



# In Depth Technical Assistance for Substance Exposed Infants

## Addressing Disparities for Native Families: Lessons Learned from Minnesota's State-Tribe Collaboration

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# Presenters from Minnesota's Leadership Team

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# Project Background and Context

- This group is comprised of partners from the
  - Minnesota Department of Human Services,
  - Minnesota Department of Health and
  - Minnesota Tribes
- The Minnesota SEI project resulted from concerns brought forward by tribal partners in Minnesota, focusing on the disproportionate number of NAS births among American Indian women as compared with the overall state population of pregnant women.





# Project Background and Context (continued)

- The State has seen increased rates of American Indian women being admitted to treatment programs for dependence on heroin and prescription opioids, as well as increased rates of those identified as utilizing these drugs during their pregnancies.
- This has resulted in a significant increase of babies being born with Neonatal Abstinence Syndrome.
- Further data collection requested by tribal partners identified that many pregnant women in need of services were not accessing prenatal care and therefore not being identified until the birth of their child.





# Disparities for Native Communities

- Minnesota ranked first among all states in 2015 for **deaths due to drug poisoning among American Indians/Alaska Natives**.
- More than one in ten pregnancies among American Indian women have a diagnosis of opiate dependency or abuse during pregnancy. Compared to non-Hispanic whites, American Indian women are **8.7 times more likely to be diagnosed with maternal opiate dependency or abuse during pregnancy**.
- More than half of pregnant Minnesota women who are known to be opioid dependent are still prescribed opioids for pain during pregnancy. **The rate of prescribed opioids for pain during pregnancy is twice as high among American Indians** then among other Minnesotans.





# From This Month's Headlines...



"After 17 times in treatment, this addict pins hope on new drug"




"He sold drugs to his own community; now he fights for redemption"

## "Minnesota's opioid epidemic"



"Every single county in our state had individuals who lost somebody like I lost Steve."

**Lexi Reed-Holtum**  
lost her fiancé to overdose in 2011



"White Earth mom lost her pregnant daughter to overdose"





# The Focus of Minnesota's SEI IDTA

With the support of this Substance Exposed Infants In-Depth Technical Assistance (SEI-IDTA) initiative, the State expects to improve communication across systems and employ a unified response to this crisis, which is likely to yield the best results for these women and their children.





# The Focus of Minnesota's SEI IDTA

Numerous community and planning meetings with tribal partners within State agencies identified a number of specific needs, including:

- earlier identification of women using opiates during pregnancy;
- better alignment of systems to address this issue efficiently;
- access to culturally appropriate treatment for these women; and
- a need for community consensus or agreement about what kinds of treatment are appropriate for this population.





# IDTA SEI Goals and Workgroups

## **Goal 1. Screening and Assessment:**

Pregnant women, substance exposed infants and their families are identified in a consistent, uniform, and timely manner across all systems.

## **Goal 2. Joint Accountability and Shared Outcomes:**

Partners have developed a collaborative practice approach to serving substance exposed infants and their families that intersect each of their systems.

## **Goal 3. Services for pregnant women, substance exposed infants and their family:**

Partners have agreed upon evidence-based practices and practice-based evidence that meet the needs of the target population and have processes in place for monitoring use and effectiveness of these programs.



# **“Where is our action plan??”**

~Shirley Cain





# Goal 1 Action Items

- Use DHS data to map distribution of AI SEI births in service areas of largest reservations, and assess use of prenatal care providers and birthing hospitals.
- Develop outreach capacity through SBIRT trainings, for entities likely to be in contact with women at high risk, such as jails, domestic violence interveners, schools, homeless shelters, etc.
- Develop referral pathway for law enforcement encountering women at high risk of SEI.
- SBIRT training for entities specifically caring for pregnant women—prenatal care providers, ERs, CHWs.
- Predefine a pathway for commitment of pregnant women with AOD use disorders who are non-consenting for treatment, that can be used by hospitals and others, and obtain consensus of those involved in operationalizing the pathway.



## Goal 2 Action Items

- Contracting – tribal/State
  - Meet with contracting
  - Health Directors Health Finance Committee
- Position papers (shared outcomes) and resolutions
- Meet with Commissioner Emily Johnson Piper. Then, integrate what Jackie Dionne is doing (engage Minnesota Department of Corrections?)
- Develop protocols for clients, wraparound (collaborative systems)
- DHS State workgroups/collaboratives
- Collaborations with hospitals: surveys to show outcomes



## Goal 3 Action Items

- Identify tribal and urban resources for pregnant women and moms
- Inventory treatment approaches of current providers for pregnant women and moms/families
- Explore reimbursement options for case management
- Identify options for financing therapeutic services for children as part of the treatment plan/package for moms
- Develop a strategic plan for increasing availability of and access to culturally based services for Native women and families
- Look into funding options for purchasing Smart Boards for tribes
- Identify resources and strategies to support and encourage treatment programs to accommodate and include children
- Increase affordable housing options for Native families (e.g. safe and sober transitional living environments, recovery homes)



# Progress and Lessons Learned So Far.....





# Common Themes Across Programs That Are Working Well

- Using spirituality and culture at the root of the program
- Well-done, effective programs are focused on the entire family
- Similar values – respect, humility, integrity, sharing
- Interventions are not “one-size fits all”, but could work across some tribes in MN
- Hope transcends despair



# Collaboration is Key

The SEI IDTA List Serv has grown to over 100 stakeholders, including representation from:

- Minnesota Department of Human Services
  - Alcohol and Drug Abuse Division - American Indian Section
  - Legislative Communications
  - State Methadone Authority
  - Native American Equity Policy Specialist
  - Child Safety and Permanency
- Minnesota Department of Health
  - Maternal and Child Health
  - Home Visiting
- Tribes: Bois Forte Band of Chippewa, Fond du Lac Band of Chippewa, Leech Lake Band of Ojibwe, Mille Lacs Band of Ojibwe, Red Lake Nation, White Earth Nation



# Coordination with Tribes is Crucial

- Joint Advisory Council Meetings
  - American Indian Child Welfare Advisory Council
  - American Indian Advisory Council on Chemical Dependency
  - American Indian Mental Health Advisory Council



# Funding and Capacity Building Opportunities

- 2015 Legislative Allocation
- Health Disparities Grant
- Child Protection Disparity Grants
- Tribe-to-Tribe Mentoring to maximize reimbursement for services



# Ongoing Challenges

- Need better infrastructure for Tribes to collaborate and coordinate with one another
- Need more resources that are culturally centered, grounded in spirituality and Native values and traditions
- Fundamental disagreement about the best approach for working with opioid-dependent pregnant women
- Creating an outcome-driven plan is difficult when dealing with multiple governments and government agencies at the State level



# Questions/Discussion





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