

Agenda

Introductions

Observations of Individuals
with Lived Experiences

Overview of PMHTF Report
and Recommendations

Task Force Discussion

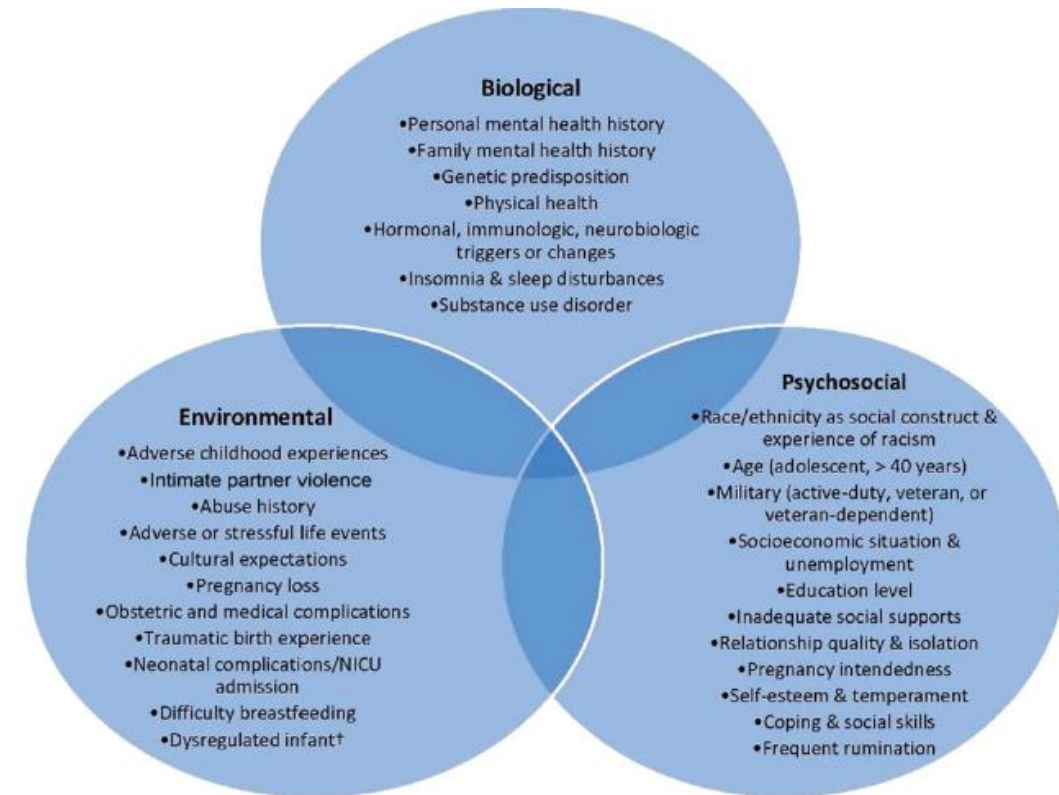
Background

Perinatal Mental Health (PMH) disorders affect 1 in 5 individuals.

PMH disorders include depression, anxiety disorders, and postpartum psychosis.

Nationwide, overdose/poisoning related to overdose and suicide were top causes of pregnancy-associated mortality

Risk Factors



Background (Continued)

- ▶ Population-specific considerations:
 - ▶ Black perinatal individuals experience high rates of maternal mortality and depression, barriers to screening and subsequent care.
 - ▶ Immigrant/Refugee populations:
 - ▶ Cultural stigma, importance of translation/interpretation
 - ▶ Uncertain immigration status
 - ▶ Need for trauma-informed approach
 - ▶ LGBTQIA+ community:
 - ▶ Gendered care, stigma, hetero- and cis-normativity. Barriers to legal recognition as parent.
- ▶ Additional barriers to care: SDOH, lack of healthcare services, childcare, stigma



District-Specific Data

- ▶ Lack of data on PMH.
- ▶ Maternal Mortality Review Committee
 - ▶ 70% of pregnancy-associated deaths occurred in Wards 7 and 8.
 - ▶ Black birthing people represented 93% of pregnancy-associated deaths.
- ▶ Pregnancy Risk Assessment Monitoring System (PRAMS)
 - ▶ Rates of depression are higher than rates of counseling during pregnancy.
- ▶ 2023 U.S. Maternal Mental Health State Report Card
 - ▶ Providers and program: Ds;
 - ▶ Screening and screening reimbursement: F; and
 - ▶ Insurance coverage and treatment payment: C,

Perinatal Mental Health Impact Evaluation Brief

- ▶ Objective: understand attitudes, beliefs, and practices of primary care, mental health, and other related healthcare service providers and participants regarding perinatal mental health in DC.
- ▶ Barriers to care:
 - ▶ Lack of mental health providers
 - ▶ No-shows or referrals without appointment scheduling
 - ▶ Insufficient time/other demands getting in the way
 - ▶ Stigma/cultural issues
 - ▶ Financial issues/inadequate insurance coverage
 - ▶ Identification of location/physical accessibility of treatment options

2018 DC Perinatal Mental Health Impact Evaluation Brief

Summary of Findings

Purpose: The purpose of this project is to gain insight into the impact of various perinatal mental health (PMH) activities in Washington, District of Columbia (D.C.) that have occurred over the past three years, since a Perinatal Mental Health Needs Assessment² was completed in 2015, by looking at the attitudes, beliefs and practices of primary care, mental health, and other, related healthcare service providers and participants/clients/patients² regarding perinatal (pregnancy and the first year postpartum) mental health in DC.

Process & procedure: The impact survey project and reports was conducted by a team of staff and graduate-level public health and social work interns in the Maternal Mental Health (MMH) Program at Mary's Center (MC), and in collaboration with a variety of perinatal mental health community partners and stakeholders.

Caveats: As noted above, in 2015, an initial PMH needs assessment was conducted with local providers. When comparing data from the 2015 assessment to the current study, note that there is a much larger provider sample size in the current study, with people less closely affiliated with Mary's Center's MMH program. Also of note, participant data is solely from Mary's Center.

Sample:

2015 Provider Online Survey 132 respondents self-selected into 3 provider groupings	2018 Provider Online Survey 311 respondents self-selected into 3 provider groupings	2018 MC Participant Survey 66 surveys (English/Spanish) completed	2018 MC Participant Focus Groups (3) 13 postpartum (less than a year) women participated in 3 focus groups sessions
<ul style="list-style-type: none"> • Pediatric providers (n=45) • Non-pediatric healthcare providers (n=44) • Mental healthcare providers (n=43) 	<ul style="list-style-type: none"> • Medical providers (n=107) • Allied providers (n=84) • Mental Health providers (n=120) 	Only 50 surveys could be used, given 16 did not have signed consent Distributed at 2 and 6 month Well Child Check (WCC), when	Session 1: Spanish-speaking (n=4) Session 2 Amharic-speaking (n=6) Session 3: English-

² The purpose of *The Integration of Mental Health in Pediatric Primary Care: A Mixed Methods Needs Assessment of DC Providers*, otherwise referred to as the "Perinatal Mental Healthcare Needs Assessment", conducted in partnership between the DC Collaborative for Mental Health in Pediatric Primary Care and Mary's Center, was to determine the attitudes, beliefs and practices of primary care, mental health, and other, related healthcare service providers and to determine gaps in programming, training, organizational capacity, and advocacy pertaining to PMH in DC. For this project, three separate assessments were created: one for pediatric primary care providers, one for perinatal healthcare and related providers (e.g. lactation consultants, home visitors), and one for mental health providers.

³ Going forward in this report, the term "participant" will be used in reference to "patients" or "clients".



Current Maternal Health/Behavioral Health Services in the District

Services in the District

Behavioral Health

- ▶ The 1115 waiver and subsequent SPA provided the District with the ability to pay for the following services with Medicaid:
 - ▶ Maintenance and enhancement of access to SUD and SMI services, particularly opioid use disorder.
 - ▶ Increased support for individuals outside of institutions (e.g., in home and community-based settings).
- ▶ Reimbursement for postpartum depression screening and treatment.
- ▶ DC Health Check has a few local resources for PMH.

Maternal Health

- ▶ Reimbursement for doula services
 - ▶ Up to 12 sessions in perinatal and postpartum periods.
- ▶ Extension of non-emergency medical transportation benefits to pregnant and postpartum Alliance beneficiaries.

Perinatal Mental Health Taskforce Subcommittees



Screening, Referral, and Workforce Development



Resources and Data



Navigation and Access

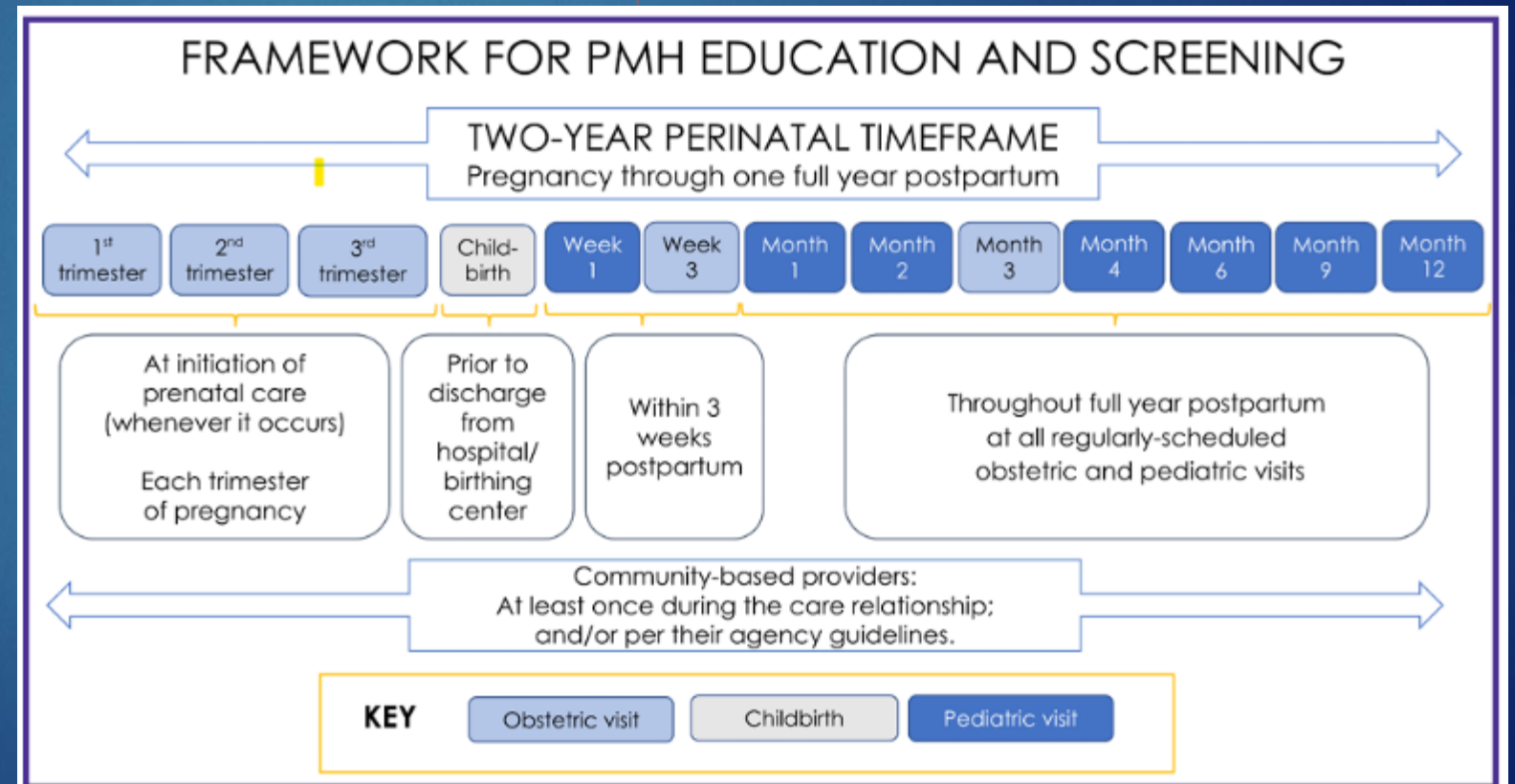


Public Awareness and Systems Capacity

Screening, Referral, and Workforce Development

National

- American Congress of Obstetricians and Gynecologists report
- US Preventive Services Task Force
- Workforce:
 - Trainings for community health workers



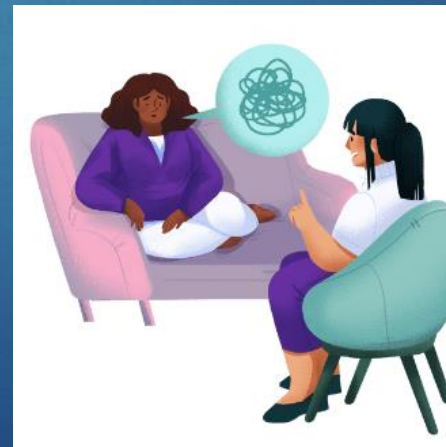
Screening, Referral, and Workforce Development

State

- ▶ New York
 - ▶ Investment of \$4 million into diversifying MH workforce.
 - ▶ Paid internships, direct stipends for students of color/ multilingual students.
 - ▶ Partnership with state universities to incentivize individuals to seek careers in social work, human services, MH counseling, etc.
- ▶ CenteringPregnancy
 - ▶ Group prenatal care
 - ▶ One-on-one interaction with OB, group meetings (8-10 individuals)
 - ▶ Interpersonal support system.

Local

- ▶ Mamatoto Village
 - ▶ Workforce development training'
- ▶ Home Visiting Programs
 - ▶ Mary's Center
 - ▶ Mamatoto Village



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

Resources and Data

National

- Mahmee
 - Tech company that creates a record of patients to ensure coordinated data.
 - Expands access to in-house nurses, care coordinators.

Local

- Perinatal Quality Collaborative
 - Suggestion: include PMH outcomes within their data warehouse.

State

- Arizona
 - Report by MMRP--Maternal Mental Health and Substance-Use Related Deaths in Arizona.
- New York
 - Project TEACH: services, education and resources



Navigation and Access

National

- ROSE Prevention Program
 - Spanish/ English accessibility
 - Best for preventive care
 - Psychoeducation, postpartum depression, self-care, managing stress, transition to motherhood
 - Mostly focuses around prenatal visits and one postnatal session.

State

- New York
 - Expert panel recommendation: care coordination through the insurance payor as a covered benefit
 - Collaborative care model
 - Community Listening Sessions to understand barriers.

Local

- HealthyStart
 - Wards 5, 7, and 8 for parents and infants up to 18 months of age.
 - CAN addresses fragmented care and provides culturally and linguistically appropriate care
- Group support/therapy
 - Mommy&Me, Virtual Group Therapy, Parent Cafes
- Home Visiting Program
 - Mamatoto Village and Mary's Center



Source for Photo: <https://mchb.hrsa.gov/programs-impact/healthy-start>

Public Awareness and Systems Capacity

National

- Crisis Number- 988, Maternal Mental Health Hotline
- Blueprint for Addressing the Maternal Health Crisis

State

- Public Awareness campaigns
- Perinatal Mental Health Weeks
- Oregon
 - Website regarding maternal mental health within their Public Health division.
 - Resources for pregnant and postpartum individuals, providers, information regarding community strategies, legislation, policy and data.

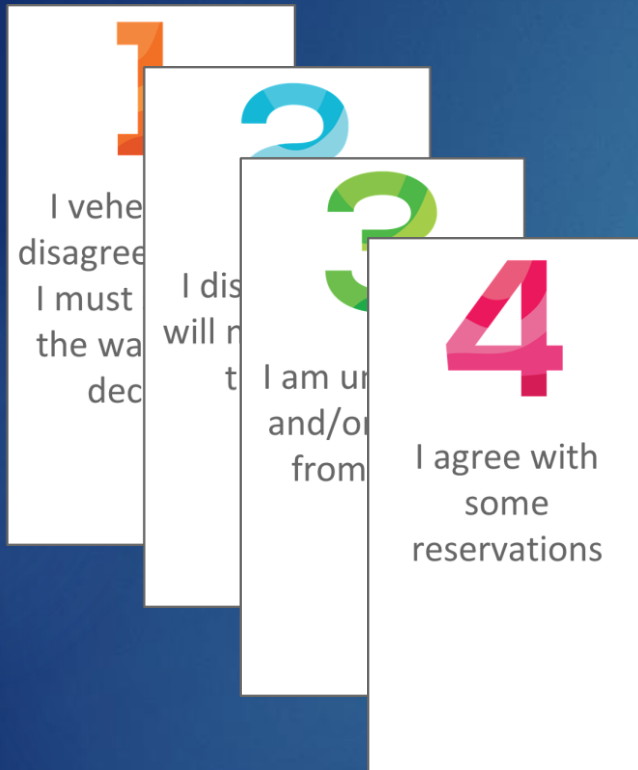
Local

- PMH Task Force
- DC Health Check has tip sheets, DC-MD, VA Perinatal Mental Health resource guide
 - Links providers patients, and families to specialists for evaluation.
- DC Metro Perinatal Mental Health Collaborative
 - Reduce stigma, misconceptions.

Recommendation Formulation

- ▶ Recommendations were considered to reach a consensus threshold with more than 70 percent of the members being in complete agreement and unreservedly supporting the statement or the recommendation received an average score greater than 4.6 on the Likert scale.
- ▶ Of the 51 recommendations, 32 were finalized to put forth in this report.

Level of Agreement Exercise



- Each of member assigned numbers 1 – 5.
- Each number corresponds to your level of agreement to the recommendations:
 1. *I vehemently disagree and feel I must stand in the way of this statement*
 2. *I disagree but will not stand in the way*
 3. *I am undecided and/or abstain from voting*
 4. *I agree with some reservations*
 5. *I am in complete agreement and unreservedly support this statement*
- Table facilitator will ask each of you to silently reflect, and then at the same time, raise the level of agreement card that corresponds to your view.
- Then, at each table will discuss the recommendations before moving on.
- Also consider how much a priority each recommendation should be.
- Exercise was then repeated as a survey for those who could not attend the meeting

Recommendations

Enhancing Navigation and Care Coordination to Improve Access to Perinatal Mental Health Care

Investment in the Continuum of Care of Perinatal Mental Health Services

System Accountability through Data Collection, Public Reporting and Boards

Development of Workforce to Address Shortages and Wait Times

Recommendations

Enhancing Navigation and Care Coordination to Improve Access to Perinatal Mental Health Care

1

Resume the "fast-tracking" (or creating a new process) whereby pregnant patients can become insured within 28 days of application.

2

Develop a District Perinatal Psychiatry Access Program

3

Develop policy guidance and adequate reimbursement for care coordination services.

4

Support public awareness campaigns similar to immunization and tobacco cessation campaigns, which raise awareness and reduce stigma around PMH disorders.

5

Increase patient accessibility and reduce provider administration burden through the standardization of perinatal mental health services through Medicaid Managed Care Plans.

Recommendations Investment in the Continuum of Care of Perinatal Mental Health Services

Invest in	Invest in prevention counseling interventions.
Invest in	Invest in group support models to alleviate the shortage of culturally competent mental health support.
Provide	Provide direct consultation reimbursement in Medicaid.
Expand	Expand reproductive health coordinators at all School Based Behavioral Health Centers.
Support	Support the establishment of an Inpatient Perinatal Psychiatry Unit in the District.
Support	Support the establishment of Perinatal Intensive Outpatient Programs and Partial Hospitalization Programs in the District.

Recommendations

System Accountability through Data Collection, Public Reporting and Boards

1

Ensure perinatal mental health representation on all relevant Boards

2

Develop a standing District Perinatal Mental Health Advisory Group/Board/Task Force.

3

Increase collection of relevant perinatal mental health data (including HEDIS from Medicaid and Commercial insurers) across public and District-wide sources, and ensure data is published publicly for better understanding across the District.

Recommendations Development of Workforce to Address Shortages and Wait Times

Expand the workforce by investing in Community Health Workers, Peer Support, and other paraprofessionals to help prevent and address PMH disorders.

Support the increased recruitment of perinatal mental health providers that are culturally and linguistically representative of the diverse populations that they serve and offer training to the existing workforce on culturally congruent practices. An opportunity would be to offer incentives for bilingual professionals.

Support a city-wide Perinatal Mental Health ECHO (Extension for Community Healthcare Outcomes) program, offering a valuable education and training model to PMH providers.

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Require perinatal mental health CEU hours for the next renewal cycle for clinical licensure for social workers, counselors, psychologists, and psychiatrists (those holding any type of clinical license).

Provide career training, financial incentives, scholarships/ loan repayment, and other financial support to those entering the perinatal mental health field.

Partner with organizations and universities that can offer substantial professional pre- and postpartum doula training, certification, and technical assistance that specifically targets candidates seeking to support people with a range of disabilities navigating the perinatal health system, particularly the perinatal behavioral healthcare system in the District.

Questions?