

MIHP Plans of Care, Part 2

Substance Misuse



#1

Tobacco



#2

Alcohol



#3

Objectives

- Provide an overview of the Tobacco, Alcohol, and Substance Misuse Plans of Care
- Highlight an evidence-based intervention from each Plan of Care
- Share resources to increase knowledge and assist in case management



Rationale

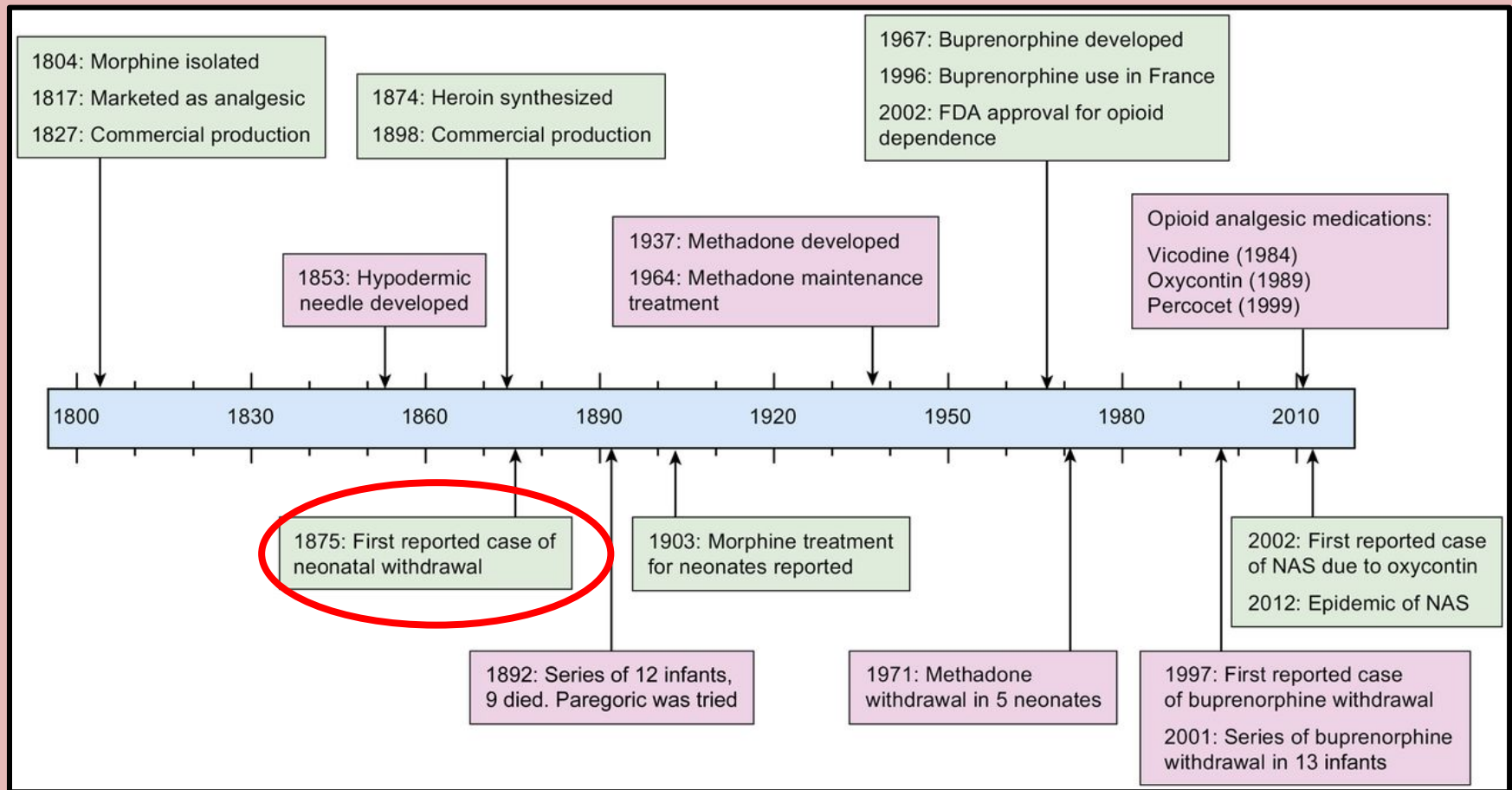
- Evidence-based interventions
- Content expert guidance
- Improved behavior & health outcomes
- Responding to the needs of the MIHP providers



Substance Misuse Plan of Care



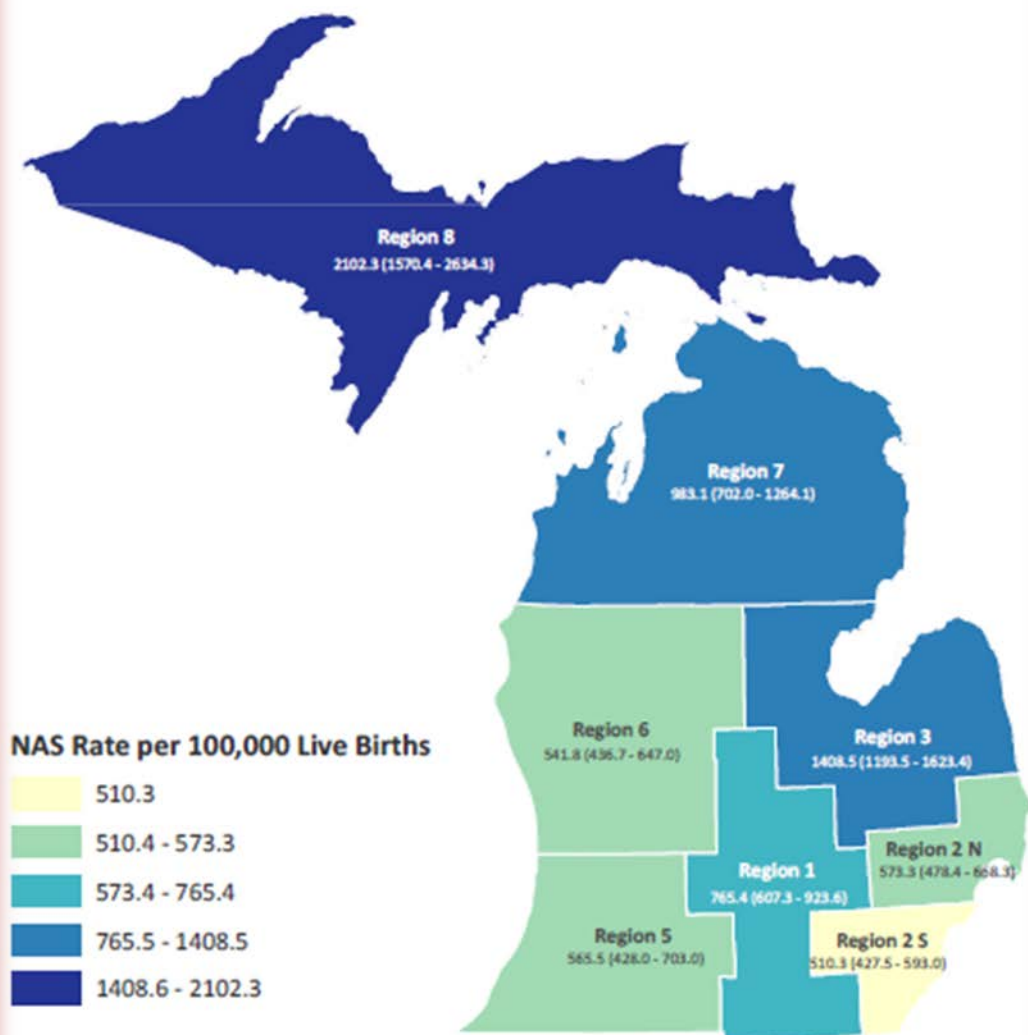
Background



Drugs Associated with NAS

- Opioids:
 - Heroin
 - Methadone
 - Fentanyl
 - Morphine
 - Demerol
 - OxyContin
- Non-opioid CNS Depressants:
(May mimic NAS)
 - Benzodiazepines
 - SSRI's
 - Barbiturates
 - Anticonvulsants
 - Antipsychotics
 - Alcohol

Incidence of Neonatal Abstinence Syndrome (NAS) by Perinatal Region Michigan, 2014



Prepared by the MCH Epidemiology Section

Data Source: MDHHS Division for Vital Records and Health Statistics. Michigan Resident Live Birth File linked to the Michigan Inpatient Hospital Database, 2014.

Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the

Michigan Health & Hospital Association Service Corporation

Neonatal Abstinence Syndrome Symptomatic and needed pharmacologic treatment (ICD9 779.5)

Preliminary 2015 NAS Rate Update

By Perinatal Regions			
Region 1	11,390	85	746.3
Region 2 N	24,505	204	832.5
Region 2 S	28,587	176	615.7
Region 3	11,405	188	1648.4
Region 5	11,328	78	688.6
Region 6	18,558	92	495.7
Region 7	4,712	57	1209.7
Region 8	2,722	117	4298.3

Important: ICD 10 case definition being finalized; includes readmission with NAS diagnosis

Source: Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation.

NAS Response Overview

- Regional Perinatal Care System Quality Improvement Initiatives
- Michigan Collaborative Quality Initiative
- Evidence-based Home Visiting
- Curriculum Assessment Initiative
- Intradepartmental Collaboration

Updated Plans of Care Completion Instructions

Four Steps!

1. Enter the beneficiaries **first and last name**
2. Check the **risk box** and **corresponding risk**
3. Using motivational interviewing, utilize **evidence-based interventions**
4. Complete the last column regarding **resources, referrals and communication**

MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
PART 2
Interventions By Risk Level

Substance Misuse

Beneficiary: _____

INTERVENTION LEVEL	INTERVENTIONS Using Motivational Interviewing techniques, complete the following brief interventions (Format dates: MM / DD / YY)	RESOURCE - REFERRAL - COMMUNICATION
<input type="checkbox"/> MODERATE Date of Risk Level Change: _____ <input type="checkbox"/> No current substance use but used substances prior to pregnancy <input type="checkbox"/> Suspect current substance use <input type="checkbox"/> Currently in substance abuse treatment program	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Refused all interventions </div> <div> Date(s) Intervention Addressed: </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <ol style="list-style-type: none"> 1. Discuss substance use and the impact of substances on mother and development of fetus/infant 2. Discuss substance use regarding individual and family history of substance use 3. Discuss substance use and breastfeeding 4. Discuss substance use and infant safe sleep practices 5. Discuss substance use and stress and depression 6. Discuss substance use and intimate partner violence 7. Discuss spouse/partner, family, friends and household member substance use regarding infant care responsibilities 8. Discuss safe storage of substances 9. Discuss substance use harm reduction throughout perinatal period <ul style="list-style-type: none"> • SMART® Recovery Tool Chest http://www.smartrecovery.org/resources/toolchest.htm 10. Encourage beneficiary to speak with medical care provider about substance use about prescribed and/or over-the-counter medications in pregnancy, postpartum and while breastfeeding </div> <div style="flex: 1;"> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ </div> </div>	

MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
PART 2
Interventions By Risk Level

INTERVENTION LEVEL	INTERVENTIONS Using Motivational Interviewing techniques, complete the following brief interventions (Format dates: MM / DD / YY)		RESOURCE - REFERRAL - COMMUNICATION
<input type="checkbox"/> HIGH Date of Risk Level Change: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Currently using substances <input type="checkbox"/> Admits to relapse	11. Encourage beneficiary to speak with medical care provider about substance use about pain management options during and after childbirth 12. If beneficiary is currently in treatment, discuss treatment, medication adherence (if applicable), post-treatment plan and additional supports needed for success 13. Support beneficiary in contacting community-based support groups and/or recovery community organizations <ul style="list-style-type: none"> • www.michigan.gov/mentalhealth-addiction-help • https://findtreatment.samhsa.gov/ 	11. <input type="text"/> / <input type="text"/> / <input type="text"/> 12. <input type="text"/> / <input type="text"/> / <input type="text"/> 13. <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Support Group: <input type="text"/> Date(s) Discussed: <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Follow-up Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Did beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Medicaid Health Plan (Case Manager, Benefits, etc.) Date(s) Discussed: <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Follow-up Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Other Referral: <input type="text"/> Date(s) Discussed: <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Follow-up Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Did beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: <input type="text"/> / <input type="text"/> / <input type="text"/>
	<i>In addition to MODERATE interventions:</i> 14. Discuss beneficiary's perception of entering treatment regarding barriers to treatment (transportation, childcare, etc.) 15. Discuss beneficiary's perception of entering treatment regarding the State of Michigan child protection law 16. Refer beneficiary to appropriate Medical Care Provider or community resource to discuss treatment options 17. Refer beneficiary to appropriate substance use treatment service 18. Refer beneficiary to Medicaid Health Plan	14. <input type="text"/> / <input type="text"/> / <input type="text"/> 15. <input type="text"/> / <input type="text"/> / <input type="text"/> 16. <input type="text"/> / <input type="text"/> / <input type="text"/> 17. <input type="text"/> / <input type="text"/> / <input type="text"/> 18. <input type="text"/> / <input type="text"/> / <input type="text"/>	MIHP PROVIDER COMMUNICATION: <input type="checkbox"/> MIHP Communication with Medical Care Provider Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> MIHP Communication with Medicaid Health Plan Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/>

Smart Recovery Tool Chest

- ✓ Worksheets
- ✓ Interactive Tools
- ✓ Smart Recovery Activities Scale, including podcast
- ✓ Relapse Prevention
- ✓ Includes resources for families, friends, and professional

Tobacco Plan of Care



MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
PART 2
Interventions by Risk Level

Tobacco

Beneficiary: _____

**MIHP communication with Medical Care Provider is mandatory.

INTERVENTION LEVEL	INTERVENTIONS <small>Using Motivational Interviewing techniques, community brief interventions (Format dates: MM/DD/YYYY)</small>	RESOURCE-REFERRAL DOCUMENTATION
<input type="checkbox"/> MODERATE Date of Risk Level Change: ____/____/____ <input type="checkbox"/> Previous tobacco use	<input type="checkbox"/> Refused all interventions 1. Discuss consequences of tobacco on caregiver's health 2. Discuss consequences of tobacco on infant 3. Discuss postpartum strategies 3.1. MIHP A 3.2. MIHP S 4. Discuss and promote hand tobacco exposure 5. Discuss spouse/partner, family member's tobacco use and prevention 6. Discuss safe storage of tobacco products	<input type="checkbox"/> Quit Plan Developed - Resource (9.1. – 9.5.): Date: ____/____/____ Follow-up Date: ____/____/____ <input type="checkbox"/> MIHP Action Plan Developed Date: ____/____/____ Follow-up Date: ____/____/____ <input type="checkbox"/> MIHP Safety Plan Developed Date: ____/____/____ Follow-up Date: ____/____/____ Medical Care Provider (PCP, OB/GYN, etc.) Date(s) Discussed: ____/____/____ & ____/____/____ Follow-up Date(s): ____/____/____ & ____/____/____ Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____
<input type="checkbox"/> HIGH Date of Risk Level Change: ____/____/____ <input type="checkbox"/> Currently using tobacco	In addition to MODERATE interventions: 7. Utilize the 5 R's to encourage quit attempt ✓ R elevance, R isks, R ewards, R oadblocks, R epetition 8. Utilize the 5 A's to encourage tobacco cessation ✓ A sk, A dvice, A ssess, A ssist, A rrange	<input type="checkbox"/> **MIHP Communication with Medical Care Provider Date(s): ____/____/____ & ____/____/____ <input type="checkbox"/> Medicaid Health Plan (Case Manager, Benefits, etc.) Date(s) Discussed: ____/____/____ & ____/____/____ Follow-up Date(s): ____/____/____ & ____/____/____ Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____ <input type="checkbox"/> MIHP Communication with Medicaid Health Plan Date(s): ____/____/____ & ____/____/____

MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
PART 2
Interventions by Risk Level

INTERVENTION LEVEL	INTERVENTIONS Using Motivational Interviewing techniques, complete brief interventions (Format dates: MM/DD/YYYY)	RESOURCE-REFERRAL DOCUMENTATION
<input type="checkbox"/> Exposure to 2 nd or 3 rd hand tobacco smoke	9. Encourage beneficiary to set a quitte date quite plan 9.1. Michigan Quit Line Program 9.2. QuitGuide Smartphone App 9.3. SmokefreeMOM (text "quit" to 888-366-6222) 9.4. https://women.smokefree.org/ 9.5. https://smokefree.org/ 10. Encourage beneficiary to discuss treatment options with their Primary Care Provider to 11. Encourage beneficiary to discuss treatment options with their Primary Care Provider to	<input type="checkbox"/> Michigan Quit Line Program Date(s) Discussed: / / & / / Follow-up Date(s): / / & / / Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: / / <input type="checkbox"/> SOPHE SCRIPT® Program (Society for Public Health Education) Date(s) Discussed: / / & / / Follow-up Date(s): / / & / / Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: / / <input type="checkbox"/> Other referral: _____ Date(s) Discussed: / / & / / Follow-up Date(s): / / & / / Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: / /

Five A's

ASK – Screening is the first **A** because it asks one or more questions related to drug use.

ADVISE – The second **A** involves strong direct personal advice by the provider to the patient to make a change, if it is clinically indicated.

ASSESS – The third **A** refers to determining how willing a patient is to change his or her behavior after hearing the provider's advice.

ASSIST – The fourth **A** refers to helping the patient make a change if he/she appears ready.

ARRANGE – The final **A** is to refer the patient for further assessment and treatment, if appropriate, and to set up followup appointments.

Patients Not Ready To Make A Quit Attempt Now (The “5 R’s”)

Patients not ready to make a quit attempt may respond to a motivational intervention. The clinician can motivate patients to consider a quit attempt with the “5 R’s”: Relevance, Risks, Rewards, Roadblocks, and Repetition

Approximately 46 percent try to quit each year. Most try to quit “cold turkey.” Of those, only about 5 percent succeed. Most smokers make several quit attempts before they successfully quit for good.

RELEVANCE

Encourage the patient to indicate why quitting is personally relevant.

RISKS

Ask the patient to identify potential negative consequences of tobacco use.

REWARDS

Ask the patient to identify potential benefits of stopping tobacco use.

ROADBLOCKS

Ask the patient to identify barriers or impediments to quitting.

REPETITION

The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

Internet Citation:

Patients Not Ready To Make A Quit Attempt Now (The “5 R’s”).

Content last reviewed December 2012.

Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.html>

Alcohol Plan of Care



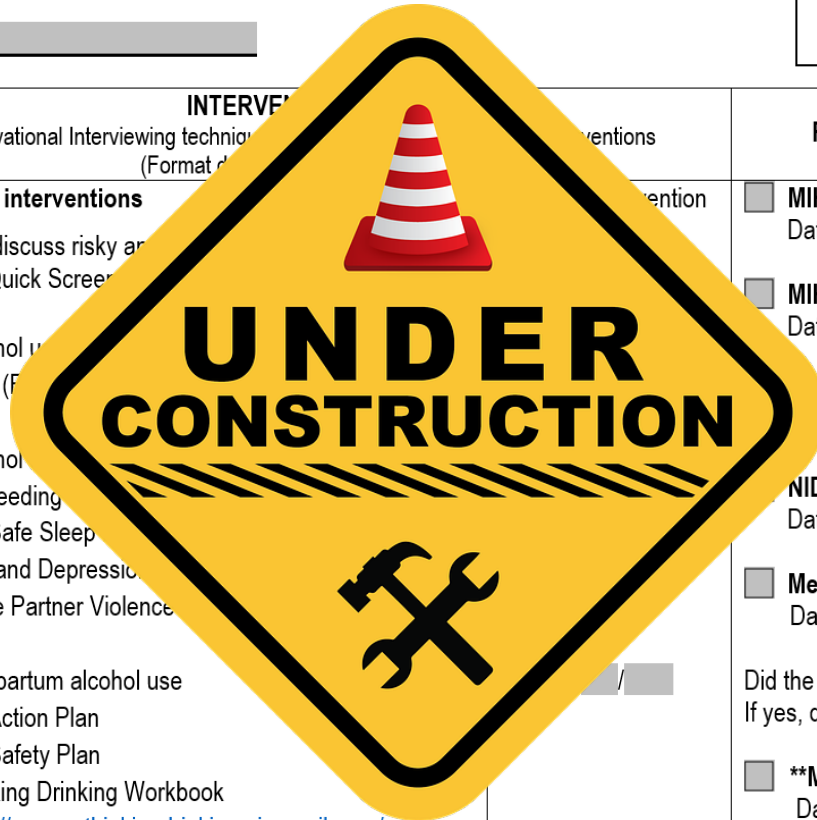
MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
PART 2
Interventions by Risk Level

Alcohol


Beneficiary: _____

**MIHP communication with Medical Care Provider is mandatory.

INTERVENTION LEVEL	INTERVENTIONS Using Motivational Interviewing techniques (Format d...)	RESOURCE-REFERRAL DOCUMENTATION
<input type="checkbox"/> MODERATE Date Risk Level Changed: ____/____/____ <input type="checkbox"/> No current alcohol use but used alcohol prior to pregnancy and has positive T-ACE score <input type="checkbox"/> Currently in alcohol treatment program <input type="checkbox"/> Suspect current alcohol use	<input type="checkbox"/> Refused all interventions 1. Define and discuss risky and... 1.1. NIDA Quick Screen... 2. Discuss alcohol u... development (F... 3. Discuss alcohol... 3.1. Breastfeeding... 3.2. Infant Safe Sleep... 3.3. Stress and Depressio... 3.4. Intimate Partner Violence... 4. Discuss postpartum alcohol use... 4.1. MIHP Action Plan... 4.2. MIHP Safety Plan... 4.3. Rethinking Drinking Workbook https://www.rethinkingdrinking.niaaa.nih.gov/ 5. Discuss spouse/partner, family, friends and household member alcohol use and: 5.1. Infant care responsibilities 5.2. Support of alcohol-free pregnancy and postpartum plan	<input type="checkbox"/> MIHP Action Plan Developed Date: ____/____/____ Follow-up Date: ____/____/____ <input type="checkbox"/> MIHP Safety Plan Developed Date: ____/____/____ Follow-up Date: ____/____/____ <input type="checkbox"/> Rethinking Drinking Workbook Discussed Date: ____/____/____ Follow-up Date: ____/____/____ <input type="checkbox"/> NIDA Quick Screen Discussed Date: ____/____/____ Follow-up Date: ____/____/____ <input type="checkbox"/> Medical Care Provider (PCP, OB/GYN, etc.) Date: ____/____/____ Follow-up Date: ____/____/____ Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____ <input type="checkbox"/> **MIHP Communication with Medical Care Provider Date(s): ____/____/____ & ____/____/____ <input type="checkbox"/> Medicaid Health Plan (Case Manager, benefits, etc.) Date(s) Discussed: ____/____/____ & ____/____/____ Follow-up Date(s): ____/____/____ & ____/____/____ Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____



MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
PART 2
Interventions by Risk Level

INTERVENTION LEVEL	INTERVENTIONS Using Motivational Interviewing Techniques, complete the following interventions (Format dates: MM / DD / YYYY)	RESOURCE REFERRAL DOCUMENTATION
<input type="checkbox"/> HIGH Date Risk Level Changed: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Admits to using alcohol	<div data-bbox="569 221 1381 1028" style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">  </div> 6. If beneficiary is currently in treatment, discuss treatment progress and 6.1. Additional supports needed for success 6.2. Support post-treatment plan 7. Encourage beneficiary to join a community support group 11.1. Alcoholics Anonymous 11.2. Faith-based organization 11.3. Local SAMSHA https://findtreatment.samhsa.gov/ <i>In addition to MODERATE interventions</i> 8. Utilize the 5 A's to encourage alcohol treatment services ✓ Ask, Advise, Assess, Assist, Arrange 9. Refer beneficiary to appropriate alcohol treatment services 10. Encourage beneficiary to contact Medicaid Health Plan to discuss treatment options 11. Encourage beneficiary to contract Medicaid Health Plan to discuss treatment options	<input type="checkbox"/> MIHP Communication with Medicaid Health Plan Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Alcohol Treatment Service Date(s) Discussed: <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Follow-up Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: <input type="text"/> / <input type="text"/> / <input type="text"/> Did the beneficiary enter treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Support Group Date(s) Discussed: <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Follow-up Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Other Referral: <input type="text"/> Date(s) Discussed: <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Follow-up Date(s): <input type="text"/> / <input type="text"/> / <input type="text"/> & <input type="text"/> / <input type="text"/> / <input type="text"/> Did the beneficiary access referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: <input type="text"/> / <input type="text"/> / <input type="text"/>

NIDA Quick Screen

NIH

National Institute
on Drug Abuse

Advancing Addiction Science

enter keywords

Search

Connect with NIDA:

Facebook

LinkedIn

Twitter

YouTube

Google Plus

StumbleUpon

Home

Drugs of Abuse

Related Topics

Publications

Funding

News & Events

About NIDA

Home » Publications » Resource Guide: Screening for Drug Use in General Medical Settings » The NIDA Quick Screen

Resource Guide: Screening for Drug Use in General Medical Settings

Print

Share

SCREENING FOR
DRUG USE IN
GENERAL MEDICAL
SETTINGS

Resource Guide

The NIDA Quick Screen

PDF (797KB) ePub (64KB) Kindle (191KB) Online Only

Cite this article

Step 1: ASK about *past year* drug use

The NIDA Quick Screen and NIDA-modified ASSIST are appropriate for patients age 18 or older. You may deliver it as an interview and record patient responses, or read the questions aloud and have the patient fill out responses on a written questionnaire. It is recommended that the person administering the screening review the sample script to introduce the screening process. The script offers helpful language for introducing what can be discussed with patients.

Introduce yourself and explain the purpose of the screening

Before you begin the interview, please read the following to the patient:

Contents

Preface

Introduction

Before You Begin Screening Patients

The NIDA Quick Screen

Screen, then Intervene: Conducting a Brief Intervention

Recommendations to Address Patient Resistance

Sample Progress Notes

Featured Publications

Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
In the past year, how often have you used the following?					
Alcohol					
• For men, 5 or more drinks a day					
• For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

<https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen>

ABC Problem Solving Worksheet



ctivating event - What is the Activating event?—What happened? What did I do? What did others do? What idea occurred to me? What emotions was I feeling?



onsequence - Am I feeling anger, depression, anxiety, frustrated, self-pity, etc.? Am I behaving in a way that doesn't work for me? (drinking, attacking, moping, etc.)



eliefs - Beliefs (dysfunctional)—What do I believe about the Activating event? Which of my beliefs are my helpful/self-enhancing beliefs and which are my dysfunctional/self-defeating beliefs?



ispute - Dispute the Beliefs to find which are dysfunctional—What is the evidence that my belief is true? In what ways is my belief helpful or unhelpful? What helpful/self-enhancing belief can I use to replace each self-defeating or dysfunctional belief?



ffective New Belief and Emotional Consequence - What helpful/self-enhancing **new** belief can I use to replace each self-defeating or dysfunctional belief? What are my new feelings?

Resources & Training

<https://www.improvingmipractices.org/>





improving
MI practices

Are you a **Behavioral Health Professional?**

login

This site offers a wide variety of moderated online courses, supplements to traditional training, and overall information for Michigan behavioral health professionals. [Create a New Account](#)

[HOME](#)

[ABOUT THIS SITE](#)

[PRACTICE AREAS](#)

[POPULATIONS](#)

[QUESTIONS & ANSWERS](#)

[CONTACT US](#)



Practice Areas

Practice Areas Links

Course Navigation

- Return to Course
- Grades

My Companies

- Manage My Companies

Transcripts

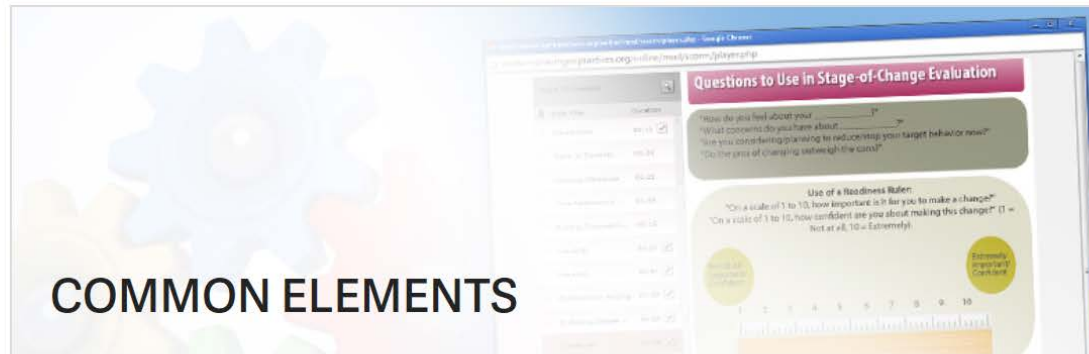
- Transcript
- Manage Licenses

Celebrating Fathers: Their Impact on Our Community



Last modified: Thursday, December 8, 2016, 3:35 PM

GENERAL



COMMON ELEMENTS

Welcome to the Common Elements Program! This program involves completing 6 modules that highlight common skills shared across evidence-based practices and interventions. To start the program, go to the introduction that explains the overall program and focus of the modules. Once you have completed all the modules, you will be asked to take a post-test exam. To get the certificate of completion, you need to earn a grade of 80% or better on the exam. Social workers who complete this program will have an option to earn 3 social work continuing education online units.

Accreditation Information:

Duration: 3.0 hr. Credit Hours: 3.0 Credit Types: MI-CEC



Using the Common Elements Modules (required)



Using the Common Elements Modules in Supervision



TOPIC 1



Module 1: Relationship Building and Stages of Change

Not available unless: The activity **Using the Common Elements Modules (required)** is marked complete

eTraining Modules

- Will “go live” ~ mid-November 2017
- Found on the Improving MI Practices website
- 4 modules: one hour each/15 minute segments
- Continuing Education
- Certificate of completion

Tobacco

Tobacco Use and Pregnancy - Centers for Disease Control and Prevention

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>

Smoking and Pregnancy Fact Sheet - Centers for Disease Control and Prevention

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pdf/Smoking-and-Pregnancy.pdf>

Pledge to Keep Your Home Smoke-Free-First Breath Program

https://www.wwhf.org/wp-content/uploads/2017/07/Smoke-Free_Home-PilotFBF.pdf

Michigan Tobacco Pregnancy Quitline Poster

http://www.michigan.gov/documents/mdch/Pregnant_and_Smoking_Flyer_rnd3_1_383234_7.pdf

Michigan Medicaid Tobacco Cessation Benefits

https://www.michigan.gov/documents/mdch/MichiganMedicaidTobaccoCessationBenefits_477848_7.pdf

Alcohol

Alcohol Use and Your Health – Centers for Disease Control

<https://www.cdc.gov/alcohol/pdfs/alcoholyourhealth.pdf>

Fact Sheets – Centers for Disease Control

<https://www.cdc.gov/alcohol/fact-sheets.htm>

|

When You Are Pregnant (American Indian Community) – National Institutes of Health

<https://pubs.niaaa.nih.gov/publications/fas/fas.pdf>

When You Are Pregnant – National Institutes of Health

https://pubs.niaaa.nih.gov/publications/DrinkingPregnancy_HTML/pregnancy.pdf

A Family History of Alcoholism – National Institutes of Health

https://pubs.niaaa.nih.gov/publications/familyhistory/Family_History.pdf

Substance Misuse

Opioid Use and Opioid Use Disorder in Pregnancy – American College of Obstetricians and Gynecologists

<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf?dmc=1&ts=20170906T2058260281>

Substance Use in Women – National Institute on Drug Abuse

https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/substanceuseinwomenrr_final_09162016.pdf

Marijuana Use: Pregnancy and Newborns (English) – Addiction Technology Transfer Center Network

<http://www.attcnetwork.org/marijuana/docs/MJPregInfographicEnFinal.pdf>

Marijuana Use: Pregnancy and Newborns (Spanish) – Addiction Technology Transfer Center Network

<http://www.attcnetwork.org/marijuana/docs/MJPregInfographicSpFinal.pdf>

Cathy
Deb
Karen
Christy
CHelsea
Marji
Cherie
Dr. Ondersma
Suzette
Joni
Dennie
Connie
Patti
Angie
Maria
Ingrid

Questions?

Dawn Shanafelt, MPA, BSN, RN

Manager, Perinatal and Infant Health Section

Division of Maternal and Infant Health

MDHHS

ShanafeltD@michigan.gov

517.373.4411 (office)

517.614.0804 (cell)