

Empaths is connecting Montana moms struggling with substance use and co-occurring mental health conditions to appropriate treatment services and community supports utilizing innovations in telehealth.

Background

- Substance use is a pervasive problem in Montana (SAMHSA, *Center for Behavioral Health Statistics and Quality*, 2019).
- Substance use during pregnancy has been associated with higher risk for neglect and abuse (Smith et al., 2007), and is often cited as a risk factor for child protective services involvement (Burke, 2007; Hafekost et al., 2017; Leventhal et al., 1997; Prindle et al., 2018).
- Montana has the second highest rate of children in foster care in the United States (16.8%) with 64% being removed from their homes due to parental substance use (Williams & Sepulveda, 2019).
- Women in rural communities experience higher rates of tobacco, marijuana, and polysubstance use and have poorer access to substance use treatment compared to their urban counterparts (Jumah, 2016).

The Empaths Model

Empaths is a pilot program being implemented and evaluated by the Billings Clinic MOMS Demonstration Project and the University of Montana's Center for Children, Families and Workforce Development (CCFWD) and Rural Institute, in partnership with Rimrock Foundation, Montana's largest behavioral health treatment provider. Rimrock has implemented processes to ensure pregnant and postpartum women have quick and easy access to substance use and mental health treatment services. The Empaths study is designed to test service delivery innovations, namely the utilization of telehealth interventions, peer support services, multi-organizational care collaboration, and universal implementation of validated screening tools for substance use risk in the OB/GYN setting. Collaborative studies will also assess the impact of implicit bias and stigma on the medical care of patients engaging in perinatal substance use.

Empaths is a healthcare system-level treatment model in which universal screening for substance use in pregnancy is implemented in the OB/GYN setting. Patients that screen positive for substance use concerns are referred to a centralized care manager at Billings Clinic who conducts Screening, Brief Intervention, and Referral to Treatment (SBIRT) sessions via live and telehealth appointments. All patients referred to the Empaths Care Manager receive referrals to peer and community support programming; patients needing more intensive treatment services are referred to Rimrock Foundation and other community behavioral health programs. Telehealth services are available for patients living in remote areas and/or those with transportation issues so moms can receive care in their home communities as they begin their recovery journeys. Partnering behavioral health programs have committed to working in tandem with obstetric provider teams to ensure coordinated care for patients and to build networks of perinatal behavioral health support across Montana.



Learn more at mtmoms.org

Contact Info:

To refer to the Empaths program, you can contact Joe Salyer through Cerner's Message Center. Joe is also available Monday – Friday, 8am – 5pm via Voalte, by phone at (406) 435-2624, or by email jsalyer@billingsclinic.org.

If you have any questions about the Empaths program or pilot study, please reach out to:

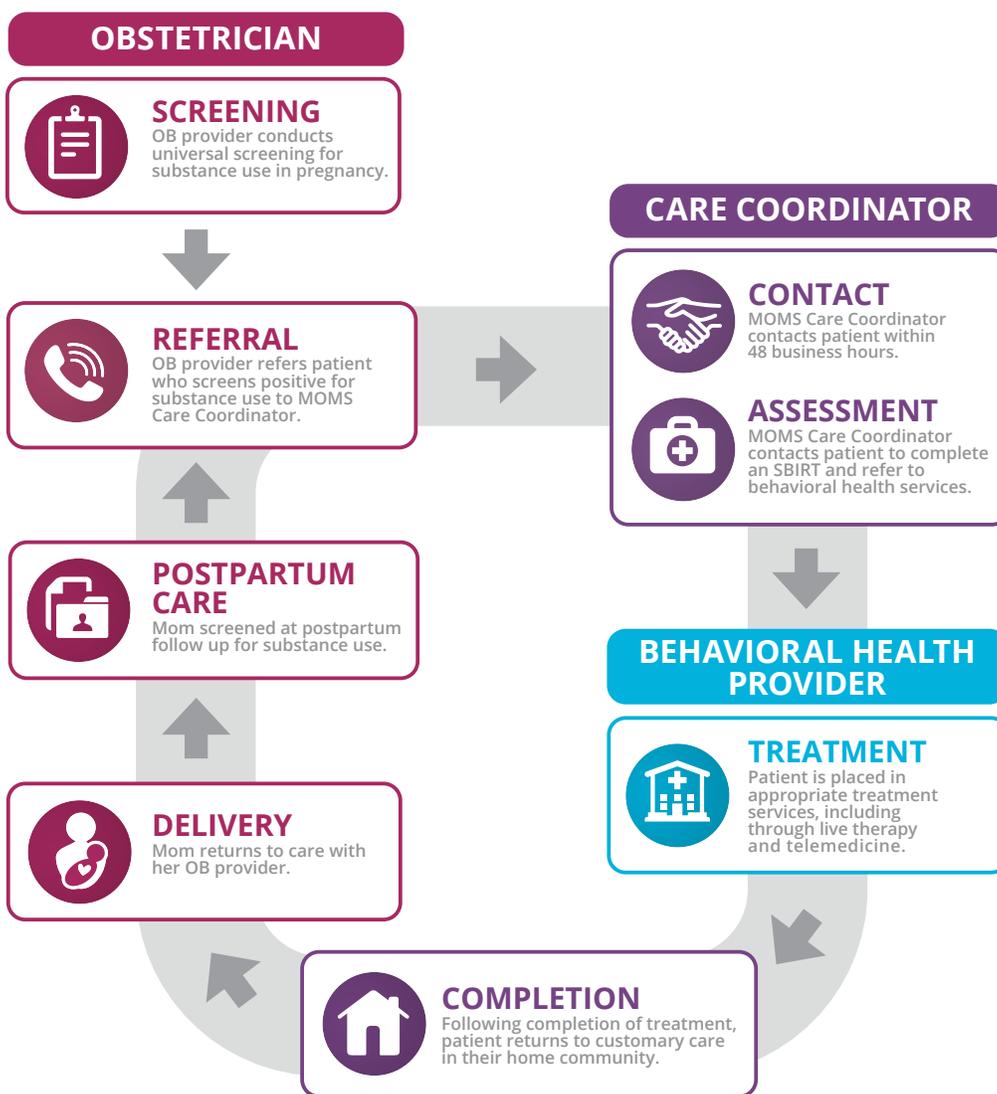
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Perinatal Addiction Treatment • Identifying Substance Use and Co-Occurring Mental Health Conditions in Your Patients



References:

- Burke, K. D. (2007). Substance-exposed newborns: Hospital and child protection responses. *Children and Youth Services Review, 29*, 1503–1519.
- Hafekost, K., Lawrence, D., O’Leary, C., Bower, C., O’Donnell, M., Semmens, J., & Zubrick, S. R. (2017). Maternal alcohol use disorder and subsequent child protection contact: A record-linkage population cohort study. *Abuse & Neglect, 72*, 206–214.
- Jumah, N. A. (2016). Rural, Pregnant, and Opioid Dependent: A Systematic Review. *Substance Abuse: Research and Treatment, 10*(Suppl. 1), 35–41.
- Leventhal, J. M., Forsyth, B. W. C., Qi, K., Johnson, L., Schroeder, D., & Votto, N. (1997). Maltreatment of children born to women who used cocaine during pregnancy: A population-based study. *Pediatrics, 7*, e7.
- Prindle, J. J., Hammond, I., & Putnam-Hornstein, E. (2018). Prenatal substance exposure diagnosed at birth and infant involvement with child protective services. *Child Abuse & Neglect, 76*, 75–83.
- SAMHSA, Center for Behavioral Health Statistics and Quality. (2019). National survey on drug abuse and health, 2017 and 2018.
- Smith, D. K., Johnson, A. B., Pears, K. C., Fisher, P. A., & DeGarmo, D. S. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use. *Child Maltreatment, 12*(2), 150–160.
- Williams, S. C., & Sepulveda, K. (2019, January). In 2017, the rate of children in foster care rose in 39 states. *Child Trends*. <https://www.childtrends.org/2017-the-number-of-children-in-foster-care-rose-in-39-states>