with MOMS Sites

- Reassure clients that collaborative partnerships support recovery and better ensure babies' safety
- Jointly develop and monitor the plan of safe care and/or case plan
- Understand the client's treatment plan
- Provide additional resources to support client recovery



Contact Us!



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