



MOMs+ Introduction

Rachael Duncan, PharmD, BCPS, BCCCP (she/her)
Kaylin Klie, MD, MA, FASAM (she/her)

Agenda

- Introductions
 - Please put your name, title, and hospital in the chat
- Connection to purpose: lived experience, stigma reduction
- MOMs+ introduction: connection, treatment, community
- Q&A: barriers, concerns, discussion, steps forward

MOMs+ Team



CONNECTION, TREATMENT & COMMUNITY

Erin McMillan, project manager, graphic designer erin@staderopioidconsultants.com

Kaylin Klie, MD MA FASAM, physician lead kaylin.klie@cuanschutz.edu

Susan Bradley, PharmD

Jessie Reeder, CPCQC partner jreeder@cpcqc.org

Rachael Duncan, PharmD, project director rachael@staderopioidconsultants.com

Don Stader, MD FACEP, project director don@staderopioidconsultants.com





Connection to Purpose

IMPACT
BEHAVIORAL HEALTH

Introduction



Racquel Garcia

Racquel is a Colorado native and mom of four children, ages 12 to 20. She suffered terrible trauma in her childhood, including abuse, a friend's murder, and substance use within the home. This led to an early addiction to substances. In adulthood, she witnessed the death of her best friend due to an opioid overdose. Racquel and her family are now in long-term recovery from substance use disorder. She has not had a drink or misused a prescription opioid in over 13 years.

Racquel is the owner of [HardBeauty](#) LLC and is the Executive Director of the HardBeauty Foundation. Racquel has her Associates Degree in Addiction Counseling from ICDC College. She is also a National Certified Peer Recovery Specialist with NAADAC, ARISE Interventionist, Gottman Institute 7 Principles of Marriage Leader/Facilitator and Certified Youth Mentor, Resilience and Leadership Coach with Youth Coaching Institute. Racquel is also a Subject Matter Expert and Training Facilitator for C4 Innovations, doing work on behalf of SAMHSA and the Opioid Response Network at the National Level subject include, Culturally Inclusive Motivational Interviewing, JEDI (Justice, Equity, Diversity and Inclusivity), Trauma Informed Care & Supervision, Cultivating Inclusive Workplaces and more. On July 1st 2022 Racquel was appointed to the inaugural Behavioral Health Administration Advisory Council (BHAAC). In October she accepted the position of Co-Chair of the BHAAC. In January 2023, Racquel accepted the position of Co-Chair of The Naloxone Project.

Connection to Purpose

Recovery

- Substance use disorder (SUD) is preventable.
- Substance use in the perinatal period is common.
- Harm reduction and plans of safe care for families is key.
- When SUD happens, it is treatable.
- Evidence-based treatment is available and extremely successful.
- Recovery is possible.
- Patients (especially parents) that are in recovery are THRIVING.

Why are we not seeing more recovery stories out of our Colorado birthing hospitals?

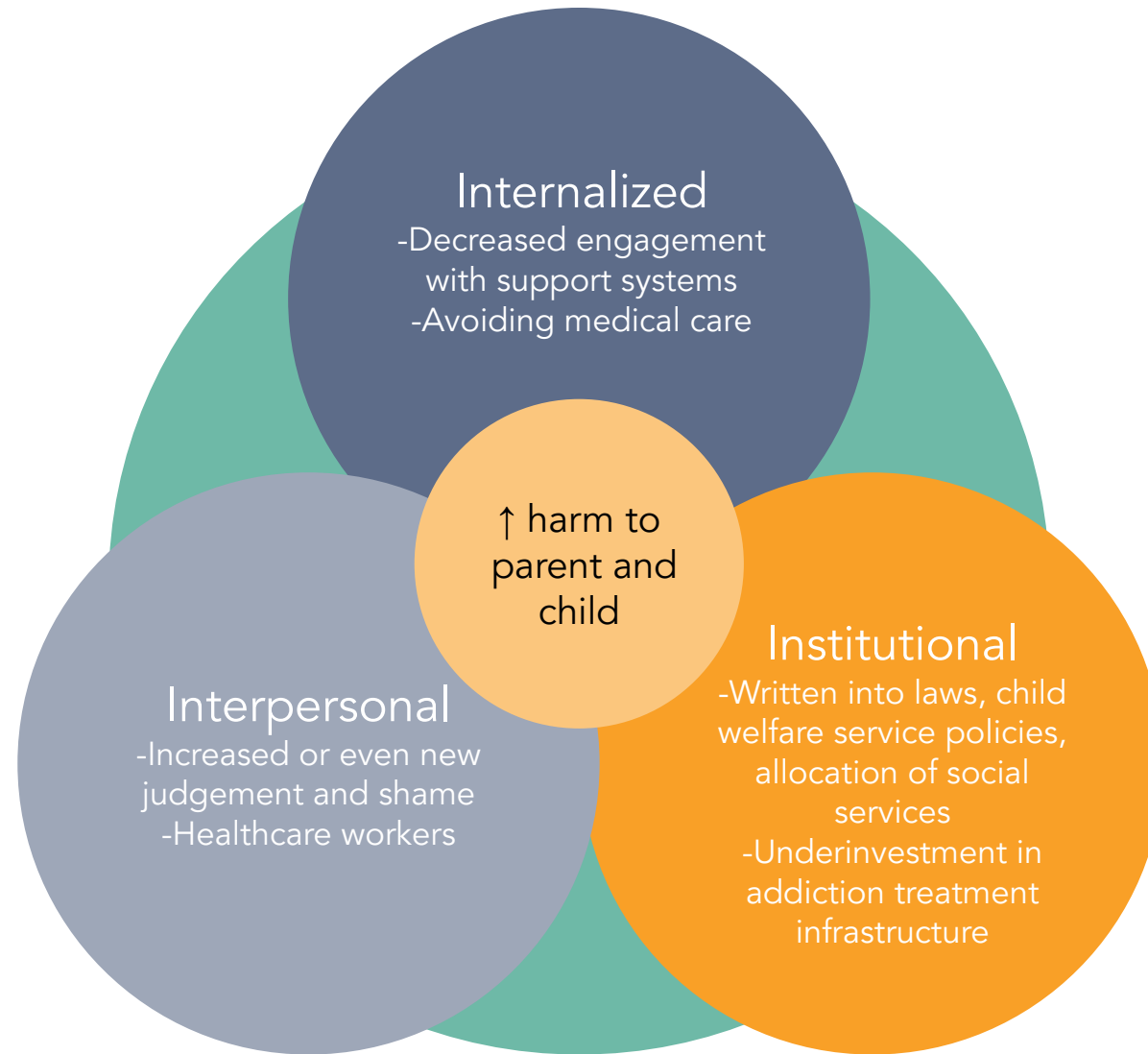
Stigma

Definition: A mark of disgrace associated with a particular circumstance, quality, or person.

Pregnant people using substances throughout the peripartum period experience additional stigma through:

- Language
- Beliefs about gender roles
- Attitudes regarding fitness for parenting
 - express and perpetuate stigma
 - facilitate/perpetuate punitive rather than therapeutic approaches

Stigma



Compounded stigmatization results in pregnant people avoiding SUD treatment and perinatal care.

Combating Stigma



Healthcare providers

Utilize a trauma-informed approach that incorporates harm reduction and motivational interviewing to optimize the health of the parent-baby dyad.

- Build trust (connection)
- Offer treatment as standard of care
- Community recovery

Points to Ponder

Are pregnant and parenting patients affected by substance use disorders seeking care at your hospital, clinic, or health system?

If and when they seek care, could it be described as non-judgemental, destigmatized, whole-person care?

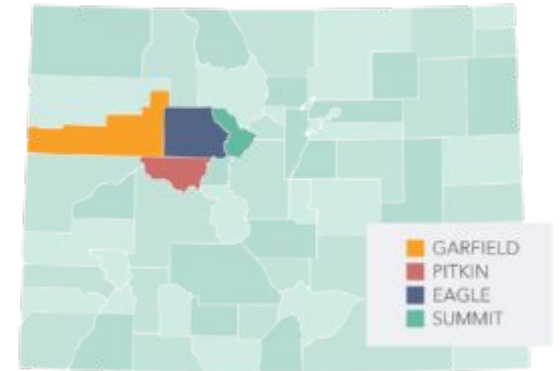
How do we go from an attitude of “mandatory reporting” → “mandatory responding”?



Opportunity

IMPACT
BEHAVIORAL HEALTH

About IMPACT BH



IMPACT BH brings together hospitals, primary healthcare services, and community-based organizations as active collaborators and partners in providing wrap-around support and care navigation to pregnant and postpartum people and their families.

Launched in 2022 in Garfield, Pitkin, Eagle and Summit counties, with statewide hospital programming launching in 2023. IMPACT BH is led by CPCQC in partnership with University of Colorado Practice Innovation Program, Illuminate CO, and Stader Opioid Consultants.



About Colorado AIM: SUD

Ongoing, statewide quality improvement collaborative for hospital L&D units led by CPCQC. Technical assistance in implementing the full spectrum of comprehensive screening and care in collaboration with other Colorado hospitals. Progress can be supercharged by participation in MOMS+!

Can count for and help improve pay-for-performance measures from CMS and HTP!

- Implement the Alliance for Innovation on Maternal Health (AIM) patient safety bundle for birthing people with substance use disorder
- Opportunities for collaboration and learning with other participating hospitals from subject matter experts
- Receive support in implementing universal screening protocols for SUD, depression, anxiety
- Training in SBIRT (screening, brief intervention, and referral to treatment) and motivational interviewing
- Assistance with protocol development, workflow change, and developing referral resources for comprehensive behavioral healthcare, including MOUD and naloxone
- Learn about principles of patient-centered, trauma-informed care



About Colorado MOMs Initiative



COLORADO
MOMs
INITIATIVE

Colorado MOMs (Maternal Overdose Matters) Initiative strives to bring hospital-based overdose education and naloxone distribution to at-risk pregnant and postpartum patients and families.

Launched statewide in 2022, in partnership with 20+ statewide organizations, with the goal of recruiting all 48 Colorado birthing hospitals, the Colorado MOMs Initiative is sponsored by the Colorado chapter of [The Naloxone Project](#).



Introducing MOMs+



COLORADO
MOMs
INITIATIVE



CONNECTION, TREATMENT & COMMUNITY



About MOMs+



CONNECTION, TREATMENT & COMMUNITY

MOMs+ is part of IMPACT BH program and an extension of the work of the Colorado MOMs Initiative. MOMs+ is focused on helping birthing hospitals statewide provide equitable access to treatment and recovery for perinatal patients with substance use disorders.

Pillars of Care:

1. Connection to the patient, baby, and family
2. Initiation of treatment with medication for opioid use disorder
3. Transition to outpatient recovery with community providers

Valley View Hospital and Clinics = statewide pilot site



Best-Practice Recommendations

1) Prevention

- Multimodal nonopioid analgesia
- Universal screening
- Safe storage and disposal

2) Destigmatization

- Formal destigmatization and bias training for staff
- Scripting examples for appropriate, person-first language
- Creating community partnerships and outreach

3) Harm Reduction/Naloxone

- Education of hospital staff regarding take-home naloxone, optimization of current order sets to include
- Consideration of clinic-based naloxone program for perinatal patients
- Patient-facing educational materials

4) MOUD Treatment

- Implementation of perinatal MOUD treatment protocol and order set
- Formalized referral/connection process for outpatient treatment

MOMs+ Team



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MOMs+ Timeline



CONNECTION, TREATMENT & COMMUNITY

March 6-13: MOMs+ introduction sessions

March - April: OB champion gauge hospital interest and readiness

April 11: Hospitals submit formal interest in becoming a pilot site

April 14: Selection of up to 10 pilot sites (open to any Colorado birthing hospital)

April: Pilot sites identify interdisciplinary MOMs+ committee members

April 24: MOMs+ sends out welcome packet, hospital survey, needs assessment questionnaire

May 12: Pilot hospital representative(s) meet with MOMs+ team at CPCQC annual conference in Aurora



MOMs+ Timeline



CONNECTION, TREATMENT & COMMUNITY

May 22: Hospital survey and needs assessment questionnaire returned to MOMs+ team

June 12: Needs assessment and gap analysis returned to pilot hospitals

June 19-30: Virtual meetings with pilot sites to review gap analysis, identify strengths and opportunities, propose pathway to success, create plan and timeline, schedule onsite visits

July-September: MOMs+ team visits pilot sites, meets with hospital team, reviews implementation plan

Fall 2023: Hospital implementation



MOMs+ Data and Quality



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- Staff pre- and post- surveys
- *Data collection related to provision of care for patients identified with SUD. Of total number of patients admitted for birth:
 - # screened for SUD
 - # screened positive for SUD
 - # counseled on, received, or referred to recovery treatment services
 - # counseled on, prescribed, or received take-home naloxone
 - # screened positive for OUD:
 - # counseled, received, or referred to on medication for opioid use disorder (MOUD)

**IF HOSPITAL ALREADY PARTICIPATES IN CO: AIM SUD, NO ADDITIONAL DATA REQUIRED*



How can we help?

MOMs+ Team:

- Needs assessment, gap analysis, and implementation recommendations
- Stigma reduction and bias training
- Naloxone distribution to at-risk perinatal patients and families
- Monetary support (\$2,000) to participating sites
- MOUD order set review and revision
- Collaboration with and handoff to outpatient providers
- Integration of peer recovery and navigation support
- Community outreach and connection



Q&A

Discussion

Q&A



Discussion

- Barriers
- Concerns
- Next steps

Next Steps for Birthing Hospitals

1. Gather key stakeholders to discuss MOMs+ opportunity
2. Submit formal interest in MOMs+ by April 11th
 - erin@staderopioidconsultants.com (project manager)
3. Will be notified of selection by April 14th
4. Continue to build buy-in→ pregnant and parenting patients and families affected by SUD matter
5. Prepare for hospital needs assessment
6. Review gap analysis and recommendations
7. Commit to change
8. Implement new processes
9. Measure success

Leading Your Community



CONNECTION, TREATMENT & COMMUNITY

How can your hospital lead the surrounding community in welcoming and providing treatment and perinatal care to pregnant and parenting patients and families affected by substance use?