

Advancing Perinatal Substance Use Treatment in Rural Minnesota: Overcoming Barriers and Reducing Inequities

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CARMICHAEL FINN IS THE CURRENT EXECUTIVE DIRECTOR AT RECOVERING HOPE TREATMENT CENTER IN MORA, MINNESOTA.

WITH OVER TWO DECADES OF EXPERIENCE, FINN HOLDS LICENSES AS A MARRIAGE AND FAMILY THERAPIST AND ALCOHOL AND DRUG COUNSELOR WITHIN MINNESOTA. IN ADDITION TO THEIR LEADERSHIP ROLE, FINN SERVES AS ADJUNCT FACULTY AT METROPOLITAN STATE UNIVERSITY AND MINNEAPOLIS COLLEGE, WHERE THEY TEACH IN ALCOHOL AND DRUG COUNSELING PROGRAMS. THEY ALSO OWN CARMICHAEL FINN LLC, SPECIALIZING IN TEAM-BUILDING, TRAINING, AND QUALITY CONSULTATION FOR BEHAVIORAL HEALTH ORGANIZATIONS.

FINN'S PROFESSIONAL INTERESTS ENCOMPASS ADVANCED ETHICS, SUPERVISION, ORGANIZATIONAL AND SYSTEMS CHANGE, RESEARCH, RELATIONAL THEORIES, AND ADDICTION AND FAMILY DYNAMICS.

FOR MORE INFORMATION, YOU CAN VISIT THEIR WEBSITE AT WWW.CARMICHAELFINN.COM.

Summary

This presentation will explore the significant work being done at Recovering Hope Treatment Center to address perinatal substance use in rural Minnesota. We will delve into the unique challenges faced by women and families in these areas, including barriers to care and disparate outcomes. Highlighting the innovative programs and strategies implemented by Recovering Hope Treatment Center, this session will provide a comprehensive overview of efforts aimed at reducing health inequities and improving access to quality care. Participants will gain insights into the importance of specialized treatment programs in rural settings and the impact of targeted interventions on the well-being of mothers and their children.



BARRIERS TO PERINATAL SUBSTANCE USE TREATMENT IN RURAL AREAS



Limited Access to Specialized Care

Scarcity of Treatment Facilities: Many rural areas in Minnesota lack local substance use treatment programs, particularly ones specializing in perinatal and family-focused care. Women often need to travel long distances to access these services, which can be a significant obstacle.

Lack of Specialized Providers: There is often a shortage of healthcare providers trained in perinatal addiction treatment, such as obstetricians and addiction specialists who understand the complexities of treating pregnant women with substance use disorders.





Withdrawal Management

12 licensed withdrawal Management programs in Minnesota.

Most *do not* accept pregnant women without barriers, and some will not accept pregnant women at all.

Over half of these are only in Urban/Metro areas.

Common barriers associated with admittance to a withdrawal management program include:
Can not be high-risk pregnancy, must have OBGYN care at least one month prior, and can not be in late trimester.

Transportation Challenges

Geographic Isolation: The rural landscape of Minnesota presents logistical challenges for accessing treatment, as transportation options are limited. Without reliable public transportation, many women find it difficult to reach distant clinics or treatment centers.

Cost of Travel: Fuel costs or arranging for childcare while traveling can be prohibitive for low-income women in rural areas.





Lack of Comprehensive Family-Centered Programs

Few Programs for Women and Families: There is a shortage of programs that focus on the entire family unit and provide services like parenting support, domestic violence resources, or mental health care, which are critical for successful recovery.

Why is there a lack of these essential and effective programs?

- lack of funding
- complexity
- regulation
- knowledge

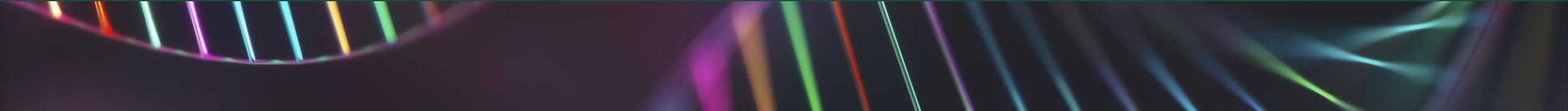
Analyze Disparate Outcomes and Health Inequities

Maternal mortality rate in Minnesota is generally lower than the national average, but stark disparities persist.

For example, Black women, who represent 13% of the birthing population, accounted for 23% of pregnancy-associated deaths. Similarly, Indigenous women represent 2% of the population but accounted for 8% of deaths

Substance use was identified as a cause or contributing factor in 31.3% of the pregnancy-associated deaths.

<https://www.health.state.mn.us/news/pressrel/2022/maternal080322.html>



Program and Strategies to Reduce Inequities

Recovering Hope
Treatment Center

Mora, Minnesota





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Postpartum and Prenatal Care

Prenatal Care: Pregnant women at Recovering Hope receive comprehensive prenatal care, which includes monitoring for any pregnancy-related complications. This care is essential for reducing the risk of birth complications and improving outcomes for both the mother and baby.

Postpartum Support: After delivery, Recovering Hope provides postpartum care to mothers, including support for managing postpartum depression and other health issues. This care helps new mothers navigate the early stages of motherhood while maintaining their recovery, promoting healthier outcomes for both the mother and infant.





Focus on Family Reunification

Support for Family Reunification: For mothers who have lost custody of their children due to substance use, Recovering Hope offers programs that help with family reunification. By providing mothers with the tools to stay sober and be effective parents, the center helps facilitate the safe return of children to their mothers, leading to better long-term outcomes for the family as a whole.

Family-Centered Care

Parenting and Life Skills Education: The center offers parenting education that equips mothers with the skills to care for their infants and children effectively. By focusing on nurturing parenting techniques, the center helps improve mother-child bonding, which is crucial for a child's emotional and cognitive development.

Support for Parenting in Recovery: Recovering Hope recognizes the challenges of parenting while in recovery. Programs like parenting classes and support groups focus on building maternal confidence, promoting healthy relationships, and managing stress without relying on substances. This approach strengthens maternal capacity to provide a stable, supportive environment for their children





Father Involvement

Recovering Hope Treatment Center actively involves fathers and encourages partner involvement in the pregnancy and post partum period.

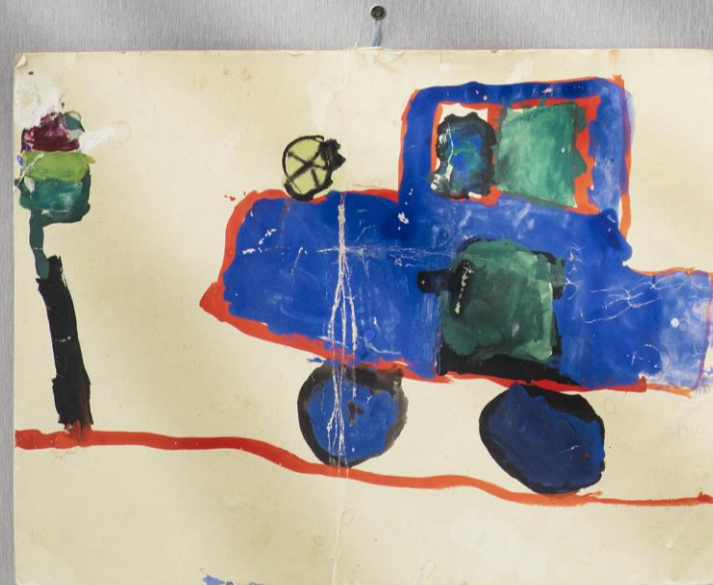
A study (Alio et al 2011) found that increasing paternal involvement could prevent 60 to 75% of the excess mortality observed among Black women during pregnancy and childbirth.

On-Site Childcare and Early Childhood Support

On-Site Childcare Services: The center provides childcare for the children of women in treatment, allowing mothers to focus on their recovery while ensuring their children are in a safe, nurturing environment. These services relieve some of the immediate stress on mothers and help them remain engaged in their treatment programs.

On-site ECFE: ECFE classes taught onsite.

Trauma-Informed Daycare



Reducing Trauma

A longitudinal study by Suchman et al. (2018) found that when parents with substance use disorders received *parenting interventions* alongside treatment for addiction, their children were significantly less likely to develop emotional and behavioral problems associated with ACEs



The Intergenerational Approach

TWO-GENERATION (#2GEN) APPROACHES CENTER WHOLE FAMILIES



CHILD-FOCUSED



**CHILD-FOCUSED WITH
PARENT & CAREGIVER
ELEMENTS**

This could include early childhood development with parenting skills; family literacy with health screenings; and/or other child-focused services that also identify ways to support the adults in their lives.



WHOLE FAMILY

Two-generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives together.



**PARENT- & CAREGIVER-
FOCUSED WITH CHILD
ELEMENTS**

This could include workforce programs offering child care referrals; food and nutrition supports for student parents; and/or other adult-focused services that also identify ways to support their role as parents or caregivers.



ADULT-FOCUSED



Trauma-Informed Approach

Recognize the Impact of Trauma: Many families dealing with substance use and mental health issues have histories of trauma, which often affects both generations. Use trauma-informed care practices to ensure that treatment plans address the root causes of these issues.

Impact on Infant and Maternal Outcomes



Reducing Child Welfare Involvement

The Children's Bureau (2020) reported that substance use was involved in over 35% of child welfare cases. By providing addiction treatment and support to parents, children are less likely to experience the kinds of abuse and neglect that contribute to high ACE scores, and entry into out-of-home placement.

Impact

- Reduced Neonatal Abstinence Syndrome (NAS): By providing prenatal care and substance use treatment, Recovering Hope helps to reduce the incidence of NAS, a condition where infants experience withdrawal symptoms after birth due to maternal substance use.
- Improved Maternal Mental Health: Through integrated mental health care, the center helps improve maternal emotional well-being, which directly impacts the ability of mothers to care for their infants and reduces the risk of maternal mental health issues negatively affecting child development.

Impact

- **Better Infant Development:** The early intervention services, such as developmental screenings and pediatric care, support infants' healthy development and reduce the likelihood of developmental delays.
- **Stronger Family Stability:** By supporting mothers in recovery, addressing trauma, and providing parenting skills, Recovering Hope helps create a more stable, supportive family environment, improving the overall well-being of both mothers and children.

By the Numbers

RHTC has had **396** infants in our childcare, and over a 1000 children in our daycare overall.

RHTC has had over **80** infants born in our program.





Resources

1. <https://www.health.state.mn.us/news/pressrel/2022/maternal080322.html>
2. <https://www.marchofdimes.org/peristats/state-summaries/minnesota?obj=3®=99&slev=4&sreg=27&stop=55&top=3>
3. Alio AP, MbahAK, Kornosky JL, Wathington D, Marty PJ, Salihu HM: Assessing the impact of paternal involvement on racial/ethnic disparities in infant mortality rates. *J Community Health* 2011, 36 (1):63 – 68. 3.
4. Suchman, N. E., DeCoste, C., McMahon, T. J., Dalton, R., Mayes, L. C., & Borelli, J. (2018). Mothering from the inside out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment. *Development and Psychopathology*, 30(3), 1083-1096. <https://doi.org/10.1017/S0954579418000514>
5. Children’s Bureau. (2020). *Child maltreatment 2018*. U.S. Department of Health & Human Services, Administration for Children and Families. Retrieved from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>
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