

KEY DRIVER DIAGRAM

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SMART AIM

Improve birth outcomes of infant born to opiate-dependent mothers as measured by the following by June 2016

Measures:

1. 30% reduction in Low Birth Weight (LBW) infants
2. 30% reduction in average NICU length of stay (LOS)
3. 30 % improvement in 12mos treatment retention

GLOBAL AIM

Create systems of care that seamlessly integrate health done in physical, mental, and substance use domains as part of holistic approach to well-being

* Gray shading denotes primary project emphasis; Interventions are samples and non-inclusive.

KEY DRIVERS

Prevention of opiate use before and during pregnancy

Education to improve recognition & non judgmental support of mothers

Early prenatal identification

Develop best integrated practice including MAT (Medication Assisted Treatment)

Adhere to best integrated practice

Data systems to support integration

Adequate access & workforce to support

Patient Engagement & Support

INTERVENTIONS

- Community toolkits
- Building Mental Wellness
- See SAMHSA Models that include protective and resilience promotion

- Public Campaign
- Nurture the Mother
- Nurture the Baby
- Strong Start OHIO (centering)

- Universal standardized pregnancy risk assessment; **universal disease screening (e.g. HCV, HIV)**
- Non- traditional modalities (e.g., **community health workers, navigators/coordinators, HUB**)
- Harness existing systems

- Clinical Advisory Panel/Lit review
- Publicize key components
- Coordinate ADAMH boards, CPS, MCPS, Justice and Welfare
- Co-located MHAS services/Therapies
- Tie to NAS work

- Implement QI process PDSAs & DATA feedback and collaborative

- Identify key data points
- Feedback to providers

- Test models for specialized maternity medical home (PCMH)
- Methadone /MAT clinic

- **Recovery Peer Support**
- **Family/Kinship Engagement**
- **Ancillary Service Support (vocational, housing, child care)**

- Toolkit development
- Shared decision making tools