### Meeting name:
MaineMOM Clinical Committee  
**Date of meeting:** March 16th, 2021  
**Time:** 8:00am-9:00am  
**Minutes prepared by:** Michaela Rice & Liz Remillard  
**Location:** Zoom

### Meeting Objective
MaineMOM Clinical Committee met to discuss the MaineMOM Communication and Outreach Strategy

### Attendees
- Bridgeton Hospital: Cathy Heffernan  
- Eastern Maine Medical Center: Eric Brown, Sveva Brown  
- Franklin Memorial Hospital: Tara Aumand  
- MaineGeneral Health: Kelley Harmon  
- Mid Coast Hospital: Leah Bauer, Maggie Jansson, Christine Wyman  
- Pen Bay Women’s Health Center: Eve Hadley  
- Penobscot Community Health Center: Michelle Hansen, Noah Nesin  
- Pines Health Services: Jessica Bouley  
- Spurwink: Ben Strick  
- Southern Maine Healthcare: Margy O’Hare  
- State Government Partners: Maine DHHS: Amy Belisle, Lisa Letourneau; Maine CDC: Kelley Bowden  
- MaineMOM Communication Vendor, Ethos: Tim Blackstone, Kim Laramy, Sarah Price  
- Office of Child and Family Services: Ashley Olen  
- Office of MaineCare Services: Olivia Alford, Kaley Boucher, Fran Jensen, Rachel McLean, Alane O’Connor, Liz Remillard, Michaela Rice

### Notes, Decisions, Issues

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| **MaineMOM Programmatic Updates** | An Advisory Group of Parents/Women in Recovery will have its first meeting on March 31st from 9-10am, meeting on a bi-monthly basis.  
  
MaineMOM launched an ECHO series on March 9th, 2021. The next session is scheduled for April 13th, 2021 from 12:00pm-1:00-pm.  
  
MaineMOM Clinical Office Hours are held the first Friday of every month from 7:30am-8:30am.  
  
Visit the [MaineMOM Website](#) for clinical resources to treat pregnant and postpartum patients with opioid use disorder. | Please contact Liz Remillard ([liz.remillard@maine.gov](mailto:liz.remillard@maine.gov)) for more information about or recommended members for these meetings. |
| **MaineMOM Communication Strategy Discussion** facilitated by Ethos Marketing, MaineMOM Communication Vendor | The MaineMOM Communication vendor facilitated a discussion to gain input on the communication and outreach strategy for MaineMOM services. The discussion focused on the needs and motivations (from the perspective of healthcare providers) of pregnant and parenting people living with opioid use disorder and identifying areas of communication needs for healthcare partners. | |
Committee members shared barriers they have seen when treating mothers with SUD. Examples include:

- Childcare;
- Transportation;
- Fear of child welfare involvement;
- Insecure housing;
- Lack of support from their partner of family;
- Co-occurring mental health and physical health illnesses;
- Shame and stigma, especially negative experience with providers.

Committee members shared their perspectives on the motivation of mothers with SUD. Examples include:

- Access to peer support groups where other women are share similar experiences;
- Seeing the success of other people who have been in treatment while pregnant;
- Connection to a community and a sense of belonging;
- Empowerment in their own care and their infant’s care.

Committee members shared their perspectives on the communication needs of MaineMOM providers:

- Consider there are different members of the care team, not just prescribers;
- Communication materials should use frame accessing treatment as an option of hope and empowerment;
- Early treatment is in the mother and baby’s best interest both medically and for support through pregnancy.

Next MaineMOM Clinical Committee Meeting: Tuesday, June 15th, 2021 8:00am-9:00am

This program is managed by the Maine Department of Health and Human Services, Office of MaineCare Services Value-Based Purchasing Unit, funded by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS).
Meeting name: MaineMOM Advisory Group  
Date of meeting: March 16th, 2021  
Time: 9:00am-10:00am  
Minutes prepared by: Michaela Rice & Liz Remillard  
Location: Zoom

Meeting Objective  
The MaineMOM Advisory Group met to discuss the MaineMOM Communication Strategy for services.

Attendees  
KEPRO: Kelly Parnell; Maine CDC: Kelley Bowden, Dara Fruchter, Maryann Harakall, Tammy Hatch, Ginger Roberts-Scott; Maine DHHS: Amy Belisle, Lisa Letourneau; Maine Family Planning: Evelyn Kieltyka; Maine General Health: Anne Conners; MaineHealth: Caroline Zimmerman; MaineMOM Communication Vendor, Ethos: Tim Blackstone, Kim Laramy, Sarah Price; Maine Medical Association: Kayla Cole; Mid Coast Hospital: Leah Bauer, Maggie Jansson, Maud van de Wiele; Northern Light: Crystal Richard; Nurse Midwives: Nancy Green; Office of Child and Family Services: Bobbi Johnson, Ashley Olen; Office of MaineCare Services: Kaley Boucher, Rachel McLean, Brooke McNaughton, Alane O’Connor, Liz Remillard, Michaela Rice; Penobscot Community Health Center: Rachel York; Pines Health Services: Jessica Bouley; University of Maine: Jennifer Maeverde; University of Southern Maine: Katherine Ahrens

Notes, Decisions, Issues

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MaineMOM Communication Strategy Discussion facilitated by Ethos Marketing, MaineMOM Communication Vendor  
The MaineMOM Communication vendor facilitated a discussion to gain input on the communication and outreach strategy for MaineMOM services. The discussion focused on the vision for success for MaineMOM services, the needs (as identified by community partners) of pregnant and parenting people living with opioid use disorder and identifying areas
of influence to bring awareness of treatment availability.

Key highlights from the Advisory Group member perspective included:

- MaineMOM will bring an awareness of and connection to resources for families affected by substance use disorder;
- MaineMOM model will emphasize positive postpartum support and care for the mother;
- The following barriers were identified as barriers to treatment: isolation from a support network, stigma, fear of involvement with child welfare, loss of MaineCare insurance postpartum, and lack of transportation;
- Family dynamics can present challenges in a pregnant/parenting person’s recovery journey and this could be a key group to target for communication and messaging;
- Word of mouth seems to be a key referral to treatment resource;
- People who are living in recovery with substance use disorder should be key messengers in the communication strategy;
- Cultural responsiveness is important to consider with the messaging and MaineMOM model design; for example, challenges that are occurring in the New Mainer communities.

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