



Great Lakes (HHS Region 5)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Community Collaborations & Response

Initial Community Work Taking Place Under the Statewide Initiative for Community-based Prenatal Recovery-Oriented Care

Featuring Metro Area, Greater Minnesota, and
White Earth Ojibwe Teams

Wednesday, January 20, 2016

Today's Agenda

- Welcome, Evaluation & CEUs
- Overview of Technology
- Introduction of Facilitator
- Community Updates
- Questions & Answers

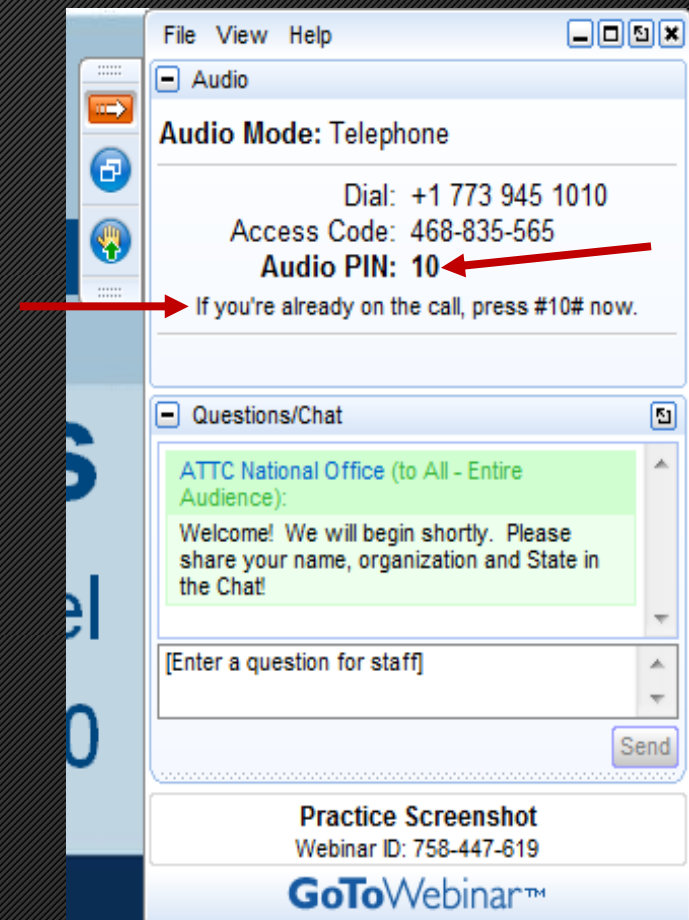
Ways To Interact

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Or already dialed in and forgot to enter it?



Evaluations

1 hour after the webinar has ended, an automatic email from *GoToWebinar* will be sent to you with our evaluation link.

- It includes: Post Evaluation & Consent to a 30-day follow-up.
- Purpose for 30-day follow-up is to understand what is done with the information presented (shared with colleagues, applied at work, etc.).



Offering NAADAC CEUs

This activity has been approved by
NAADAC for 1.5 CEUs,
under Great Lakes ATTC Provider No. 728

CEU Fee: \$5.00

To request, please email monivela@uic.edu





Great Lakes (HHS Region 5)

ATTC

 Addiction Technology Transfer Center Network
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Statewide Initiative for Community-based Prenatal Recovery-Oriented Care

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About the Initiative

Over the past several years, Minnesota has seen a significant increase in the misuse of opioids. This increase has impacted women of childbearing age, the result of which has been on a rise in the number of infants born with Neonatal Abstinence Syndrome (NAS). History tells us current trends in opioid use create a sense of urgency resembling that of crack cocaine in the 1980s and methamphetamine in the 1990s. Throughout this entire time frame, however, is the fact that fetal alcohol exposure remains the leading cause of intellectual disability in the US. For this reason, the 2015 Summit has been designed with the broader purpose of being a call to action around the core issue of substance use during pregnancy and concurrent infant exposure.

The Summit Planning Committee has identified the need for community-based initiatives at the community level while identifying areas for action to both spark and support community tears that take place over time, using multiple venues.

Goal	Description
1	Build a common understanding of pregnancy and infant exposure across disciplines.
2	Increase knowledge and awareness among those who share a disproportionate burden.
3	Explore social determinants of health and their implications for wellness, particularly for vulnerable populations.

We are recording today's session.
 In 72 hours, the archive recording and PowerPoint will be uploaded to our

Statewide Initiative for Community-based Prenatal Recovery-Oriented Care webpage

You can find it on our homepage at:
tinyurl.com/prenatal-initiative

Minnesota Initiative on Perinatal Substance Use & Exposure

Using a recovery-oriented framework: Include consumers in all aspects of summit planning and execution
Be inclusive – geographically, culturally, disciplinary. Reduce stigma

Purpose

Serve as a springboard toward:

Development of a statewide response to NAS (system/policy level) that is consistent and in a uniform manner

Community level action planning to maximize existing resources across disciplines and within a recovery oriented framework

Goals

Build a common understanding of the issues surrounding both perinatal substance use and exposure as well as substance use disorders across disciplines

Align programs /connect providers at community level to maximize resources, by spurring cross-disciplinary collaboration & coordination

Raise awareness /affect policies and systems

Highlight disparities including alarming statistics for American Indians and barriers to care across the state increase access/use of services

Increase access/use of services including intervention services statewide.

Summit Activities & Learning Inputs

Explore trends /data regarding prenatal exposure /Substance Exposed Infants (SEI) nationally and in MN.

Examine the current state of the opioid epidemic, contributing factors and application toward the Maternal and Child Health (MCH) population.

Promote awareness of the medical and psychosocial issues surrounding prenatal exposure /substance exposed infants with an emphasis on opioids.

Increase understanding of the disease of addiction within a recovery-oriented framework.

Look at screening in medical setting & identification of substance using pregnant women.

Learn about the current array of specialized services supporting the entire continuum of care.

Support the work and recommendations of the existing American Indian Community to address NAS.

Discuss strategies, best practices, approaches and model programs employed by other states and their impact

Understand current policies, laws and processes impacting this population

Short Term Outcomes

Barriers to care are reduced i.e. fears, misperceptions, stigma, needs of dependent children

Extend & expand continuum of care - longer term services & supports

Broader range of disciplines providing services to this population understand addiction as a brain disease & issues specific to prenatal substance use

Partnering across systems at both state and community level - common language, understand role in ROSC

The physical and emotional health of children is supported through strong partnerships that strengthen the parent/child dyad Integrating MAT as a path to recovery

Long Term Outcomes

Access to treatment increased for pregnant and parenting women

Better align child protection process with treatment of chronic disease (recovery takes time)

Successful results are clearly defined and measured in a consistent manner

Supports for parents in recovery are comprehensive and include employment, education, housing etc.

Partnering to support peer recovery parent mentors and other parenting supports are integrated or tightly coordinated at community level supportive policies and administrative structures

Today's panelists

- Metro area team - *Erika Jensen, MSW, LGSW, LADC*, Senior Chemical Health Counselor, Hennepin County Project CHILD
- Greater MN team - *Tiffany Hunsley*, Executive Director, Recovery is Happening
- White Earth Ojibwe team - *Julie Williams*, Program Manager, White Earth M.O.M.S Program

At the Intersection of Child Welfare and Chemical Health



Erika Jensen, MSW, LGSW, LADC
Hennepin County Project CHILD

Project CHILD

(Chemical Health, Intervention, Linkage,
Development)

Began in 1990 after legislation (est. 1989; MN stat. 626.5561) requiring mandated reporters (healthcare, social service, teachers, etc.) to inform the county or tribal child welfare agency of women who use a controlled substance or alcohol during pregnancy.

Serves women age 16 yrs and older, less than 34 weeks gestation

Hennepin County resident

Voluntary participation

Efforts focus on prevention and early intervention for high risk families

Provides case management services

Diverts families from child welfare system

Help women have healthy, drug-free babies and keep families together

Client Services Offered

- ▶ Referrals to community resources
 - ▶ Baby items, Maternity Clothes
 - ▶ Housing, Food
- ▶ Educational Groups
 - ▶ Prenatal Development
 - ▶ Parenting
 - ▶ Topic Speakers (Domestic Violence, FASD, Safe Sleep)
- ▶ Incentives for group attendance
 - ▶ Snacks/Meals
 - ▶ Gift Cards
- ▶ Bus cards, Pack n Plays
- ▶ Individual counseling and case management
- ▶ Referrals to long-term services
 - ▶ Public health nurse
 - ▶ Parent Support Outreach Program
 - ▶ ARMHS/Mental Health
- ▶ Chemical health assessment and treatment referrals



Pregnant Native American Opioid Addiction Services Collaboration

- ▶ Interagency collaboration between Project CHILD, Indian Health Board, Hennepin County Medical Center, and HCMC Addiction Medicine serving pregnant Native American women abusing opiates
 - ▶ Agencies recognized a disproportionate % of Native Americans presenting with prenatal drug use.
 - ▶ Primary contacts for each agency began streamlining referrals to community agencies and a natural partnership emerged

Pregnant Native American Opioid Addiction Services Collaboration

Indian
Health
Board

- Maternal and prenatal health care

Project
CHILD

- Chemical Health Case Management

HCMC
Addiction
Medicine

- Medication Assisted Treatment
(Methadone/Buprenorphine)
- Chemical Dependency Counseling

HCMC

- High Risk Obstetrics Clinic
- Labor and Delivery

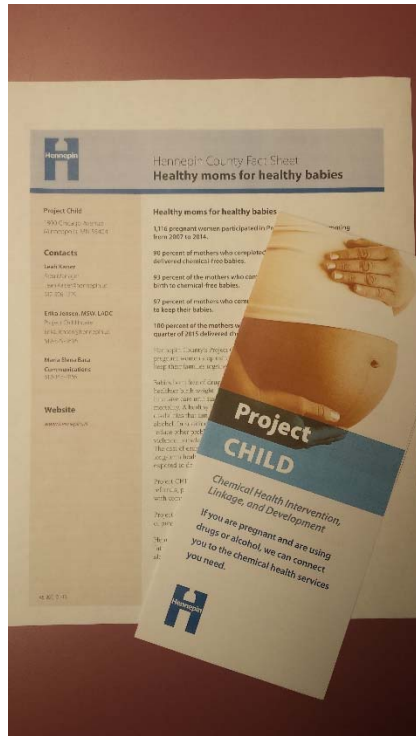
VIDEO

2015 DHS Commissioner's Circle of Excellence Award

<https://www.youtube.com/watch?v=E1zle-pqpAg&feature=youtu.be>

Activities

- ▶ Primary point of intake/entry into program for families and for providers to refer to
- ▶ Follow-up on referrals and on-going engagement
- ▶ Preference for admission into treatment, expedited admission for medication assisted treatment
- ▶ Actively coordinating services WITH pregnant women rather than FOR them
 - ▶ Setting up appts. together
 - ▶ Including information in mailed letters (MAT, treatment & pregnancy resources)



Education and Outreach

Family and agency education around medication assisted treatment options, opioid withdrawal risks, community resources, and Project CHILD services.

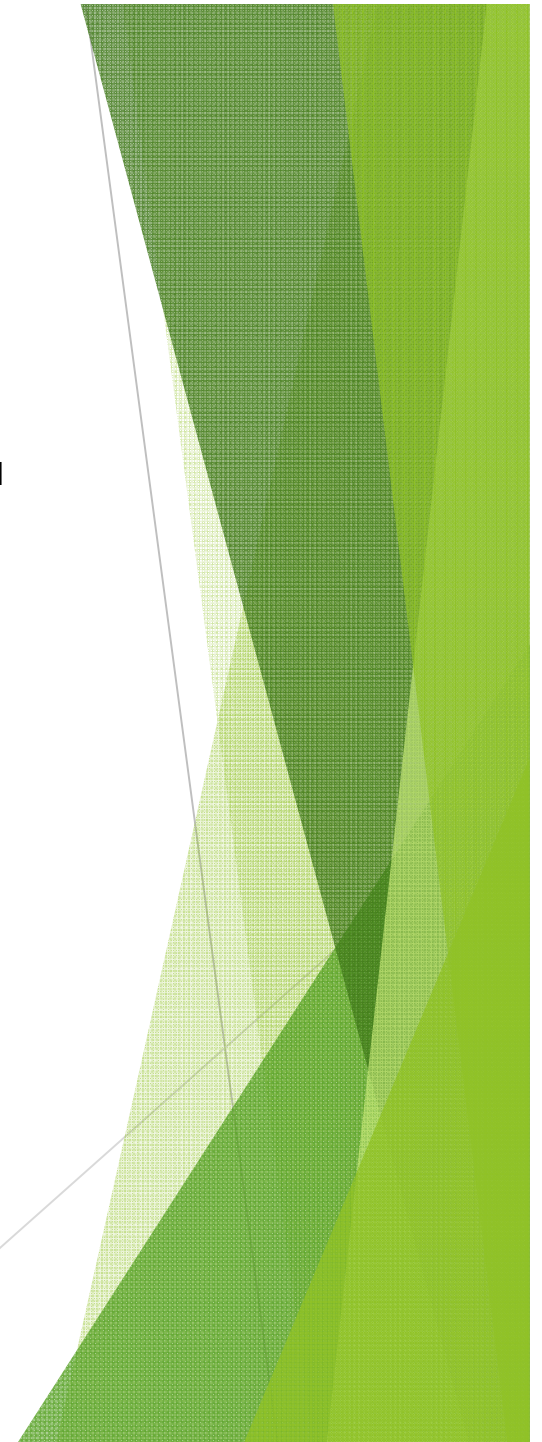
- ▶ Available for consultation, questions, etc.
- ▶ Developed a brochure for providers to give to potential participants
- ▶ Created a fact sheet for legislators and stakeholders
- ▶ Join Hennepin County child protection staff for agency trainings on overall mandated reporting

Challenges

- ▶ Associated with child protection
- ▶ Discrepancy in state, county, and tribal responses to prenatal substance use (criminal justice, child welfare, civil commitment)
- ▶ Connecting with highly-mobile families (shelter restrictions, initiating services while incarcerated, county jurisdictions)
- ▶ Housing gaps for low & no income families

Strengths

- ▶ Focus on supporting the mother and her autonomy
- ▶ Individualized services for each participant
- ▶ Consistent efforts to locate families and offer services
- ▶ No maximum # of families participating



Outcomes

- ▶ In 2015, Project CHILD received 352 referrals, an increase from years prior
- ▶ Increased completion of services
 - ▶ 92% drug-free births
 - ▶ 88% mothers kept custody of their newborn
- ▶ Indian Health Board has served 67 women through this partnership since 2010; only 2 did not take their baby home due to illicit opioid abuse

Recommendations

- ▶ Expand pre-conception education on alcohol exposure, NAS, non-opioid pain management, pregnancy planning, etc.
- ▶ Develop a state wide alternative response (Project CHILD, Mother's First) to prenatal substance use for pregnancies with THC exposure and gestations under 34 weeks
- ▶ State agencies encourage engagement and educate providers and families on prevention and early intervention services (PSOP, Project CHILD, treatment, prenatal care coordinators, etc.)
- ▶ Review legislation to improve screening, referrals, and service delivery to substance abusing pregnant women

Links

SOUND CLOUD: Program for Addicted Moms Wins MN Award

<https://soundcloud.com/mnnativenews/program-for-addicted-moms-wins-mn-recognition>

MinnPost: Groups Focused on Mental Health and Addiction Honored

<https://www.minnpost.com/mental-health-addiction/2015/12/groups-focused-mental-health-and-addiction-honored-circle-excellence>

Star Tribune: MN Comes to the Aid of Opioid Exposed Babies

<http://www.startribune.com/minnesota-comes-to-the-aid-of-opioid-exposed-babies/295105051/>

MinnPost: Pregnant and Addicted: An Awful Burden to Carry

<https://www.minnpost.com/mental-health-addiction/2014/02/pregnant-and-addicted-awful-burden-carry>



Recovery is Happening

Tiffany Hunsley
Executive Director





- An independent, grassroots, non-profit organization
- Led and supported by the local recovery community
- Tasked with building a Recovery Oriented System of Care (ROSC)



Continuum of Addiction Recovery

**Pre-Recovery
Engagement**

**Recovery
Initiation &
Stabilization**

**Recovery
Maintenance**

**Enhancement
of Quality of
Life in Long-
term Recovery**

Collaboration

Components for Success	Phase I Generate Ideas and Dialogue	Phase II Initiate Action	Phase III Organise for Impact	Phase IV Sustain Action and Impact
Governance & Infrastructure	Convene community stakeholders	Identify champions & form cross-sector group	Create infrastructure (backbone & processes)	Facilitate & refine
Strategic Planning	Hold dialogue about issue, community context and available resources	Map the landscape and use data to make case	Create common agenda (common goals and strategy)	Support implementation (alignment to goal and strategies)
Community Involvement	Facilitate community outreach specific to goal	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation and Improvement	Determine if there is consensus/urgency to move forward	Analyse baseline data to ID key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Activities

- Telephone Recovery Support
- Recovery Coaching
- Intervention/Placement Assistance
- Chemical Health Assessments
- Employer Readiness Evaluations
- Group Recovery Trainings
- Naloxone Training
- Workplace Consultations
- *(Coming Soon) Clinical Services*



Recommendations

- Ensuring the respect of PRSS in workplace setting & their value in diverse workplaces: Professional, clinical, primary care, criminal justice, etc.
- What does it mean when people get help in the health system rather than the criminal justice system?
- Addressing multi-occurring conditions of vulnerable population
- Developing evidence-based practices
- Developing secure funding streams for Recovery Community Organizations, PRSS, and services.



MOMS Program



M.O.M.S.

Maternal Outreach & Mitigation Services

Providing holistic services for pregnant women in a supportive environment to deal with the medical and emotional problems caused by addictions to drugs such as prescription opiates or heroin.


Services:

intensive out-patient
case management
mental health services
parenting groups
cultural groups
medication-assisted treatment referrals



For More Information:

White Earth M.O.M.S. Program
Attn: Julie Williams
PO Box 70
Naytahwaush, MN 56566
(218) 936-2442
Julie.Williams@whiteearth-nsn.gov

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- Tribal Council Approved On April 6th to Have a Program for Pregnant Woman on Opiates.
 - April 22nd Manger Started the position officially, with Mina Spalla RN.
 - Tribal Council wanted program to start in 90 days.
 - Had treatments side done within 30 days
 - Signed Contract with Valhalla June 9, 2015
 - Attend Meeting a round the State
 - What worked
 - What didn't
 - The Program Consists of 3 parts- Clients must be active in all 3 components
 - Substance Abuse Counseling
 1. Intensive Outpatient 100 hours Group and 1 on 1
 2. After Care 48 hours and 1 on 1
 - Mental Health DA and follow recommendations (Therapy ,Case Management, ARMHS)
 - Dosing of Suboxone/Subutex

 - We allow Clients to bring in their children if they don't have a daycare during group hours
 - We have Substance Abuse group Monday, Wednesday and Friday, One on Ones Tuesday and Thursday.
 - Program is a safe place for clients, some spend most of the day here
 - Non Judgmental (VERY IMPORTANT)!!!!
 - Currently we have 30 Clients, at least 10 kids everyday to 25
 - Learn as we go...





PSA VIDEO

Questions



Presenter 1 (Metro area team):

Name: Erika Jensen, MSW, LGSW, LADC
Agency: Hennepin County Project CHILD
Email: Erika.Jensen@hennepin.us

Presenter 2 (Greater MN team):

Name: Tiffany Hunsley, Executive Director
Agency: Recovery is Happening
Email: tiffany@rih.me

Presenter 3 (White Earth Ojibwe team):

Name: Julie Williams, Program Manager
Agency: White Earth M.O.M.S Program
Email: julie.williams@whiteearth-nsn.gov

Thank you!

Ongoing Activities and Events

- Sharing updates and helpful resources
- Family-focused Behavioral Health for Pregnant and Postpartum Women (PPW) ATTC Center for Excellence - *Webinette Series*
- 2nd Annual Summit (tentative November 2016)

Don't forget! Visit us at tinyurl.com/prenatal-initiative.

Have ideas for future webinar topics?
Contact London Losey at
London.Losey@state.mn.us