



PROJECTNURTURE

February 5, 2019

Members of the House Committee on Health Care:

As Deputy Director of CODA, Inc., and Chair of the Project Nurture Steering Committee, I am here today representing and supporting Project Nurture—a model of care that integrates maternity care and substance use treatment that was developed with support from Health Share of Oregon in 2014.

Currently, three Project Nurture sites exist in the metro area—one based at CODA with OHSU Family Medicine providing maternity and pediatric care. Another is based at Legacy Midwifery on the Emanuel campus with Lifeworks Northwest providing addiction treatment, and a third based at Providence Family Medicine Clinic in Milwaukie where Providence clinicians provide both maternity and substance use treatment.

I agree with Governor Brown that this model ought to be available in every community in Oregon, as outlined in Section 9 of HB 2257, which proposes a statewide pilot project modeled after Project Nurture.

Yet, today, Project Nurture is at a critical juncture: ensure its future and growth, or let it fade into the memory of good intentions never fully realized.

The virtues of the model are clear: Earlier this year, a young woman who had been using heroin throughout her pregnancy experienced something truly amazing: She was welcomed into treatment by a cohesive team of highly trained, coordinated professionals. They stabilized her addiction, began her prenatal care and, when it was time for her to deliver, they shepherded her into a hospital that knew exactly how to receive her. She experienced no shame, was never judged by the professionals around her, and she never feared losing custody of her child. She never experienced the health care system as chaotic, or stigmatizing, or something to fear.

Unfortunately, for women all over this state, her story sounds like a fairy tale. And without the commitment of Section 9 of HB 2257, it will return to being just that.

Key elements of Project Nurture:

- It relies on a team based approach that aggressively coordinates treatment across systems. This means high quality care extends beyond the clinic walls, into the communities where these women live, and into the hospitals where they will deliver their children
- It is much more than coordinated treatment services. At its core is it about developing trust and respect for individuals who avoid the systems that stigmatize them
- It recognizes that a team of “experts” must include the perspective of someone who knows the challenges of recovery and parenting in a more personal way

Key outcomes to-date for Project Nurture participants:

- **Families are whole:**
 - 93% of PN participants are actively parenting their children. This means fewer children are entering the foster care system because of this program.
 - Worth noting, 2% of the non-parenting group relinquished custody voluntarily
- **Babies are healthy:**
 - Babies born to Project Nurture moms are almost twice as likely to be born full term.
 - Compared to women with substance use disorders who did not participate, infants were half as likely to require additional care immediately following delivery
- **Whole systems changed:**
 - Pregnant women were significantly more likely to receive medication-assisted treatment (MAT) for their opioid use disorder. This is widely accepted as best practice, yet prior to Project Nurture only 50% of comparable mothers with opioid use disorders received MAT.
 - Inpatient units changed how they cared for infants born to these women. Hospitals are changing how they understand and treat symptoms of neonatal abstinence. Labor and delivery nurses have changed how they treat mothers of babies exposed to substance.
 - The child welfare system partnered with Project Nurture confidently, knowing the families were receiving care from a team who understood the need to balance safety and quality care.

We cannot go backward.

Every day women looking for help are told, “No, this isn’t the place for you”. Maternity care cannot manage active substance use disorders. Addictions providers are not equipped to accommodate complex needs of pregnant women.

With Project Nurture, there is one door.

The early successes of Project Nurture are striking and warrant acknowledgment. But for change to be maintained and spread, a public commitment today is critical. Dedicated funding is essential to solidly root Project Nurture where it sits, and to seed the expansion across Oregon. Without the support of HB 2257, the unraveling will be immediate. Project Nurture has chipped away at the many barriers these women and their families face, but we are far from permanent change. Another day without this resource is another day our communities are without options for these women and their families.

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