**Deliverable Form E – 5-Year Action Plans**

*(For further instructions see separate document titled “Action Plan Guidelines”)*

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| **MCAH SOW Goal 3: Improve Infant Health** | |
| **Problem Category** | **Perinatal substance use** |
| **Problem Statement(s)** | **Opioid dependent mothers & their infants have sub-optimal health outcomes due to competing priorities between medical providers, child welfare, treatment & delivery systems resulting in poor communication & lack of coordination of care and timely services for families.** |
| **Five Year Local Goal(s)** | **Fewer substance-exposed births**  **Improved coordination between medical providers, childbirth delivery sites, child welfare, and treatment providers systems** |
| **Risk/Contributing Factors** | **Inconsistent policies regarding assessing neonatal abstinence syndrome at time of delivery results in uneven approach to care and confusion as care transitions from the hospital to the community**  **Policy issues, such as licensing for treatment programs adversely effects access to care for pregnant women that are receiving medication assisted therapy, women that recently delivered who are in need of residential treatment and women in need of residential treatment who have childcare needs** |
| **Best Practice Strategies/ Interventions** | **Collective impact approach, expand stakeholder group to include broader representation including consumers, identify data sources to provide common measures across settings, identify best practice guidelines and provide leadership at delivery facilities to move all policies towards evidence based approach** |
| **Intervention Population(s)** | **Medical providers, child welfare, treatment providers, hospital representatives, consumers** |

| **Short and/or Intermediate Objective(s)** | **Inputs, including Community Partner involvement** | **Intervention Activities to Meet Objectives** | **Performance Measures Short and/or Intermediate** | |
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| **Process Description and Measure(s) including data source** | **Outcome Measure(s) including data source** |
| **Fiscal Year 1: 2015-2016**  By June 30, 2016, at least 3 data sources will be identified and data will be compiled from across settings and shared with partners  **Data**  **Fiscal Year 1: 2015-2016**  By June 30, 2016, identify some potential partners and resources to engage in a collective impact process to address systems related issues associated with opioid dependent mothers and their children (continue in year 2)  **Collective Impact** | DHS Epidemiology  Medi Cal Managed Care  Perinatal Services Coordinator  Family Youth and Children’s Department  Drug Free Babies Program staff    OB Care Providers  Child Birth Facilities  Family Youth & Children  Perinatal Substance Use Treatment Providers  DHS PH Home Visiting  DHS Behavioral Health  Medi Cal Managed Care  Hospital Social Workers  OB Coordinator, Santa Rosa Family Medicine Residency Program  Consumers (women in recovery)  Developing a process to assess hospital providers screening/protocols for potential opioid dependence in newborns in year 1 (implement in year 2) | **CPSP staff & OB providers – PSEP integrated tool QI feedback, comparison to similar sites, and countywide county data**  Determine availability of **relevant data**. Collaborate with epidemiologist to develop county prevalence data for opioid use among women of reproductive age and compare with statewide data.  Partner with MCMC to identify if opportunities exist to educate providers who prescribe at excess rates.  PSEP data – Universal use of integrated screening tool  Explore feasibility of accessing relevant child welfare data  **Data sharing with partners**  Identify measures of use to track for dashboard (already have universal screening of all pregnant women, brief intervention, referral to care)  Identify opportunities for quality improvement in data collection process  Identify and potential collective impact partners and resources and discuss opportunities to collaborate on shared issues  Set meeting with identified partners to determine each program’s unique issues/barriers when serving target population and address possible solutions  How are hospital providers screening women for substance use? Are they doing universal screening or relying on provider bias. For those identified as tox positive, how is the infant being assessed in the hospital and post discharge. Are providers aware of and using the universal screening tool to assess babies for withdrawal symptoms. (Conduct key informant interviews)  Identify a champion at each hospital to work with and promote the issue | Describe sources of data representing that address opioid dependent mothers and children  Describe how you shared data with partners  Briefly describe how potential partners currently address opioid dependent mothers and children; if possible describe issues in common (summary of key informant interviews).  List the programmatic goals of partner agencies that link to delivery system issues associated with target population  Describe meeting outcomes from a collective impact standpoint | At least three sources of data will be identified and compiled from across settings and shared with partners (list data sources)  Number of potential partners that agree to engage in the collective impact effort to address delivery system issues associated with opioid dependent mothers and children |
| **Fiscal Year 2: 2016-2017**  By June 30, 2017, identify additional partners and resources to engage in a collective impact process to address systems related issues associated with opioid dependent mothers and their children  By\_\_\_\_\_\_\_\_, collect information to describe the protocols used by delivery sites to currently address opioid dependent moms and children in labor and delivery  **Collective Impact** | OB Care Providers  Child Birth Facilities  Family Youth & Children  Perinatal Substance Use Treatment Providers  DHS PH Home Visiting  DHS Behavioral Health  Medi Cal Managed Care  Hospital Social Workers  OB Coordinator, Santa Rosa Family Medicine Residency Program  Consumers (women in recovery) | Identify and potential collective impact partners and resources and discuss opportunities to collaborate on shared issues  Set meeting with identified partners to determine each program’s unique issues/barriers when serving target population and address possible solutions  Share best practice/evidence base protocols for screening, referral and treatment (for both moms and with neonates after discharge) with delivery sites  Meet with practice sites to provide follow-up training to reduce the data gaps (CQI process to be done every year)  Identify data gaps based on clinic and staff and follow-up to reduce gaps | Briefly describe how potential partners currently address opioid dependent mothers and children; if possible describe issues in common, describe gaps and strategies to address them  List the programmatic goals of partner agencies that link to delivery system issues associated with target population  Describe meeting outcomes from a collective impact standpoint  Briefly describe the protocols used by delivery sites | Number of potential partners that agree to engage in the collective impact effort to address delivery system issues associated with opioid dependent mothers and children |
| **Fiscal Year 3: 2017-2018**  By June 30, 2018,  Promote the use of a set of core component of evidence based guidelines for management of laboring women with possible opioid dependence  **Evidence Based guidelines –** | * Sutter * Memorial * Kaiser * Petaluma * Sonoma * Santa Rosa Birth Center * Thrive Birth Center | **Hospital partners**  Provide updated guidelines for neonatal abstinence scoring and related hospitals policy templates to local delivery facilities including hospitals and birth centers.  Seek **clarification of neonatal care** of substance exposed neonates within the NICU setting, including standardized scoring, discharge criteria, and outpatient follow up plan. |  | Number of sites that are using the core components of evidence based guidelines/total number of delivery sites |
| **Fiscal Year 4: 2018-2019**  By June 30, 2019,  (Medical – assisted treatment for women who opioid dependent and can’t wean during pregnancy – alternative is to stabilize them on medication. When ready to move into residential treatment to give birth, then there are licensing issues)  **Licensing Issues at SUD Treatment** | * Drug Free Babies * Outpatient substance use treatment facilities * Inpatient treatment facilities | **Partner with Drug Free Babies** to map system of care for a variety of scenarios: preconception, pregnant, postpartum with newborn, postpartum without newborn, women with co-occurring disorders |  |  |
| **Fiscal Year 5: 2019-2020**  By June 30, 2020,  After baby is born and is addicted, want to be sure that all the services in alignment and using evidence based practice to follow-up with child on medical assessments in community settings and family settings. Should be some standards  **FY&C / CPS** |  | Access availability of relevant child welfare data, including hospital discharge reports, tox positive birth data, neonates, infants and children impacted by perinatal substance use, impact of social services including out of home placements (number and duration), and reunification plan outcomes.  Seek opportunities to align efforts with shared clients |  |  |

* Perinatal Alcohol and Other Drug Action Team
* Sonoma County DHS Behavioral Health, Substance Use Disorders Section
* Sonoma County Human Services, Family, Youth & Children Section (child welfare)
* Drug Abuse Alternatives Center; Perinatal Program
* Women's Recovery Services
* Sutter Medical Center, Social Work Department
* Obstetrical Coordinator, Santa Rosa Family Medicine Residency Program
* Sonoma County Probation Department
* Partnership Healthplan of California (Medi-Cal managed care)
* Consumers (women in recovery)