



The Meadowlark Initiative

HEALTHY PREGNANCIES
& SECURE FAMILIES

INTEGRATING PRENATAL CARE AND BEHAVIORAL HEALTH TO
IMPROVE MATERNAL AND NEONATAL OUTCOMES

Goals:

- ❖ 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 (NAS) and perinatal complications
- ❖ Keep families together and children out of foster care

The Meadowlark Initiative® Sites

Click a location to view the contact information for each site:

List of Grantee Sites

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



Structure of Care



Screening for Depression, Anxiety and Substance Use

*done at initial appointment, 20 weeks, 36 weeks, 2 and 6 weeks postpartum

PHQ-9

- Screens for symptoms of depression such as:
 - Little interest or pleasure in doing things
 - Trouble sleeping
 - Having little energy
 - Feeling bad about yourself
 - Trouble concentrating
 - Thoughts you would be better off dead or hurting yourself in some way
- Audit C+2
 - Assesses amount of alcohol, marijuana and illegal or prescription drugs (used for recreational purposes) used in the previous 3 month period

GAD-7

- Screens for symptoms of anxiety such as:
 - Feeling nervous, anxious or on edge
 - Not being able to stop or control worrying
 - Trouble relaxing
 - Worrying too much about difficult things
 - Becoming easily annoyed or irritated
 - Feeling like something awful might happen

A score of 10 or higher on the PHQ-9 and GAD-7 and any score above 0 on the Audit C+2 warrants further discussion

We also monitor these scores over time to see if treatment is working or if we need to initiate treatment

Screening for Social Determinants of Health (SDOH)

- “Conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.”

-World Health Organization

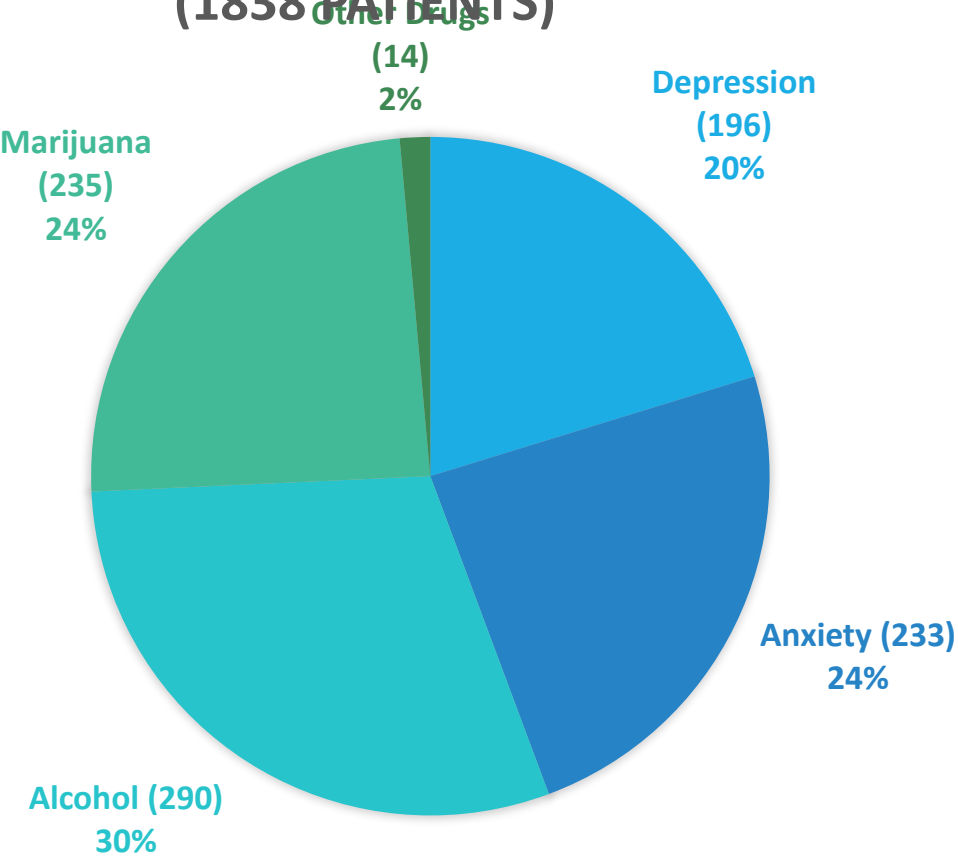
- We screen at every initial appointment either through an in-person interview or a screening form
- We ask questions about housing and utilities, transportation, food access, medical coverage and access to medications, employment, child care, parenting support, social support and personal/baby supplies

Screening, Brief Intervention, and Referral to Treatment

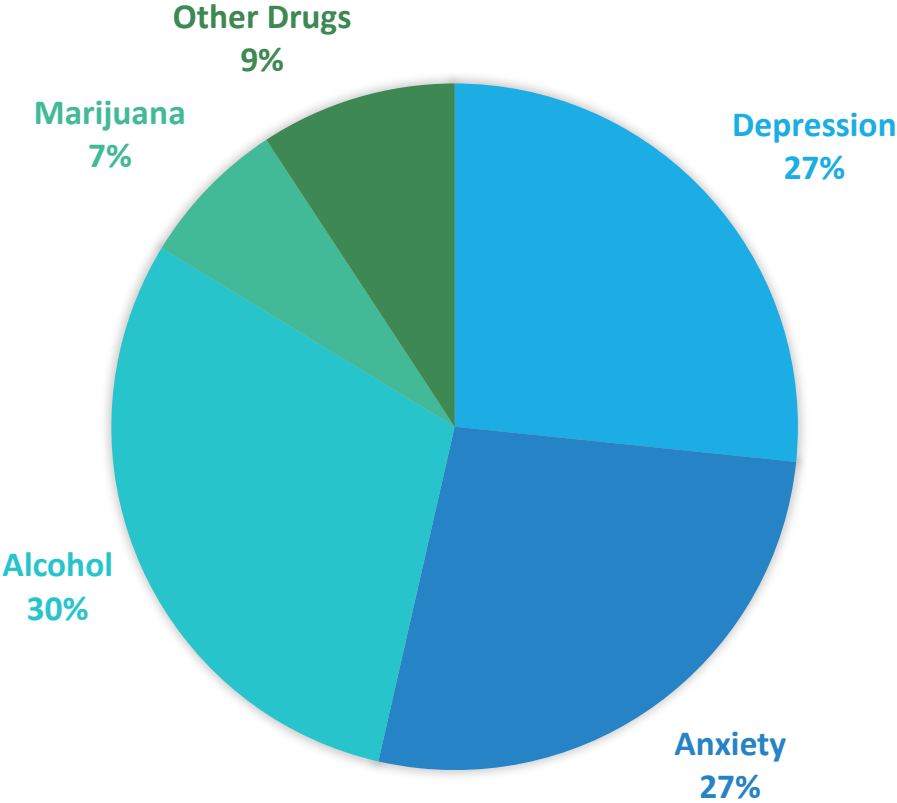
When a patient screens positive for on the screening tool or reports any social needs through the SDOH screening process, we use this process to determine next steps.

- Brief Intervention – discussion about current mood status or use to determine why the patient is experiencing this and if they want to pursue treatment or change current treatment
- Referral to Treatment – make referrals as necessary to help patient improve symptoms or use and/or social needs
 - Treatment can be medication, counseling, substance use treatment and/or community referrals

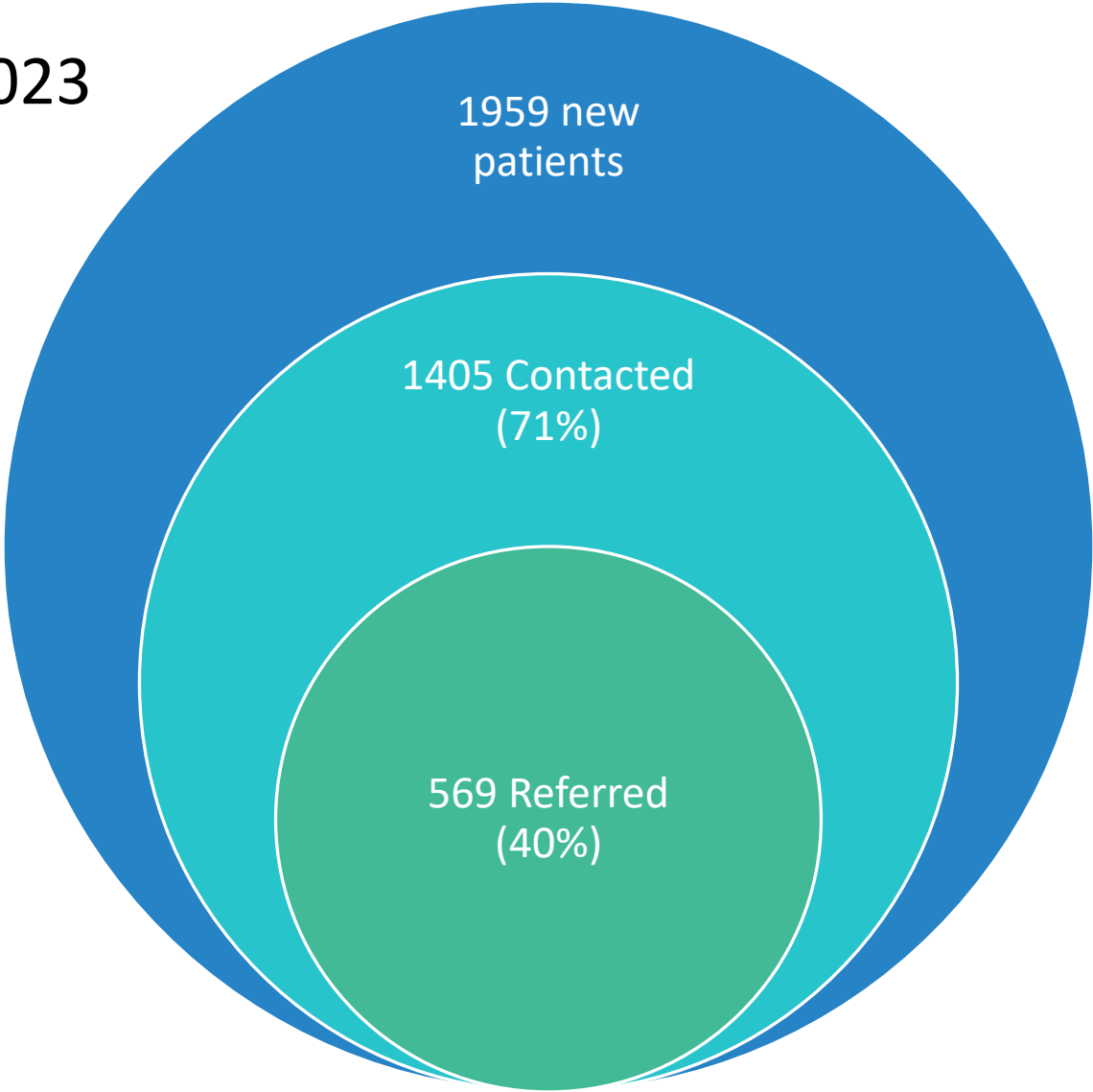
KALISPELL SCREENING RESULTS (1838 PATIENTS)



NATIONAL DATA



SDOH Screening
(1/1/2021 – 9/30/2023)



Why do we focus on this?

Mental Health and Substance Use

- March of Dimes
 - Mothers who are depressed, anxious or have other mental health issues might not take care of themselves, or they may use [drugs](#) or [alcohol](#) during the pregnancy. All of these things can harm a growing baby. In fact, untreated depression in pregnant women may also lead to:
 - Poor [nutrition](#)
 - [Smoking](#)
 - Ideas of suicide
 - Exhaustion
 - Migraines
 - Health complications, such as [high blood pressure](#) or [diabetes](#)
 - Prolonged or [premature labor](#)
 - Breastfeeding issues
 - Bonding issues between mother and baby
 - And, babies born to depressed mothers are more likely to:
 - Have a [low birthweight](#)
 - Be at higher risk of developing health issues like rash, vomiting and diarrhea
 - Have a small head
 - Stay in the neonatal intensive care unit (NICU) longer
 - Cry a lot
 - Later in life, children of women with mental health issues are at higher risk of experiencing [developmental issues](#) and behavioral problems.
- Pollack et al. (2022) found that the cost of untreated perinatal depression and anxiety cost \$14 billion (in 2017) from conception to age 5
 - Average cost per mother/child dyad = \$31,800 (65% to mother's care, 35% to child's care) – mostly in lost economic productivity, preterm birth and increased maternal health expenses

Local Initiatives

Postpartum Resource Group

- The Circle
- The Village (doulas and meals)

Perinatal Mental Health Coalition

- Resource Guide
- Screening in pediatric clinics

Logan Health

- Annual screenings at PCP visits with care coordination available for positive screens

Why do we focus on this?

Social Determinants of Health

- Girardi, Longo and Bremer (2023) found that lack of access to food, housing, education, health services and employment (among others) had more adverse health outcomes including miscarriage, preterm birth and preeclampsia
- ACOG recommends we should be asking about SDOH and maximize referrals to social services to fulfill needs in these areas

How does this relate to healthcare?

If patients do not have health coverage, they are less likely to present to regular healthcare (including prenatal visits) where mental health, substance use and SDOH needs can be identified and discussed

Without healthcare, even if someone presents to care, they may not be willing to undergo all recommended testing and evaluation to determine more concerning symptoms and diseases which in pregnancy, affect both mother and child which can increase cost of care for hospitals and families

If you have high medical bills, other needs may be put on the back burner which affects overall quality of life

Without health coverage, patients do not have access to necessary medications (insulin) or mental health/substance use treatment which exacerbates the problem and affects both maternal and child health and well-being

For more information:

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<https://mthcf.org/the-meadowlark-initiative/>



COVER MONTANA

CONNECTING YOU TO HEALTH INSURANCE COVERAGE

Annie Carlson
Health Insurance Navigator
Western MT

Coming Soon!

12-month post partum coverage

Pre and Perinatal coverage option resource

Coverage Program	Montana Medicaid	Health Insurance Marketplace	Employer Sponsored Coverage
Prenatal Coverage – Birth Parent	<p>ACA Adult Medicaid: <u>Eligibility:</u> Household income at or below 138% of FPL <u>How to apply:</u> Visit local OPA office or apply online at apply.mt.gov <u>When to apply:</u> There is no SEP to apply for MT Medicaid, apply at any time.</p>		
	<p>ACA Pregnancy Medicaid: <u>Eligibility:</u> Household income at or below 157% (162% with 5% disregard) of FPL and pregnant. <u>How to apply:</u> Visit the local OPA office or apply online at apply.mt.gov. Make sure to indicate pregnancy on application (unborn fetus is counted toward household total). Self-attestation is used as proof of pregnancy (per the policy manual). <u>When to apply:</u> There is no SEP to apply for MT Medicaid. Apply when pregnancy is discovered. If approved, coverage starts the first day of the month of application and you can request up to 90 days retroactive coverage.</p>		
	<p>Healthy Montana Kids (CHIP) <u>Eligibility:</u> Household income at or below 261% of FPL and under 19 years old. <u>How to apply:</u> Visit local OPA office or apply online at apply.mt.gov <u>When to apply:</u> There is no SEP to apply for HMK, apply at any time. Cover begins first day of month of application. No 90 day <u>retroactive coverage</u>.</p>	<p><u>Eligibility:</u> Pregnancy doesn't trigger an SEP. However, check of other SEP eligibility, low-income SEP, enrolled members of federally recognized tribes, permanent move, and <u>more</u> <u>How to apply:</u> healthcare.gov <u>When to apply:</u> As soon as you can</p>	<p><u>Eligibility:</u> Pregnancy doesn't trigger a <u>SEP</u> for most employer plans in Montana. However, contact your employer's human resources staff to inquire about your plan's open enrollment period.</p>
	<p>Healthy Montana Kids Plus (Childrens Medicaid) <u>Eligibility:</u> Household income at or below 143% of FPL and under 19 years old. <u>How to apply:</u> Visit <u>local</u> OPA office or apply online at apply.mt.gov. <u>When to apply:</u> There is no SEP to apply for MT Medicaid, apply at any time. If approved, coverage <u>started</u> the first 90 days retroactive coverage.</p>		

Breakout rooms

- Do you have someone with a similar role in your facility?
- In your community?
- Does a similar resource exist already?
- Does this resource seem helpful in your role?
- Who should this resource be distributed to? Providers, community organizations, care coordinators?