



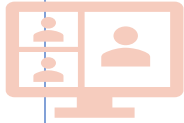
Perinatal Mental Health Task Force

January Meeting

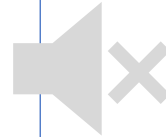
Tuesday, January 31st, 2023



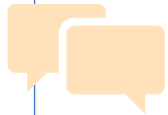
Virtual Meeting Processes



To increase engagement, turn on your video



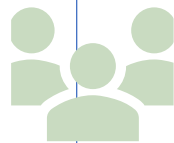
Mute your microphone upon entry, and until you are ready to speak



Use the chat function to introduce yourself: **Name, Title, Organization** (if any)



If you have comments or questions, please use the '**Raise Hand**' feature and speak clearly



If you are not a member of the Task Force, kindly hold your questions till the end of the meeting or add your questions to the chat!



Overview



- Welcome and Overview
- Roundtable Discussion on Task Force Outcomes and Expectations
- Nomination and Election of Non-Government Co-Chair
- Current State of Perinatal Mental Health Programs
- Other Announcements
 - Meeting Schedule
- Public Comments

DHCF's Stakeholder Approach to Advance Maternal Health



- DHCF formed a Maternal Health Advisory Group to get input from providers, beneficiaries or beneficiary advocates, doulas, and managed care organizations related to Fiscal Year 2022 projects in the following three areas:
 - 1) Coverage of doula services;
 - 2) Expansion of postpartum coverage to one year; and
 - 3) Extension of non-emergency medical transportation benefits to pregnant and postpartum Alliance beneficiaries.
- Input from group members and discussion at meetings shaped the Doula Services benefit and related guidance in several ways.
 - For example, the District's decision to reimburse differently for perinatal and postpartum doula visits came from input from the Maternal Health Advisory Group.
 - In addition, input from the Maternal Health Advisory Group helped determine the total number of doula visits that DHCF would reimburse.



Purpose of the Task Force



- Budget Support Act establishes a Perinatal Mental Health Task Force to provide comprehensive ***policy recommendations for the improvement of perinatal mental health*** in the District. The Task Force shall study and make recommendations to the Council by October 1, 2023 regarding the following:
 - Vulnerable *populations and risk factors* for perinatal mental health disorders
 - *Evidence-based and promising practices* for those with or at risk of perinatal mood and anxiety disorders
 - *Barriers to access to care* during the perinatal period for birthing people and their partners and identifying evidence-based and promising practices for care coordination, systems navigation, and case management services that address and eliminate barriers to accessing care and care utilization for birthing people and their partners;



Purpose, continued



- Evidence-informed practices that are *culturally congruent and accessible to eliminate racial and ethnic disparities* that exist in addressing prevention, screening, diagnosis, intervention and treatment, and recovery from perinatal mood and anxiety disorders;
- National and global models that successfully *promote access to care*, including screening, diagnosis, intervention, treatment, recovery, and prevention services for perinatal mood and anxiety disorders in the pregnant or postpartum person and non-birthing partner;
- Community-based or multigenerational practices that *support individuals and families* affected by a maternal mental health condition;
- *Successful initiatives regarding workforce development* encompassing the hiring, training, and retention of a behavioral health care workforce as it relates to perinatal mental health, including maximizing non-traditional behavioral health supports such as peer support and community health workers; Models for *private and public funding* of perinatal mental health initiatives; and
- *A landscape analysis* of available perinatal mental health programs, treatments, and services, and notable innovations and gaps in care provision and coordination, encompassing the *ability to serve the diversity of perinatal experiences of unique populations*, including Black birthing people, Hispanic birthing people, pregnant and postpartum people of color, perinatal immigrant populations, adolescents who are pregnant and parenting, LGBTQIA+



Milestones



- **Phase I – Pre-selection and Selection of Task Force Membership (August to December)**
 - September:
 - 26th – Medicaid Director’s Letter published and Application posted
 - October:
 - 12th – Interest Meeting
 - 21st – Applications Due
 - December:
 - Final Approval of Members
- **Phase II – Task Force (January 2023 – July 2023)**
 - Regularly Scheduled Task Force Meetings
 - Creation of subcommittees
- **Phase III – Recommendations (August –October 2023)**
 - Recommendation drafting and approval
 - Report sent to Council by 10/1/23



Roundtable Discussion

Each Member will introduce themselves and identify what their expectations of the Task Force and any outcomes they would like to see in the report.



Nominations for Non-Government Co-Chair



Current State of Perinatal Mental Health Programs

Joint Presentation

DC Health

&

Department of Behavioral Health

Perinatal Health Programs and Perinatal Mental Health

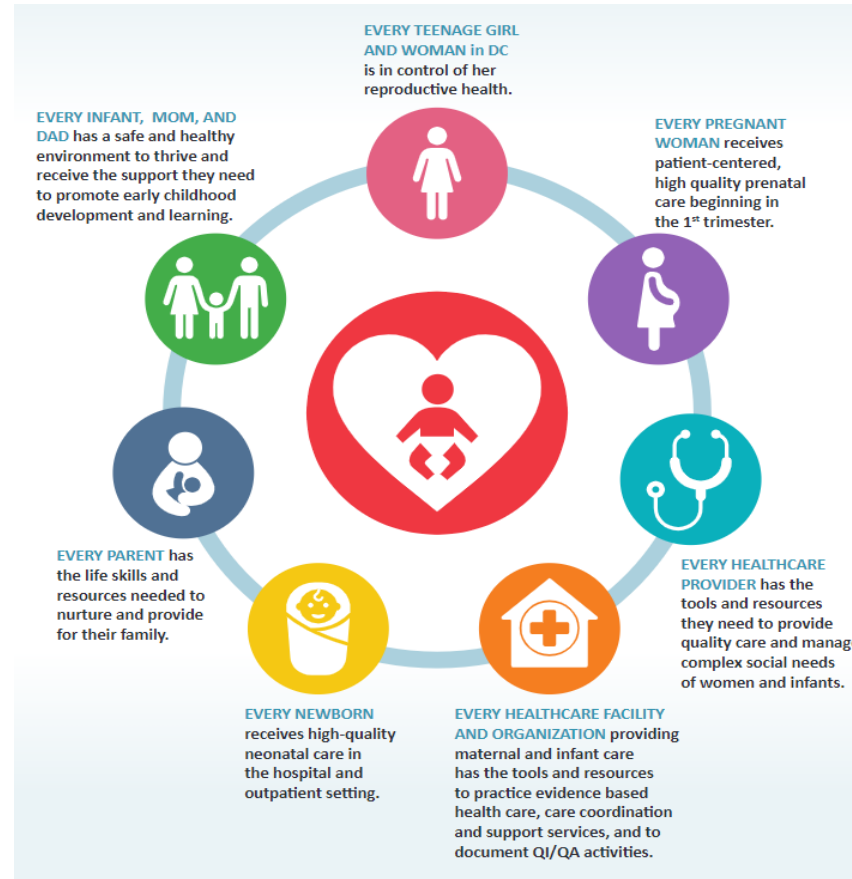
January 31st, 2023

Community Health Administration/Dr. Jasmine Bihm

Agenda

- Perinatal and Infant Health Framework
- Pregnancy Risk Assessment Monitoring System (PRAMS) - Postpartum Health
- Selected DC Health Perinatal and Maternal Health Programs
 - DC Healthy Start
 - Preterm Birth Reduction Initiative
 - Help Me Grow
 - Home Visiting Programs
 - Healthy Steps
- Future Efforts and Areas of Opportunity

Perinatal and Infant Health Framework



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Pregnancy Risk Assessment Monitoring System Data Report 2020

POSTPARTUM HEALTH

Postpartum care is essential in maintaining mother and infant health after birth. In 2020, DC PRAMS estimates that 88.9% (95% CI: 85.6%, 91.5%) of mothers had a postpartum check-up. The postpartum check-up is an opportunity for providers to identify both physical and mental health issues among mothers who have recently given birth. About 12.8% (95% CI: 10.0%, 16.2%) of mothers reported having post-partum depression in the District. Additionally, PRAMS estimates that 92.3% (95% CI: 89.4%, 94.4%) of mothers who gave birth in 2020 ever breastfed. Approximately 78.1% (95% CI: 74.0%, 81.6%) of all mothers breastfed for 8 or more weeks. An estimated 72.4% (95% CI: 68.0%, 76.3%) of mothers are using some type of birth control postpartum.



88.9%

Percent of mothers had a postpartum check-up



12.8%

Percent of mothers experienced post-partum depression

1. Data source: Pregnancy Risk Assessment Monitoring System, Data year for 2020 births. DC Health, Center for Policy, Planning and Evaluation, DC PRAMS.
2. N and % (95% CI) represent the weighted frequency and weighted percentage of mothers. Values with large confidence intervals should be interpreted with caution.

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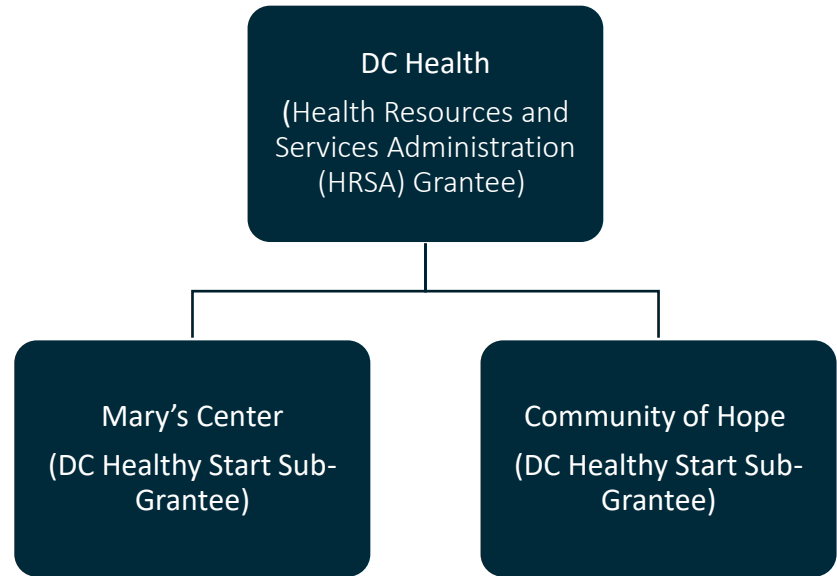
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DC Health Perinatal Programs and Mental Health Activities

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DC Healthy Start Program

- The purpose of the Healthy Start program is to improve health outcomes before, during, and after pregnancy and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes
- Eligible participants include pregnant women, infants & children up to 18 months along with women in the preconception and inter-conception phase, fathers & male partners affiliated with Healthy Start



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DC Healthy Start Program Services

- **Care Coordination/Case Management services** to navigate the health care system and linkages to community resources based on social needs
- **Group Prenatal Care** through the Centering Pregnancy model
- **Doula support services** during pregnancy, labor, delivery and early postpartum period
- **Reproductive Life Planning** to prepare for, or avoid pregnancy with effective contraception
- **Health Education and promotion** on topics such as nutrition and substance abstinence
- **Comprehensive health and wellness screenings and referrals for maternal depression, domestic violence, substance use and developmental delays**
- **Breastfeeding support** from certified lactation counselors and connection to resources to support breastfeeding initiation and duration
- **Free transportation** to attend perinatal care appointments
- **Fatherhood Support Services** including referrals to fatherhood support programs, education on topics such as pregnancy, childbirth, child development, and the 24/7 Dad evidence-based fatherhood curriculum

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Preterm Birth Reduction Initiative

- \$1.6 million in local funds focused on healthy pregnancies and reducing preterm birth
 - 4 District grantees: MedStar Washington Hospital Center, Howard University Hospital, Community of Hope, Unity Health Care
- Projects include activities such as:
 - High-risk pregnancy assessment
 - Indication/selection of specific intervention (if applicable)
 - SDOH screening/referrals (WIC, housing, transportation, employment, etc.)
 - Contraception referral/education
 - Tobacco/marijuana product use screening/referral/education
 - **Mental health screening/referral**
 - Centering pregnancy services

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Help Me Grow

- The Department of Behavioral Health's DC Mental Health Access in Pediatrics (DC MAP) program facilitates provider education and training that enhances integration of mental health into pediatric primary care.
- DC Health Help Me Grow (HMG) program collaboration with the Department of Behavioral Health DC MAP.

Call >> 1-800-MOM-BABY



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Home Visiting Programs

- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and locally funded home visiting programs provide evidence-based home visiting services and support to families in high-risk communities from pregnancy through early childhood (0-5).
- Home Visitors use the Patient Health Questionnaires-9 (PHQ-9) to measure depressive feelings and behaviors.
- Referrals and treatments take place internally or to Department of Behavioral Health, Access Helpline, if participant consents to referral.

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Healthy Steps

- Provides infants and toddlers with social-emotional and developmental support by strengthening family engagement with the Medical Home.
- Healthy Steps Specialists ensures screening of participants including use of the Patient Health Questionnaires (PHQ-9) to measure depressive feelings and behaviors during the past week to determine a person's depression quotient.
- The (HSS) provides appropriate interventions, referrals, and follow-up to the whole family.

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Future Efforts and Areas of Opportunity

- Title V Maternal and Child Health Services Block Grant program activities
- Hospital Discharge Regulations
- Collaboration through Task Force

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Questions?

perinatal.health@dc.gov

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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For more information on the District's COVID-19 response, visit coronavirus.dc.gov



Announcements

- Meeting schedule
 - Last Tuesday of the Month @ 4 pm
- Doula Representative
 - Interest sent to dashawn.groves@dc.gov by COB Friday, February 3rd



Public Comments



Questions?

Contact info:

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