TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN (PPW-PLT GRANT)

Fiscal Year 2 Evaluation Report

October 1, 2022, through September 30, 2023

MDHHS
Michigan Department of Health & Human Services

WAYNE STATE
School of Social Work

Table of Contents

Contents

Executive Summary

In September 2021, the Michigan Department of Health and Human Services (MDHHS) was awarded $900,000 from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The award was for the three-year implementation for the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women pilot (PPW-PLT). Funds went to pilot the MDHHS Michigan Comprehensive Assistance for Family Success (MI-CAFS) initiative. Women's substance use disorder (SUD) is a high priority in Michigan, and statewide data led to the focus to fund expansion of Women's Specialty Service programming and increase access to the Opioid Health Homes Network to provide support to unserved and underserved populations and communities. A needs assessment conducted in 2020, in Michigan, revealed that white pregnant women with an opioid use disorder (OUD) or substance use disorder were more likely to access treatment services than African American pregnant women with an OUD/SUD. The racial and economic disparity data from the report showed that Region's 2 and 7 had communities in high need. Region 2 made up 21 counties with some communities isolated or in rural hard to travel areas, and Region 7 represented Wayne County including the city of Detroit, with a large dense African American population, which is under resourced. The Michigan pilot emphasized building collaborations in the target PPW-PLT regions guided by the Prepaid Inpatient Health Plan (PIHP) entities. Regions 2 and 7 were the first PPW-PLT regions chosen with five provider agencies combined. In the second year, the model expanded to include Region 9. MDHHS MI-CAFS now includes three PIHPs and a group of 10 provider agencies.

The overall project goal is to enhance the continuum of care of services for pregnant and parenting women and their families, specifically address the maternal and infant health disparity for individuals with an OUD/SUD. There are 10 target goals for the three-year project with High Tech, High Touch (HT2) screening and completed Government Performance Results Act (GPRA) interviews the highest priority. The first-year screening and participation goal was 65, and 100 for the second and third year of the project. The first-year participation goal was not met and resulted in a Corrective Action Plan (CAP) required. MDHHS was required to put forth strategies to resolve screening and participation barriers and report monthly on the progress during the second year. Those strategies helped Michigan achieve 348 people screened in the second year but fell short on intake. A total of 63 GPRA intake interviews were completed. MDHHS will continue with the corrective action plan in year three.

Wayne State University School of Social Work (WSU SSW) is the project evaluator collaborating with MDHHS to collect data, monitor and track progress of the participating regions. This report highlights the second year's outcomes based on the following methods used to collect data for this project.

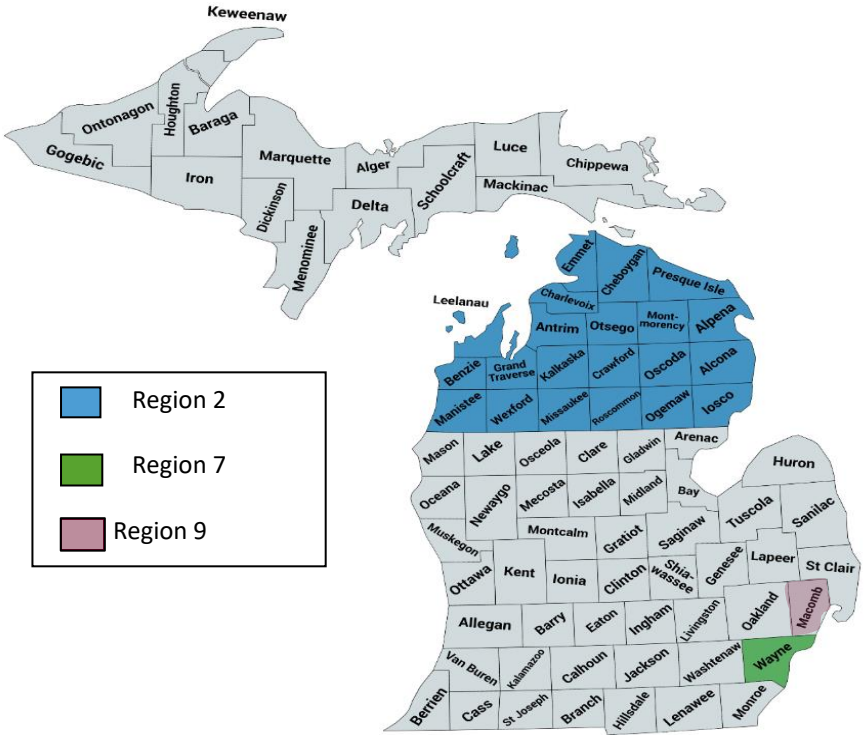
- Provider Monthly Report, due the 10th of each month
- GPRA intake, 6Month follow-up, and discharge interviews submitted through Qualtrics link distributed to each provider by WSU SSW.
- WSU GPRA 6M Follow-up Tracking Log
- SAMSHA CSAT Michigan PPW-PLT GPRA Performance Reports (Intake, 6M follow-up, discharge status)
- WSU Merrill Palmer Institute HT2 Data Tracking Log, HT2 screening results from participating agencies.

The Government Performance and Results Act (GPRA) is a mandatory reporting task for SAMSHA. WSU SSW collects all GPRA data entry using the Qualtrics platform. WSU enters GPRA interviews into the SAMSHA Performance Accountability and Reporting System (SPARS) through the Center for Substance Abuse Treatment (CSAT) to monitor Michigan's data and track performance. WSU SSW uses the *Provider Monthly Report*, to gather information about the agencies' progress on PPW-PLT goals and key activities. WSU SSW also collaborates with WSU Merrill Palmer Skillman Institute that manages the HT2 portion of the grant, distributing iPads with the HT2 application and monitoring input. Other evaluation methods include regular attendance at the monthly *Region Meetings* that occur during the first three weeks of the month and the *State Partners Collaborative Meetings* which meet the third Friday of each month. The State Partners Collaborative Meetings include members from the Opioid Health Network and the Michigan Opioid Collaborative, providing technical assistance and support to PPW-PLT providers. During year two, MDHHS facilitated the first PPW-PLT provider site visits and documentation from the *Pre-Site Visit Survey,* and site visits provided additional tracking and information for evaluation oversight of the second-year project goals.

Overview

In September 2021, the Michigan Department of Health and Human Services (MDHHS) was awarded $900,000 from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) to implement the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women pilot (PPW-PLT) grant. The three-year pilot program includes the implementation of the Michigan Comprehensive Assistance for Family Success (MI-CAFS) initiative. MI-CAFS' overarching goal is to enhance the continuum of care services for pregnant and parenting women and their families through the following actionable steps: 1) increase outreach, engagement, screening and assessment; 2) expand enhanced women's services (EWS); 3) increase pregnant and parenting women's care in opioid health homes (OHH); 4) deliver women and family-specific evidence-based practices; 5) increase medication assisted treatment (MAT) to those with an opioid use disorder; 6) enhance collaboration across systems of care; 7) increase screening for communicable diseases, including HIV and hepatitis; and 8) provide information on the risks of tobacco and nicotine use during pregnancy. The pilot initially started with two regions (Regions 2 and 7) with six provider agencies (Figure 1). In year two, Region 7 added a new provider, and MDHHS introduced Region 9 to the project. There are three region Prepaid Inpatient Health Plan (PIHP) entities (also referred to as regions) leading MI-CAFS, with 10 provider agencies representative of the three regions. In addition to MDHHS adding a third region in year two, the other objectives included increased use of the perinatal e-screening High Touch High Tech (HT2) tool to identify PPW-PLT eligible persons with a substance use disorder and behavioral health concerns. MDHHS also planned to screen 100 PPW-PLT eligible people through this process and have them complete the required Government Performance Results Act (GPRA) baseline interview. Meeting these objectives would further MDHHS's year-two goal to expand Enhanced Women's Services (EWS) to address the health disparity of pregnant and postpartum people with substance use disorder. At the end of year two, 348 people received HT2 screening and 63 PPW-PLT eligible persons completed a GPRA baseline interview. MDHHS exceeded the screening objective but fell below the GPRA 80% approval intake rate for year two.

Figure 1: Counties of Service for MI-CAFS Efforts



MDHHS brought together statewide partners to consult, provide technical assistance, and lend expertise to the project. This collaborative has been an incredible resource to PIHPs and providers; for example, the (MOC) Michigan Opioid Collaborative consulted with Star Center in Region 7, which is working to strengthen faith-based collaboration in Detroit. The MOC is working with Star Center to coordinate education for local pastors on opioid use and supporting pregnant people with use disorder. The following statewide partners meet once a month for the *PPW-PLT Collaborative Meeting*, which includes the PIHPs, and provider leads from the participating agencies. The meetings take place the third Friday of each month.

Statewide Partners

- Community Mental Association of Michigan.
- Michigan Public Health Institute.
- University of Michigan-Opioid Collaborative.
- Wayne State University-Merrill Palmer Skillman Institute.
- Wayne State University School of Social Work.

PPW-PLT Regional Partners

The MI-CAFS initiative is led by the Prepaid Inpatient Health Plans (PIHP) in participating regions. Each PIHP selected prescribers and agencies based on their services and ability to meet the PPW-PLT project goals. PPW-PLT initially started in Regions 2 and 7. In year two, Region 9 and PIHP Macomb County Community Mental Health became the third PPW-PLT project region. In Region 7, Detroit Wayne Integrated Health Network added a new Opioid Health Home (OHH) provider Star Center to its PPW-PLT provider network.

Table 1: PPW-PLT REGION PROVIDERS

REGION 2	REGION 7	REGION 9
PIHP **Northern Michigan Regional Entity (*NMRE)***	**PIHP** **Detroit Wayne Integrated Health Network (*DWIHN)***	**PIHP** **Macomb County Community Mental Health (*MCCMH)***
PROVIDERS	**PROVIDERS**	**PROVIDERS**
• **Alcona Health Center** • **Catholic Human Services East** *(Traverse City)* • **Catholic Human Services West** *(Alpena)* • **Grand Traverse Women's Clinic**	• **Central City Integrated Health** • **Elmhurst Home and Naomi's Nest** • **Star Center** • **Positive Images** *(Added in third year)*	• **Biomedical Behavioral Health** • **CARE of SE Michigan** *(Group facilitator only)* • **Gammons Medical** *(Warren)*

Region 2 Partners

Northern Michigan Regional Entity (NMRE)

NMRE is the PIHP that manages behavioral health (mental health, intellectual disability and substance use disorder) services of individuals who are Medicaid-enrolled or eligible for substance use block grant funds in Region 2. They provide service in the northern region of Michigan's Lower Peninsula, comprised of 21 rural counties. NMRE also manages and coordinates prevention treatment and recovery support services for individuals with a substance use disorder.

Alcona Health Center
Alcona Health Center (AHC) has been operating as a nonprofit in northern Michigan for 45 years. AHC offers a comprehensive approach to health care, providing both behavioral health and medical services. Behavioral health specialists and primary care providers work together to provide integrated treatment for substance use disorders, which combines medication-assisted treatment (MAT) with counseling and other specialized services.

Catholic Human Services East & West
For more than 50 years, Catholic Human Services (CHS) has been striving to improve the lives of individuals and families within the 21 communities that comprise their service region. CHS values strong families and offers services geared toward strengthening individuals and their families, including specialized counseling and substance use disorder treatment. Through their long-standing presence in the community, they have formed partnerships with local, county, and state agencies. They utilize these connections to offer an array of Evidence Based Practice and programs to the people they serve.

Grand Traverse Women's Clinic (GTWC)
GTWC provides comprehensive health care to the women of Northern Michigan. They offer primary care services to adolescents and adults, gynecology, and obstetrics care. Teams of obstetricians and midwives offer support with fertility, pregnancy, and postpartum services. Partnerships with Maternal Fetal Medicine experts ensure the best care for high-risk pregnancies.

Region 7 Partners

Detroit-Wayne Integrated Health Network (DWIHN)
DWIHN manages PIHP services for Wayne County, which is composed of 32 cities and townships, with Detroit being the largest. It is in the lower southeast corner of the state and represents Wayne County, the 19th most populous county in the country. DWIHN manages a full array of specialty mental health and substance use services through contracts with their provider network. They manage specialty services for individuals with or at-risk for serious emotional disturbances, severe mental illness, substance use, intellectual and developmental disabilities, including MI-Child beneficiaries.

Central City Integrated Health
Located in the Midtown area of Detroit, Central City Integrated Health (CCIH) is a non-profit that has been providing evidence-based medical, behavioral, and substance use disorder services since 1972. CCIH works with the most vulnerable members of the community, including those recently released from jails or prisons, with chronic medical conditions, suffering from mental illness, housing insecurity, and/or with a substance use disorder, to create housing, employment, and community re-entry opportunities. Primary care providers, social workers, community health workers, and medical personnel work together to coordinate and manage client care. Specialized integrated substance use disorder services are available that aim to address and improve all aspects of an individual's life.

Elmhurst Home
Elmhurst Home has been providing addiction treatment services to the Detroit community since 1972. They offer inpatient residential and outpatient services for substance use treatment and co-occurring disorders. The residential program is a structured, intensive program and is filled with daily activities that teach the skills necessary for achieving long-lasting sobriety and managing mental health issues. In addition to the standard residential housing, there is also a women's specialty program, which provides up to a 90-day stay for women

who have children under the age of 18 or are pregnant up until the second trimester. Continuum of care is offered in the form of outpatient services for women who complete the residential program.

Star Center
Star Center has been providing comprehensive outpatient opioid use disorder treatment since 1994. They take a holistic recovery approach, utilizing MAT with mental, physical, and behavioral health services, tailored to each client's needs. Star Center's team of physicians, social workers, nurses, and counselors coordinate and plan individualized treatment goals. In addition to MAT, clients receive individual counseling sessions and physician evaluations at regular intervals. Recovery-oriented support groups and specialty women's programs are also available.

Region 9 Partners

Macomb County Community Mental Health (MCCMH)
MCCMH is the public provider of mental health, substance use and developmental disability treatment services in Macomb County, representing Region 9. Macomb County, located in the eastern portion of Michigan and is part of Northern Metro Detroit, south of the county's border. Macomb County contains 27 cities, townships, and villages, including three of the top 10 most populous municipalities in Michigan (2010 Census); Warren, Sterling Heights, and Clinton Township.

Bio Medical Behavioral Health (Bio-Med)
Bio-Med is a MAT center owned by Dr. Brian McCarroll, who is trained in family and addiction medicine. Located in Roseville, it specializes in addressing opioid use disorder, mental health, and dual diagnosis. Bio Med offers clients medically assisted withdrawal management, methadone, buprenorphine maintenance (typically referred to as MAT), outpatient programming, as well as clinical services, such as group therapy, didactics, and support groups.

CARE of Southeastern Michigan
CARE has been a leader in substance use prevention and recovery services since 1977. CARE offers programs for children, adults, and families. They strive to strengthen resiliency in people and their communities through prevention, education, and service that improve the quality of life.

Gammons Medical
Gammons Medical was founded in 2003 by Dr. Timothy Gammons and has expanded to four locations including Warren. Dr. Gammons is a physician who offers primary care services and specializes in substance use disorder treatment. He has almost 20 years of clinical experience treating substance use disorders and has been board certified in addiction medicine since 2009. Substance use disorders are addressed with a recovery-oriented treatment model, which uses a combination of MAT, behavioral modification, and psycho-social support to help clients meet their goals.

CARE of Southeastern Michigan (CARE)
CARE has been a leader in substance use prevention and recovery services since 1977. CARE offers programs for children, adults, and families. They strive to strengthen resiliency in people and their communities through prevention, education, and service that improve the quality of life.

Government Performance Results Act (GPRA) Compliance
WSU Grantee Implementation Monitoring

GPRA Intake Rate

Michigan PPW-PLT providers completed 63 GPRA Intakes in the second year. Since the first year of the project failed to meet the projected intake coverage rate which was 65, SAMSHA required MDHHS to submit a Corrective Action Plan (CAP) to meet compliance for year two. While there were notable improvements during the year with providers diligently working to restructure PPW-PLT implementation to meet goals, year two did not achieve the projected 100 intake (baseline interview) rate. Not meeting at least 80% of projected intakes (63% were completed) means the CAP will continue for Michigan going into year three of the project. It is anticipated that heading into year three with the addition of Region 9 providers, the projected GPRA goal of 100 completed intakes will be achieved.

Data Collected

Pregnant and postpartum clients in this project have been women ranging between 18-44 years of age. Our data on age reflects the national data trend in the 2018-2019 NSDUH (*National Survey on Drug Use and Health*) report which shows that opioid misuse is most common in women 12-44 in Michigan.

The racial demographics for PPW-PLT in 2023 are consistent with the *Michigan Behavioral Health Treatment Episode Data Set* (BH-TEDS) report between 2017 and 2020, which showed female substance use treatment admissions was higher for pregnant white women. Our data shows that while the white women's treatment rates are higher, our demographic data is comparable, which is promising for diversity, equity, and inclusion in Michigan and the PPW-PLT project.

SPARS Tracking PPW-PLT Treatment Frequency

31 - White
26 - Black or African American
4 - American Indian
1 - Multiracial
1 - Other

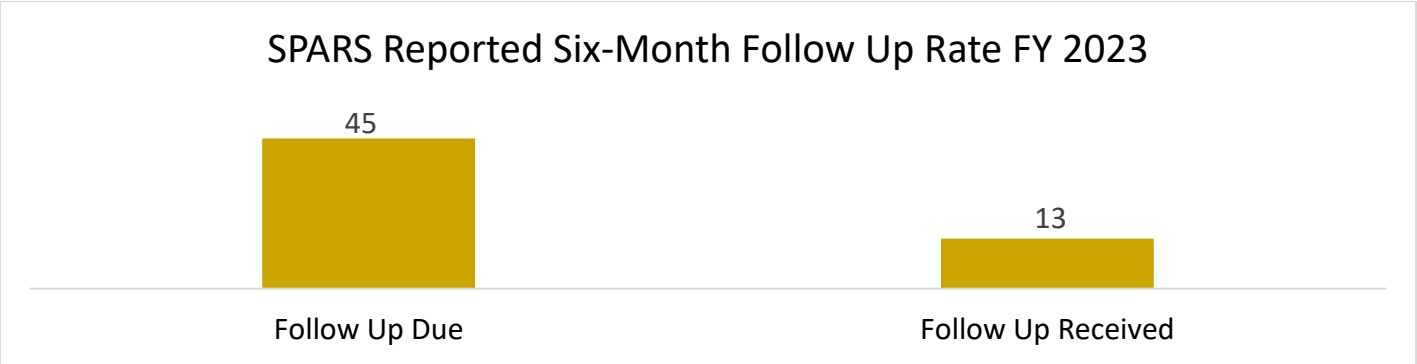
Increasing access to pregnant and parenting people with OUD/SUD who reside in communities that are unserved or underserved are a project priority. Ultimately, the goal is to understand and address the barriers to treatment and other disparities that are untenable for pregnant and parenting people with OUD/SUD sooner, so the disparities and barriers do not arise at all.

GPRA Six Month Follow-Up Rate

GPRA follow-up interviews must occur with all interviewed participants who received grant-funded services. It is expected that funded sites attempt to conduct a GPRA six-month follow-up interview regardless of discharge status (i.e., complete, dropout of services prior to completion). Michigan's follow-up rate did not meet the 80% standard for SPARS reporting. Michigan's PPW-PLT project fell well below that rate, only achieving 13 six-month follow-up interviews out of the 45 that were due *(Table 1), or 29%*. This applies to Regions 2 and 7 for the year, as Region 9 did not conduct *six-, month follow-up* interviews this year. Providers can conduct follow-up interviews one month before or two months after the scheduled six-month follow-up date; doing an interview after that is considered outside the allotted window. WSU provided each agency with a *six-month follow-up list and contact sheet* that showed the three follow-up window dates (intake, discharge and 60-month follow up) for each GPRA-registered participant and the contact sheet to track the efforts they made to conduct follow-up. The contact sheet is also useful to verify the three contact attempts within a 14-day period before an administrative discharge can be completed. An administrative discharge is granted when an individual cannot be contacted to

complete the required GPRA report. Evidence of repeated attempts must be documented prior to this occurring. Even with these tools, agencies struggled to complete timely interviews.

SPARS Table 1



One major contributing problem for all the agencies during the year was staff capacity to conduct this specific task. At some sites the person who conducted the GPRA baseline interviews (intakes) would also complete the six-month follow-up with satisfactory results. At other sites, the responsibility fell to staff who were available, but not aware or prepared of what was expected in conducting the follow-up interviews. Another reason for low follow-up rates during the year was the unexpected turnover of staff and clinicians at the agencies. PPW-PLT providers spent considerable time this year replacing staff; it was an arduous task to identify and hire licensed clinicians. Agencies that operated without PPW-PLT coordination or did not have any GPRA protocols in place could not complete timely follow-up interviews. GPRA compliance for the PPW-PLT project requires tremendous coordination and oversight at the participating agencies.

In Region 7, Elmhurst Home tried to address this issue by recruiting Master of Social Work interns to perform GPRA-related tasks. WSU provided GPRA training to their MSW intern who was responsible for GPRA interviews and exercised oversight of follow-up interviews. Interns may work in the interim but are not a reliable long-term strategy; availability will vary each school year and the agency must maintain licensed clinicians to provide intern supervision. WSU provided all providers with a copy of the toolkit/manual *Staying in Touch* from SAMSHA for developing tracking procedures. Heading into year three, WSU will continue to work with PPW-PLT providers to improve their tracking methods and help them create follow-up protocols to conduct interviews when staff capacity is stressed.

Fiscal Year 2 Implementation

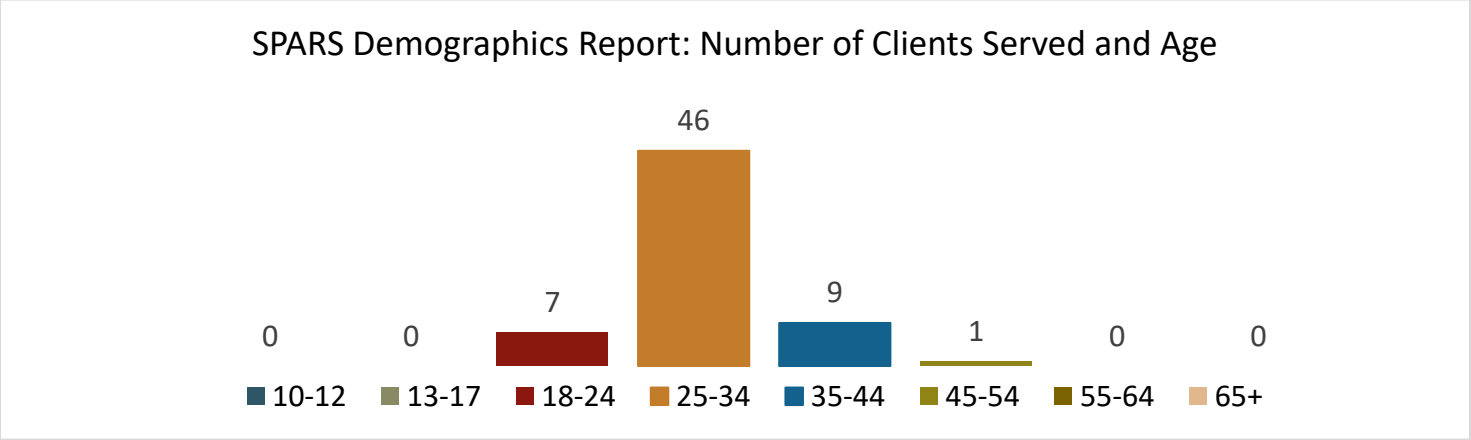
MDHHS has 10 project goals for this grant, and there is some overlap in the tasks related to the goals. In this section we review progress made in this grant year associated with those goals and identify them by goal number at the beginning of each section. Full explanation of the numbered goals corresponds with the MDHHS PPW-PLT project goals list located in the appendices of this report.

The Department of Substance Use, Gambling and Epidemiology (SUGE) within MDHHS' Behavioral and Physical Health and Aging Services Administration's (BPHASA) Bureau of Community Based Services (BCBS) guides the funds for the Treatment of Pregnant and Postpartum Women (PPW) as part of the MDHHS MI-CAFS initiative. The program director and coordinator provide leadership and guidance to the participating PIHPs that identify and facilitate provider contracts and help determine PPW structure in their region. The project structure is shaped by 10 project goals *(Appendix: A),* identified by MDHHS to help reduce maternal

disparities for pregnant and postpartum individuals with an opioid or substance use disorder in unserved and underserved communities.

Access and Capacity *(Goals 1,4,5 & 10)*

SPARS Table 2



In year two, 63 GPRA intakes (Table 2) were completed. As in the first year, the number was below the 80% goal established by SAMSHA. Interestingly, year two numbers are closer to the first-year goal, which demonstrate that the extra attention to coordination and planning providers did in the first year did merit significant improvement in GPRA intakes during the second year. The SAMSHA Grant Program Officer (GPO) requested MDHHS submit a CAP in the second year. The plan outlined Michigan's strategies to meet 80% of the projected participant goal of 100 individuals completing the GPRA baseline/intake interview and 100 individuals screened with the HT2 screening tool.

WSU provided monthly project summaries to MDHHS and the GPO to chart efforts and region progress to meet the HT2 screening and GPRA intake goals.

The most effective strategy required providers to screen everyone accessing services. This method also served to create a larger pool to draw eligible participants from to complete GPRA.

In the first year, MDHHS started with two PIHPs, Region 2 – Northern Michigan Regional Entity (NMRE) and Region 7 – Detroit Wayne Integrated Health Network (DWIHN). During year two, MDHHS invited Region 9-Macomb County Community Mental Health (MCCMH) to join the PPW-PLT network as the third PIHP. Region 9 was selected because MCCMH already had an opioid health home (OHH) in place with an OBGYN (obstetrics and gynecology) and other waivered doctors willing to participate in the PPW-PLT grant. Through the addition of Region 9, three new providers were added to the PPW-PLT network: Gammons Medical, Biomedical Behavioral Health and CARE of Southeastern Michigan. In February 2023, Region 9 was ready to provide PPW-PLT services following the WSU PPW-PLT orientation and GPRA reporting training. Region 9 did start later in the year than planned, but identifying the third region partner was a process, and MDHHS was on track to improve screening and participation during the year and wanted a region partner that would have the capacity to manage the demands of the project. In Region 7, the PIHP introduced Star Center, an OHH, to its PPW-PLT network. Star Center was already familiar with GPRA reporting and only required the PPW-PLT

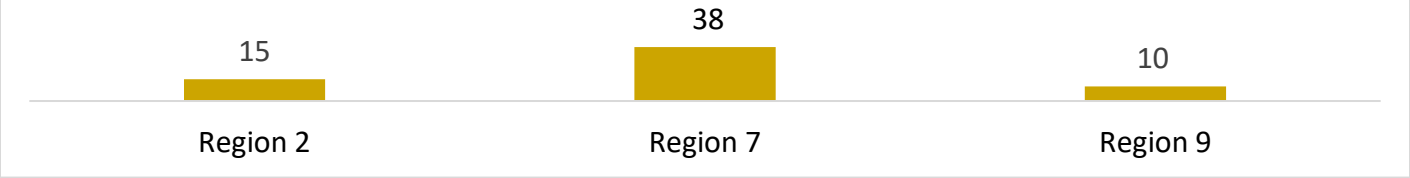
reporting orientation. In Region 2, NMRE approved Catholic Human Services (CHS) west and east locations as HT2 screening and GPRA interview sites. The expectation was the CHS locations would conduct outreach among eligible clients already active in other CHS programs. By the end of year two, the PPW-PLT project counted collaborations in three regions and had a total of nine participating providers.

The plan by MDHHS to increase outreach and expand PPW-PLT services in the PIHP regions was successful. The PIHPs worked in their regions to generate interest in the project by utilizing established health care networks to increase collaboration power for PPW-PLT. The PIHPs understood the communities they supported and gathered the right partners to engage and recruit for the project. Collaboration was the center focus for the providers as well. Providers were able to leverage their community relationships to link additional services and increase resources to support PPW-PLT participants. The PPW-PLT project director also took lead to help guide conversations about (MAT) on the state level. The PPW-PLT program director is a member of the Maternal Mortality Review Committee and during the year served on the team that created new protocols for Michigan's Plan of Safe Care (POSC). The new protocol for POSC will operate to ensure the safety and well-being of an infant with prenatal substance exposure following their release from the care of a health care provider by addressing the health care needs of the infant, the treatment needs of the birthing parent and affected family members or caregivers. Michigan ranks seventh in the nation for infant mortality. The new POSC protocol will help increase the ability of mothers and infants at considerable risk to get the care needed to support their health and wellness and reduce mortality. The PPW-PLT project director's involvement in POSC has benefited the PPW-PLT project through the director's engagement with state community partners and local community networks to bring attention to the importance of women's specialty services and continuum of care for pregnant people with an OUD/SUD. The director has been effective in building relationships that have helped to strengthen partner alliances across the regions. Most importantly, the director has been able to increase awareness on the benefits of medication-assisted drug treatment in ways that help advance the PPW-PLT project goals and sustainability.

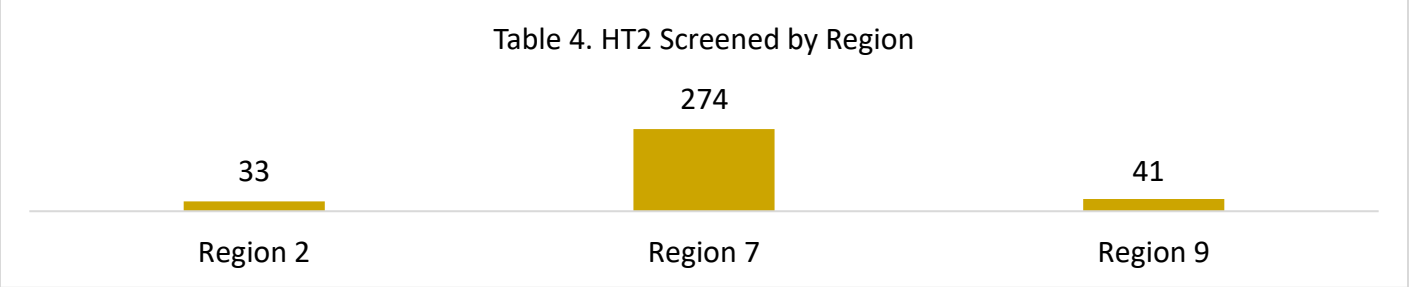
PPW-PLT Engagement and Outreach *(Goals 1-3)*

Year two of the project numbers reflected how beneficial the extended capacity building that occurred in the first year helped strengthen the structure necessary to make year two results possible. The PIHPs and providers were able to construct strategies for outreach and build more community capacity for the project (Table 3).

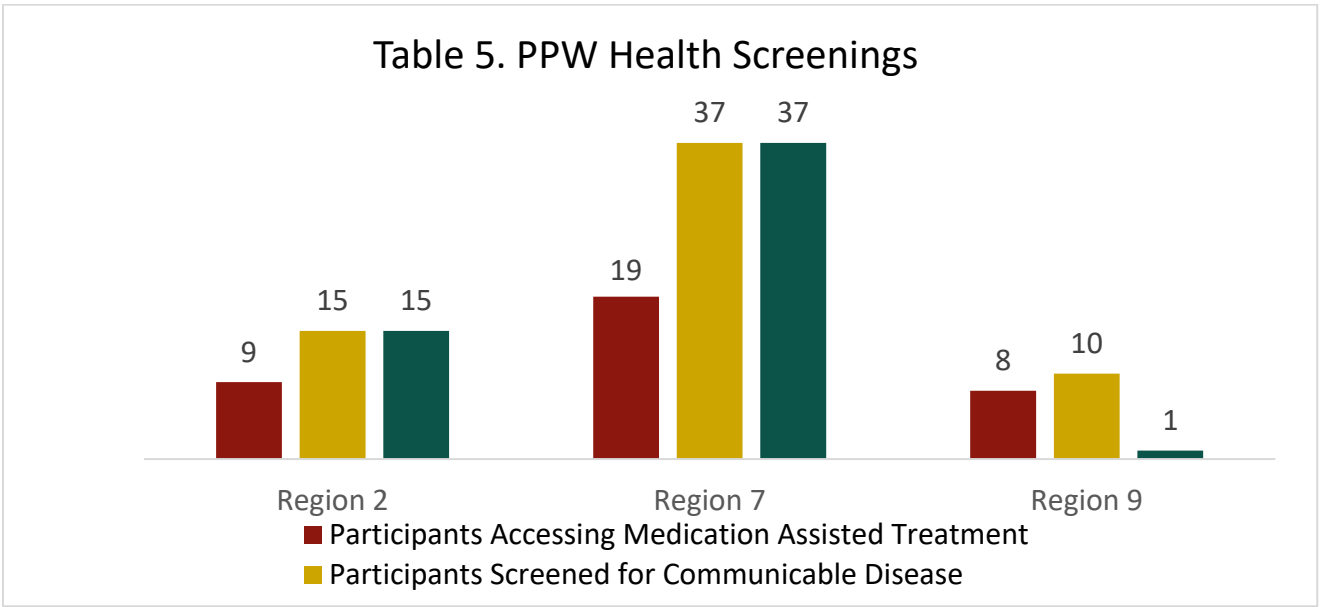
Table 3. PPW Engagement by Region



MDHHS successfully met and exceeded the HT2 screening goal of 100 individuals, reaching 348 individuals screened in year two (Table 4). WSU Merrill Palmer Skillman Institute that oversees the HT2 technology for the PPW-PLT project, distributed iPads as needed and trained staff designated to screen clients. They have been able to reimage the software to integrate with the agency's Intake process to help reduce client time completing the agency intake. Having this flexibility with the screening questions has helped providers better engage with patients/clients and maximize the amount benefit to both the provider and PPW-PLT. HT2 screening plays a critical role in the expansion of Michigan's Enhanced Women's Services (EWS), providing universal perinatal screening to identify substance use disorder, mental health, and trauma concerns in pregnant people during perinatal care visits, with capacity to provide same-day access to counseling and care coordination.



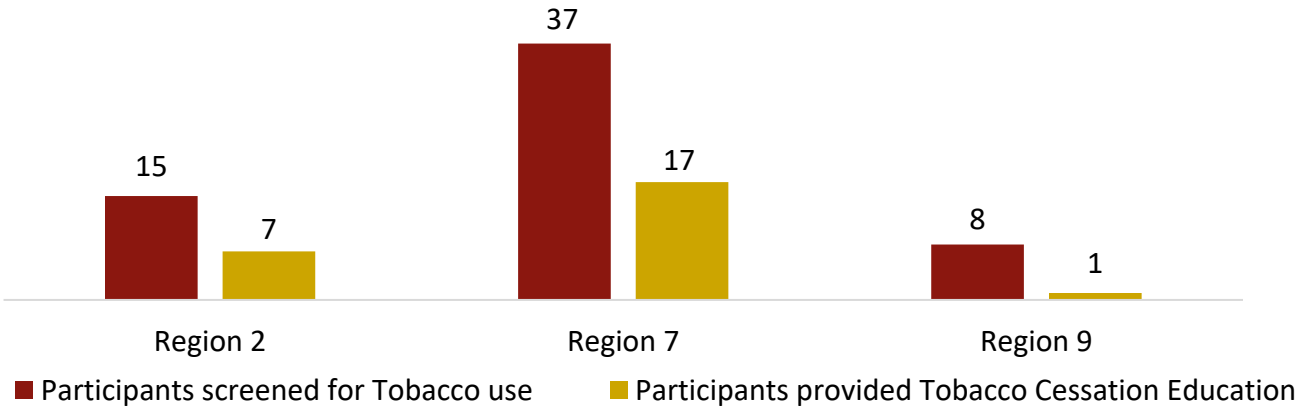
PPW-PLT Service Expansion and Screenings *(Goals 3, 5-7, 9 &10)*
Clinic-based providers have a fixed protocol to screen all new patients for HIV, hepatitis, and other communicable diseases through a series of questions (Table 5) which can be done through HT2. Testing and treatment are administered only by consent. Pregnant patients also get follow-up screenings at each scheduled visit. The clinics can immediately address treatment, provide education, and make referrals. PPW-PLT providers that are not clinic-based conduct screenings as part of the intake. They can provide on-site education and make referrals for treatment at the client's consent. In the PPW-PLT project anyone of child-bearing age that enters a PPW-PLT provider site must be HT2 screened. This approach has helped providers to connect with more people; even if the person screened is not eligible for PPW-PLT services, the person may be eligible to receive treatment or information and referrals through the women's specialty services (WSS) the provider may offer. The target goal is to expand access to MAT services for pregnant people with an opioid use disorder. In year two, 36 women had access to medication-assisted treatment through PPW-PLT providers. Part of building the PPW-PLT network was recruiting OBGYNs and prescribers to become educated and open to MAT for pregnant people with SUD. Despite studies that show safety for use during pregnancy, MAT is not widely embraced. Stigma and misconceptions surrounding use fuel much of the hesitation to use with this population. Therefore, the PPW-PLT aimed to recruit more providers to become comfortable with the practice. This was done through collaboration with medical providers trained in addiction medicine to do coaching calls and education to newly waivered prescribers. Michigan PPW-PLT providers were diligent to provide information and create safe supportive environments for pregnant women to disclose and seek treatment as needed to expand this provider network.



In year two, half of PPW-PLT participants combined across all three regions received MAT. This is a good indicator that pregnant and postpartum individuals who need opioid or substance use treatment are likely to disclose their need for treatment if they feel supported. The PPW-PLT project efforts to increase MAT accessibility without judgement towards pregnant and postpartum individuals are effective to help reduce the stigma attached to MAT and increase continuum of care for maternal and infant health.

Another screening goal for the PPW-PLT project was to decrease, if not end, the use of tobacco during pregnancy. Providers were diligent in screening all PPW-PLT participants but found it extremely difficult to get them to participate in tobacco cessation education (Table 6). Participants with or without awareness about the use of tobacco during pregnancy and after were not motivated to change behavior. Providers were not required to follow any specific behavioral intervention program for tobacco use – they were just required to provide one – so they differed from provider to provider. PPW-PLT providers were connected with local public health agencies that brought in public health nurses who offered on-site education and referrals, or they partnered with counseling agencies that offered similar services. Providers were creative in encouraging pregnant individuals to attend cessation education; for example, one residential provider maintains a Saturday behavioral intervention class for tobacco cessation that uses multimedia and handouts. The provider stated that while their class is not well attended, people will take the materials.

Table 6. Tobacco Screening and Education



Near the end of the year, PPW-PLT providers requested help from MDHHS to find a tobacco cessation program they could implement. MDHHS selected an evidenced-based cessation program through the Hazelden Store called *"Quit and Stay Quit."* The program comes with a set of DVDs (*Understanding the Problems of Nicotine and Tobacco Dependence and the Stages of Quitting Nicotine and Tobacco),* workbooks, and facilitator guide. MDHHS purchased the program, and it will be available for providers to implement in project year three.

Quit and Stay Quit Hazelden Cessation Program

- Imparts vital information about the nature and dangers of nicotine in clear, direct language.
- Enhance treatment outcomes with a multiformat program combining the best elements of behavioral therapy and 12 Step philosophy.
- Helps providers reach more clients in less time-flexible, streamlined materials adapt specific clinical needs.
- Supports a variety of counseling scenarios, including self-directed study.
- Improves the odds of implementing a successful smoke-free environment for treatment, corrections, and other service providers.
- Reduces the risk of relapse for chemically dependent clients.

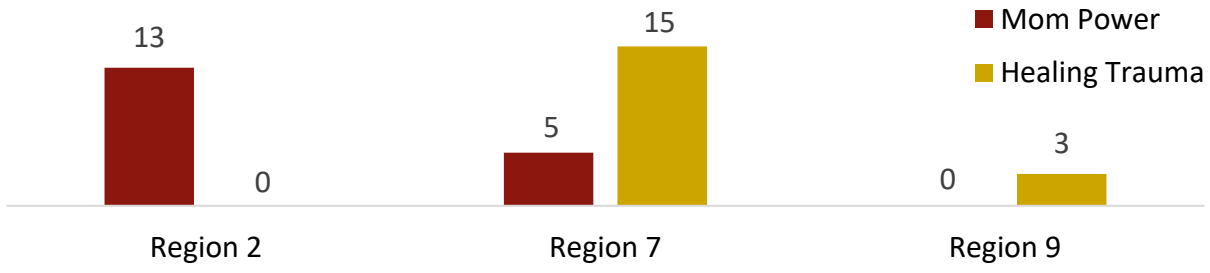
PPW-PLT Evidenced Based Programs *(Goal 4)*

There are seven agencies collectively in the three regions designated to facilitate the evidence-based groups. The three evidence-based programs (EBP) that were supported through this grant were MOM Power, Fraternity of Fathers and Healing Trauma. During year two, only one provider in Regions 2 and 7 facilitated MOM Power groups. Region 7 and 9 facilitated Healing Trauma groups (Table 6). MOM Power is a 12-week closed group that requires two staff facilitators with one being a licensed clinician. The group operates as a cohort with a specific structure that demands staff time and agency resources to sustain. Clinicians report that the group creates a community for the participating mothers, and the 12-week bonding experience contributes to more confident parenting mothers. As one clinic OBGYN commented: "*MOM Power is helping client's parent better."* It also has barriers due to its strict schedule and need for it to be a closed group with an ebb and flow of participants through the program. Fraternity of Fathers is a 10-week closed group that is open to fathers through an attachment-theory based approach. It offers the fathers more mental health knowledge, emotional language and techniques and approaches to be an engaged, supportive father. Healing Trauma is run in six sessions with an open group of individuals. It teaches individuals to understand trauma and its impact on them and those around them, as well as healthy coping and soothing techniques.

Efforts by MDHHS to get the provider agency clinicians and staff trained in both MOM Power and Healing Trauma were successful; however, the high clinician and staff turnover in year two impacted when groups could start or stay active. Frequency of groups was also affected by reduced attendance. Periodically, groups were paused or disbanded due to lack of attendance or number of program participants. Agencies conducting MOM Power had to maintain two facilitators for the cohorts. Healing Trauma created less work for clinicians to facilitate as it is not a closed group, has flexible curriculum, and does not require two facilitators. MOM Power and Healing Trauma were the only two EBPs active during the year. Fraternity of Fathers EBP has yet to be implemented due to the agencies time and resources going into implementing MOM Power and Healing Trauma.

MOM Power does have several required pieces but clinicians in two regions have been creative during the year to implement this group process and keep participants engaged. In Region 2, CHS West prepared *MOM Power Welcome Kits* made up of a variety of fun self-care items like body lotions, facial treatments, and baby items. The kits are given during group recruitment and help engage the participants before the first group starts. In Region 7, Elmhurst Home incorporated a cultural component relevant to African American women and wellness. Clinicians recognized with MOM Power that the moms were interested in participating in the group but struggled with time management and pregnancy, even with the clinicians offering in-person and virtual attendance it was overwhelming for some women. The moms would start out attending regularly but then drop off as the sessions progressed. Gas cards and other transportation options were also offered, but the daily stressors of family and balancing life demands left little room for group time.

Table 6. Evidence Based Practices: By Group



Due to the continuing implementation challenges with the existing EBPs, MDHHS decided to introduce an alternative EBP process and purchased the Parenting and Child Development four session program. This EBP is intended to replace MOM Power starting in project year three. The two agencies facilitating MOM Power during the year wrapped up their last cohorts at the end of year two and are preparing to implement the new EBP. MOM Power with Fraternity of Fathers is a program through the University of Michigan that provides training and limited clinical supervision. MDHHS will not renew the contract, but provider agencies that want to continue this EBP can do so; however, Parenting and Child Development is the new chosen evidence-based program for PPW-PLT. The Parenting and Child Development program will be more manageable for clinicians and participants. It is designed for use in treatment centers and mental health settings. PPW-PLT participants would still get the benefits of education on child development and parenting but would not be overwhelmed by the structure. This Parenting and Child Development is part of the Living Skills Series and comes with workbooks that participants can complete in group session or take home. Participants can learn at their own pace.

Parenting and Child Development program four sessions include:
Session 1: Introduction to Parenting and Child Development
Session 2: Child Development
Session 3: Parenting Skills Part 1
Session 4: Parenting Skills Part 2

Provider EBP Training 2023
In June 2023, MDHHS offered Healing Trauma Plus training to PPW-PLT providers. MDHHS made the training available to all agency staff interested. EBP training during the year was in smaller demand; a total of eight people were trained in Healing Trauma Plus. Regions 7 and 9 sent four staff each to this training.

MDHHS PPW-PLT Site Visits
The first site visits for PPW-PLT took place in July 2023. The PPW-PLT Project Administrator Team, MDHHS and Wayne State evaluator, drafted the *Desk Audit Agenda* and *Compliance Rating Form* to prepare providers in advance and provide structure for the agency scoring. The compliance requirements focused on the priority areas and objectives that MDHHS established for the PPW-PLT project. There were five areas identified for audit and compliance rating *(Appendix: B).* Providers were rated in each area using the following rating scale for compliance: 0=None, 1=Partial, and 2= Full. The compliance rating did not impact the provider's funding. It helped to identify any technical assistance needed to support their PPW-PLT programming and expansion in the region. There were 12 *Pre-Site Survey* questions for providers to complete and two for the PIHPs *(Appendix: C).* The pre-site survey questions offered each provider the opportunity to describe in detail their implementation process and any specific strategies they applied to help advance the project. The PPW-PLT Administrative Team's expectation of the pre-site questionnaire was to get more in-depth information from the providers about their year two experiences implementing PPW-PLT as a specialty service and guide the site review discussion. Year two site visits included Region's 2 and 7; Region 9 was not required to participate.

PPW-PLT Region Progress (Goals 3, 7-8)

Region 2-Northern Michigan Regional Entity (PIHP)
Alcona Health-Alpena
Catholic Human Services East-Alpena and West-Grand Traverse
Grand Traverse Women's Clinic-Grand Traverse

Region 2 providers created a PPW-PLT workgroup to help coordinate services and resolve implementation obstacles. The workgroup has helped providers discuss disparities that impact PPW-PLT participants and how they can better respond to those needs within the project to motivate and encourage participation and build

alliances with other community organizations and systems to support harm reduction for pregnant people in treatment or who would be open to receiving MAT services. Providers recognized the benefit of increasing dialogue with OBGYN's and prescribers to gain alliance and support for PPW-PLT participants. For example, they have reached out to MyMichigan Hospital in Alpena, which is a major health care system with influence in the region. Garnering their support for the PPW-PLT project would increase access to pregnant and parenting people and their families. The PPW-PLT clinics have built a solid foundation for supporting and addressing the needs of people with OUD/SUD using the Patient Centered Medical Home Model (PCMH). This model's focus is delivering high-quality, cost-effective primary care using a patient-centered, culturally appropriate, team-based approach. The model coordinates patient care across the health system. Improving health, increasing wellness for pregnant and parenting people with OUD/SUD that are underserved and struggling with disparities such as housing insecurity, food, and access to health care fit with MDHHS expansion goal of EWS and the PPW-PLT grant. Region 2 providers are relying on the strength of their well-integrated network, coordination of care and care management to bridge gaps and improve outreach, education, and information about pregnant and parenting people with OUD/SUD. Their plan to bring other OHH and Alcohol Health Homes (AHH) programs into the network will help increase screening and access to MAT services and other behavioral health care to increase support and achieve the best outcomes for PPW-PLT participants.

Region 7-Detroit-Wayne Integrated Health (PIHP)
Central City Integrated Health-Detroit
Elmhurst Home/Naomi's Nest-Detroit/Highland Park
Star Center-Southwest Detroit

During year two, a brochure was created in Region 7 to promote PPW-PLT services and highlight information about the providers and project goals. It was designed to recruit OBGYN's and prescribers to partner with the project. The brochure offered information about MAT and prescriber certification. The brochure also worked to engage conversation with prescribers and OBGYN's to assist in harm reduction during pregnancy and postpartum. The PIHP contacted the Detroit Medical Center (DMC), a major public health care system in the region that supports a network of eight health care facilities. Hutzel Women's Health is part of the DMC network and is the only hospital in Southeast Michigan dedicated to women's health care. They also specialize in high-risk pregnancy and maternal fetal medicine. The partnership is expected to increase referrals for PPW-PLT providers, while also supporting maternal infant wellness. It is a purpose that aligned with the PPW-PLTs on-going work to expand WSS and EWS and access to pregnant and parenting people with an OUD/SUD. Two of the providers in the region are well established WSS providers and focused on activities and strategies during the year to improve outreach and connection with this underserved group. PPW-PLT providers were invited to present at the Wayne County Baby Court initiative, a new program for young children, birth to age 3 and their families if the children are at risk of entering foster care due to abuse or neglect or are already in foster care and could be reunited safely with a coordination of services. Substance use disorder is an issue that brings families to the attention of Children's Protective Services (CPS) or the child welfare (CW) system. The Baby Court now includes the Region 7 PPW-PLT network as a referral resource for families that come through the court with a SUD. The collaboration will give Region 7 providers access to the city's Early Child Development Programs and broaden awareness about pregnancy and substance use disorders. Region 7 providers are working to ensure that MAT is available to participants when needed and connecting clients is a smoother process. For example, Elmhurst partnered with a MAT-certified physician who regularly conducts client physicals. MAT clients can then request that doctor be their on-site primary care physician. Elmhurst is planning to have a mobile unit that can provide vivitrol injections to minimize the length of time between ending the use of substances and beginning to utilize MAT to help reduce risk of relapse. Star Center is coordinating MAT support for patients who cannot come to the facility for treatment due to being hospitalized or incarcerated.

Region 7 providers continue to embed PPW-PLT practices into current programming. They are also creating new organizational processes to help sustain the project and strengthen service delivery heading into year three. Region 7 will introduce a new OUD/SUD women's services provider Positive Images in year three.

Region 9- Macomb County Community Mental Health (PIHP)
Biomedical Behavioral Health
CARE of Southeast Michigan
Gammons Medical

Region 9, MCCMH was onboarded in January 2023 and worked with MDHHS to get the provider programs set up with HT2 screening tablets and training by the WSU Merril Palmer Skillman Institute. In February, WSU SSW provided a PPW-PLT orientation and GPRA training to providers. Biomedical Behavioral Health and Gammons Medical are the HT2 screening and GPRA sites and CARE of Southeastern Michigan facilitates the evidenced-based groups for Gammons Medical and Biomedical Behavioral Health PPW-PLT referrals. In July, Healing Trauma Plus training was offered, and all three providers enrolled staff. Providers were able to start HT2 screenings in March; however, the first screenings in Region 9 did not occur until May due to providers needing time to develop and implement the screening protocol. To date, the region has not been able to successfully implement a healing trauma group. There were enough PPW-PLT GPRA intakes to start a healing trauma group in August, but CARE suspended the group because people were not attending. CARE is working on group engagement strategies. MCCMH is collaborating with the providers to produce new PPW-PLT implementation strategies heading into year three. MCCMH is expected to add Judson Center to their PPW-PLT network, and it is anticipated that Judson will identify eligible clients within their treatment services programs eligible for referral to PPW-PLT. Region 9 is focused on increasing HT2 screenings and access to eligible people for PPW-PLT services.

Conclusion

The state pilot *Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT)* has established the future course for *Michigan's Comprehensive Assistance for Family Success (MI-CAFS)* initiative to enhance the continuum of care services for pregnant and parenting individuals and their families. Specifically, MI-CAFS is paving the way for pregnant and postpartum individuals with an OUD/SUD to receive a quality of care that supports their recovery treatment including MAT. The PPW-PLT project has made it possible for Michigan to enhance a service model that will help destigmatize treatment support for people needing medication for opioid use disorder during pregnancy and continue that support postpartum, including emotional and peer supports to reduce relapse. The project work during the year perfectly aligned with MDHHS' plan to build on the success of *Enhanced Women's Services* in the state, starting with increasing OHH programs to include treatment of care for pregnant and postpartum people with OUD/SUD and their families. Building PPW-PLT community collaborations across the three regions continues to be a bridge for harm reduction that is central to improving the quality of life for pregnant and parenting people with OUD/SUD. Family-centered clinics and OBGYN's use of HT2 screening offers patients the ability to communicate more to their practitioner with less stigma and fear and are less intimidated to discuss their substance use and struggles. Communities in Michigan supporting PPW-PLT services aim to impact overall health and wellness of individuals with a SUD and help decrease the maternal and infant mortality rate in the state, especially the health care disparities in communities of color and in communities that are underserved and under-resourced.

In year three, MDHHS will facilitate the PPW-PLT Quarterly PIHP and Provider Collaborative starting in November. This new effort brings everyone together to learn from each other, through shared successes, barriers experienced, and strategies utilized to remove barriers with the implementation of PPW-PLT. Problem-solving as a group will help keep providers motivated and encouraged. Facilitating this group forum will also help build more strategies for screening and completing GPRA interviews, especially the six-month follow-up.

Overall, Michigan is making progress increasing the number of pregnant individuals connected to SUD/OUD services, including MAT, as appropriate. The PPW-PLT participation goal is 100 for year three. The CAP will remain in place until Michigan achieves the target number. It is promising based on the outcome in year two that this is an attainable target. There are now three regions participating, and each PHIP is planning to add another provider to their network, potentially expanding the PPW-PLT to 12 providers in year three. Year two required more building of resources and process development that had begun in year one. However, the PPW-PLT project exceeded its HT2 screening goal and completing 63 GPRA baseline interviews. Although the projected goal was 100 GPRA baseline interviews for year two, 63 was still a tremendous accomplishment for the year. PPW-PLT agencies across regions grappled with constant staff attrition and other unexpected operational changes. In perspective, the initial slow start of the project gave providers time to work through implementation challenges and address obstacles. In year three, providers will need to remain focused on creating strategies to increase HT2 screenings and GPRA baseline interviews, plus improve GPRA six-month follow-up interviews. Providers should take advantage of the PPW-PLT Quarterly PIHP and Providers Collaborative to get useful feedback and support. What the providers accomplished in year two would not have been possible without the extra planning and development that occurred in the first year. The PPW-PLT project now has a stronger foundation for providers to continue this work.

Appendix A: MDHHS PPW-PLT Project Goals

The Michigan Comprehensive Assistance for Family Success (MI-CAFS) will be an encompassing SUD program in the State of Michigan, focusing on pregnant and postpartum women. The goals of this program are:
Goal 1**:** Increase outreach, engagement, screening with High Touch High Tech (HT2) and assessment of pregnant and postpartum women by 100 in project year two and three.
Goal 2: Expand Michigan's Enhanced Women's Services (EWS) to include recovery supports in wraparound style programming in targeted Prepaid Inpatient Health Plan Regions (PIHPs) by project year two.
Goal 3: Expand capability of Michigan's Opioid Health Home (OHH) network to serve pregnant and postpartum women by 10% through the addition of health home partners in the Obstetrics and Gynecology (OBGYN) pediatric field.
Goal 4: Implementation of MOM's Power (MP), a family-focused, evidence-based practice (weekly group sessions-12 weeks) with 25 families. EBPs (Evidenced Base Program) include Fraternity of Fathers and Healing Trauma Plus.
Goal 5**:** Enhance collaboration between existing PPW-PLT treatment providers and the OHH partners by implementing network support meetings and providing technical assistance.
Goal 6**:** Increase Access to Medication-Assisted Treatment for PPW-PLT with an OUD by 10% within identified regions.
Goal 7**:** Increase access to sustainable, gender responsive and comprehensive family-based treatment for women who are pregnant and postpartum across the continuum of care by inclusion of PPW-PLT providers in the OHH partner network.
Goal 8: Enhance collaboration with systems that impact pregnant and parenting people with SUD by participation in perinatal collaboratives, In-Depth Technical Assistance (IDTA), cross training with child welfare and public health, and quarterly PPW-PLT meetings.
Goal 9: Increase screening for communicable diseases and provide testing for HIV and hepatitis where it is not available, as well as connections to follow-up care, requiring everyone entering services to be screened and referred appropriately.
Goal 10: Implement Tobacco/Nicotine Cessation programming and provide education on risks of these products during pregnancy for all people engaged in MI-CAFS services.

Appendix B: Desk Audit Agenda Compliance Rating

MDHHS Site Visit		
Review Area	**Requirement**	**Evidence to Support Compliance Requirement**
Monthly Progress Report	Subrecipients must submit a Qualtrics Monthly Report and adhere to the monthly reporting calendar. Subrecipients must complete the report based on activities accomplished and/or barriers identified for each relevant report component during the reporting period.	• Monthly Reports submitted by the 10th of the month following the end of reporting month. • Reports completed with accurate accomplishments or barriers. • Minimal revision requests.
Monthly HT2 Tracker	Subrecipients must submit HT2 tracking monthly. Subrecipients must screen all childbearing age individuals using the screening tablet and report the numbers for both screened and PPW-PLT enrolled.	• Subrecipient Monthly Report • Reports completed with accurate information. • Minimal revision requests.
GPRA Submissions	Subrecipients must administer and submit GPRA intake in Qualtrics when they occur. Six-Month Follow-up interviews must be tracked and submitted within the time period, and discharge interviews must follow federal protocol and submitted.	• Qualtrics GPRA Intake, Follow-up, and Discharge Questionnaires administered and submitted. • SPARS generated PPW-PLT reports. • Shared Six-Month Follow-Up Tracker submitted to WSU
Clinician EBP Training	Clinicians will be trained in either Mom Power or Healing Trauma +. Continued monitoring of program and staff needs regarding training.	• Certificates of completion or proof of registration.
Pre-Site Visit Survey	Subrecipients must complete an annual Pre-Site Visit Survey via Qualtrics.	• 100% of survey questions answered. • Submitted by due date.

Appendix C: MDHHS Pre-Site Survey

PPW-PLT-PLT Providers Pre-Site Questions
1. Use of High-Tech High Touch (HT2) App and tablet to increase outreach, assessment, and engagement of 100 individuals screened.
2. Develop and expand Women's Specialty Services to include an Enhanced Women's Service designated program.
3. Develop and utilize referral and care management procedures to increase MAT access for OUD PPW-PLT enrolled participants.
4. Implement, manage and maintain evidenced-based practices (EBPs) MOM Power, Fraternity of Fathers, and Healing Trauma Plus as part of the agency PPW-PLT services.
5. Implement process to screen, educate, and facilitate tobacco cessation.
6. Implement process to screen, educate, and facilitate care for HIV, hepatitis, and communicable diseases.
7. What steps have you taken and what are the outcomes of these efforts to reach pregnant and postpartum individuals with OUD/SUD in your region? (e.g., distribution of PPW-PLT project information/create awareness in the community, increase community contacts, outreach with other providers, services agencies, or "system")
8. What are your plans for expansion or maintaining these efforts targeting PPW-PLT populations?
9. What specific plans or steps have you taken towards maintenance of PPW-PLT grant components? (e.g., EBP's, HT2 screening, and MAT access)
10. Tell us your agency PPW-PLT success story.
11. Do you have any technical assistance request or needs?
12. Do you have any questions for the PPW-PLT Project Administrator Team?

PIHP Pre-Site Questions
1. Planning and Management of PPW-PLT-PLT; describe your implementation process and barriers encountered. What steps did you take to address barriers?
2. PPW-PLT lessons learned; how has the PPW-PLT pilot initiative impacted the region (e.g., enhances women's services, collaborations, increase MAT access)? What would you change?