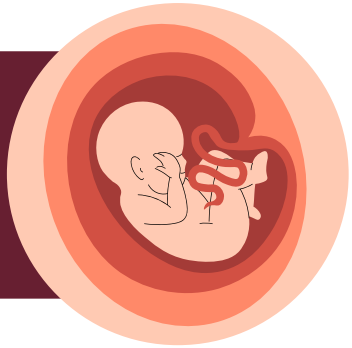
Improving Maternal Child Outcomes Implementation Planning



Secure Funding:
Establish funding sources Medicaid (Primary), Grant applications under Federal funding with Health Resources & Services Administration (i.e., https://www.hrsa.gov/grants/find-funding or https://www.phi.org/our-work/programs/california-alliance-for-prevention-funding/) or community outreach and donations. Develop detailed budget with time frame (start and end dates) of how long funds will carry project (include personnel - salaries/benefits, software, equipment, physical space and/or materials, technical support)

Identify Goals & Objectives:
Create obtainable aim and the process to achieve it. What do you hope to accomplish? What will be the indicator that the goal has been met? What measures to track and report to show progress?
(E.g., Reduce maternal morbidity due to opioid use disorder by increasing the number of hospitals providing Narcan kits at postpartum discharge.) ⋆**Scope Statement| Outline deliverables**

Conduct Research: What resources are already available (Narcan kits, Eat, Sleep, and Console Trainings, Housing)? Collect data from local state/county health departments/universities. Conduct focus groups, surveys, or data finding and tracking. Collaborate goals with team members and external stakeholders to obtain expert feedback. (Quantitative or qualitative)

Who needs to be at the table?
Establish key partnerships, stakeholders, community members, educators, hospitals, neonatal intense care facilities, pediatricians, emergency services, universities.
(E.g., Department of Health, Healthy Start Coalitions, "State" Pediatrics Society "County health pans)

Map Out Risks:
Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis will identify preventable risks (may need to adjust object goals) Brainstorm risk scenarios (risks can include anything from paid time-off and holidays to loss of personnel.

Schedule Milestones:
Clarify dependencies that rely on completion of other tasks. Timeline of tasks (include task, start date, duration, end date, task owner) Project approvals, Mid-phase check ins, Reporting timeframes (quarterly, bi-annually), Project completion point. Have deliverables (i.e., Parenting classes established, behavioral integrated models developed, safe sleep protocols, Screening, Brief Intervention, and Referral to Treatment (SBIRT) tracking) been met?

Delegate tasks:
Assign tasks to each team member and monitor progress. Communicate clear expectations, Track progress in shared tool.

ROTA-RC
Southeast Rural Opioid Technical Assistance Regional Center

CFC
Florida State University
Center for the Study and Promotion of Communities, Families, and Children

FAMU
FLORIDA A&M UNIVERSITY
COOPERATIVE EXTENSION
COLLEGE OF AGRICULTURE AND FOOD SCIENCES

Collect and Report Outcomes:
Create dashboard for data tracking, Track SBIRT claims, Track and review pregnancy associated mortality due to Opioid Use Disorder (OUD) (may use local state/county health data), Report barriers to implementation and promptly address (stigma, access to services, insurance). Make a plan for adapting; if necessary make changes to plan

Allocate Resources:
Resource allocation is one of the best ways to reduce risk. If you can plan out what resources you need for your project and ensure those resources will be available, you'll avoid the risk of running out of resources mid-project. If you notice that you don't have enough resources in this step of the implementation process, you can adjust your project accordingly before it kicks off.

Current Practices:
- 98% of prenatal and postnatal funding for Opioid Use Disorder (OUD) risk populations is through Medicaid.
- Finnegan scoring out of date for measuring neonatal abstinence syndrome Neonatal Abstinence Syndrome(NAS).
- Keeping baby with parent throughout helps reduce withdrawal.
- NAS project of Eat, Sleep, Console is current diamond standard (reduces medication approach).
- Breast feeding and calming methods ensure early resiliency with minimal dose of medication assistance and reduces length of stay.
- Opioid centers for treatment for post-partum engagement 6 months to 1 year with maternal and infant care services and health coverage
- Home Visits assist in obtaining contact hours for providers through Medicaid and reduces in-house cost for rural distance.
- Umbrella groups (stop gap)-some of these provide services when no-one else will.
- Each hospital (neonatal/pregnancy center) will have different protocols for including child welfare.
- Have process in place to connect pregnant women with Substance Use Disorder (SUD) to behavioral health services as opposed to opening a child welfare investigation. (this is dependent on who reviews a call to child services or if a call is made at all) Hospitals may call to err on the side of caution due to liability and insurance needs.

Program Model:
Vermont's CHARM (Children and Recovering Mothers) Team: A collaborative approach to supporting pregnant and parenting women with opioid use disorders and their infants. (March 27, 2023)

The Children and Recovering Mothers (CHARM) Collaborative in Burlington, VT: A Case Study National Center on Substance Abuse and Child Welfare
https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

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