



# RESEARCH BRIEF:

**Needs and opportunities to improve treatment and outcomes for perinatal women with Substance Use Disorder and their families in Montana**



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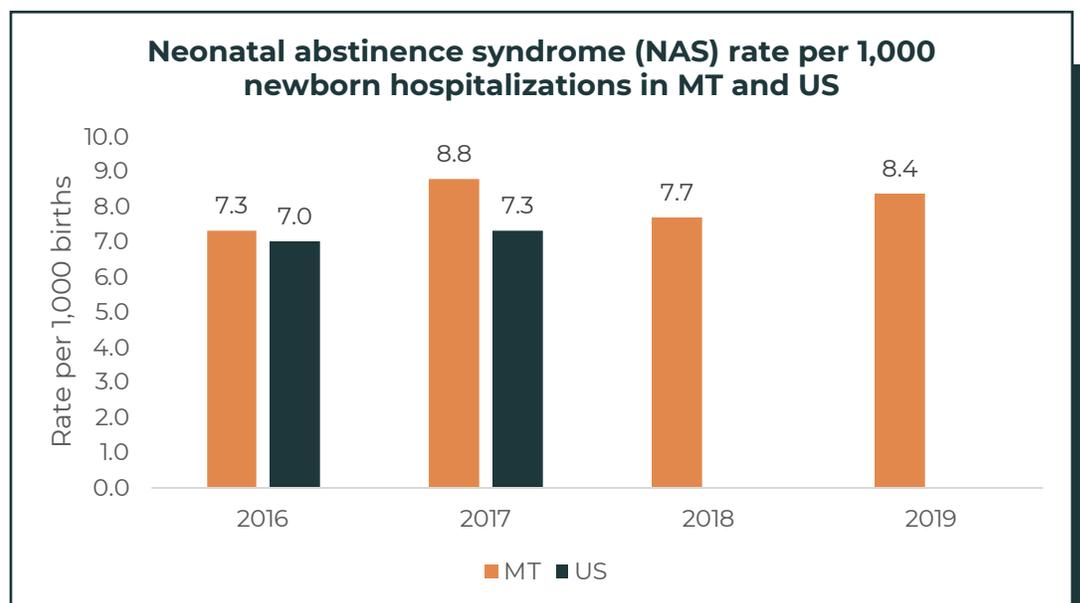


# Overview of perinatal SUD in Montana

Substance use during pregnancy is a complex phenomenon that affects women and infants across the demographic spectrum. Using substances during a pregnancy can lead to negative health outcomes for the child, such as low birth weight, still birth, and an increased likelihood of being removed from their mother's care. Ensuring access to treatment for prenatal and postnatal women with substance abuse disorders (SUD) in Montana is a priority for public health programming across the state. However, as of 2018, the most recent date for which data are available, only 14% of Montana's state-approved treatment facilities reported having programs for pregnant and postpartum women.<sup>1</sup>

Montana has comparatively high rates of SUD across the state, and the Montana Pregnancy Risk Assessment Monitoring System (PRAMS) estimates suggest that 22% of pregnant women in the state use some type of substance, including alcohol, tobacco and illicit substances, in the last three months of pregnancy.<sup>2</sup> The most acute impacts of substance use during pregnancy can be measured through the prevalence of neonatal abstinence syndrome, and Montana has shown rates higher than national averages over the past five years.<sup>3</sup> The negative stigma associated with prenatal and postpartum SUD impacts on babies limits access to medical care and treatment for many women, as

pregnant women using substances are more likely to avoid prenatal care. Mothers with SUD also fear involvement from CPS and worry that their child may be removed from their custody if they disclose their use. Exposure to substances, stigma, trauma and stress all compound to affect the health of these mothers and their babies.



Source: MT Hospital Discharge Data System and Healthcare Cost and Utilization Project (HCUP)

This report summarizes three recent studies funded by state agencies that provide insight into ways that current SUD treatment services can be maintained and enhanced to improve outcomes for pregnant women with SUD in Montana and their families. The findings point to needs and gaps that are being addressed by several current initiatives in the state. The evidence provided in this research brief aims to both showcase the lack of care and recovery support for pregnant and postpartum women with SUD in Montana, and to highlight the ways that existing initiatives are building on this evidence to strengthen the treatment and recovery system for women and their families.

# Recent research on perinatal SUD

## Methamphetamine use in Montana

In 2020, the Montana Department of Justice commissioned a needs assessment focuses on methamphetamine use in diverse populations across the state. The research team conducted in-depth interviews with 99 individuals with a history of methamphetamine use. Findings provide insight into the unique experiences of women with treatment, recovery and the justice and child welfare systems in Montana and point to the need for expanded access to treatment for methamphetamine use as well as an integrated approach to providing social and wraparound services to support recovery for women and families.

## Access to opioid use disorder treatment for pregnant and postpartum women: Challenges, barriers and opportunities in Montana

Evaluation support for the State Opioid Response (SOR) grant to the Addictive and Mental Disorders Division (AMDD) of DPHHS in 2020 included a special study on OUD treatment for pregnant and postpartum women, which interviewed 26 professionals in two communities. Findings point to the strengths and opportunities of integrated approaches to providing prenatal care and medication for OUD (MOUD), as well as the challenges of engaging and continually supporting women receiving MOUD through the pregnancy and postpartum periods.

## Gathering voices of perinatal substance use in Montana

Through a Partnership for Success grant to AMDD, Healthy Mothers, Healthy Babies led a series of focus groups throughout 2020 with women who have lived experience with perinatal SUD, to inform a statewide media campaign to decrease existing stigma and increase use of treatment services by pregnant and postpartum women. Findings show that women with SUD who are also pregnant or parenting are most receptive to positive messaging that highlights their strengths as parents and not just the weakness associated with SUD.

### Key research findings:

- Losing custody of their child served as a turning point in use for many women, with most beginning a period of more intensive use after their child was removed.
- Female participants expressed frustration at the lack of treatment resources available to women, both on a voluntary basis and in the justice system.

***“Honestly I probably wouldn’t have said I was dependent until my kids were removed from my care and I couldn’t quit— or chose not to quit.”***

### Key research findings:

- Fear of admitting to opioid use while pregnant keeps women from seeking treatment for OUD and prenatal care.
- Women receiving MOUD need ongoing treatment and support in the postpartum period and there is a lack of long-term resources for women with young children.

***“We are really working hard to try to create those partnerships and build that continuum of care...There’s such a trust that’s built during that continuum.”***

### Key research findings:

- There is shame and stigma associated with being a mother with SUD, which comes from both women’s own community (family and friends) and the legal and medical communities with which they interact.
- Women see decisions, both positive and negative, about substance use as related to the quality of their parenting.

***“I need to say that I always wanted to be a mom. That was important to me.”***

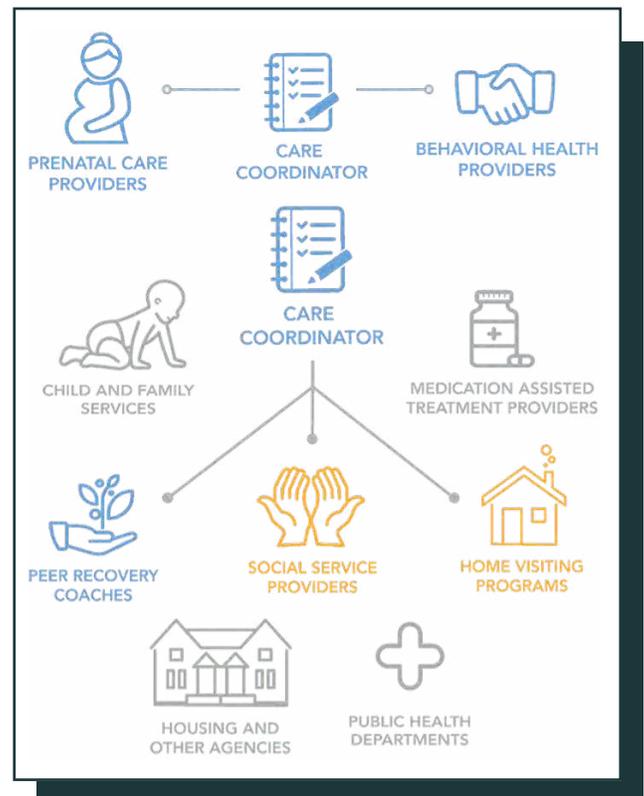
# Current Initiatives in Montana

There are currently several initiatives at the state level working to address the types of needs identified in the research summarized in this brief. These are supported by federal and state funds, and all have the goal of building sustainability into their service delivery models.

## Meadowlark Initiative

The Montana Healthcare Foundation (MTHCF) and DPHHS created the Meadowlark Initiative to address ongoing needs around perinatal behavioral health and drug exposure for newborns. This initiative provides funding and technical assistance for integrated behavioral health in clinical prenatal care, with the goal to improve maternal and neonatal outcomes, reduce newborn drug exposure, neonatal abstinence syndrome and perinatal complications, keep families together and children out of foster cares. The Meadowlark Initiative is currently being implemented in 15 labor and delivery hospitals in the state, and the goal of the project is to implement a site in every Montana community that has a hospital that delivers babies. Funding is provided by MTHCF, DPHHS and HRSA.

## Summary of integrated behavioral health system of prenatal care.



Source: Montana Healthcare Foundation

## Strengthening Families Initiative

The Strengthening Families Initiative (SFI) is a SAMHSA-funded project administered by AMDD and makes grants to service providers to initiate and expand evidence-based programs and services for pregnant and postpartum women and their families. The specific goals of the project include expanding equitable access to treatment and wraparound services, improving coordination of care, supporting workforce development for trauma-informed care, engaging women and their families, and building financial sustainability into programs and models of care. Current grantees are addressing these goals by creating trauma-informed child care, perinatal peer support services, and new and expanded recovery residence capacity for new mothers and their children. SFI is a pilot project that will provide evidence to support possible expansion of SUD services for Medicaid coverage.

## MOMS (Montana Obstetrics and Maternal Support)

The MOMS project offers expert consultation, training, resources, and support to help providers deliver effective prenatal, delivery, and postnatal care. MOMS draws on resources provided by **Project ECHO**, which links urban-based experts to rural providers. By connecting local providers to obstetrical/gynecological, perinatal, mental health and substance abuse specialists, this initiative's goal is to address Montana's unique rural healthcare challenges. Funding for MOMS is provided by HRSA. Funding for Project ECHO is a public-private partnership of federal, state and private organizations.

***“By bringing more resources to rural Montana, we hope to improve maternal health outcomes by collaborating on high-risk pregnancies, promoting the importance of prenatal care in the first trimester and identifying and consulting on these cases early in the process.”***

- C.H. “Tersh” McCracken III, MD, OBGYN at Billings Clinic and Medical Director of MOMS

## **PRISM for MOMS (Psychiatric Referrals, Intervention, and Supports in Montana)**

PRISM for MOMS is a free, confidential psychiatric consultation line available to Montana health care providers serving pregnant and postpartum women with behavioral health needs. PRISM is staffed by a clinical team that includes board-certified psychiatrists who are trained and experienced in perinatal mental health. PRISM is available for case consults, referral to community resources and medicine management via telephone or e-consult. The virtual consultation of perinatal psychiatric experts by primary care and women's health providers provides an economically efficient way to expand access to specialty care, especially in rural and medically underserved areas of Montana. This service is provided by a HRSA grant, and is a partnership between DPHHS, Frontier Psychiatry and Healthy Mothers, Healthy Babies.

## **'Look Closer' Campaign (Healthy Mothers, Healthy Babies-MT)**

HMHB-MT advocates for improved access to care for mothers before and after birth, including increased support for those experiencing mood disorders and SUD. This coalition has supported several public messaging campaigns, the most recent of which, "Look Closer", is informed by interviews from the Gathering Voices report. The campaign aims to validate lived experiences from women with perinatal SUD, and to speak to the strengths of receiving treatment and staying in recovery. Funding for the campaign comes from a SAMHSA grant to DPHHS.

### **Mock-up of Look Closer public messaging campaign.**



Source: Healthy Mothers, Healthy Babies-MT

## **Summary**

Pregnant and postpartum women with SUD experience many of the same barriers to treatment and recovery that other individuals with SUD, and also have unique needs and challenges in accessing and staying engaged with the recovery process. The research summarized in this brief emphasizes the need for integrated medical and behavioral care in both the prenatal and postpartum period in order to initiate and continue treatment. To support the long-term recovery process, the research findings point to the need for social services that are supportive and not punitive. The initiatives highlighted in this brief are addressing many of these identified needs through evidence-based best practices, including in-person and virtual integrated behavioral health care, trauma-informed care, and training and communication that is supportive and works to decrease the stigma associated with SUD in the perinatal period. The research findings and initial impacts of the highlighted initiatives also points to the need for ongoing investment in supportive services for women and families with young children facing a variety of challenges that include but are not limited to SUD. For example, federal and state investments in home visiting programs that use evidence-based approaches can provide the ongoing support needed to sustain recovery and improve outcomes for women and children.

1 National Survey of Substance Abuse Treatment Services (N-SSATS) 2018 State Profile – Montana. [https://www.dasis.samhsa.gov/webt/state\\_data/MT18.pdf](https://www.dasis.samhsa.gov/webt/state_data/MT18.pdf).

2 Data from MT PRAMS (we can add reference to their new dashboard)

3 State data available from the Office of Epidemiology and Scientific Support (OESS) of DPHHS. HCUP data available at <https://www.hcup-us.ahrq.gov/faststats/NASMap>.

## PARTNERS:

