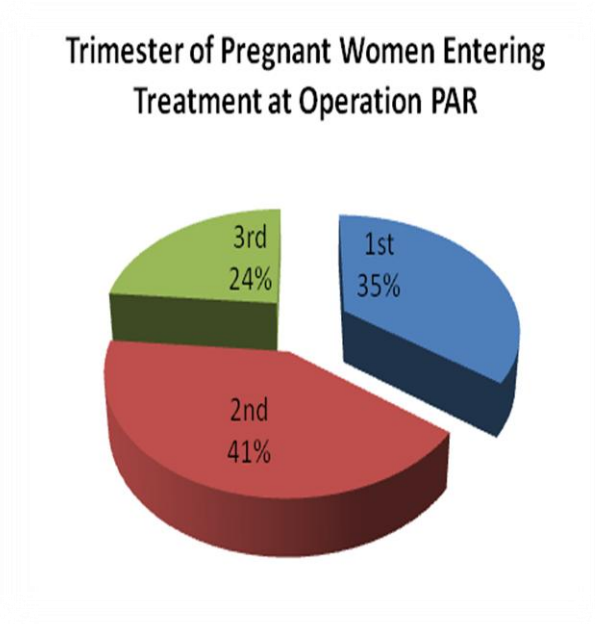
Treating Pregnant, Post-Partum & Parenting Women

PAR Village, MNMs, COSA, WEI, MAPS, Intersection

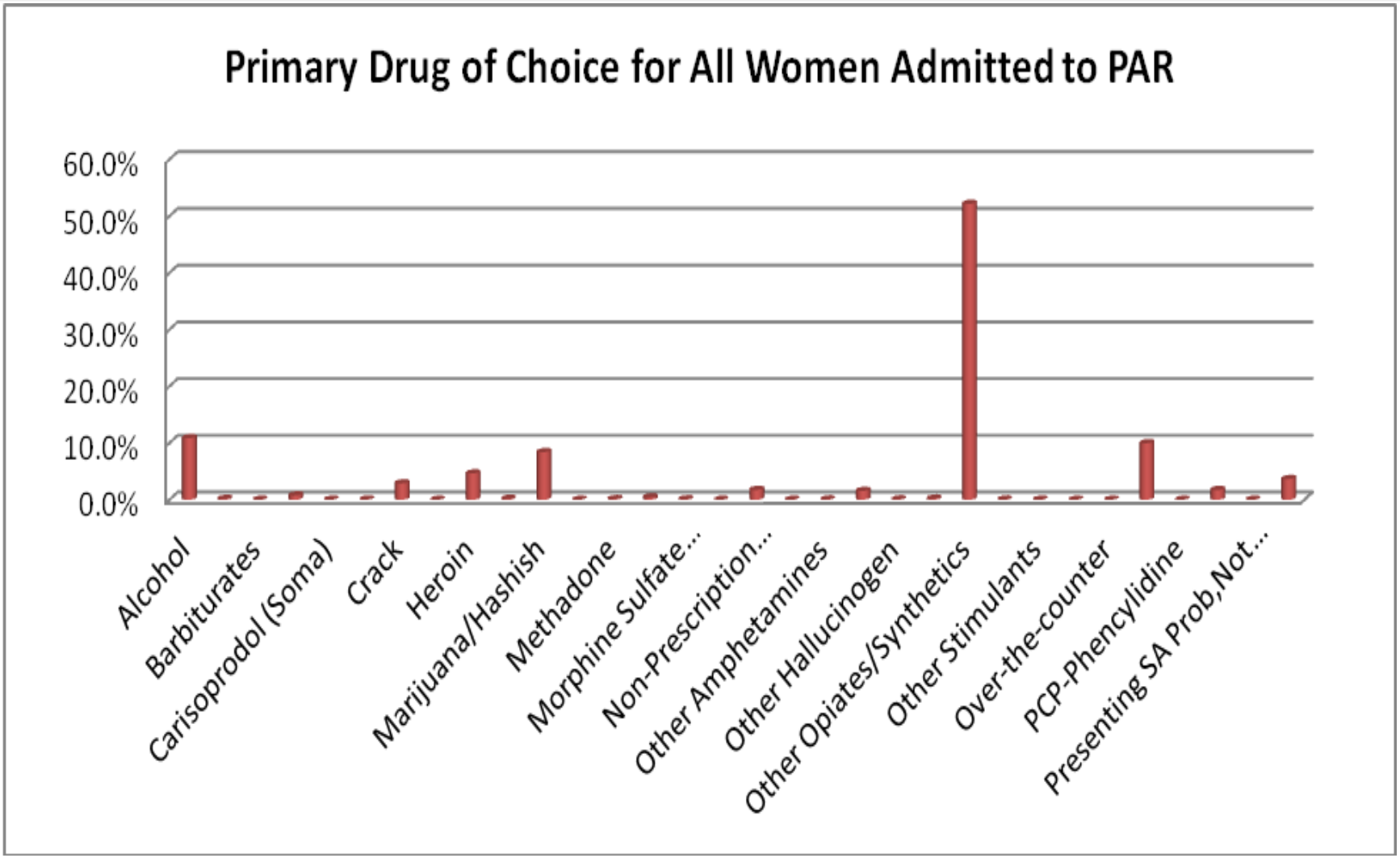
Operation PAR, Inc
President/CEO Nancy Hamilton MPA, CAP, CCJAP

Annual Numbers & DATA

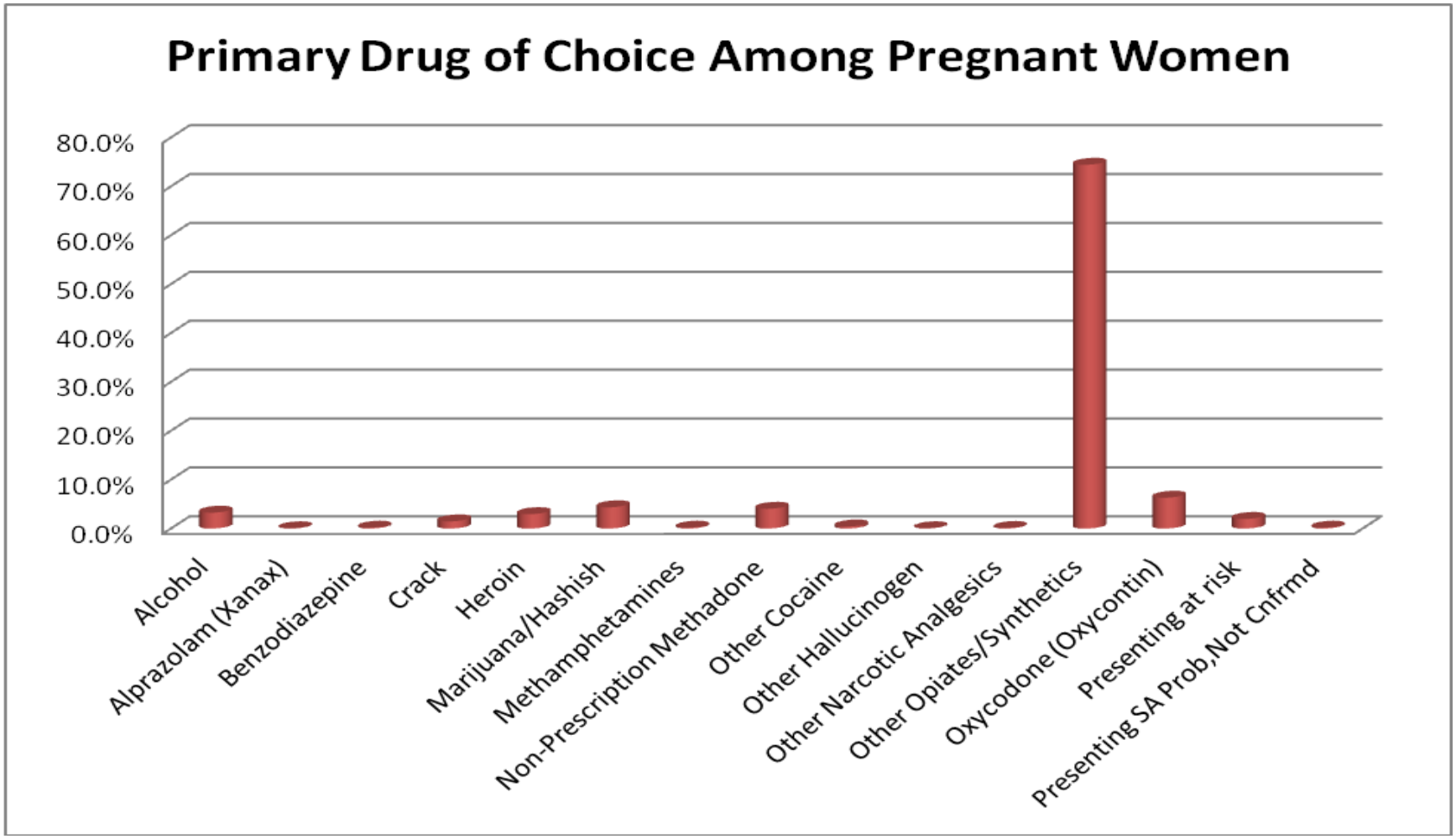
- 1600-1800 pregnant women of 8K total
- 3/4 in the 1st & 2nd trimesters
- 1000-1500 post-partum women
- 1/3 CJS involved; 1/5 involved in Child Welfare at admission
- 40% Co-Occurring MH/SA
- Most have multi-condition needs
- 150 veterans
- 40-50 pregnant adolescents



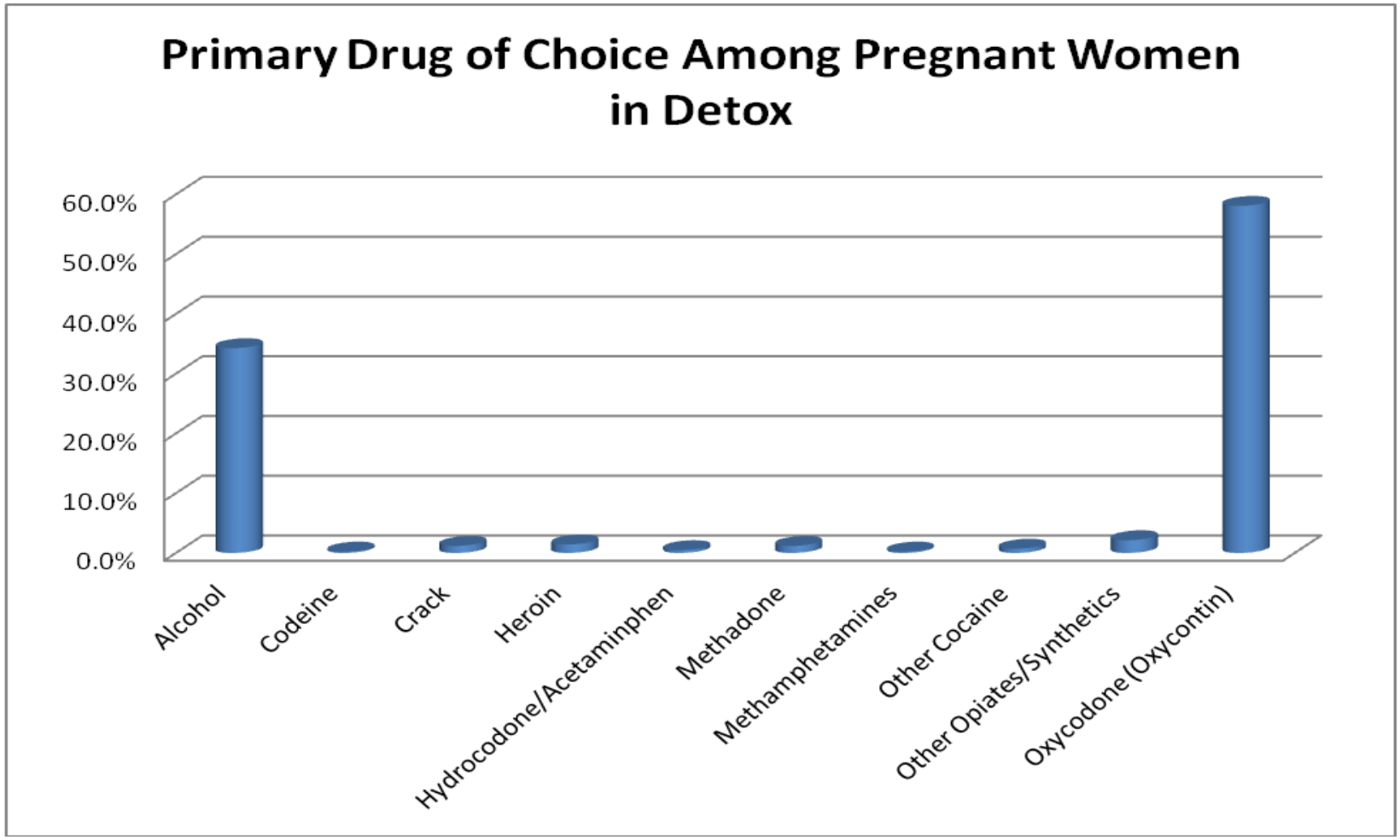
Primary Drug of Choice



Among Pregnant Women



Pregnant Women in Detox



Essential: Correct Placement

- **Based on GAIN *(ASAM embedded)* – placement in correct level of care results in better outcomes; After detoxification *(if needed)***
  - **OP *(including MAPS)***
  - **IOP/ Day Treatment**
  - **Short Term Residential linking to OP**
  - **Longer Term Residential linking to Aftercare**
  - **Case Management *(linked to any of the above)***

Effective Programming Must Include:

- **Coordinated Physical & Behavioral Health** ***Care (physicians – including Health Departments & FQHCs – MH – Sub Abuse – etc.)***
- **Collaboration with Child Welfare & community services** ***(including courts & schools)***
- **Gender specific EBPs**
- **Whole family approach** ***(including outreach to fathers of children & relatives to get them involved in treatment & services)***

Evidence Based Practices

- Finnegan check infant list *(daily assessment)*
- Cognitive Behavioral Therapy
- Motivational Enhancement/Motivational Interviewing
- Parenting Wisely; Strengthening Families' 1-2-3- Magic *(disciplining children)*
- Seeking Safety (trauma curriculum)
- Education: Testing – *(WRAT, TABE; GED prep & testing)*
- Anger management; criminal thinking
- Therapy for sexual assault & other trauma
- Interdisciplinary team approach
- Teach developmental techniques to parents for children with developmental delays to improve outcomes

New Integrated Approaches

Operation PAR is partnering with Healthy Start Coalition to implement Motivating New Moms (MNM*)….(JWB funded, child welfare)*
Approaches include:

- ***S-BIRT, Screening, Brief Intervention, Referral to Treatment : in Obstetrics Offices, Health Clinics, Pain Clinics.***

DCF funded services *(some Medicaid in OP)*

- ***Methadone/Buprenorphine Treatment for Opiate Addicted Pregnant Women – MAPS, Residential & OP & MNMs***
- ***Co-occurring services (TX, med Management, education – linkage to housing, vocational/educational g & other MH services)***
- ***Physician & nurse Education regarding addiction, pain medication, treatment options, referral processes***
- ***Effective Case Management linkages between NICU, child welfare & treatment providers.***

Stop
Welcome To PVDC

Issues

- Funding cuts & Reduction in treatment beds that allow children to live with their mothers
- Reduction of the time allowed for treatment – now 90 days – threats of 30 days in the future – this will impact outcomes!
- Acceptance of substance abuse as a brain disease that takes EBP to ameliorate
- Misinformation about substance abuse, especially opiate abuse, drug effects & treatment responses by the public

Best Outcome:
healthy children – competent parents

TREATMENT WORKS