

# Developing Collaborative Care at the Intersection of Maternal Health and Substance Use Disorders

## NH Behavioral Health Summit

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Tuesday, December 9, 2025



**Institute for Health  
Policy and Practice**

# Objectives

## You will leave the session with:

1. An increased understanding of why pregnant and perinatal people with SUD need targeted, integrated, best practice care.
2. An increased understanding of why state policy should be grounded in best practice.
3. An increased understanding of punitive vs. non-punitive policies and the impact on client outcomes.
4. New ways to think about “evidence” when considering evidence-based best practice.

# Hi! It's nice to meet you.

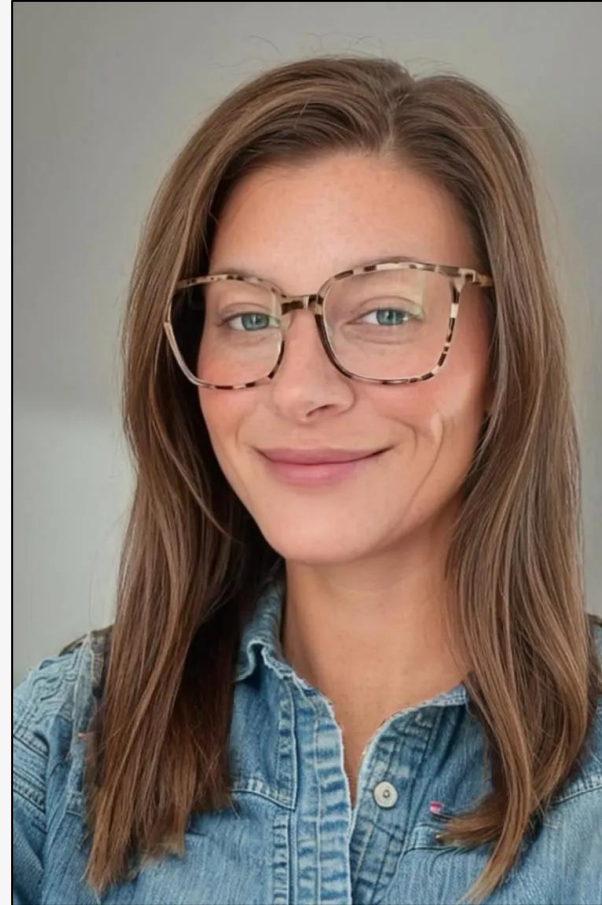
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# IHPP's Maternal Health and SUD Portfolio

- State Opioid Response (2018 - 2025)
- Perinatal Substance Exposure Collaborative (2019 – current)
- NH Medicaid Maternal Health Initiatives (2022 – current)
- Rural Maternity and Obstetric Management Strategies (2022 – current)
- Partnership for Academic-Clinical Telepractice: Medications for Addiction Treatment Program (3 cohorts, 2019-2021)
- Collaborative for Advancing Rural Excellence and Equity Substance Use Disorder ECHO (6 cohorts, 2021-2026)
- Peer Workforce ECHO, SUD and Behavioral Health (2 cohorts, 2023-2024)
- Maternal and Child Health Epidemiologist for the NH Division of Public Health Services

# We are MOMS!



# Maternal Opioid Misuse (MOM) Model

- Addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD)
- CMS Center for Medicare and Medicaid Innovation Center
- Five-year funding for model (2020-2025)
- State-driven approach
- NH is one of seven awardees



# Maternal Opioid Misuse (MOM) Model

## Why do we need this initiative?

- Pregnant and postpartum individuals with SUD face incredible stigma when seeking care.
- The current system is not designed to support them.
- Pregnant and postpartum individuals with SUD are at high risk for poor maternal outcomes:
  - Interpersonal violence
  - Pregnancy-related death
  - Pre-term labor
  - Complications related to delivery
  - Infants born with Neonatal Abstinence Syndrome (NAS) and related symptoms
  - DCYF involvement

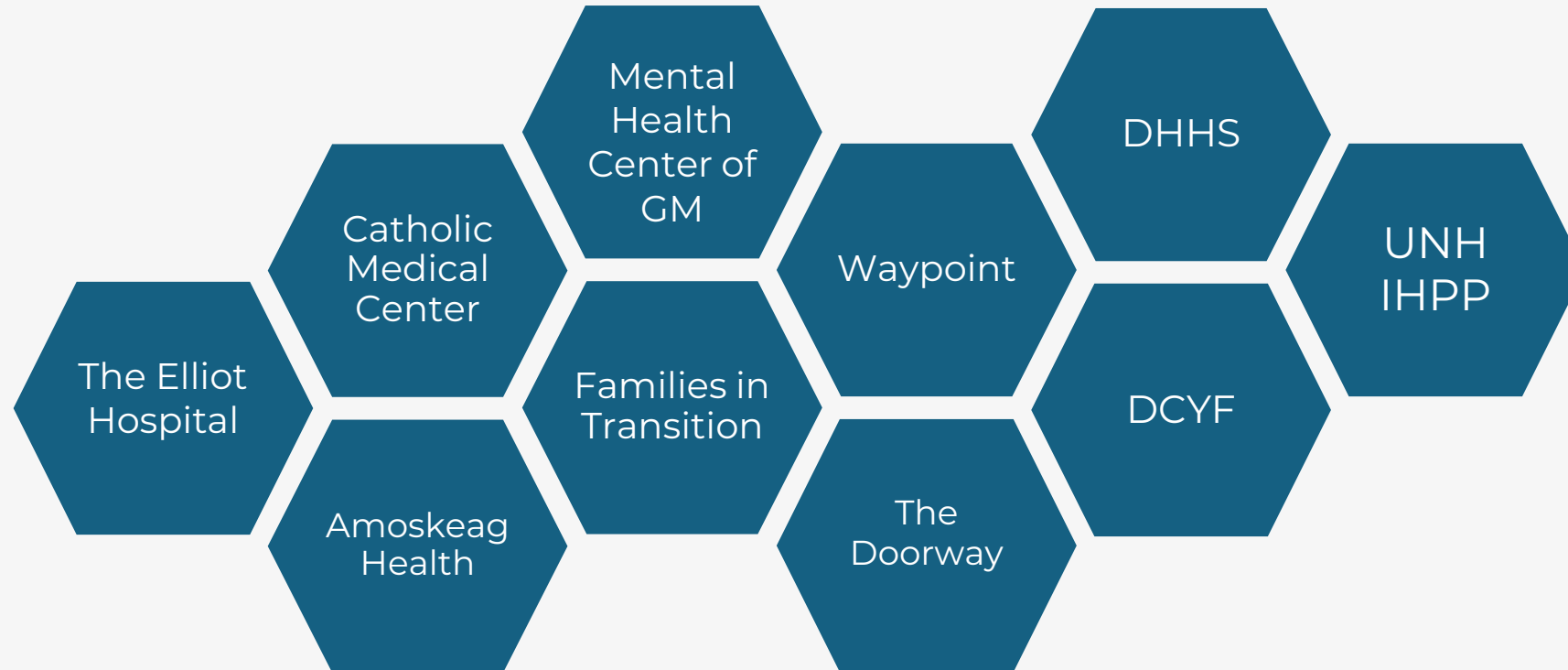
# Maternal Opioid Misuse (MOM) Model

## New Hampshire's Goals

1. Improve quality of care and reduce costs for pregnant and postpartum individuals with OUD as well as their infants.
2. Expand access to treatment and services by creating and integrated provider network through technology.
3. Reduce stigma by community outreach and peer recovery support worker engagement.
4. Develop and/or monitor Plans of Safe Care (POSC) with and for enrollees.

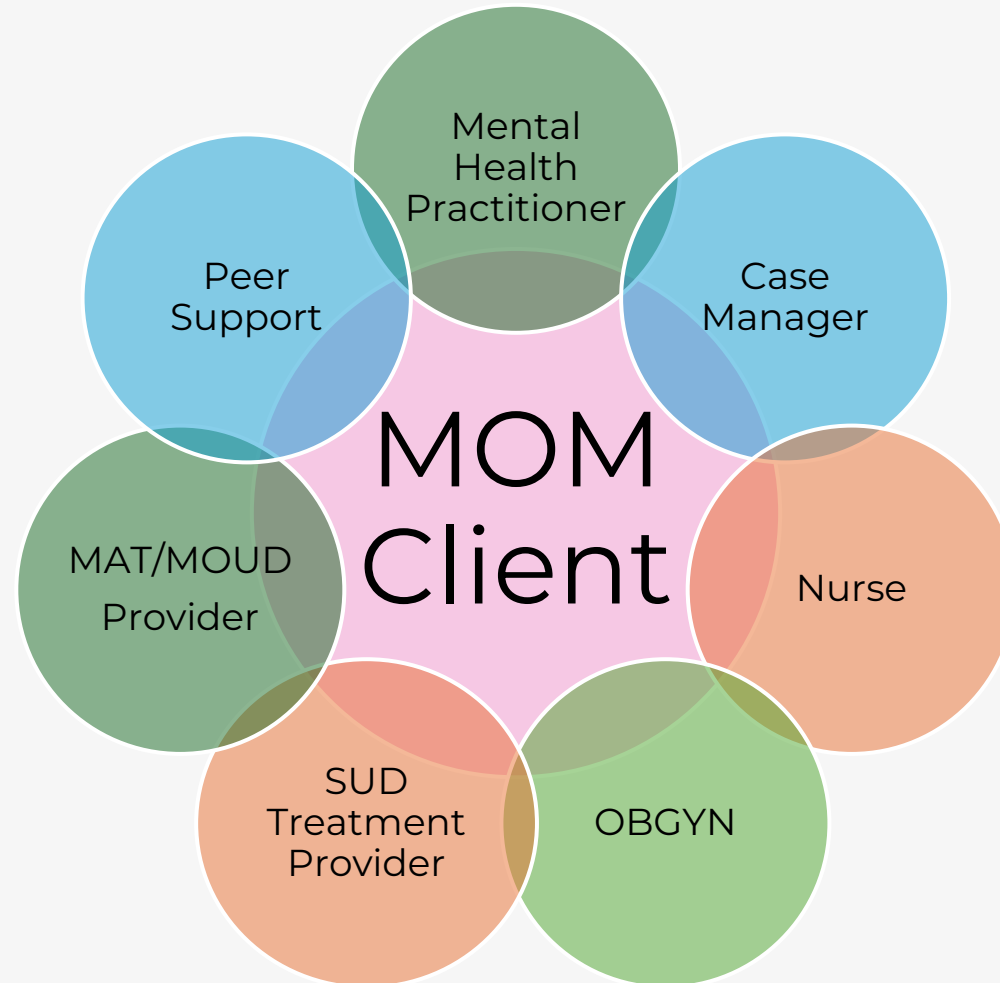
# Maternal Opioid Misuse (MOM) Model

## New Hampshire Partners



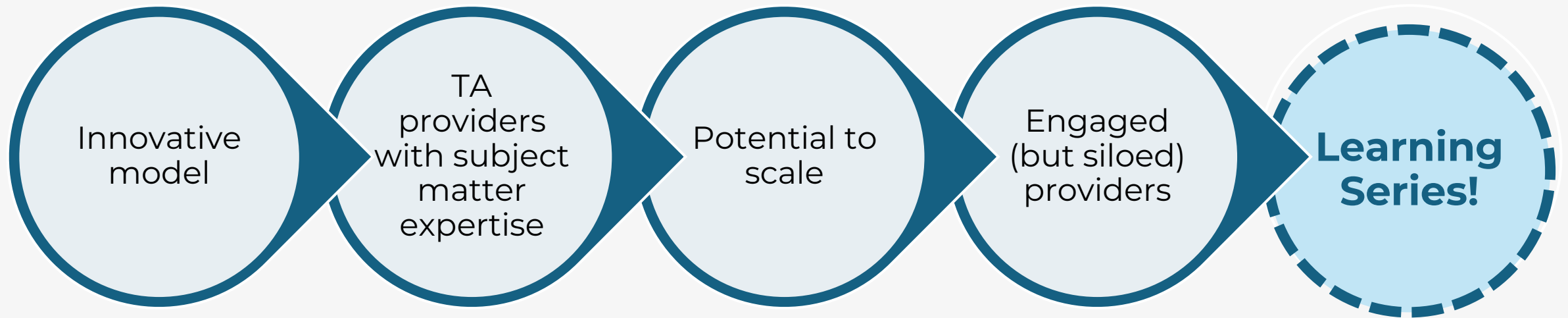
# Maternal Opioid Misuse (MOM) Model

## New Hampshire's Approach



# Maternal Opioid Misuse (MOM) Model

## Creation of the NH's Learning Series



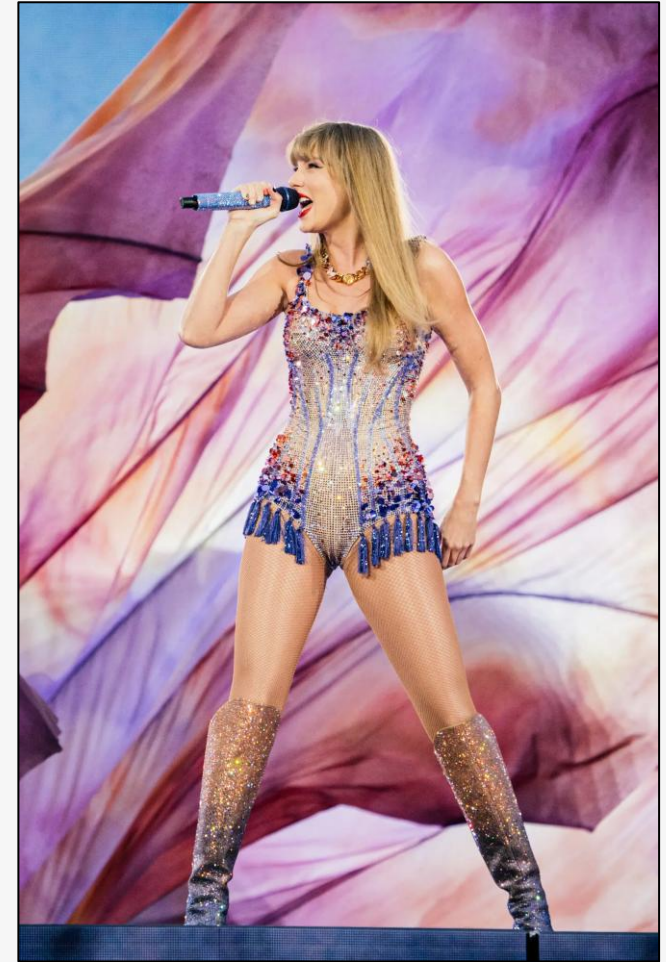
# Creation of NH's MOM Learning Series Structure

- Developed contact list from maternal health and SUD portfolio
- Created Qualtrics survey to assess interest, community needs, topic suggestions, and timing of sessions
- Incorporated feedback into series structure:
  - 10 monthly virtual sessions
  - Based on structure of NH's MOM Model
  - Flexible, responsive, and iterative programming based on interest
  - Recorded sessions
  - Session materials shared broadly

# Creation of NH's MOM Learning Series

## Creating A Safe Space

- Reviewed group rules every session
- Held space for shared personal experiences
- Listened closely
- Allowed each session to inform the next
- Celebrated birthdays...and Taylor Swift



<https://www.nytimes.com/2023/08/05/arts/music/taylor-swift-eras-tour.html>

# Create a Safe and Compassionate Environment



## Maintain a compassionate space

Model courtesy, compassion and respect regardless of age, gender, sexual orientation, religion, ability, or lived experience



## Use person centered language

Support an environment where we can redirect each other on preferred language use

Instead of this...	Try this!
Non-compliant	Chooses not to; not ready for; not in agreement with
Aggressive	Protective; high-emotional reactivity



## Uphold participant privacy

Use generalized language and refrain from sharing any identifiable details, such as:

- Names
- Places of employment
- Places of residence
- Treatment providers
- Specific dates
- Personal health information

Source: *The Power of Language in Strengths-Based Approaches: (ct.gov)*

# Creation of NH's MOM Learning Series

## What did we learn?

### Key Themes

1. Stigma and implicit bias impact care.
2. Lack of collaboration across systems harms clients.
3. Interpretation of existing perinatal substance exposure policies have resulted in inconsistent treatment practices, reporting practices, and overreporting.
4. Including client voice in policy development will reduce the creation of punitive policies that negatively impact clients.

# What did we learn?

Key Theme: Stigma and implicit bias impact care.

## EVIDENCE:

- Overview of MOM Model
- **Stigma is a primary theme in this work**

Session 1  
January

- Storytelling and stigma
- **Stigma stems from implicit bias**

Session 2  
February

- Exploration of implicit bias
- **Impact of bias on policy**

Session 3  
March

# What did we learn?

**Key Theme: Lack of collaboration across systems harms clients.**

## EVIDENCE:



# What did we learn?

**Key Theme: Interpretation of existing perinatal substance exposure policies have resulted in inconsistent reporting practices and overreporting.**

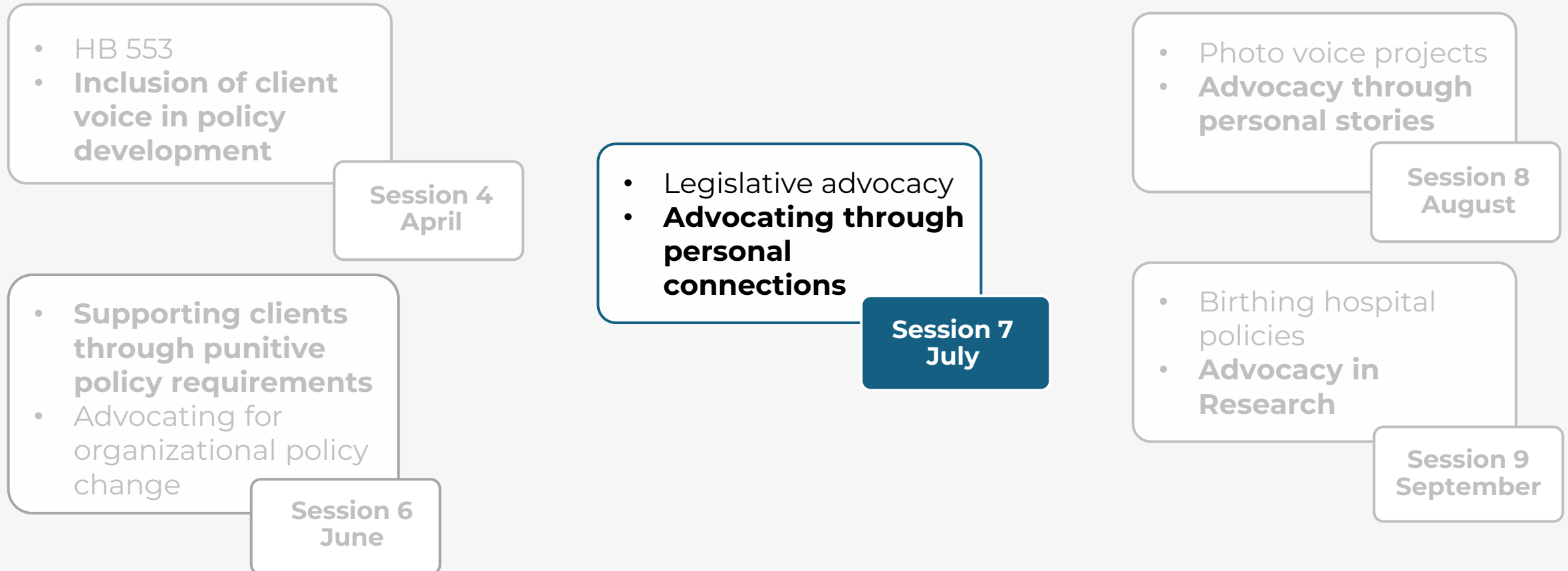
## EVIDENCE:



# What did we learn?

**Key Theme: Including client voice in policy development will reduce the creation of punitive policies that negatively impact clients.**

## EVIDENCE:



# Recommendations

## System Improvement

- Increase communication between DCYF, hospitals, and Family Resource Centers to coordinate Plans of Safe Care, solve for inconsistent interpretations, and share effective practices.
- Use the existing Doorways system to scale the MOM Model throughout the state.
- Strengthen rural maternity care systems.
- Expand training opportunities on implicit bias and stigma for providers.

# Recommendations

## Program Design

- Implement secure data-sharing systems to improve care coordination.
- Embed non-clinical supports (like housing, transportation, and childcare) into maternal and child health and SUD services.

# Recommendations

## Clinical Practice & Reporting Standards

- Re-examine hospital drug testing policies to ensure they are used as clinical tools.
- Clarify and standardize perinatal substance exposure reporting requirements.
- Ensure hospitals have supportive, best-practice processes that guide conversations about reporting policies.
  - Learn from and spotlight hospitals that are successfully implementing trauma-informed reporting practices.

# Recommendations

## Policy & Advocacy

- Support clients to advocate for policy change through shared experiences.
  - Journey mapping
  - Photovoice
- Support SUD and maternal and child health professionals to advocate for policy change through partnerships with advocacy organizations.

# Participant Feedback

## The vast majority of respondents agree that they...

- Are a part of a larger group of providers working to support this unique population of clients.
- Better understand how state policy can impact client care.
- Plan to take action (or have taken action), professionally or personally, to advocate for more affirming state policies for pregnant and perinatal people with SUD.

# Participant Feedback

## Biggest takeaways:

- “The people in the room - I hadn't thought of just how many people from different places were working on this.”
- “Just how many people in this area are working toward a similar goal and all the resources we do truly have for our patients.”
- “It felt empowering and like there were paths to change.”  
(Reflecting on the advocacy training with New Futures)
- “These sessions felt particularly apt for the moment and responded to the very timely needs of the field.”

# Participant Feedback

## How has your work changed because of this series?

- “This series came along as our program was starting, it gave us topics to discuss in theory before we ran into them in the field.”
- “I have built so many community partnerships and connections that help me in my everyday role and work.”
- “To better serve the people I am helping”
- “I have a better understanding of resources available, as well as the dynamics of recovery and SUD Support”
- “[I imagine] leveraging partnerships to advocate for policies that support birthing people with SUD.

# Resource Guide

## Supporting the Perinatal and Postpartum Population: A Community Resource Guide for NH

- A new resource guide for the pregnant and perinatal people is complete!
- It is 70+ pages of resources ranging from OBGYN care and SUD treatment to housing, transportation, and legal aid.
- The guide can be found at:  
<https://chhs.unh.edu/institute-health-policy-practice/resources-publications>
- Edits to the guide can be submitted to [ihpp.unh@unh.edu](mailto:ihpp.unh@unh.edu).

# Questions & Discussion



# Contact Us

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