



The
Meadowlark
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HEALTHY PREGNANCIES
& SECURE FAMILIES



The Meadowlark Initiative Evaluation 2022

The Meadowlark Initiative brings together clinical and community teams to provide the right care at the right time for women and families, improve health outcomes for mothers and babies, and keep families together and children out of foster care. The goal of the initiative is to reduce the adverse outcomes of perinatal mental illness and substance use disorders for newborns and families, by implementing team-based integrated prenatal care in every Montana community with a delivering hospital. The Meadowlark Initiative is funded and supported through a partnership between the Montana Healthcare Foundation (MHCF) and the Montana Department of Public Health and Human Services. In 2022, MHCF contracted with JG Research & Evaluation to conduct a limited, mid-course evaluation to assess the impact of the initiative and inform our implementation work going forward.

METHODS

The evaluation focused on the 14 Meadowlark sites that had completed their initial two-year grant period by June of 2022. Overall, the evaluation team conducted 25 interviews with providers, staff, leadership, and community partners at 12 of the 14 identified sites. Among these, the study team also selected four sites for more in-depth study of how the Meadowlark model varies across types of organizations and settings.

The evaluation also included an analysis of quantitative data collected by sites during their grant period. When possible, average rates or proportions are compared to state or national averages to gauge not only the relative impact of the Meadowlark initiative on individual sites but also how it has changed the overall landscape of maternal and newborn health in Montana.

HOW HAS MEADOWLARK IMPACTED PATIENTS?

Integrated care for a wide range of behavioral health and social needs: The universal screening approach and the ability to offer support for identified needs leads to a wide range of positive impacts for patients.

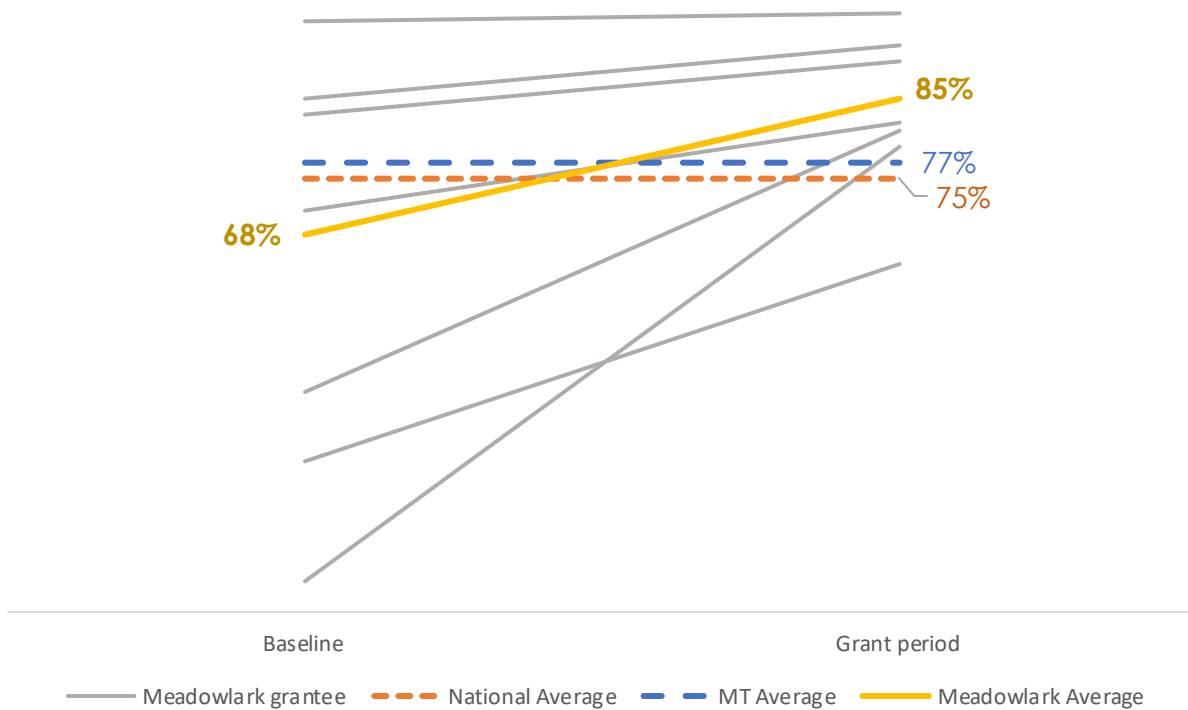
The big stories about women who have never taken a baby home, being able to take a baby home to parents. Then small victories in just allowing someone to talk about what postpartum depression looked like with their first child, but they never spoke about it because they were embarrassed or ashamed. – Care Coordinator

In addition to catching behavioral health needs, care coordinators also ask social determinants questions. This has expanded the kinds of needs that are identified and the support offered to women and families.

I think people just don't think that their doctor's offices is where they would get help for transportation or housing. And I think that might be a difference too. To the nurse, it's not relevant. But to my role, it's relevant... I actually have a really good example. One of the OBs came out and they're like, "Yeah. They seem really good. They're just like a young couple." And then I get done with my appointment, I guess, with them and they're homeless, living in a truck for four months, and using like a space heater. – Care Coordinator

More women are receiving adequate prenatal care: Many providers noted that because care coordinators build relationships with patients and offer consistent follow-up, their presence has increased the number of women receiving adequate prenatal care (initiated within the first four months of pregnancy and attending 80% of expected visits during the prenatal period). All sites showed improved rates of adequate prenatal care when comparing before and during the Meadowlark grant period, and higher rates than the state average.

PERCENT OF WOMEN RECEIVING ADEQUATE PRENATAL CARE

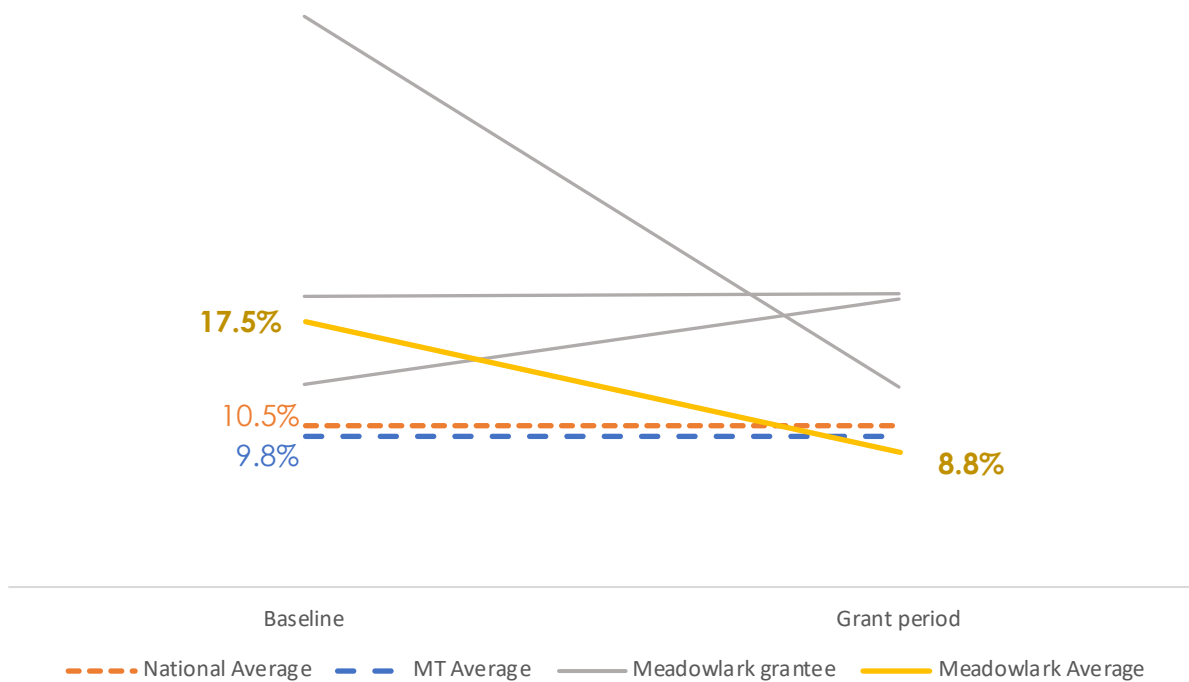


Note: Grey lines represent individual Meadowlark grantees. Only grantees with baseline and grant period data are included.

I think we have more return patients. I think they're making more of their OB appointments, because if they don't make it, then I call them, and not just call them, because normally to me, if you don't come for your OB appointment it's because something's going on, not because you don't give a damn about your baby. – Care Coordinator

Premature birth and growth-restricted newborns: All sites showed lower-than-average proportions of births that were premature and that were growth-restricted (which means smaller than expected for a given gestational age). Substance use disorders, mental illness, and socioeconomic factors such as poverty and poor nutrition increase the risk of both prematurity and growth restriction.¹

PERCENT OF BIRTHS THAT WERE PREMATURE (>37 WEEKS)

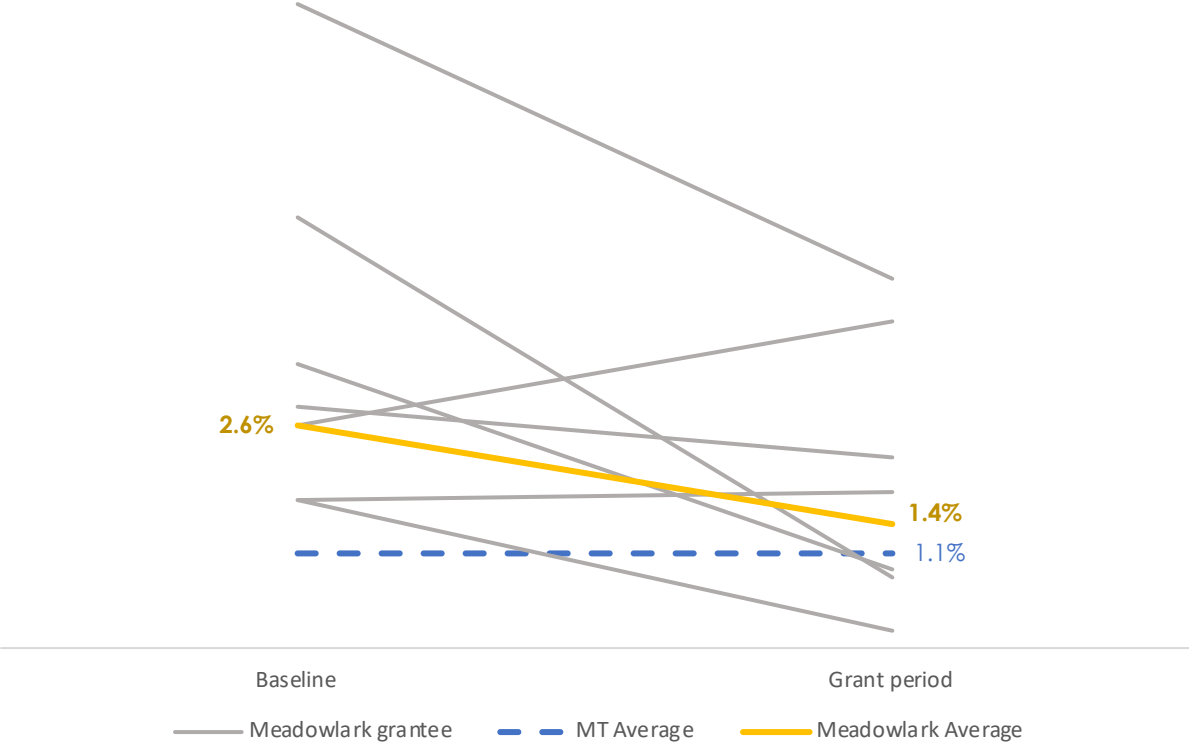


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¹ Meta-Analysis of Antenatal Depression And Adverse Birth Outcomes In US Populations, 2010–20 Shannon D. Simonovich, Nichole L. Nidey, Amelia R. Gavin, María Piñeros-Leaño, Wan-Jung Hsieh, Marissa D. Sbrilli, Lauren A. Ables-Torres, Hsiang Huang, Kelli Ryckman, and Karen M. Tabb. Health Affairs 2021 40:10, 1560-1565

Fewer family separations: Providers and staff of Meadowlark grantees expressed an overall positive experience working with local and regional Child and Family Services Division (CFSD) staff, in terms of staff being receptive to taking a supportive and less punitive approach to substance use during pregnancy than they otherwise are required to take if a pregnant parent has had no prenatal behavioral health care. The average removal rate reported by sites prior to implementation across sites was 2.6%; during the grant period, 1.42% compared to the average state removal rate over the grant period of 1.1%.

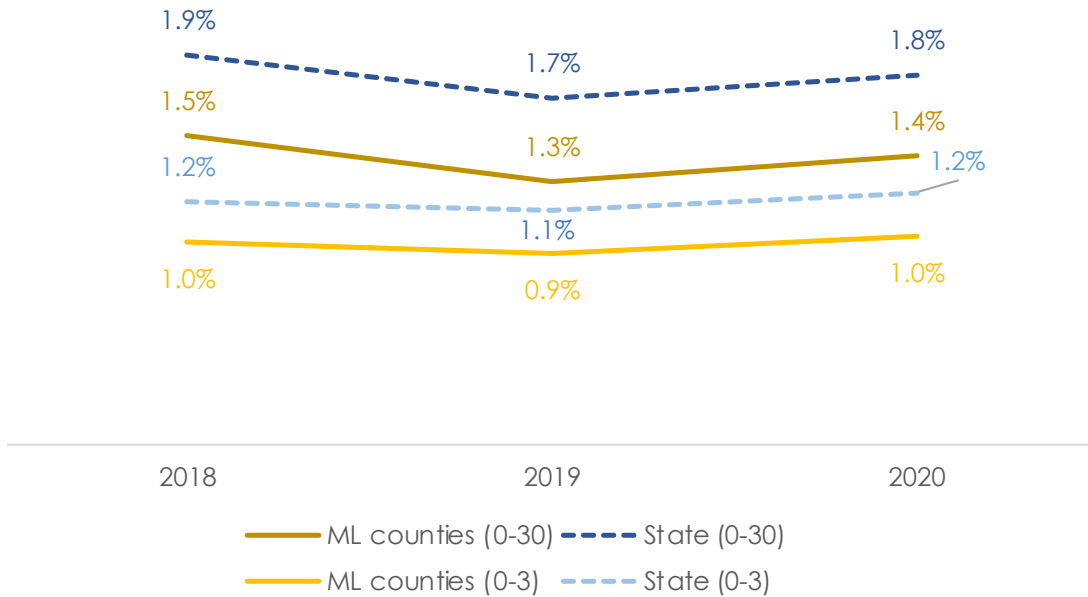
PERCENT OF BIRTHS WITH A REMOVAL



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County-level analysis of removal data from CFSD also show a lower proportion of removals in Meadowlark counties versus the state overall for both removals in the first 3 days and up to 30 days.

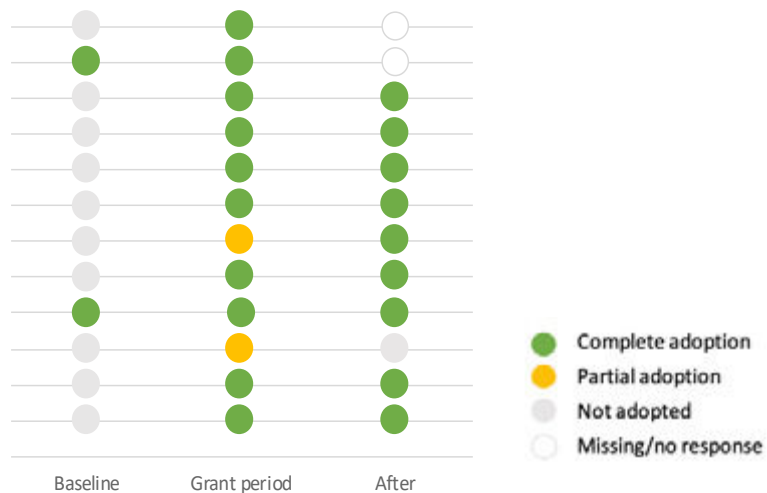
PERCENT OF BIRTHS WITH A REMOVAL IN MEADOWLARK COUNTIES



HOW HAS MEADOWLARK IMPACTED PROVIDERS AND HOW CARE IS PROVIDED?

- **Universal screening** was new in all sites and is being continued at 70% of sites compared to 10% of sites prior to the Meadowlark grant period.
- There has been widest **adoption of the AUDIT-C+2**, with 90% of sites continuing to use it compared to 40% prior to the Meadowlark grant period.

ADOPTION OF AUDIT-C+2



- **Providers will ask questions about mental illness and substance use disorders when there is capacity for treatment and support.** Having a behavioral health provider and a care coordinator embedded in the clinic or medical system gives providers the confidence to initiate conversations about behavioral health and social determinants, knowing that there are specific and appropriate resources they can offer patients in need of support.

I have seen a much more rounded and comprehensive approach to our obstetric population, increased sensitivity to all aspects of care. We ask more questions now that we have ways to help people! – OB Provider

HOW HAS MEADOWLARK IMPACTED CLINICS AND HEALTH AND SOCIAL SERVICE SYSTEMS OVERALL?

- **Health care systems are maintaining behavioral health capacity.** All sites will continue to prioritize having a behavioral health provider within their medical system that has some time dedicated to prenatal patients, and half of these will be embedded within the OB clinic.
- All sites will **continue to employ care coordinators** and have figured out how to bill for other staff time to ensure financial sustainability. Some use revenue from behavioral health billing, some use revenue from improved reimbursement rates that come from improved attendance at prenatal appointments. At least two sites are exploring collaborative care.

HOW DOES MEADOWLARK IMPLEMENTATION VARY ACROSS TYPES OF ORGANIZATIONS AND SETTINGS?

- **Care coordinator and behavioral health provider roles and responsibilities, and division of tasks between roles, differ depending on the setting.** Larger systems have enough patient volume to support a behavioral health provider that is dedicated to perinatal patients. In lower-volume settings, providers and staff end up wearing multiple hats or serving other types of patients. In rural areas, this dynamic can extend beyond the health care system. In one setting, the care coordinator is also the main community resource for services such as parenting classes or breastfeeding support.
- **Sites are using a variety of strategies to engage high-risk patients early in pregnancy.** For example, a large system with strong connections between the outpatient OB clinic and inpatient services was able to offer behavioral health services to more patients by instituting additional screening shortly before delivery in addition to the standard once-per-trimester schedule. In a rural county that does not have a delivering hospital, a community health center has successfully used peer support specialists to build trust with community members and increase referrals.

CHALLENGES AND OPPORTUNITIES

- **Care coordination:** Care coordinators play a critical role in the Meadowlark model, keeping patients accountable for their prenatal appointments and connecting patients to community resources. Care coordination also contributes to overall financial sustainability by improving prenatal appointment attendance, which can increase the global billing rate for the pregnancy episode of care (seven appointments bumps up the service to 'adequate prenatal care').
- **Behavioral health workforce:** The most challenging element of the integrated care approach for Meadowlark grantees has been hiring and retaining behavioral health providers. Only 5 of 12 (40%) of grantees had a full-time, clinic-based behavioral health provider for the full duration of the grant period. Montana as a whole has a shortage of trained behavioral health providers and grantees cannot offer wages competitive with private practice. Smaller communities may lack the patient volume to support a full-time position.
- **Financial sustainability:** All grantees are committed to sustaining their Meadowlark programs, even though the financial model is less robust than they would like. Greater alignment between payment models and the Meadowlark care model would help support long-term sustainability.



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