Maternal Health Advisory Group

September 16th, 2025

July Maternal Health Advisory Group Meeting Recap

<u>July MHAG Meeting Recap</u>: *Maternal health initiatives within managed care*

- AmeriHealth shared insights on their partnership with Mamatoto Village to support mothers through care coordination and connection to resources.

- Discussed opportunities for improvement and innovation within managed care, including streamlining enrollment and billing processes, expanding reimbursed services, and deepening the integration of care coordination.

<u>Today's Meeting</u>: *Perinatal mental health*

- Building off last month's meeting, today we will discuss supporting beneficiaries' mental health needs during the prenatal and postpartum periods in effort to promote healthy maternal outcomes.

Today's Agenda

Welcome – 5 min

TMaH & Perinatal Mental Health – 10 minutes

DC Hospital Association Presentation – 15 minutes

Children's National Hospital Presentation – 15 minutes

Breakout Rooms – 20 minutes

Discussion and Next Steps – 10 minutes

TMaH Award Required Notice

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TMaH, Patient Safety & Perinatal Mental Health

(10 minutes)

TMaH Aims To Address and Improve Perinatal Mental Health

Perinatal mental health disorders are a major contributor to adverse maternal health outcomes.

CMS-Identified Problem	Proposed TMaH Solutions
Lack of evidence-informed safety practices	• Implement evidence-based patient safety bundles, including for perinatal mental health • Effectively use medical and social risk assessments to drive care delivery • Achieve the "Birthing-Friendly" hospital designation
Inconsistent perinatal mental health screenings	• Timely prenatal and postpartum care • Routinely screen, refer, and follow-up for perinatal depression/anxiety during prenatal and postpartum periods • Improve data infrastructure for screening-related quality measures (e.g., maternal health depression screening and follow-up) and data sharing
Lack of team-based and coordinated care	• Regular and ongoing interprofessional care team meetings and planned quality assurance and improvement activities • In addition to obstetricians and registered nurses, the maternal care team may include doulas, perinatal CHWs, midwives, physician assistants, and behavioral health providers

The 2023 Perinatal Mental Health Task Force Report had 21 Recommendations for DHCF; Similar to CMS Solutions

- 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

Report can be found at:
https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20Report%20and%20Recommendations.pdf

DHCF Implemented Several Initiatives Reflected in the Report to Improve Perinatal Mental Health Care

New Medicaid Provider Types:

Psychologists, licensed independent social workers, professional counselors, marriage and family therapists, psychosocial rehab. service providers, recovery support services

Interprofessional Consultation Codes:

Specialists may be reimbursed by Medicaid for consultations to a beneficiary's PCP

Behavioral Health Case Management w/ MCPs:

Case management for behavioral health services is provided through a patient's MCP alongside their other services

Collaborative Care Model:

A PCP, behavioral health care manager, and a psychiatric consultant deliver care management and psychiatric services in a primary care setting, including FQHCs

TMaH Provider Incentive Program:

Collecting information on mental health services; providing training and education on integrated care to inform future activities

Many Recommendations from the 2023 Report Mirror Planned TMaH Activities (Sample of Recommendations Below)

Perinatal Mental Health Task Force Recommendation	DHCF Activities Planned Under TMaH
Care Coordination: *Develop policy guidance and adequate reimbursement for care coordination services.*	• Integrate care coordination services into TMaH VBP model • Leverage TMaH Incentive Program to inform policy and rate development
Direct Consultation: *Provide direct consultation reimbursement in Medicaid, including telehealth modifiers.*	• Increase awareness of existing interprofessional consultation benefits for mental health
Doula Training/Partnership: *Partner with groups that offer doula training, certification, and technical assistance.*	• DHCF partnership with the Doula Learning Action Collaborative • Leverage Integrated Care DC for training opportunities
Public Awareness: *Support public awareness campaigns to raise awareness and reduce stigma around PMH disorders*	• Use feedback from beneficiary focus groups and MHAG to potentially utilize TMaH funds to develop and implement public awareness campaign(s)
Advisory Boards: *Ensure perinatal mental health representation on all relevant boards.*	• Include a perinatal mental health representative in the State Doula Advisory Council convened under TMaH.

DCHA Presentation

(15 minutes)

District of Columbia Perinatal Quality Collaborative

Speaker: Yolette Gray
Sr. Director, Maternal & Child Health Initiatives

Who we are

The District of Columbia's Perinatal Quality Collaborative (DCPQC) is a network of clinical teams, public health experts, community stakeholders, and advocacy groups committed to advancing initiatives that improve maternal and infant health outcomes.

Mission & Vision

The District of Columbia Perinatal Quality Collaborative serves as champion for improving perinatal outcomes, enhancing health and well-being, and addressing systemic disparities affecting mothers, infants and families through a data-driven, quality improvement approach. We are committed to helping families thrive before, during, and after birth.

We envision a healthcare system in the District of Columbia where every mother, infant, and family receive equitable, high-quality, and compassionate care. Through collaborative quality improvement and systemic change, we strive to eliminate disparities, reduce perinatal morbidity and mortality.

Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles

WHAT ARE PATIENT SAFETY BUNDLES (PSBS)?

Patient Safety Bundles are a structured way of improving the processes of care and patient outcomes. **Patient safety bundles are collections of evidence-informed best practices, developed by multidisciplinary experts**, which address clinically specific conditions in pregnant and postpartum people.

- **The goal of PSBs is to improve the way care is provided to improve outcomes.** A bundle includes actionable steps that can be adapted to a variety of facilities and resource levels.

Prioritizing & Selecting Patient Safety Bundles

Advisory Board

- **Decision-Making Body**: Serves as the primary group responsible for guiding the direction and priorities of the DCPQC.
- Identify & oversee the collaborative's focus areas, ensuring alignment with the needs of birthing facilities, patients, and communities.

Data-Informed Decision-Making Process

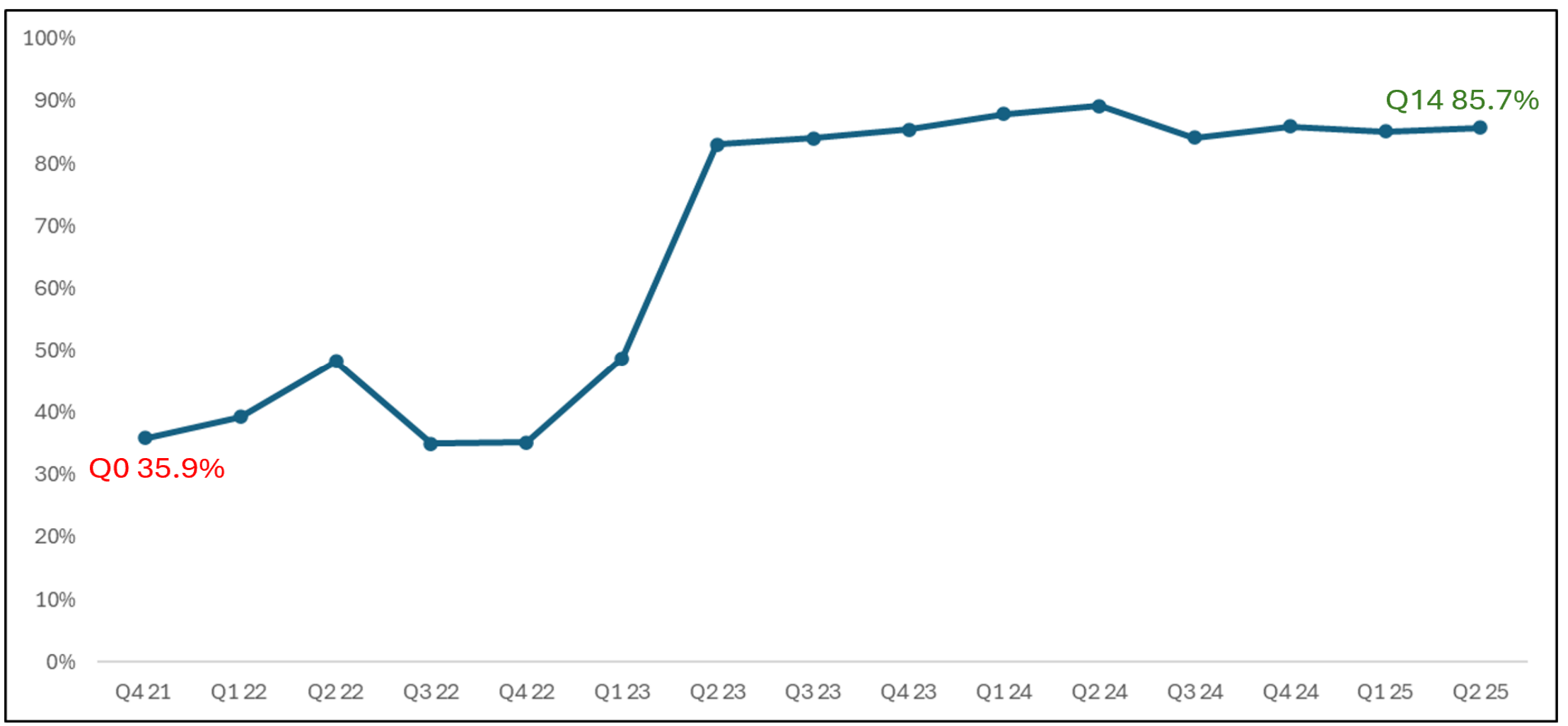
- **Data Review**:
  - Analyze disaggregated outcomes data (e.g., maternal morbidity and mortality rates).
  - Assess hospital-reported gaps in care and bundle implementation progress.
- **Stakeholder Input**:
  - From patient partners, hospital teams, and other stakeholders through surveys, focus groups, & community engagement.
  - Ensure voices of diverse community members are represented.
- **Prioritization Framework**:
  - Focus on initiatives with the greatest potential to reduce disparities, improve health outcomes, and address equity issues.
  - Align priorities with regional trends and community needs.

DCPQC Initiatives

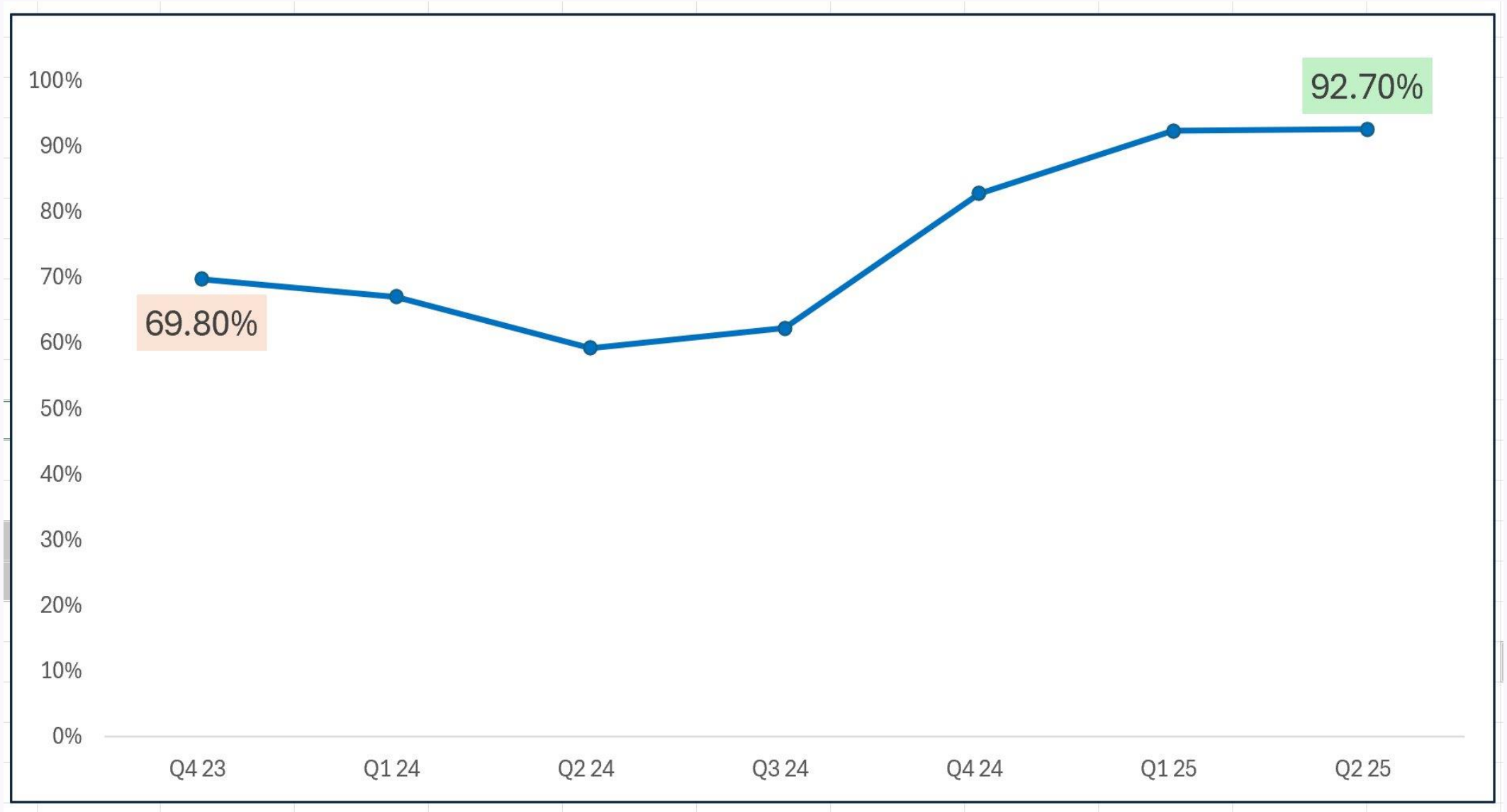
AIM Patient Safety Bundle Implementation

- Severe Hypertension in Pregnancy (2020–2023)
  - In sustainability
- Obstetric Hemorrhage (Launched 2024)
- Postpartum Workgroup (Launched 2024)

Timely Treatment of Persistent Severe Hypertension

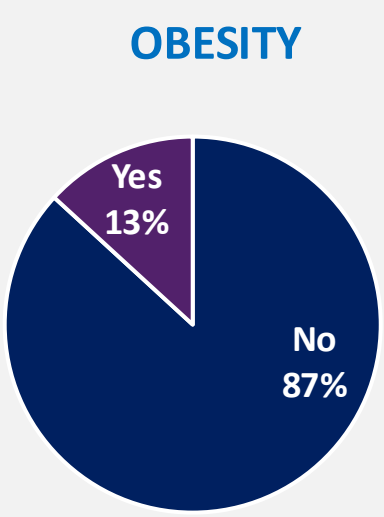


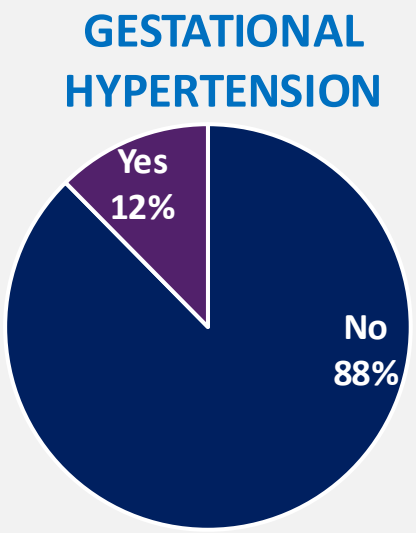
Quantified Blood Loss

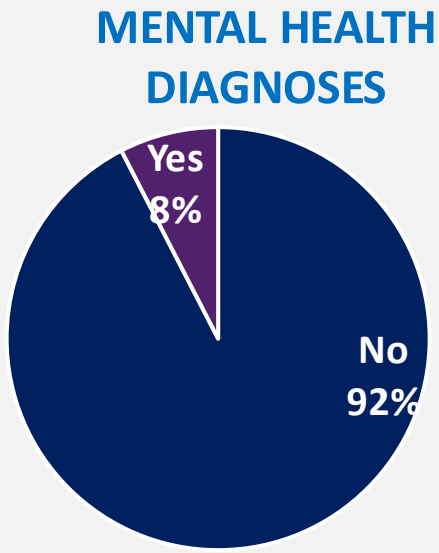


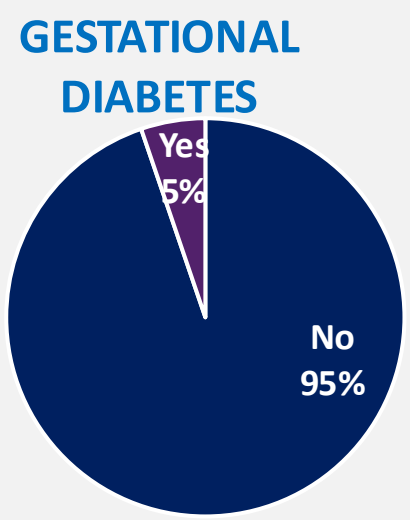
Why Focus on Mental Health?

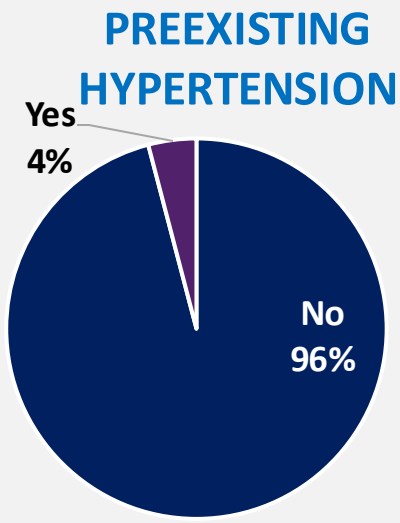
DC Health (CPPE) analysis of hospital discharge data shows perinatal mental health comorbidities are among the most prevalent conditions. Below is the distribution of DC-resident delivery hospital discharges by mother's health conditions that complicated the pregnancy or delivery, 2016-2019











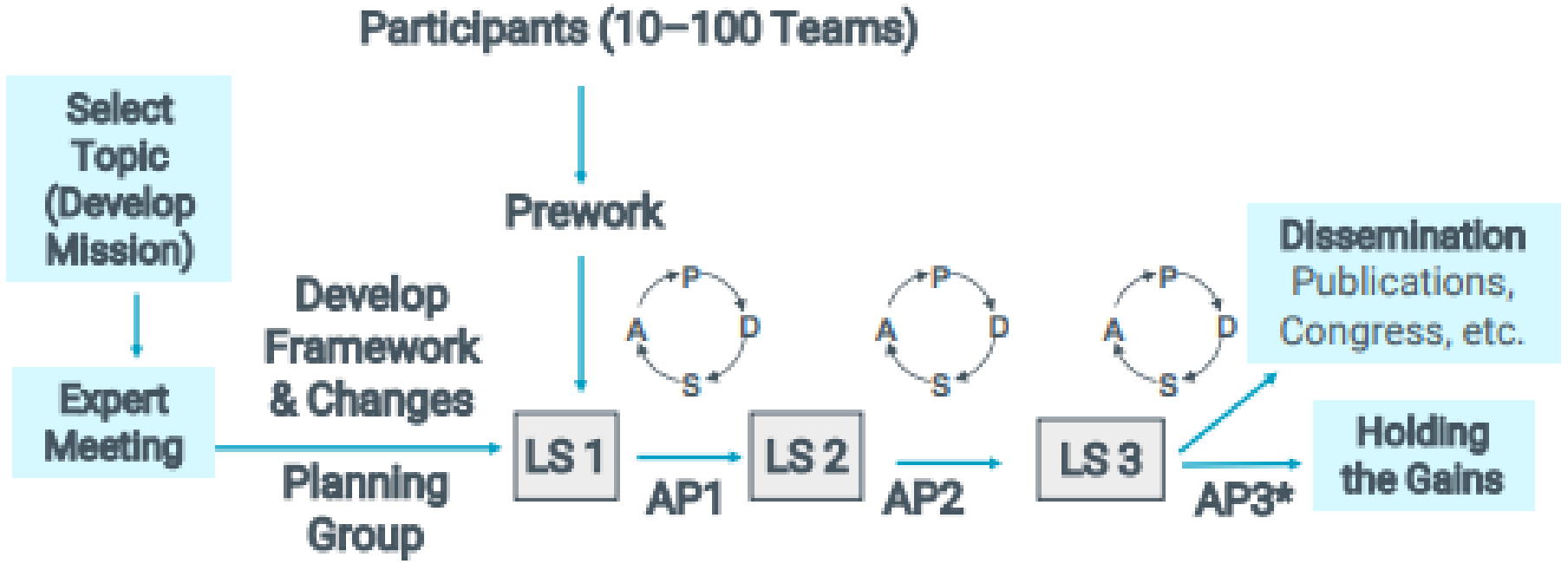
Overview of the DCPQC PMH Workgroup

The DCPQC established the Perinatal Mental Health Workgroup to address the urgent need for improved perinatal mental health care. This work brings together healthcare providers, public health officials, mental health specialists, community organizations, and patient advocates to develop and implement best practices to improve maternal health outcomes in the District.

Benefit of Participating in this Work:

- Access to best practices and QI coaching
- Aligns with hospital/CBO goals
- Contributes to District-wide system change and visibility
  - Anticipated alignment with the Transforming Maternal Health (TMaH) Model, emphasizing integrated, patient-centered care and prioritizes behavioral health as a key driver of maternal outcomes.
- Opportunity to elevate the voices of families and staff

IHI Breakthrough Series (6–18 Months)



LS = Learning Session

AP = Action Period

*Continue reporting data as needed to document success

Supports		
Email	Phone Conferences	Visits
Extranet	Assessments	
Sponsors	Team Reports (Monthly)	

PMH Goals – Screening, Education, Referrals

- **Universal Screening-** Increase by 15% the number of birthing individuals screened at least once in both the prenatal and postpartum periods, using validated tools like the EPDS or PHQ-9.
- **Patient Education-** Increase by 20% the number of birthing individuals who receive culturally and linguistically appropriate education about perinatal mental health.
- **Referral Pathways-** Increase by 20% the number of patients with identified needs who receive timely referrals to appropriate mental health or social support services.

Expected Outcomes

Implementation of evidence-based practices and innovative solutions.

Improved capacity for quality improvement across organizations.

Measurable improvement in targeted outcomes.

Development of a peer network for ongoing collaboration.

Participation & Next Steps

Getting Started:

Complete the Perinatal Mental Health (PMH) Pre-Assessment to identify organizational strengths and areas for growth

Submit a signed PMH Charter, identifying core team members (including travel and home team roles)

Prepare for Launch:

Review foundational materials in advance of Learning Session 1 (January 2026):

- PMH AIM Bundle
- Change Package
- PMH Clinical Information Handbook

Ongoing Commitment:

Participate in all Learning Sessions (in-person or virtual)

Join monthly check-ins to share progress and troubleshoot challenges

Engage in data sharing to support real-time learning and improvement

PQC Support:

Access to coaching, tools, and technical assistance throughout the initiative

Questions?

Contact ygray@dcha.org and sayala@dcha.org

DCPQC Website

Children's National Hospital Presentation

(15 minutes)

Children's National Hospital Maternal Mental Health Programs

Adre du Plessis, MBChB
Jennyfer Baldeosingh, MPA
Ellen Bartolini, PsyD
Alana Aronin, MPH

Maternal Health Advisory Group and Transforming Maternal Health meeting

September 16, 2025

Agenda

Introductions

- Adre du Plessis - Director of the Zickler Family Prenatal Pediatrics Institute (ZFPPI)
- Jennyfer Baldeosingh – Program Director, Perinatal Mental Health, ZFPPI
- Ellen Bartolini – Lead Psychologist, Perinatal Mental Health, ZFPPI
- Alana Aronin – Senior Policy Associate, Community Mental Health CORE

Brief overview

- Historical investment in perinatal mental health at Children's National Hospital
- Organizational context of the Perinatal Psychology Program within the ZFPPI

Perinatal Mental Health Program at Children's National

- DC Mother Baby Wellness program – Jennyfer Baldeosingh
- Perinatal Psychology Program - Ellen Bartolini

Perinatal Mental Health (PMH) at Children's National

- **5 Goldberg Primary Care Clinics** – integrating mental health services accessible to children and their families in DC region. PMH services include:
  - ***Universal Screening***: for families with newborns.
  - ***HealthySteps***: >5,000 patient families/yr seen at 3 Goldberg sites.
    - Early childhood mental health specialist embedded in primary care clinic, also addresses perinatal mental health concerns.
  - ***Community Core***: addressing non-medical needs that may impact health and well-being for families with children ages 0-3 yrs.
    - >6,500 screens for SDOH in FY25; 37% positive in a critical area.
  - ***Healthy Generations***: comprehensive, family-centered health care for teen parent dyads
    - ~750 dyads/year seen across Goldberg sites,
    - screening, referrals, and medication management.
  - ***Whole Bear Care***: mental health screenings, brief interventions, consultation, and referrals for comprehensive services
    - 5,522 individual clinician visits in FY25.

Perinatal Mental Health at Children's National Hospital (cont.)

Neonatal Intensive Care Unit (NICU) and Emergency Department (ED)

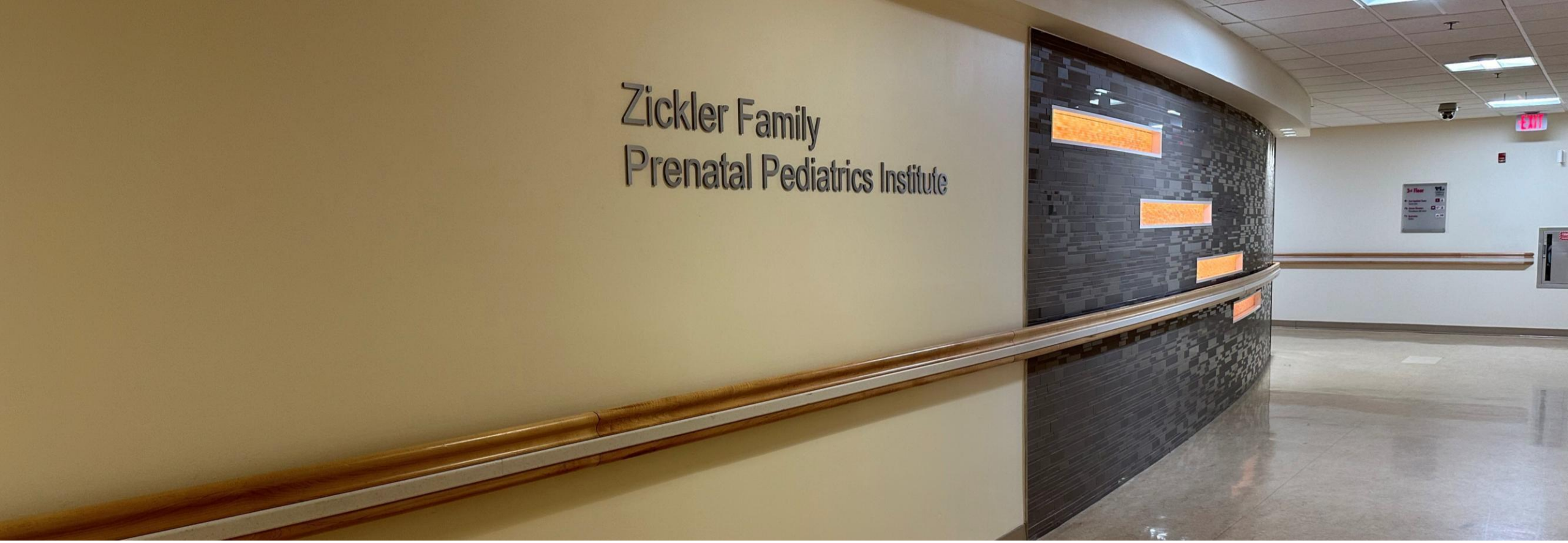
- NICU implemented universal screening for perinatal mood and anxiety disorders (PMADs), with brief interventions and therapy referrals.
- The ED screens parents <7 months of age, sharing resources when a positive screen is identified.

Psychology and Psychiatry Departments

- Direct care to patients and their families, in addition to consultation services. Some psychology therapies are dyadic.
- Recently expanded to provide limited psychiatric services embedded in the pediatric primary care setting (Goldberg Clinics) to pediatric patients.
- Psychiatry Consultation Clinic (PCC) developed by the Outpatient Psychiatry Department (OPD) at Takoma Theatre, using collaborative care model with primary care providers.

Pediatric Health Network (PHN)

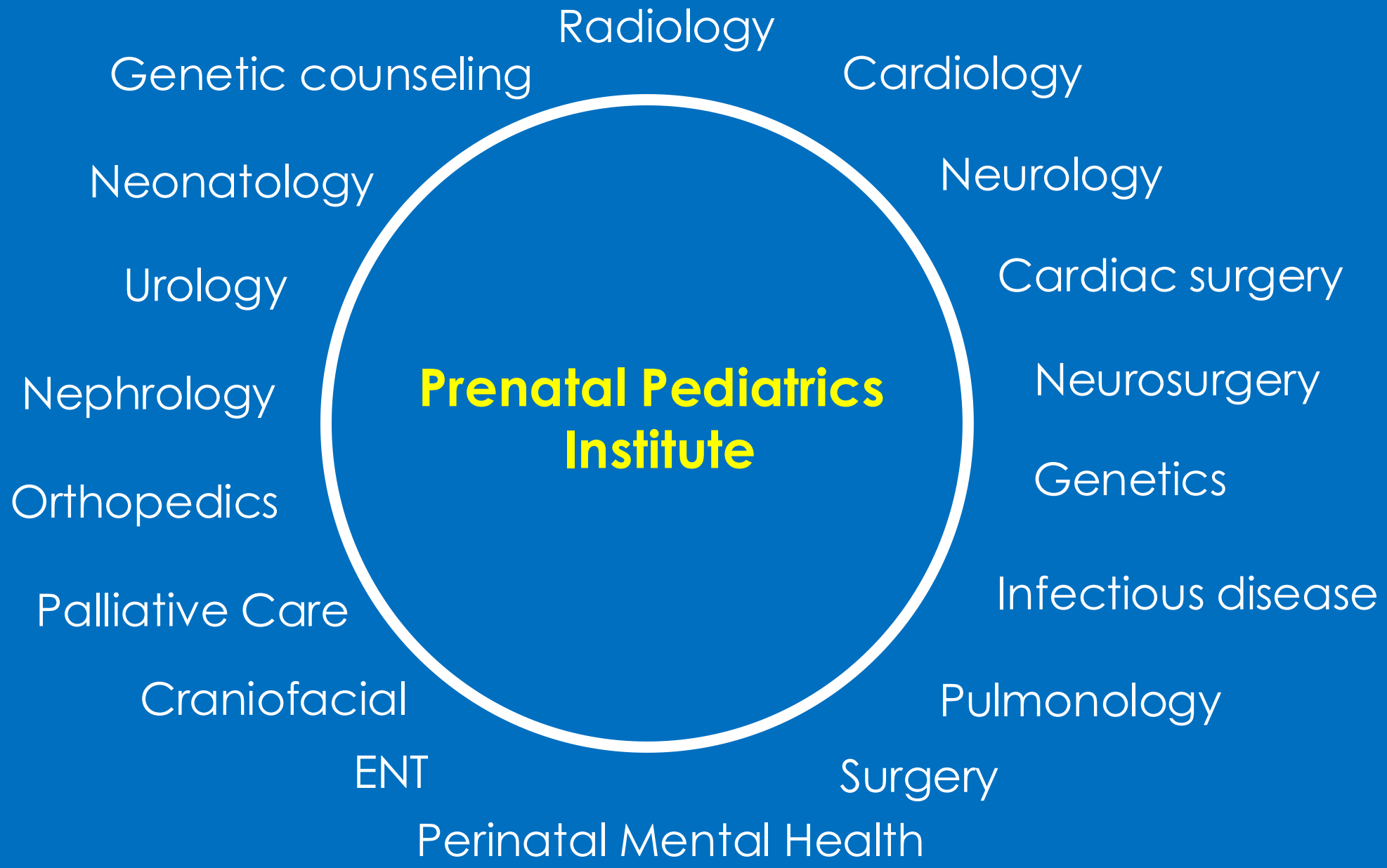
- A physician-led, clinically integrated network of over 700 pediatric primary care providers. PMH resources are among the information available to providers through the PHN Behavioral Health Initiative.

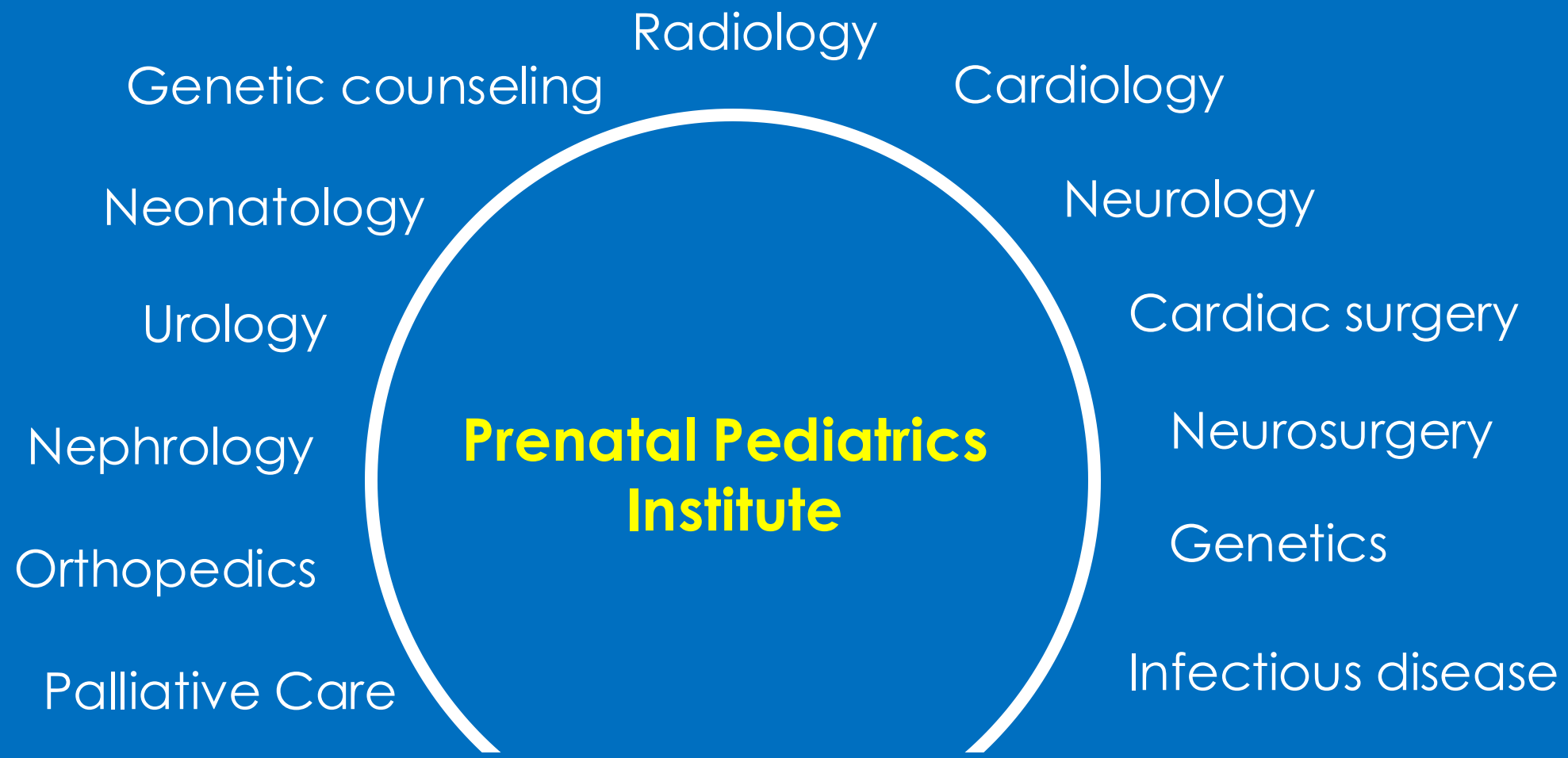


Building a Perinatal Psychology Program in the Prenatal Pediatrics Institute at Children's National

Rationale

- 5-yr A. James and Alice B. Clark grant awarded in 2020
- Exposed enormous unmet mental health needs of pregnant women in DC
- CON application approved in 2024 making the program sustainable
  - Rationale:
    - association between pregnancy/postpartum mental health disorders and offspring neurobehavioral outcomes,
    - MRI studies in Developing Brain Institute showing altered fetal brain development.
    - symptomatic intervention for the mother and preventive intervention for the fetus and newborn.
- Launch of infant neurodevelopmental screening program


Radiology
Genetic counseling
Cardiology
Neonatology
Neurology
Urology
Cardiac surgery
Nephrology
Neurosurgery
Prenatal Pediatrics Institute
Orthopedics
Genetics
Palliative Care
Infectious disease
Craniofacial
Pulmonology
ENT
Surgery
Perinatal Mental Health



Perinatal Mental Health

Continuum of Care over the First 1000 days

- **Critical developmental period with lifespan consequences**
- **Holistic and dyadic mother-baby health care**
- **Intrauterine and perinatal environmental influences on offspring outcome**

Prenatal Pediatrics Institute: Therapeutic Interventions for PMH Disorders

PPI Perinatal Mental Health Program	**Perinatal Psychology** (hospital-facing)	PPI
		Fetal Heart Program
		CICU
		NICU
	DCMBW Program (community-facing)	Mamatoto Village, Howard University Hospital, Community of Hope, Mary's Center, Medstar Washington Hospital Center, Medstar Georgetown, Sibley Memorial Hospital, The George Washington University Hospital, Unity Health Center

Children's National

Perinatal Psychology Program: PPI and Medically Complex Parenting

- **Faculty**
  - Ellen Bartolini, Brie Kohrt, Annie Maldonado
    - Two bilingual providers (English/Spanish)
  - Direct patient care, research, program development, supervision of fellows/interns
- **Fellowship**
  - Two fellowship spots each year
    - Current fellows: Laura Martin, Maria Neiers
  - Perinatal workforce development

Perinatal Psychology Program: PPI and Medically Complex Parenting

- **Patient Population**
  - Located across DMV area
  - Continuum of screening and care from prenatal to postnatal
  - High medical complexity/uncertainty
    - High parent stress, alterations in attachment and parenting behavior
    - High volume of perinatal grief/loss
- **Services**
  - Universal mental health screening across programs
  - Therapeutic support from prenatal to postnatal period
    - Across outpatient and inpatient contexts
    - Minimal to no waitlist
  - Support groups, multidisciplinary programming

Perinatal Psychology Program: PPI and Medically Complex Parenting

- **Metrics and Outcomes**
  - High volume: approximately **350 referrals per year and growing**
  - Universally high patient satisfaction and effectiveness scores

"If the team at Children's National had not provided me with a mental health option so easily, directly, and quickly, I would have put this on a "to-do list" and may never have done anything about it. Their immediate availability was huge, in addition to the Children's team being so candid and direct about the importance of taking care of my mental health."

"The skills she helped me learn to cope with my anxiety and depression over the health of my baby were profoundly helpful--my children have their mom back...better than ever. Thank you "

DC Mother-Baby Wellness Program

We offer problem focused interventions to address mental health concerns during pregnancy and postpartum including evidenced based screenings, psychoeducation and health education, therapy, prevention services, and developmental screenings for individuals and their babies in DC.

The DC Mother-Baby Wellness Program components

Screening
Screening for Perinatal Mood and Anxiety Disorders

Care Coordination
Referrals and assistance accessing needed services related to social determinants of health, health care and other patient needs

Group and Individual Therapy
Time limited, problem-focused therapy with licensed clinicians targeted to the patient's individual need

Developmental Screening
Developmental screenings for babies of program patients

Continuum of Care
Interconception health education including family planning and referrals for other mental health services based on patient acuity

Children's National

DC Mother-Baby Wellness

DC Mother-Baby Wellness

2,314 referrals received with **71%** scoring positive for depression at referral

1,158 patients receiving care coordination resulting in **16,665** encounters

695 patients receiving therapy resulting in **7,152** encounters

Participants covered by public insurance: **87%**

D.C. patients residing in Wards 7 and 8: **57%**

Children's National®

Breakout Discussions

(20 minutes)

Breakout Group Discussion

Group #1: Public Awareness Campaign Building

- Engage in a brainstorming activity with a given template to identify barriers, key messages, and channels for a public awareness campaign for maternal care providers and pregnant/postpartum beneficiaries to increase perinatal mental health screening.

Group #2: Screening for Perinatal Mental Health Conditions

- In preparation for the DC Perinatal Quality Collaborative perinatal mental health AIM patient safety bundle (2026), discuss perinatal mental health screening, referrals, education, and opportunities for improvement

Next Steps

Upcoming Opportunities:

- HIE Policy Board Operations, Compliance, and Efficiency (OCE) and Policy Subcommittee Meeting on Monday, 9/22 from 2:30 PM – 4:00 PM.
  - Topic: TMaH and the role of Digital Health for quality improvement, patient safety, and whole-person care delivery
  - Please email dhcf.maternalhealth@dc.gov for the calendar invite

Next Meeting

- The Maternal Health Advisory Group will convene virtually October 21st, 11am-12:15pm
  - October Focus: Patient Safety in Managing High-Risk Pregnancies & Chronic Disease
- Subsequent Meetings: Every 3rd Tuesday from 11am-12:15pm (monthly)

Stay in Touch

- Send questions or requests to dhcf.maternalhealth@dc.gov
- Meeting materials at https://dhcf.dc.gov/page/transforming-maternal-health

Background Info

The District Must Meet Milestones for 10 Key Care Elements by End of Year 3

Pillar 1 Access, Infrastructure & Workforce	Pillar 2 Quality Improvement & Safety	Pillar 3 Whole Person Care Delivery
• Increase access to the midwifery workforce • Increase access to birth centers • Cover doula services • Improve data infrastructure • Develop payment model	• Support implementation of AIM patient safety bundles • Support "Birthing-Friendly" hospital designation	• Increase risk assessments, screenings, referrals, and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and health-related social needs (HRSN) • Increase home monitoring of diabetes and hypertension • Develop health promotion and disease prevention plan

The District Can Elect Up To 8 Optional Care Elements; Milestones TBD

Pillar 1 Access, Infrastructure & Workforce	Pillar 2 Quality Improvement & Safety	Pillar 3 Whole Person Care Delivery
• Cover certified midwives (CMs) and certified professional midwives (CPMs) • Cover perinatal community health workers (CHWs) • Create regional partnerships in rural areas • Extend Medicaid eligibility to 12 months postpartum	• Promote shared decision-making	• Expand group perinatal care • Increase use of home visits, mobile clinics, and telehealth • Expand oral health care