MONTANA HEALTHCARE FOUNDATION

The Perinatal Behavioral Health Initiative

SUPPORTING WOMEN & HEALING FAMILIES

For pregnant women with substance use disorders (SUDs) and mental illness, 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 integrated primary care and behavioral health services and coordinate social services. This simple system has been shown to reduce newborn drug exposure, improve maternal and neonatal outcomes, and reduce the need for foster care placement.

PERINATAL BEHAVIORAL HEALTH INITIATIVE SYSTEM OF CARE

Clinical Team:

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

PRENATAL CARE PROVIDERS: Screen all patients for SUDs and mental illness using a validated written or verbal screening tool.

BEHAVIORAL HEALTH PROVIDERS: Patients who screen positive for a SUD or mental illness receive a same-visit meeting with the behavioral health provider (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 often impede treatment (such as unsafe or insecure housing, lack of transportation and childcare, and family violence). The care coordinator works with each patient to address social factors directly through coordinating outside services.

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 Community Team consists of a group of agencies and organizations that interact with and 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, and criminal justice agencies. The Clinical Team will coordinate meeting with Community Team agencies to align care for the family.

ABOUT

The Perinatal Behavioral Health Initiative

The goal of this initiative is to improve maternal and family outcomes for perinatal substance use disorders and mental illness, including newborn drug exposure, neonatal abstinence syndrome, foster care placement, and perinatal complications.

The Perinatal Behavioral Health Initiative provides funding and technical assistance to allow medical practices that provide prenatal and post-partum care to implement a coordinated, team-based approach that improves outcomes for women with substance use disorders or mental illness. The team-based model of care pairs obstetric providers with a behavioral health clinician (such as a social worker or licensed addictions counselor) and includes strong care coordination and peer support to reduce the adverse outcomes of perinatal mental illness and substance use disorders for newborns and their families. The Montana Healthcare Foundation and the Montana Department of Public Health and Human Services have partnered to develop this initiative.

Substance use and mental illness during and after pregnancy have serious impacts on the health and well-being of mothers, children, and families around Montana: the problem is on the rise, and affected families are not adequately served by Montana's current health care system and social services. 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.

Based on national evidence and examples from other states, implementing a supportive, team-based approach to prenatal and postpartum care along with better coordination between health care providers and social service agencies offer a powerful way to improve these outcomes.

MONTANA DPHHS
Healthy People. Healthy Communities.
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