



Program Charter: LINK

Linking Identification & Navigation for Perinatal Mental Health & Substance Use Care

Minnesota Perinatal Quality Collaborative (MNPQC)
December 2024

Program Overview

The Minnesota Perinatal Quality Collaborative (MNPQC) is proud to introduce the **Linking Identification & Navigation for Perinatal Mental Health & Substance Use Care (LINK) Initiative**. This statewide initiative addresses the critical and interconnected challenges of perinatal mental health conditions (PMHC) and substance use disorders (SUDs). These conditions often co-occur, creating compounded risks for pregnant and postpartum individuals and their infants.

The LINK Initiative fosters an integrated, evidence-based approach to improve identification, referral, and support for individuals with PMHC and SUDs. Through multidisciplinary collaboration, care coordination, and stigma reduction, LINK supports facilities at every stage of their journey toward equitable and comprehensive care.

Background and Context

Recent years have seen a significant rise in mental health challenges and substance use among pregnant and postpartum individuals. This trend is driven by factors such as socioeconomic pressures, increased stress, and limited access to comprehensive healthcare and necessary resources. The co-occurrence of these issues amplifies risks for adverse outcomes, complicating clinical management for both the individual and the infant. The LINK initiative aligns with broader public health efforts to enhance maternal

and infant health outcomes through compassionate, integrated care that addresses these interconnected challenges.

Importance of Integrated Care

Integrated care is essential for the following reasons:

- Untreated mental health conditions can lead to self-medication with substances, perpetuating cycles of dependency and worsening outcomes.
- Substance use often exacerbates existing mental health conditions, creating additional barriers to effective treatment and recovery.
- Addressing PMHC and SUDs together fosters a supportive environment, reducing stigma and enhancing access to holistic care.

Program Goals

By October 2025, the LINK Initiative aims to:

- **Increase the identification and referral rates** for pregnant and postpartum individuals with SUDs and/or PMHC for 85% or higher.
- **Reduce complications** related to untreated PMHC and SUDs for pregnant and postpartum individuals and their infants.
- **Promote a family-centered, equitable care environment** by reducing stigma and improving access to integrated services.

Initiative Assumptions

The LINK Initiative is built on the following assumptions:

- This is a voluntary quality improvement initiative.
- Evidence-based practices guide all strategies and interventions, ensuring reliability and effectiveness.
- Teams recognize the complexity of addressing PMHC and SUDs, including systemic barriers like stigma.
- A decreased cost of care is an anticipated by-product of more efficient and effective care practices.
- Reducing stigma surrounding mental health and substance use is critical to fostering supportive environments and encouraging treatment engagement.

Scope of Work

The LINK Initiative offers resources, education, and support to Minnesota facilities as they:

- Implement or optimize screening and referral practices for PMHC and SUDs

- Develop integrated, multidisciplinary care models to coordinate maternal and neonatal needs
- Train healthcare providers in culturally responsive and trauma-informed care practices
- Utilize quality improvement tools to measure progress and outcomes

Key Deliverables

- **Monthly Learning Sessions:** Interactive virtual meetings featuring didactic presentations, QI education, and peer learning opportunities.
- **Quality Improvement Tools:** Guidance for data collection, Plan-Do-Study-Act (PDSA) cycles, and process improvements using Simple QI.
- **Data Analysis and Reporting:** Support for tracking progress, identifying gaps, and measuring outcomes.
- **Networking Opportunities:** Collaboration with peer teams to share challenges, strategies, and solutions.
- **Recognition:** Certificates of completion for participating teams demonstrating consistent engagement and progress.

Participation Expectations

Participating teams will:

- **Assemble a multidisciplinary team:** Include at least three members from roles such as obstetrics, neonatology, mental health, social work, nursing, and addiction medicine.
- **Attend monthly sessions:** Actively participate in virtual learning opportunities and contribute to collaborative discussions.
- **Conduct regular team meetings:** Review progress, discuss barriers, and plan next steps.
- **Submit data consistently:** Report monthly measures via Simple QI.
- **Share lessons learned:** Participate in aggregate reporting to help disseminate best practices and findings.

Program Benefits

- **Improved Identification and Care:** Enhanced ability to screen, identify, and support individuals with PMHC and SUDs.
- **Evidence-Based Training:** Access to tools, protocols, and education on validated screening and referral practices.
- **Collaborative Learning:** Opportunities to network, share experiences, and learn from peer facilities statewide.
- **Quality Improvement Support:** Resources to help implement and sustain improvements.

- **Family-Centered Care:** Emphasis on culturally responsive, trauma-informed practices to reduce stigma and enhance equity.

Family of Measures

Outcome Measures:

- % of pregnant and postpartum people with SUD who received or were referred to supportive services
- % of pregnant and postpartum people with PMHC who received or were referred to supportive services
- Length of stay in days for all newborns exposed to opioids and/or other substances
- % of newborns exposed to substances in utero who were discharged to either birth parent

Process Measures:

- % of pregnant and postpartum people screened for PMHC with a validated tool
- % of pregnant and postpartum people screened for SUDs with a validated tool

Measures of Success:

- Increased identification and referral rates for PMHC and SUDs
- Improved maternal and neonatal health outcomes
- Enhanced collaboration and communication among multidisciplinary care teams
- Greater integration of culturally responsive and trauma-informed practices into routine care
- Positive feedback from participating teams and caregivers

Faculty and Support

The LINK Initiative is supported by a multidisciplinary faculty team representing diverse disciplines, including obstetrics, neonatology, mental health, nursing, social work, and addiction medicine. This statewide team provides expert guidance, mentorship, and resources to help facilities achieve meaningful, sustainable improvements.

Faculty:

- Lauren Graber, MD, MPH (Hennepin Healthcare)
- Caralyn Schnick, MPH (Minnesota Department of Health)
- Amy Hurst, APRN, CNM (Allina Health)
- Lauren Klee, MD (Health Partners)
- Sky Rogers, APRN, CNM (Essentia Health)
- Amarachi Amaikwu, RN, BSN (Regions Hospital)
- Jessica Schwartz, RN, CARN (Essentia Health)
- Adrienne Richardson, MD, OB/GYN (Health Partners)
- Gabrielle Mauren, PhD, LP, PMH-C (Park Nicollet)
- Rachel Sprague, RN (Minnesota Department of Health)

Program Lead: Ella Krispin, MNPQC Quality Improvement Program Manager

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