

SPECIAL PROGRAMS

MOMS

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MOMS PROGRAM



Empowering pregnant women who struggle with drugs/alcohol to stay clean and sober while developing the tools they need for themselves and their families.

MOMS

In **2005**, the year before we started MOMS:

- Methamphetamine abuse was a major problem.
- The number of babies born with a positive drug screen was increasing.
- The number of babies taken at birth for a positive drug screen in Marion county was 114.
- These were often not first time moms, these were women who had failed to have clean pregnancies two times, five times, eight times before.

Cost to the Community:

- Many of these affected babies were on OHP.
- The cost of a normal newborn was less than \$600 dollars.
- The cost of a neonate with neonatal abstinence syndrome was between \$12,000 to 25,000 depending on the DRG hospital they delivered at. (DRG 793)
- Average cost of a newborn in DHS custody –\$ 2,614 a month
- Cost over time in terms of medical and social system costs ...

Why this Model/Team?

- We had used a RN telephone case management model that could not find over 35% of our pregnant women.
- These “lost” women were coming in with little or no prenatal care and having drug affected babies.
- I heard statements like: These women don’t want to change. These “Drug addicts” just need drug treatment. How could they do this to their babies.

What we were doing was not helping and I began to look at other models one that would address the medical needs of pregnant women but with a different focus..

- The focus of our model is around addressing the social determinates of health. These things don’t fit neatly in the medical model of care: inequities, safety, opportunity, stressors.
- We wanted to emphasize engagement and transparency
- We wanted women to feel empowered to have hope, to dream of a better future for themselves and their families.

HOW IT WORKS?

- Outreach and connect to women at risk – outreach mentor (on the ground where ever women are – parks, shelters, bus station)
- Coordinate care with providers/community services
 - Ongoing Mentors
 - Public Health Nurses

Mentors- Traditional Health Workers (THW):

- Role model a success story and enhance a member's belief in self.
- Encourages member to develop and focus on reaching her personal goals.
- Navigates the member through the maze of community/health resources.
- Advocate for the member.

Public Health Nurses (Maternity Case Management, CaCoon, Babies First)

- Home Visiting with a dual focus:
 - The medical/behavioral health needs –monitoring, interventions, evaluation and follow-up
 - Social Determinants of Health Assessment
 - Is the environment safe (peeling paint, mold, critters)
 - Are you safe (domestic violence, neighborhood, trauma)
 - Do you have needed services (WIC, early childhood, parenting classes, transportation)
 - Are you aware of opportunities(GED, college, housing, etc)

HOW IT WORKS?

Screening/Assessment:

Strength assessment, Alcohol/Drug assessment, Mental Health assessment, Random drug screenings, Depression screening, and Patient Activation Measure (PAM)

Services:

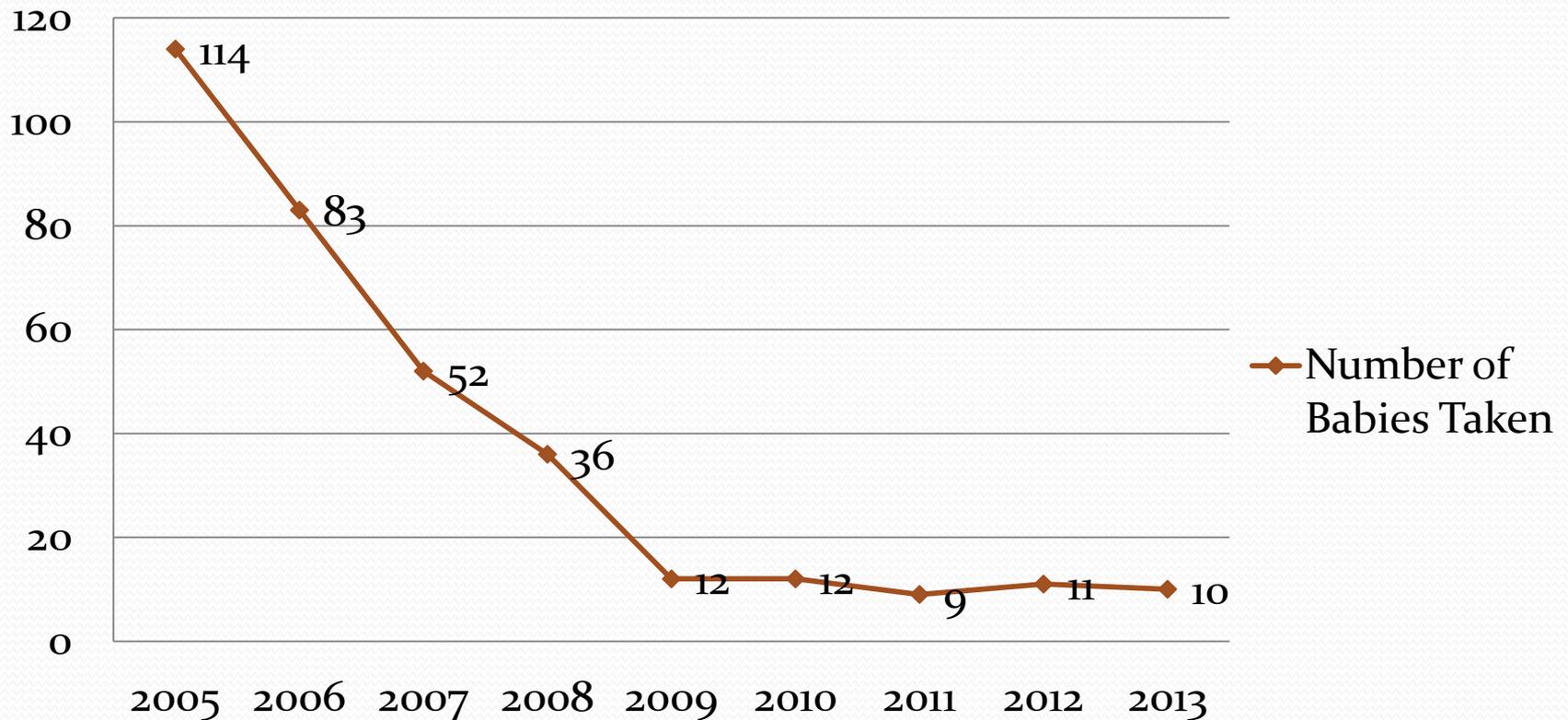
Prenatal Care, Behavioral Health, Dental, and non-medical services (WIC, housing, vocational and educational services, parenting classes, and domestic violence interventions)

Demographics

	2009	2010	2011	2012	2013
Age (Average)	25.7	24.9	26.7	24.7	26.6
Ethnicity (%)					
<i>White</i>	66.1%	56.7%	62.1%	75.9%	68.2%
<i>Hispanic</i>	11.9%	31.7%	25.9%	14.8%	20.4%
<i>Black</i>	-	1.7%	8.6%	-	-
<i>Native American</i>	5.1%	3.3%	1.7%	3.7%	-
<i>Asian</i>	1.7%	1.7%	-	-	-
<i>Other</i>	15.3%	5.0%	1.7%	5.6%	11.4%
Avg. # of prior pregnancies:	2.1	2.1	1.9	1.9	2.2

Results in Marion County

Children born drug positive and taken into protective custody



MOMS Results: (N:334)

99.4% of babies of enrolled MOMS participants tested negative for illegal drugs at birth.

- **The 2 babies born positive were born to women enrolled for less than a month who were not actively engaged in services.**
- **Both mothers were in their third trimester and actively using when enrolled.**
- **Both went into premature labor while using illegal drugs.**

CCO Metrics

- MOMS participants receiving prenatal care in first trimester **71.88% (2013)**
- Universal Screenings at entry and periodically- sent to PCP:
 - **Depression Screening**
 - **SBIRT**

