



The Meadowlark Initiative

HEALTHY PREGNANCIES
& SECURE FAMILIES

About Montana Healthcare Foundation

- MHCF makes strategic investments to improve the health and well-being of all Montanans.
- Independent, private foundation, and Montana's largest health-focused foundation.
- Permanent resource for Montana: MHCF manages trust investments sustainably, making grants and grant-related investments of roughly 5% of the value of our trust each year.

Introduction: Meadowlark Initiative Team

Montana Healthcare Foundation Staff:



Tressie White
Program Director



Dr. Aaron Wernham
Chief Executive Officer

DPHHS Staff:

Jennifer Rieden
Health Resource Division

Sara Boutilier
HRSA Perinatal BH Grant
Coordinator

Scope of the Problem

- **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.**
- **Access to SUD treatment is a huge problem for pregnant women:** as of 2016, only 6% of Montana's state-licensed substance use disorder treatment programs served pregnant women or young families.
- Screening and treatment for prevalent mental illnesses are not yet routine in prenatal and post-partum care.

(Reference: [Medicaid's Role in the Delivery and Payment of Substance Use Disorders, March 2017](#))

Meadowlark Initiative

Goal: 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.

History: In May 2018 MHCF and Montana Department of Public Health and Human Services announced the “solving perinatal drug and alcohol use initiative”. That initiative allows prenatal care providers to implement supportive, team-based care and better coordination between health care providers and social service agencies to address this drug and alcohol use in pregnancy.

DPHHS/HRSA/MHCF Partnership

MHCF partnered with DPHHS to apply for and be awarded a HRSA grant to expand the scope of the project and to jointly administer the project throughout the state of Montana.

What's new? With the additional support from HRSA we have expanded the scope to add screening, treatment, and referral for mental illnesses such as depression and anxiety.

What's unchanged? The clinical model stays the same—the core of this initiative is still integrated, team-based care with care coordination.

DPHHS/HRSA/MHCF Partnership

- The Department of Public Health and Human Services (DPHHS) was awarded a \$3.2 million 5 year HRSA grant and the MHCF pledged up to \$1.2 million in additional funding each year in 2019 and 2020 to launch the Perinatal Behavioral Health Initiative (Meadowlark Initiative), with support expected to continue for this initiative through 2023.
- Goal is to have at least one organization providing a team based model of care in every community across Montana that has a delivering hospital. (28)

Meadowlark Initiative

The Meadowlark Initiative brings together clinical and community teams to help provide the right care at the right time for patients and their families.

- Improve maternal and family outcomes;
- reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications;
- and keep families together and children out of foster care.

The initiative does this by helping medical practices implement coordinated teams made up of an obstetric provider, behavioral health provider, and care coordinator as well as other community, peer, and social support as needed. These integrated care teams screen all patients, assess their needs and provide effective outpatient interventions, coordinate services to address social factors such as transportation and housing, and establish referral networks for women who need more care.

Required Meadowlark Initiative elements

- **Clinical Team:** Establish a care team that includes prenatal and post-delivery care with care coordination and “warm hand-offs” to a licensed behavioral health clinician located in the prenatal practice.
- **Community-Wide Reach:** Develop partnerships and a defined referral pattern among practices in the community so that most prenatal patients are screened for substance use disorders and those that need care are cared for by the clinical team.
- **Multidisciplinary Collaboration:** Develop collaborations among the clinical team, child protective services, public health and home visiting programs, criminal justice, and other agencies as appropriate.
- **Unmet Social Needs:** Screen for social needs and use care coordination and collaboration with local organizations to address needs such as transportation, housing, and additional intensive treatment.
- **Culture Change and Communications:** Develop and promote (both in the hospital and community) a supportive approach that engages women and increases participation in prenatal care and substance use disorder treatment.
- **SBIRT and Depression and Anxiety screening:** Implement screening for SUD and mental illness, along with brief intervention, and referral to treatment for pregnant women.
- **Collaboration with Tribes or Urban Indian Health Centers:** Develop a strong collaboration with the appropriate tribal or urban Indian health centers if caring for a substantial number of American Indian families.

Clinical Team



Initiative partners

- **Governor's Office**
- **Montana Healthcare Foundation**
- **Department of Public Health and Human Services**
 - Medicaid
 - Child and Family Services
- **National Council for Behavioral Health**
- **Organizations who provide prenatal services across the state**



Funding Opportunity

- Grant funding of up to \$150,000 for 2-year projects is available to support the development of the model.
- MHCF and DPHHS will also provide in-depth training and technical assistance to grantees throughout the project, in collaboration with the National Council for Behavioral Health.
- Grant funding will be awarded to providers who work closely with pregnant and postpartum mothers experiencing behavioral health issues. Family practitioners, obstetricians, midwives, and rural hospitals are encouraged to apply.
- Telehealth services to meet the needs of the grantees will be provided through the HRSA grant.

Eligibility Criteria

We will only fund Montana-based organizations under this initiative. Montana-based organizations that are eligible to apply for funding include:

- Tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (excluding those classified as private foundations or any type III non-functionally integrated supporting organization under section 509(a) of the Code).
- State, tribal, or local government agencies.
- For-profit prenatal care providers may also apply, provided the delivering hospital submits a letter verifying collaboration and support.

Roles of DPHHS/Medicaid

- Telemedicine services to include:
 - Consultation with psychiatrist, neonatology, and perinatology.
 - Face to face visits with patients in areas of need.
- Sustainability
 - Focus is to make this program sustainable for the long term.
- Evaluation

Role of National Council Technical Assistance

- Provided support to over 30 organizations advancing integration in 2016-2018
- Provide in depth training and technical assistance to each grantee
- Connecting perinatal practices to principles of integration:
 - Team based care
 - Care coordination
 - Stepped care
 - Evidence based practices
 - Data driven systems

National Council Technical Assistance

- Grant development support
- Data collection and evaluation of project
- Facilitation of learning community of grantees
- Individual calls
- Support in execution of individual work plans to include:
 - Model
 - Financing
 - Building buy in and community participation
 - Using data to drive clinical care

Questions?

Thank you!

Tressie.white@mthcf.org