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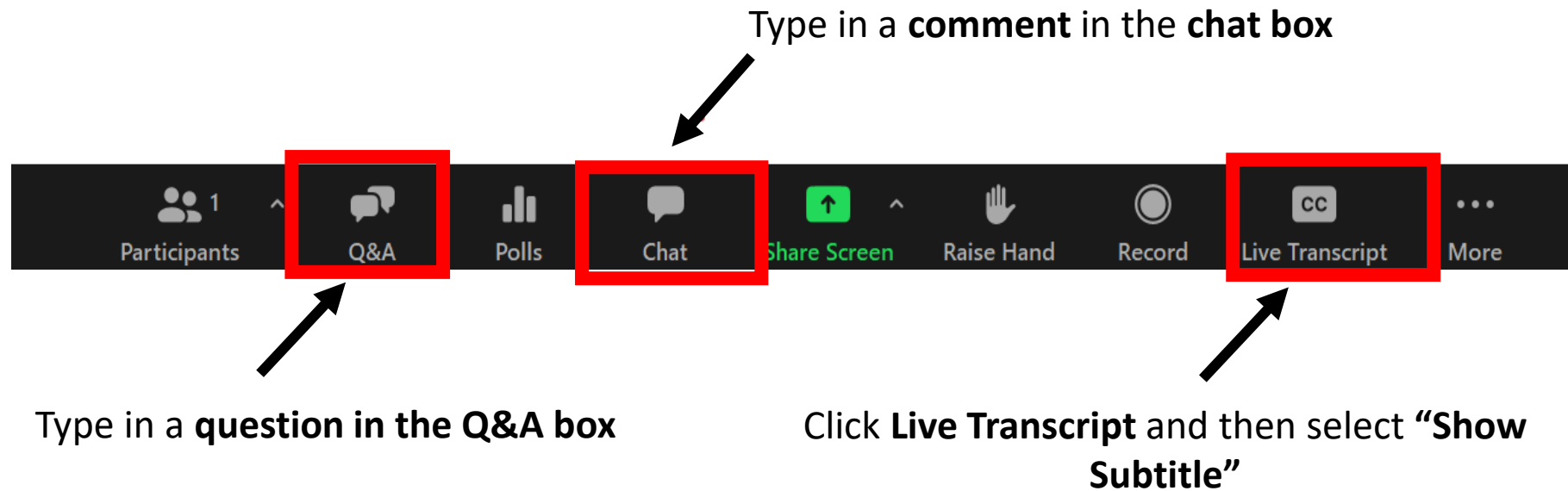
Meadowlark : Building a Team-based Approach to Integrated Perinatal care

Wednesday, June 28th
2-3 pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning



Disclaimer

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SAMHSA

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Payer
- Policy Maker
- Other (specify in chat box)



Poll #2: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



Speakers



Tressie White
Program Director
Montana Healthcare
Foundation



Joan Kenerson King RN, MSN
Senior Consultant
The National Council for
Mental Wellbeing

Learning Objectives

After this webinar, participants will be able to:

- **Understand** and **identify** the core components of the Meadowlark Initiative in building a team-based approach to integrated perinatal care.
- **Recognize** at least two health outcomes in integrated perinatal care associated with the Meadowlark Initiative.
- **Discuss** changes in the integrated perinatal practice culture through utilization of the Meadowlark approach.



Why a different approach to care:



- The number of Montana children in foster care more than doubled between 2011 and 2016; out of more than 3,200 children in foster care in 2016, 64% were removed from the home for reasons related to parental substance use.
- Before 2016 access to SUD treatment was minimal for pregnant women: only 6% of Montana's state-licensed substance use disorder treatment programs served pregnant women or young families.
- Mental illness and SUD are prevalent in Montana across all demographic groups, including pregnant women.
- Screening and treatment for prevalent mental illnesses were not routine in prenatal and post-partum care

Source: Montana Healthcare Foundation (2022). Evaluation Data.



Brief History & Partnerships

A New Standard of Pregnancy Care



- The Meadowlark Initiative was established in 2017 by the Montana Healthcare Foundation (MHCF).
- In 2019, the Montana Department of Public Health and Human Services (DPHHS) formed a funding partnership with MHCF to support the initiative. DPHHS funding is supported by a HRSA grant.
- MHCF and DPHHS lead the initiative with technical assistance from the National Council for Mental Wellbeing.

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Other Partnerships

A New Standard of Pregnancy Care

- Child and Family Services Division partners with the Meadowlark Initiative to decrease foster care placements and support families.
- Healthy Mothers/Healthy Babies partners with Meadowlark grantees in supporting the development of community teams.
- JG Research and Evaluation supports data collection and evaluation activities for grantees.

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The Meadowlark Approach



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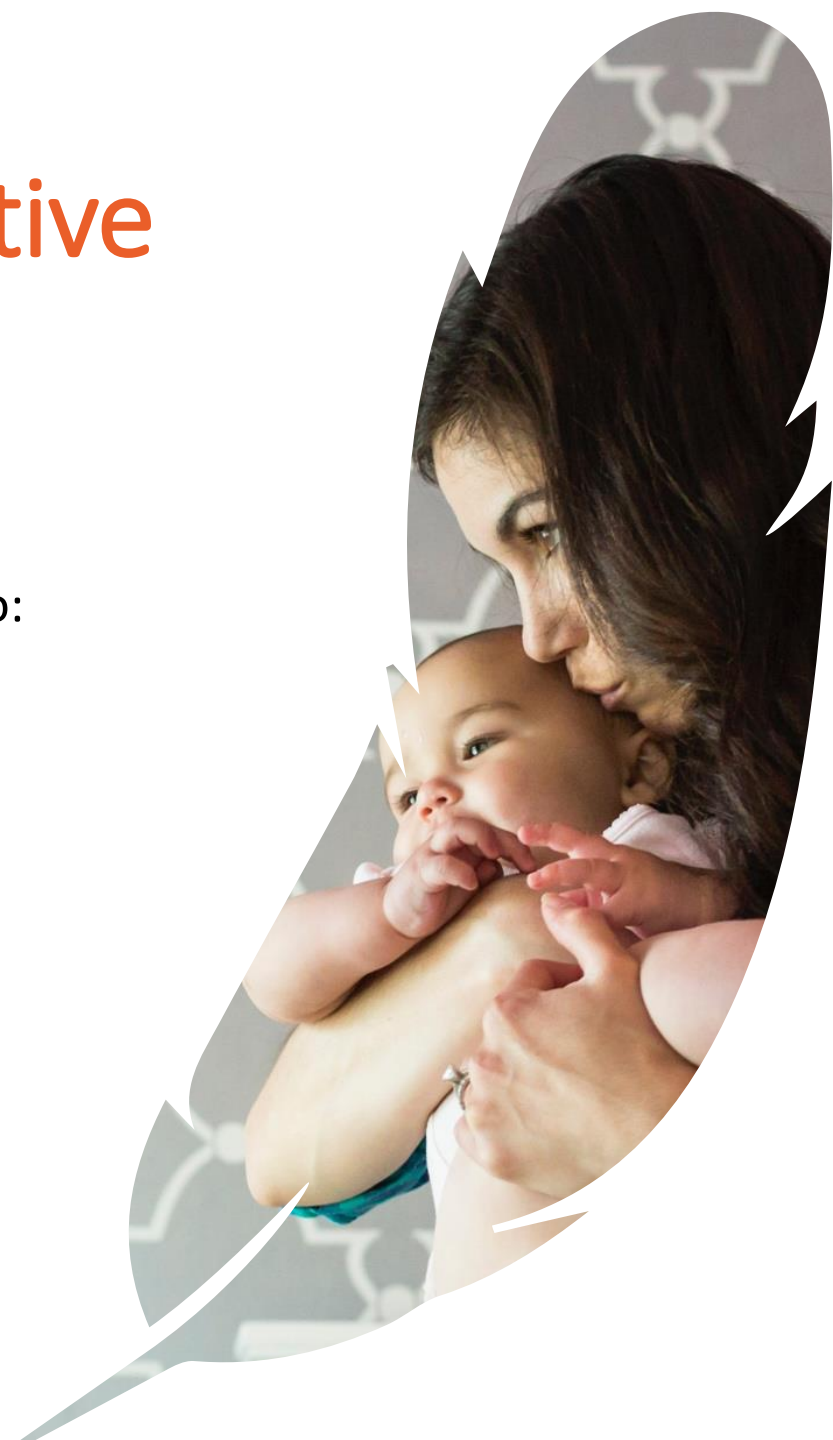


The Meadowlark Initiative

Integrating prenatal care and behavioral health to improve maternal and neonatal outcomes

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.
- **KEEP FAMILIES TOGETHER** and children out of foster care.



The Meadowlark Initiative - Video



The
Meadowlark
Initiative®
HEALTHY PREGNANCIES
& SECURE FAMILIES



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The Meadowlark Initiative - Screening



The Meadowlark Initiative provides **routine screening for mental illness and substance use disorders** to all women during prenatal and postpartum appointments as a new standard of pregnancy care.

Women with any concerns identified through screening are offered evaluation and treatment options right away.

Of the 10,000 deliveries in Montana each year, **Meadowlark care providers now screen more than 6,000 pregnant women** for substance misuse, depression, and anxiety.

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The Meadowlark Initiative - Active Support Stats

The Meadowlark Initiative's goal is to make Meadowlark care available in every Montana community within a delivery hospital.

To date, The Meadowlark Initiative is actively supporting women in:
19 communities, including 15 of the state's 25 birthing facilities.





The Meadowlark Initiative - Geographic Spread

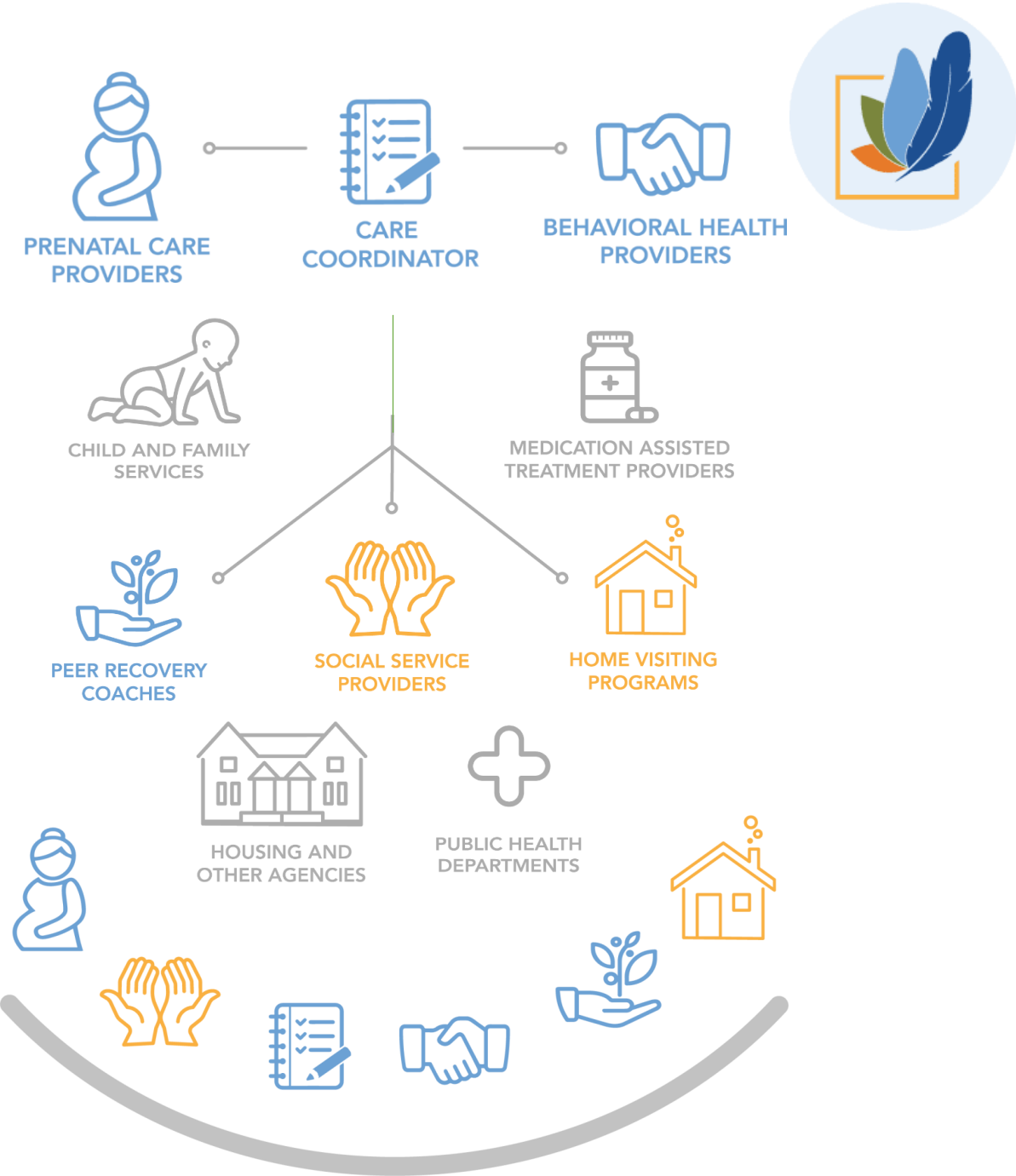
- Benefis Health System
- Blackfeet Tribal Health
- Bozeman Health
- Community Hospital of Anaconda
- Community Medical Center
- Holy Rosary Healthcare
- Logan Health
- Livingston HealthCare
- One Health – Big Horn, Blaine, Rosebud, and Fergus Counties
- Providence Montana Health
- Sidney Health Center
- St. James Healthcare
- St. Luke Community Healthcare
- St. Peter's Health
- St. Vincent Healthcare



System of Care

Clinical and community teams collaborate to provide **integrated prenatal and behavioral health care and coordinate community-based support and services** that families need.

This simple system has been shown to **reduce newborn drug exposure, improve maternal and neonatal outcomes, and reduce the need for foster care placement.**





The Patient Support System

The Clinical Team and Community Team work collaboratively to form a support system for the patient and their family.



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Universal Screening

- Depression and anxiety: from 10% before Meadowlark to 70% (and above) after.
- Adoption of the AUDIT C plus 2:
 - Prior to Meadowlark 40% of sites screened for substance use in a standardized way
 - 90% of sites not only screened during the grant period but continue to screen after the grant period ends.
- Using standardized tools for screening for social determinants.
- Screening is the beginning---clear response pathways



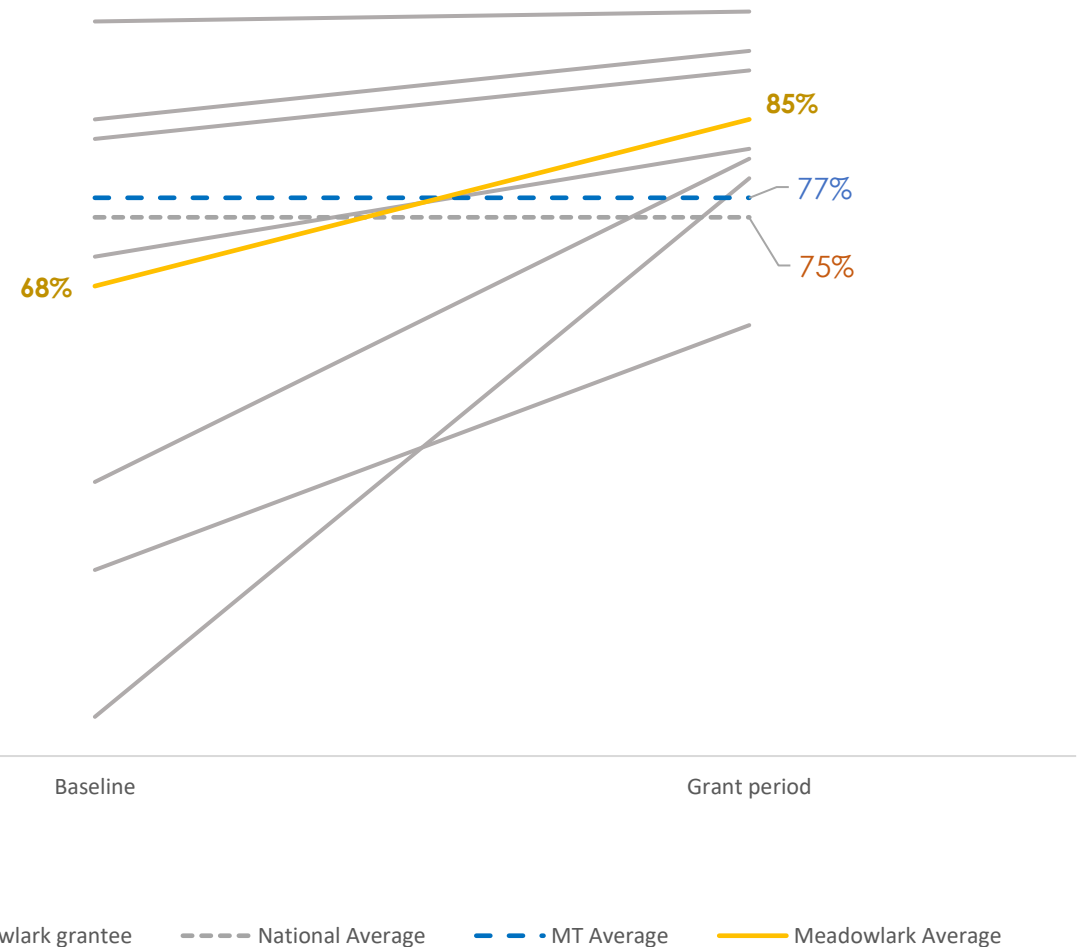
Impact: Patients

More women are receiving adequate prenatal care

*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



Percent of women receiving adequate prenatal care



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

Impact: Patients

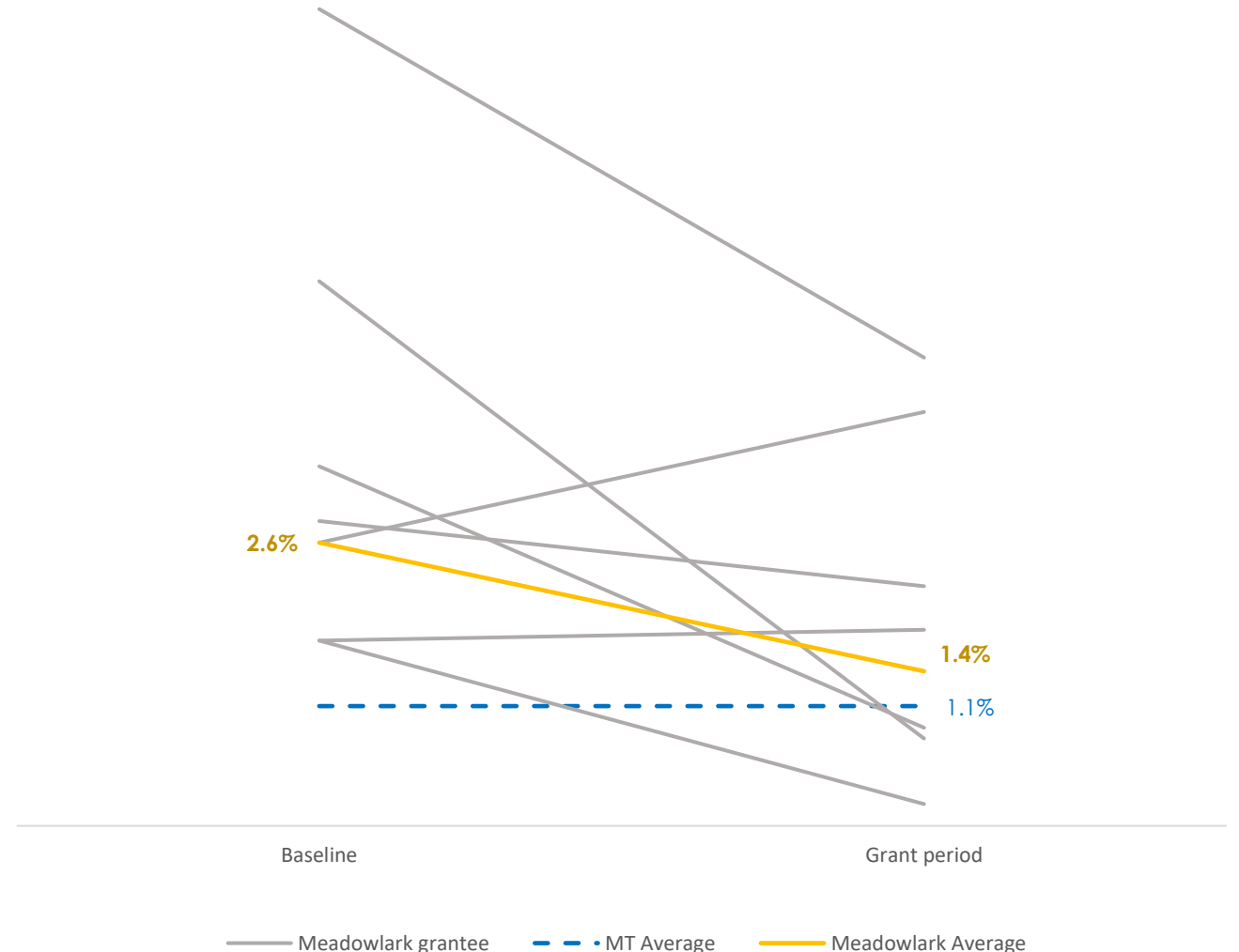
Fewer Family Separations



Sometimes we didn't know all of it in the past, so I think with that relationship building, it's more transparent, right? I can tell them they're not taking this baby because grandma's moving here from Tennessee to live with them, or those kind of things, where we didn't always know all that information in the past.
— Care coordinator

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

Percent of births with a CPS removal

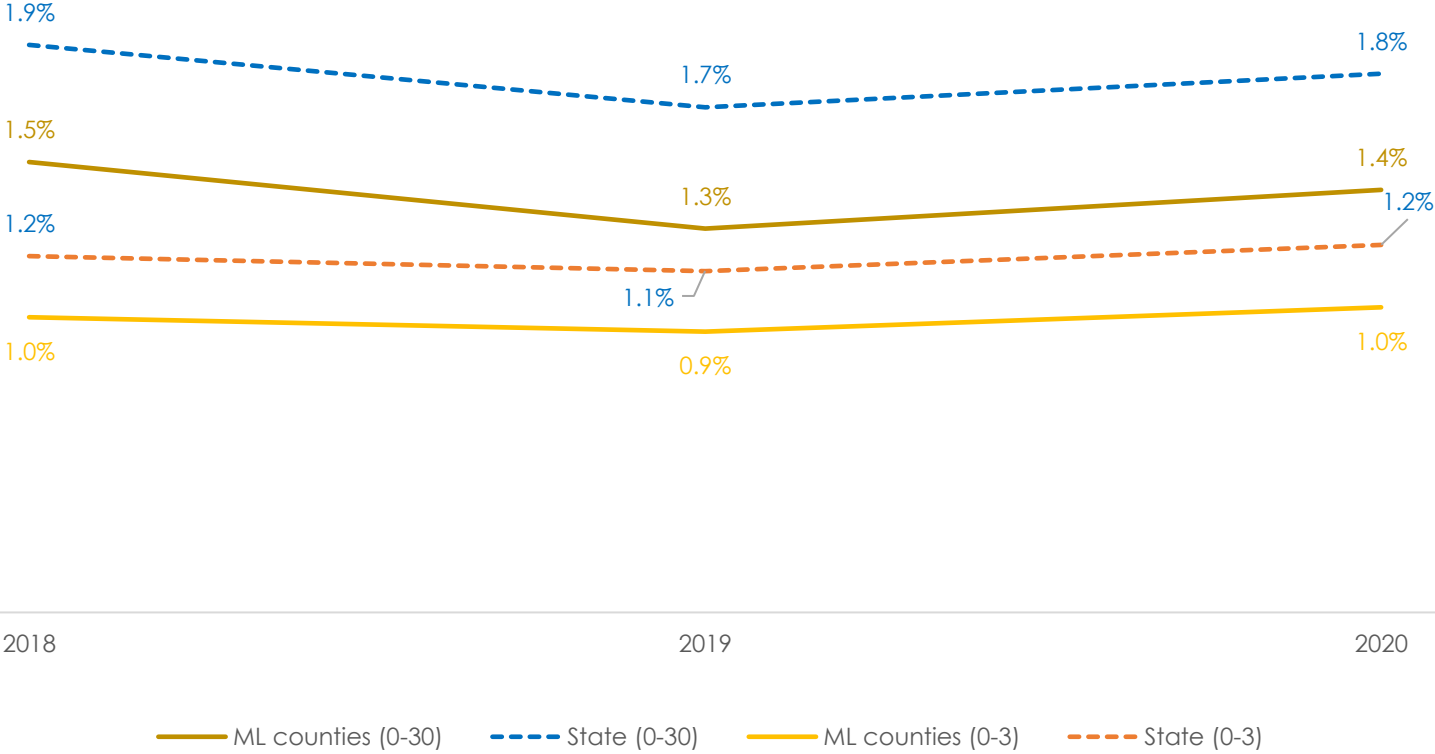


Impact: Patients

Fewer Family Separations



Percent of births with a CPS removal in Meadowlark counties and the state



Source: Montana Healthcare Foundation (2022). Evaluation Data.



Impact: Patients

Women are receiving integrated care for a wide range of behavioral health and social needs

I think people just don't think that like their doctor's offices where they would get help for transportation or get help for housing. And I think that might be a difference too. To the nurse, it's not relevant. But to my role, it's relevant... 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

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

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Impact: Providers

Providers will ask questions when there is capacity for treatment and support.

We had a lot of OBs that wanted to refer, but you don't want to just hand out the list of all the different counselors in the community and not know what they actually have to offer or what that's like.

– Behavioral health provider

Just the speed at which we're able to do it. Like I said, **that whole warm handoff approach and just knowing who they're sending people to and feeling good about that** instead of having it just be this open ended (thing).

– Behavioral health provider

I think that it would be really hard to find one of our providers who would ever go back to not doing work like this because it just made such an impact and made their jobs so much easier, too.

– Care coordinator

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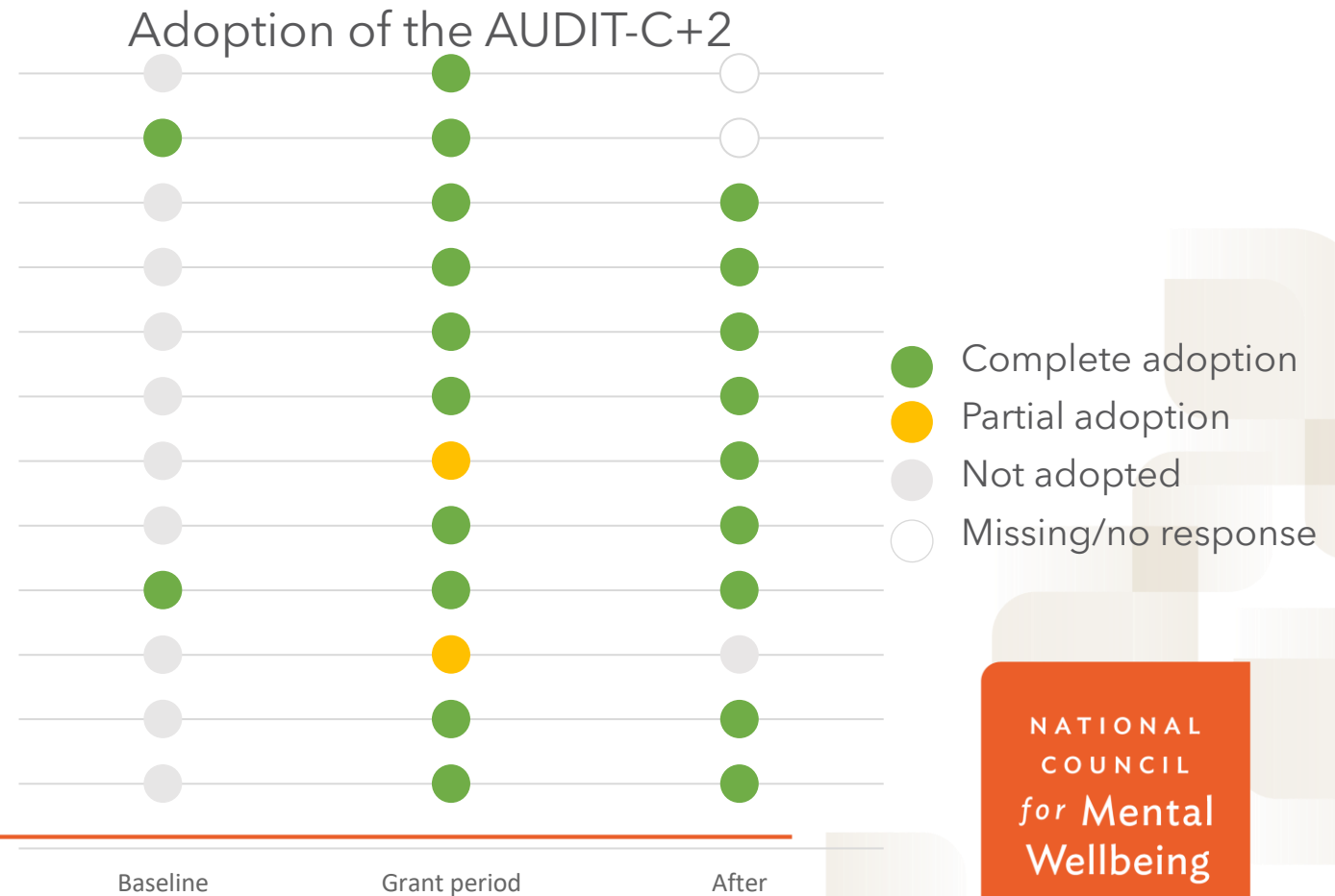




Impact: Providers

Providers have adopted universal screening, including for substance use

- Prior to Meadowlark, only **one grantee** was fully universally screening for behavioral health. After the grant period, **7 of 12 grantees** reported universal screening.
- 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.

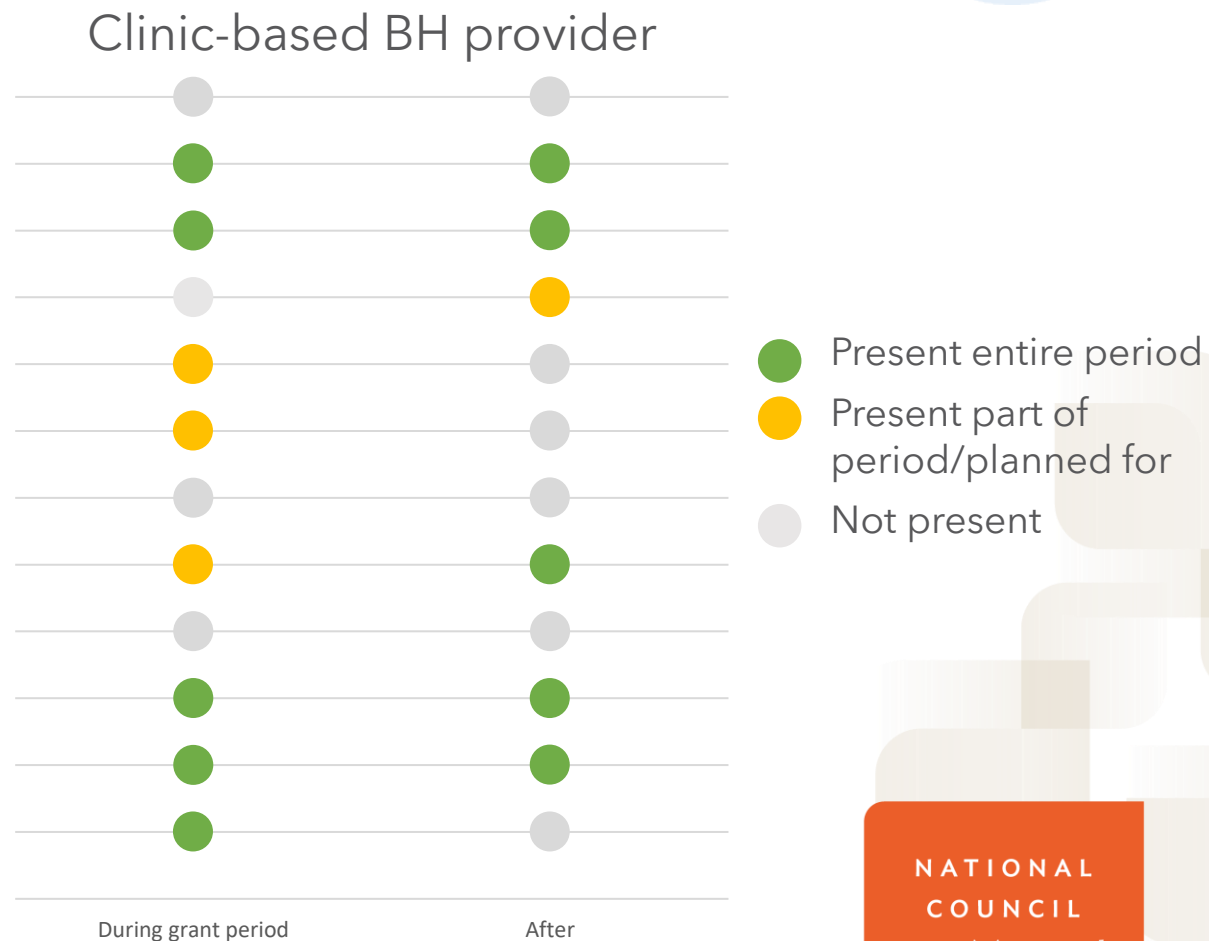




Impact: Healthcare systems

Healthcare systems are maintaining IBH capacity

- All sites will **continue to employ care coordinators**.
- Most sites **hired and then lost at least one behavioral health provider**, not because of the IBH model but due to retention challenges and losing providers to private practice.





Impact: Healthcare systems

Grantees are committed to sustaining the Meadowlark model

Sites have figured out how to bill for other time to ensure **financial sustainability** for care coordinator positions.

- 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.

(The health system) just wanted a break even. They really support the program and they wanted that. So, they weren't looking for any kind of huge profit.
- Clinic manager

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Adapting to Change

Things are different in our practice now; we are all paying attention to things we didn't see before. Because we have a full team, because we ask more questions, we are finding out new things, dealing with loss, approaching both parents...things are changing for all of us.

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Challenges there are....

Tools & Resources

- [The Meadowlark Initiative](#)
- [Montana Healthcare Foundation](#)
- [Integrating Substance Use Disorder and OB/GYN Care Brief](#)
- [Maternal, Infant, and Child Health – Healthy People 2020](#)
- [Perinatal Mental Health Alliance for People of color](#)
- [Perinatal Depression: Preventive Interventions](#)
- [WNY Postpartum Connection Inc: Directory of Mental Health and Support Services for Pregnant and Post Partum People of Color](#)
- HRSA Maternal & Child Health - [Maternal and Child Health Bureau](#)
- [California Maternal Quality Care Collaborative \(CMQCC\) - Toolkits](#)
- [Alliance for Innovation on Maternal Health](#)
- [American Academy of Pediatrics](#)
- [American Hospital Association – Better Health for Mothers and Babies](#)



Previous Related Sessions – Slides & Recordings

[Center of Excellence for Integrated Health Solutions](#)

- Perinatal Health Part 1: The Case for Integration & Considerations Across the Continuum of Care – [slides & recording](#)
- Perinatal Health Part 2: Perinatal Behavioral Health Care in a Certified Behavioral Health Center (CCBHC) - [slides & recording](#)
- Perinatal Health Part 3: Integrating Services for Pregnant and Postpartum People in High Need Settings- [slides & recording](#)
- Perinatal Health Part 4: Addressing Serious Mental Illness- [slides & recording](#)

Register for Upcoming Office Hour

- [Thursday, July 27th - Meadowlark Approach](#)



Upcoming CoE Events

CoE-IHS Office Hour: Telehealth in Rural Integrated Care Office Hour

[Register for the Office Hour](#) on Tuesday, July 11th from 2-3pm ET

CoE-IHS Webinar: Integrated Care for Aging Populations

[Register for the Webinar](#) on Thursday, July 13th from 2-3pm ET

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