

# **SUPPORTING WOMEN IN THE PERINATAL PERIOD**

Understanding the complexities of behavioral health and its impact on moms, birthing persons & families



# PRESENTERS

- Shelly Nolan, MS, LPC (she/her) – Behavioral Health Clinical Director- State of Connecticut, Department of Mental Health & Addictions Services
  - Nothing to disclose

## **UNDERSTANDING THE PROBLEM**

- In 2023: 107,543 lives lost to death by overdose
  - 3% decrease since 2022 and the first decrease since 2018 (CDC)
- In 2023: 49,300 lives lost to death by suicide

# MATERNAL HEALTH: NATIONAL IMPACT



- The maternal mortality rate has increased nearly 89% since 2018
- United States continues to see the loss of approximately 700 birthing persons during pregnancy and in the post partum period (1 year)
- Considerable racial disparities exist: American Indian, Alaska Native, and Black women are 2-3x more likely to die of pregnancy-related causes than White women
- Four out of five deaths are identified as preventable—understanding risks, access to early diagnosis, and treatment are essential
- 23 % of maternal deaths connected to mental health & substance use disorders
- CDC Campaign: [HEAR HER Campaign](#) | [CDC](#)

# STIGMA AND MENTAL HEALTH



- MORE THAN HALF OF PEOPLE WITH MENTAL ILLNESS DO NOT RECEIVE HELP MANAGING THEIR SYMPTOMS AND/OR DISORDERS.
- MANY PEOPLE AVOID OR DELAY SEEKING TREATMENT DUE TO CONCERNS ABOUT BEING TREATED DIFFERENTLY, FEARS OF LOSING THEIR JOB AND LIVELIHOOD, AND/OR FEARS RELATED TO SYSTEM INVOLVEMENT (CHILD PROTECTIVE SERVICES, LEGAL, POLICE, ETC.).
- STIGMA OFTEN COMES FROM LACK OF UNDERSTANDING OR FEAR, AND INACCURATE OR MISLEADING MEDIA REPRESENTATIONS OF MENTAL ILLNESS CONTRIBUTE TO THESE FACTORS.
- AFFECTS INDIVIDUALS WITH MENTAL ILLNESS, BUT ALSO THEIR LOVED ONES WHO SUPPORT THEM.
- INCREASED IMPACT ON SOME DIVERSE RACIAL AND ETHNIC COMMUNITIES, CREATING AN ADDITIONAL BARRIER TO ACCESSING SUPPORT DUE TO THE DISTRUST OF THE MENTAL HEALTH CARE SYSTEMS.



# STIGMA AND ADDICTION

- Research indicates that stigma is persistent, pervasive, and rooted in the belief that addiction is a personal choice and an issue of willpower – we know this is scientifically incorrect.
  - **Addiction is a chronic health disease, not a moral failing or personal choice.**
- Stigma is prevalent among the public, professionals, and across all community sectors, including healthcare.
  - For people with addiction, **finding a safe space from stigma** can sometimes feel impossible.
- Stigma damages the health and well-being of people who use drugs and interferes with the quality of care they have access to and receive.

# ADDRESSING PROVIDER STIGMA



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Universal screening provides all individuals with an equal opportunity to receive helpful resources/supports or medical interventions

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Providing compassionate and quality care for those who disclose or are actively struggling with substance use makes a difference

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Participate in professional development opportunities in areas of stigma and implicit bias

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Become familiar with the addiction and harm reduction resources in your local community and state so that you can support your patients/clients

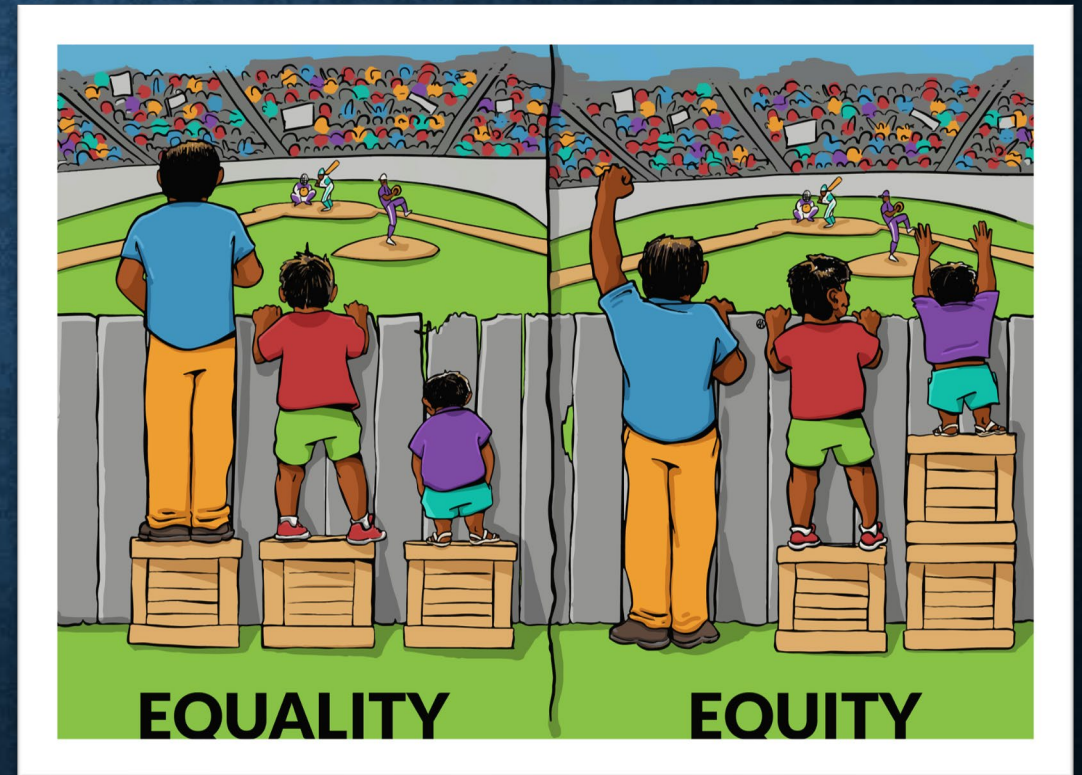
# INTERSECTIONALITY OF STIGMA AND HEALTH EQUITY

Equality vs Equity is a concept that can be applied to various populations who experience discrimination and health disparities, including those who use drugs.

- Equality = fairness
- Equity = getting what you need to improve the quality of your situation

Minority and historically disadvantaged populations, including but not limited to Black, Indigenous, and people of color, individuals experiencing poverty, and LGBTQIA+ communities, experience disproportionate impacts of health disparities

- For these populations, additional stigmas and discrimination can compound and greatly impact the quality and equity of the addiction care they need.
- *Minority Stress*; increased stress caused by pervasive rejection, discrimination, and stigma.





# **INNOVATIONS IN SUPPORTING FAMILIES**

Connecticut's  
continuum of care

# EVOLUTION OF SERVICES

- DMHAS Women's Services has grown over the past 5 years to enhance the resources available to better reflect needs of women & girls in CT
  - Diverse team guided by Master's level CT licensed clinical and public health staff
  - Services have evolved to meet current needs of women, birthing persons & families
- Ongoing collaboration to determine gaps in the system and develop resources to mitigate barriers and challenges
- "No wrong door" to access services
  - REACH Navigators can help act as a resource to support individuals in learning about available services and connect to what is most appropriate for each individual



# DMHAS WOMEN'S SERVICES PROGRAM OVERSIGHT

- Annual on-site reviews which includes:
  - Trauma & Gender Fidelity Review
  - Clinical Chart Review
  - Client Focus Group
  - Leadership Interview
  - Physical environment evaluation
  - Policy Review
- Ongoing on-site technical assistance on new initiatives and best practices
- Regular learning collaborative meetings
- Critical Incident Monitoring and Support

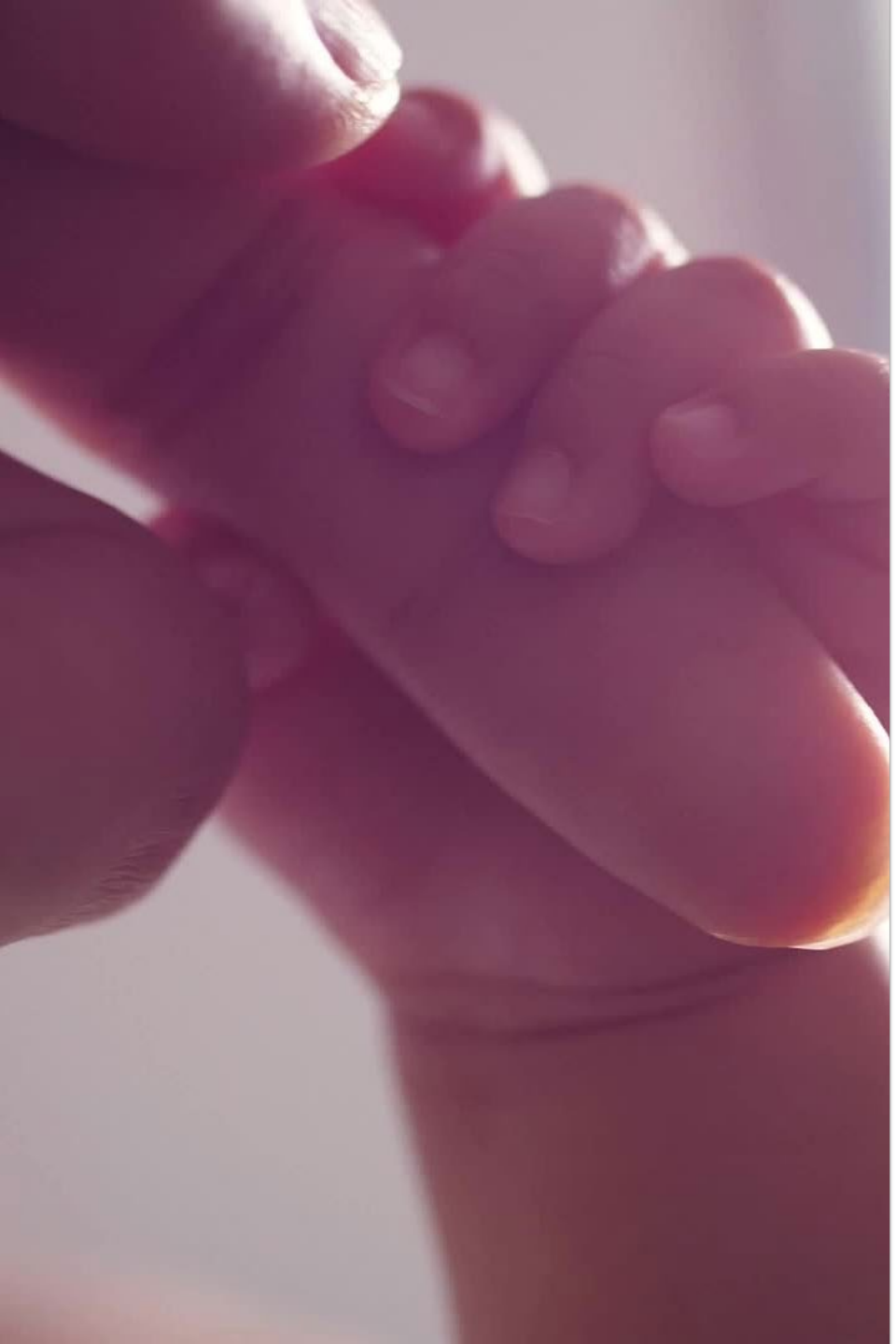


# COLLABORATIONS

- Framework rooted in working in partnership with other state agencies, treatment providers and community organizations
- Key Partnerships
  - Persons in Recovery
  - Department of Children & Families
  - Department of Public Health
  - Department of Social Services
  - Office of Early Childhood
  - Office of Child Advocate
  - University of Connecticut
  - CT Hospital Association
  - CT Council Against Domestic Violence (CCADV)
  - Planned Parenthood
  - CT Women's Consortium

# **PREGNANT AND PARENTING (3.5) LOC- SUBSTANCE USE TREATMENT**

- Specialized LOC with the purpose of providing support to women during pregnancy, while parenting and/or during the reunification process
  - Reunification must be the established goal at time of admission
- 20 hours of treatment services per week – includes relapse prevention, parenting skills, co-occurring, trauma, anger management, reproductive health education & doula consultation
- Individualized length of stay based on treatment plan
- Children can reside with mom in the program
- Services provided at 5 sites throughout the state



## CLIENT FEEDBACK

“I am very grateful for this program. My counselor is very supportive and I enjoy the groups and have benefited much from them. I am now mentally and emotionally prepared to have my baby and prioritize my recovery.”

“This program is giving me the opportunity to reunite with my son while still in treatment and reconnecting our family as a stronger, healthier, family unit.”

“Being here has truly changed my life. I can feel the growth in so many different ways, but most of all, I am happy. I found a sisterhood that I have never experienced before and for that I am truly grateful.”

# WOMEN'S RECOVERY SUPPORT PROGRAMS

- 15 beds statewide
  - 2 programs run by the Connection Inc. - Coley House located in Bridgeport & Hallie House located in Middletown
  - 3<sup>rd</sup> site opening in Hartford in early 2024
- Designed for pregnant/ parenting women and children who may reside in the program with their moms
- Coordination with community treatment and recovery supports
- Daily on-site groups focused on supporting recovery
- 24/7 staffing

# **WOMEN'S RECOVERY SUPPORT PROGRAM**

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“The staff here are so persistent which is amazing because I forget a lot. They hold me accountable and make sure I’m on top of my recovery, parenting, and my mental health.”

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“I love that I am trusted to be out in the community and be more independent. It makes me feel more confident in my recovery.”

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“I have all the tools I need. I thank you guys for being there and guiding me because I wouldn’t have been able to do it alone.”



# **WOMEN'S COMMUNITY TRANSITION SUPPORT (WCTS)**

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A community-based independent living case management program available to pregnant and parenting women/birthing persons involved in the DMHAS substance use treatment continuum of care

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Case Management services will focus on independent living, linkages to treatment, budgeting and tenancy skills, parenting support, referrals to basic needs resources and transportation as needed

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Services are voluntary and include locating safe, affordable housing, and up to 12-month rent subsidy, where the client will incrementally increase their rent contribution as they work towards independent living

# WCTS

I want to start off by saying I wouldn't be where I am today without the help of the WCTS program. They have helped me not only get housed but teaching me budgeting , saving money , being able to provide for my son as far as helping me find a daycare . Anything that I have ever needed Tracey made sure I got it or at least pointed me in the right direction to be able to get it . Being a single mother in this economy is hard and knowing I have this program behind me is just a weight off my shoulders . I can't express how grateful I truly am for Tracey and this program I don't know where I'd be without them . Thank you so much for allowing me to be part of this program and helping succeed in my life .

# PROUD OVERVIEW

- DMHAS was initially awarded a 3-year SAMHSA PPW Grant (\$2.7 Million total) in 2020, a new grant award began in September 2023
- Furthers CT's work on the existing 5-year strategic plan to address infants born substance exposed
- Targets a geographic area in central CT where data reveals disproportionate racial, social and economic disparities compared to other areas of CT
- 240 pregnant and postpartum individuals with SUD/ODU, and their family members have been served in the first 3 year grant period. Following year 1 of the PPW 2023 Grant, to be at least **160 PPW**

- **PROUD Clinical Sites**
  - 3 multidisciplinary teams staffed with Clinician, Peer Recovery Coach & Care Coordinator
  - Team members are knowledgeable of area resources
- Training through CT Hospital Association
- Diverse trainings with a core focus on integration with the medical community
- Summer Series - Reducing Stigma To Access Trainings: [PROUD - Connecticut Hospital Association \(cthosp.org\)](https://www.cthosp.org)
- Reproductive Health Integration
  - Comprehensive reproductive health education model delivered by Planned Parenthood of NE – contraception, sexual health, risk management
  - Focus on Implicit Bias

## **PROUD INITIATIVES**

# PROUD QUOTES

“I felt supported all along my journey, and never felt judged. I received case management help, was generously provided with basic needs, was given transportation to visits, doctors’ appointments, and was supported throughout court hearings. Without the program and being provided with transportation before I got a car, I may have never gotten my son back. My RSS was the first person I called when my baby was born, and she showed up at the hospital right away. My peer always picks up the phone and I feel as if I was always being cheered on and supported and it made me want to keep doing the next right thing.”

“I'm really thankful for this program and what it has offered me. They have continually supported me through this journey of recovery. I'm grateful to be a part of this program and have experienced all the wonderful staff. I'm grateful that I'm alive and able to experience another day.”

# WOMEN'S REACH



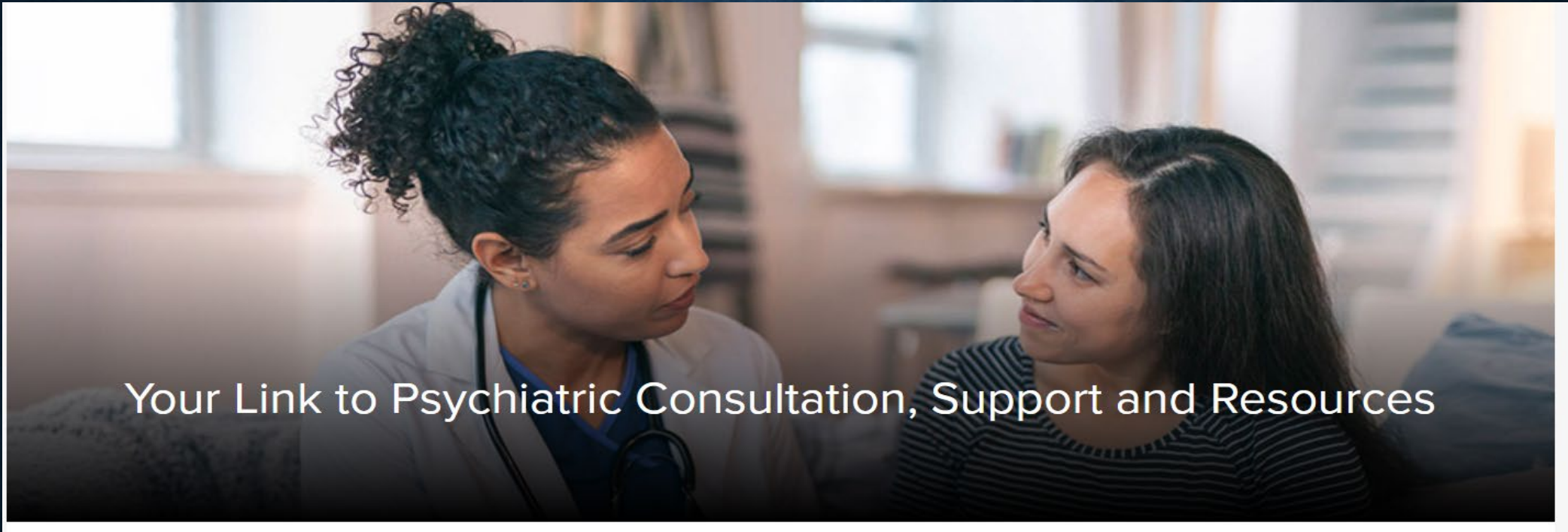
- Developed in 2019 alongside the launch of CAPTA In CT
  - Since it began, REACH has served 2,309 unduplicated individuals
- REACH (Recovery, Engagement, Access, Coaching & Healing)
- Women's Navigators/ Family Navigators are women with lived experience who are living their own recovery and are willing to use their experiences to help others find their recovery path
- Target Populations: pregnant/parenting women with substance use and/or co-occurring disorders AND expecting/parenting fathers, grandparents, LGBTQIA+ individuals or any natural support impacted by substances use and caring for a child
- Open to and knowledgeable about diverse pathways to recovery, community resources, and women's health issues
- Embrace the notion that one size does not fit all
- Recovery Coaching & Short-Term Case Management
- Regionally based with a focus on community outreach & engagement
- <https://portal.ct.gov/DMHAS/Programs-and-Services/Women/Womens-REACH-Program>

*Insight from a Women's Recovery Navigator:*

“I began working with a client who had been referred by staff from the overflow shelter as the client was homeless and pregnant. The client began meeting with me, and I was able to connect her to a family shelter, WIC, and pregnancy/infant support services. With the use of REACH funding, I was able to provide her with some basic needs, including baby supplies, a stroller, and breast pump. The client also worked with me to establish a Family Care Plan and has since delivered her baby with minimal DCF contact. She and the baby are healthy, and she continues to obtain support through REACH as she navigates motherhood in recovery. “

*Insight from a Family Recovery Navigator:*

“I began working with a father that had recently lost his wife and the mother of his son. He had been struggling with substance use for much of his son's life and recently completed an inpatient treatment program. Through his work with the REACH program, he was able to identify ways of connecting with his son. He was also able to obtain employment, work on budgeting to gain financial stability, and obtain survivor benefits for his son. He has consistently engaged in REACH, and has met a variety of goals. He continues to be active with his recovery, attends recovery groups, and meets with me regularly for additional support.”



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**ACCESS Mental Health for Moms** offers psychiatric expertise and consultation to medical providers treating perinatal women presenting with mental health and/or substance use concerns. For obstetric, pediatric and adult primary care, and psychiatric providers treating women up to one-year post delivery. [Home - ACCESS Mental Health for Moms](#)

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**Psychiatric Consultation:** The ACCESS Mental Health for Moms perinatal psychiatrist provides real-time consultation via the telephone. The consultation may involve diagnostic support, guidance in regard to medication treatment (when indicated), psychotherapy and community support needs, treatment planning, and medication concerns regarding preconception, pregnancy and lactation. The perinatal psychiatrist works to assist you in addressing your patient's mental health and/or substance use concerns. We are here as a consultative support only, we will not take on the psychiatric treatment for your patient.

**Care Coordination Team:** After you speak to our perinatal psychiatrist and you would like us to help your patient connect to services, our care coordination team will work with mom and her family directly.



*“ I am beyond grateful for you [AMH]. You have helped me out so much and I am glad I am able to trust you and that you are here to help me out with my needs. Thanks again!” ‘*

*- Mom after receiving resource and referral support*

*“With both of those people in place I feel like I’m in a good spot. Thank you so much again. Just knowing your program exists made me feel less alone and gave me hope in my hardest days so far.”*

*- Mom, New Haven County*

# SUBSTANCE EXPOSED PREGNANCY INITIATIVE – CT

- This initiative is funded by CT DMHAS & CT DCF which supports a Program Manager & a Family Care Plan Coordinator
  - In FY 24, over 700 people were trained in CAPTA and how to develop Family Care Plans
    - Behavioral health clinicians, Recovery Navigators, CT Hospital Association, Medical professionals, Social Service Agencies, Early Childhood staff, etc.
- SEPI-CT aims to strengthen capacity at the community, provider, and systems levels to improve the health and well-being of infants born substance exposed through supporting the recovery of pregnant people and their families. <https://www.sepict.org/>
- CAPTA workgroup
  - Ongoing collaboration with all the partners which has led to evolution and implementation of lessons learned – portal updates, best practice guide, educational campaigns, web-based FCP Tool, etc.



# CONTACT INFO & KEY RESOURCES

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[Women's and Children's Services](#)

[Substance Exposed Infant Initiative CT | Creating Better Outcomes](#)