Maternal Mental Health

Addressing the Crisis in Our Country

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CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

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Today’s Moderator

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About PCDC

PCDC is a Community Development Financial Institution (CDFI) that provides capital financing, expertise, and advocacy to expand primary care access and advance health equity in communities that need it most.

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

www.samhsa.gov

“Operationalizing Integration” Webinar Series Tip Sheets

“Mitigating Burnout through Integrated Healthcare”
tip sheet can be accessed here:
https://www.pcdc.org/resources/operationalizing-integration-mitigating-burnout-through-integrated-healthcare-tip-sheet/

“Collaborative Care Management 101”
tip sheet can be accessed here:
https://www.pcdc.org/resources/operationalizing-integration-collaborative-care-management-foundations-tip-sheet/

“Maternal Mental Health Considerations”
tip sheet can be accessed here:
https://www.pcdc.org/resources/operationalizing-integration-system-level-opportunities-to-improve-maternal-mental-health-tip-sheet/

“Providing Equitable and Responsive Care”
tip sheet can be accessed here:
https://www.pcdc.org/resource/operationalizing-integration-collaborative-care-management-foundations-tip-sheet/

"Integration at Work" Webinar Series Tip Sheets

PRIMARY CARE DEVELOPMENT CORPORATION
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Quality Improvement Tips for Integrated Care Settings

Types of Integration

Coordinated Care (off-site)

Level 1: Minimal Collaboration

Patients are referred to a provider at another practice site, and providers have minimal communication

Level 2: Basic Collaboration

Providers at separate sites periodically communicate about shared patients

Co-located Care (on-site)

Level 3: Basic Collaboration

Providers share the same facility, but maintain separate cultures and develop separate treatment plans for patients

Level 4: Close Collaboration

Providers share records and some system integration

Highly Integrated Care

Level 5: Close Collaboration

Providers develop and implement collaborative treatment planning for shared patients but not for other patients

Level 6: Full Collaboration

Providers develop and implement collaborative treatment planning for all patients

Integration Continuum

Key Domains of Integrated Care — Preliminary — Intermediate — Advanced

"Quality Improvement Tips For Integrated Care Settings"
tip sheet can be accessed here:
https://www.pcdc.org/resource/integration-at-work-quality-improvement-tips-for-integrated-care-settings/

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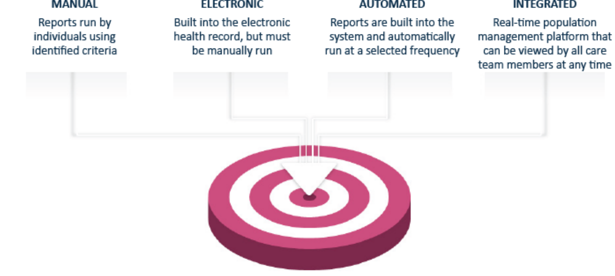
Preventive Screening in Integrated Care

Start your journey with the preventive screening road map:

1. Understand your patient population
2. Define your priorities and select screening tools
3. Define care team member roles and responsibilities
4. Operationalize the screening process
5. Provide education, training, and cross-training

Types of registries to help meet your screening goals:

MANUAL	ELECTRONIC	AUTOMATED	INTEGRATED
Reports run by individuals using identified criteria	Built into the electronic health record, but must be manually run	Reports are built into the system and automatically run at a selected frequency	Real-time population management platform that can be viewed by all care team members at any time



"Preventive Screening in Integrated Care"
tip sheet can be accessed here:
https://www.pcdc.org/resource/integration-at-work-preventive-screening-tips-for-integrated-care/

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Integration at Work

Labs and Health Indicators: An Integrated Care Opportunity

Primary Care Providers (PCP):

- Provide information to BH colleagues about "red flag" symptoms a client may mention that should get a referral for labs or other health indicator testing such as: dizziness when standing, trouble breathing, excessive thirst, numbness, etc.
- Keep BH colleagues updated on fluctuations in client labs and health indicators.
- Convey acute and long-term implications of health behaviors that may be related to lab results in order to facilitate collaborative care planning and alignment on shared treatment goals.
- Follow through on care for referred clients and follow up with BH provider to connect around reasons for referral.

Behavioral Health Providers (BH):

- Refer clients for labs or other health indicator testing when "red flag" symptoms are expressed and provide a warm hand-off to PCP.
- Engage with clients about their experience receiving lab and health results. Offer supportive coping mechanisms if needed.
- Connect with PCP for updates on what client lab results indicate. Collaborate on care plans, modifying shared treatment goals to ensure client is comprehensively supported.
- Recommend ways PCP colleagues can supportively provide health guidance and information to clients.

Key ways Behavioral Health providers are critical partners within integrated care:

- Improve the skills of primary care providers to recognize behavioral disorders.
- Improve the skills of providers to recognize how behavioral health conditions may manifest as physical symptoms.
- Promote greater adherence to treatment regimens for chronic conditions.
- Help patients understand the ways that emotions can effect how they feel physically.
- Establishing responsive "person centered" goals to manage both physical and behavioral conditions.

Policy Considerations

- Include details on specific task oriented staff activities
- Convene stakeholders from throughout organization to develop PC-BH policies and recommendations
- Incorporate feedback even after policies are drafted as input is key to understanding how a process gets carried out in real time
- Ensure all guidance is either broad enough for or can specifically account for differences between disciplines. For instance: *PCP may focus on specific clinical markers; BH may focus on social and emotional markers.* Good policy and directives would account for both.

Contact us to discuss how our services can help your care teams. Email: cqp@pcdc.org

This resource was developed in partnership with the Center of Excellence for Integrated Health Solutions.

"Promoting Successful Collaboration in Integrated Care Settings"
tip sheet can be accessed here:
https://www.pcdc.org/resource/integration-at-work-promoting-successful-collaboration-in-integrated-care-settings/

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Integrated Care Partnerships

Components of Successful Integrated Care Partnerships

Considering Cost and Yield in Partnership Equations

Integrated care partnerships can be complex, with different organizations and team members holding different visions.

Part of taking an advanced lens on partnerships is determining the cost (input of time, energy and resources) and the yield (client impact, positive staff experience, increase in revenue, etc.) and understanding if shifting or transitioning a partnership is necessary.

When the cost is HIGHER than the yield, applying concepts on the wheel to the right can be supportive to recalibrate.

When the cost is LOWER than the yield, it is still critical to have methods in place, such as those within the wheel, to keep a forward trajectory where your partnerships remain in a low cost high yield equation.

- Shared or cross walkable systems already in place (ex: Electronic medical records)
- Agree on Quality improvement process and ways to track progress towards goals and identify barriers
- Utilize huddles to identify what works and what does not. To overcome tension, seek first to understand rather than be understood
- Listen to common complaints and treat them like needs assessments, the recurring issues could be an opportunity to improve
- Focus on scalability, including checking in with community partners early and often

"Integrating Care Partnerships"
tip sheet can be accessed here:
https://www.pcdc.org/resource/integration-at-work-components-of-successful-integrated-care-partnerships/

Audience Demographics Poll

Do you work in a:

- Primary care setting
- Behavioral health setting
- Integrated care setting

Are you working primarily as a:

- MD/DO
- Nurse Practitioner/Registered Nurse
- Physician Assistant
- Medical Assistant
- Therapist
- Social Worker
- Care Manager
- QI Manager
- Informatics
- Other

Please rate your current skills and comfort in discussing maternal mental health, associated Federal legislation, and models for implementation.

- Very Low
- Low
- Moderate
- High
- Very High

Today's Presenters

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Accidental Advocate

About MMHLA

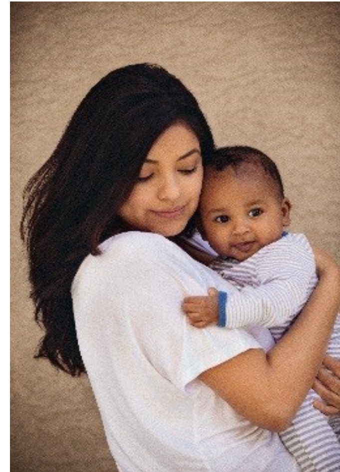
Maternal Mental Health Leadership Alliance (MMHLA) is a nonpartisan 501(c)3 nonprofit organization dedicated to improving the mental health of mothers and childbearing people in the United States by focusing on policy and equity.

Founded in 2019

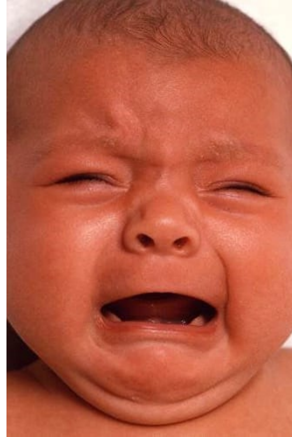
We advocate for national policies that provide universal, equitable, comprehensive, and compassionate mental health care during pregnancy and the year following pregnancy.

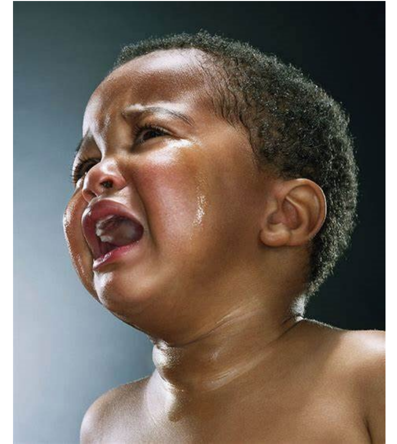
www.mmhla.org

The Happiest Time in a Family's Life…



Not Always!





Just the Facts:

FACT #1

The United States is in a maternal mortality crisis.

FACT #2

Mental health conditions are the leading cause of maternal deaths.

FACT #3

Together we can save the lives of new mothers.

FACT #1

The United States is in a Maternal Mortality Crisis

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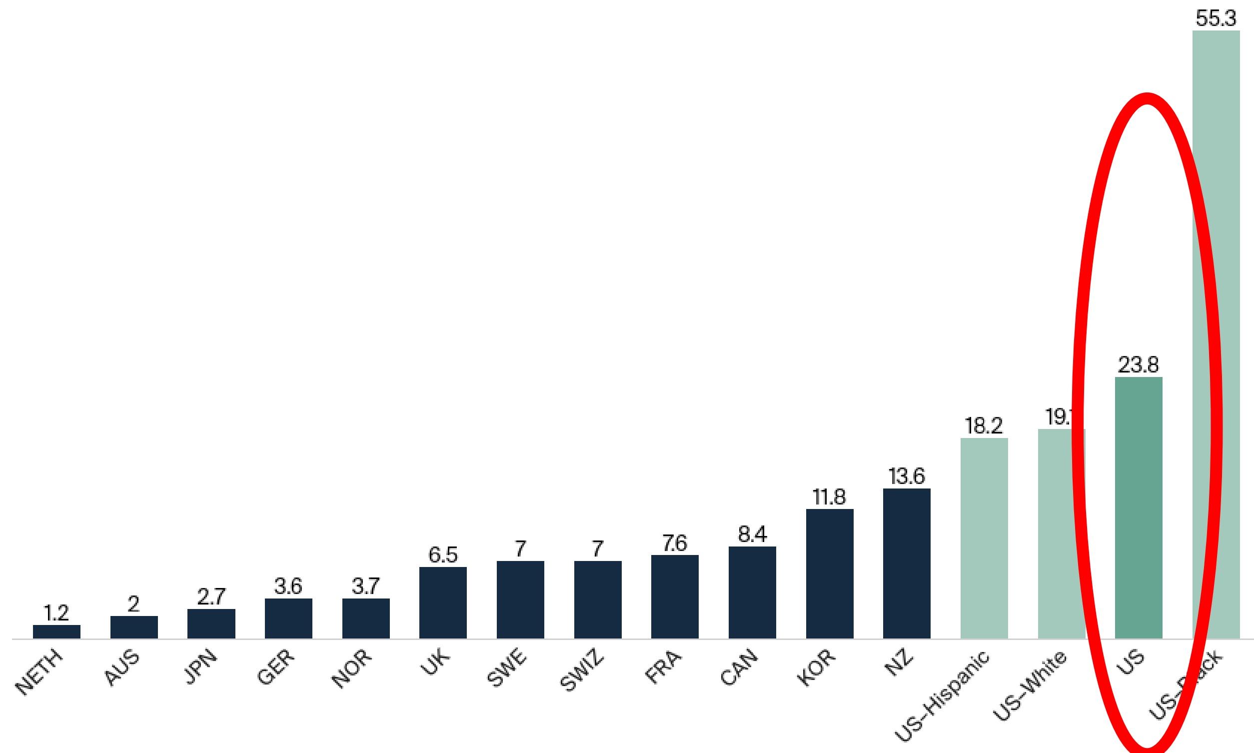
Maternal Mortality

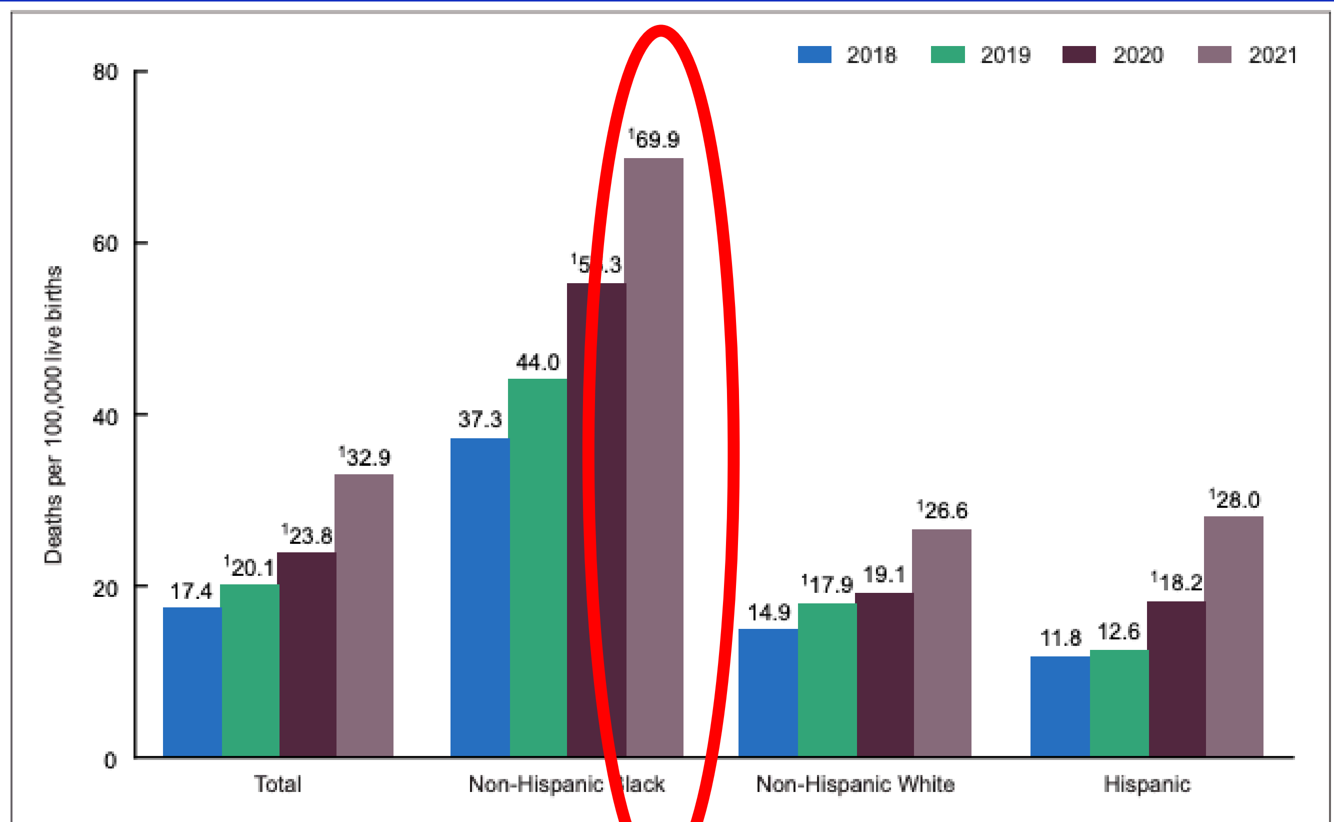


Maternal mortality:
Deaths per
100,000 live births

U.S. maternal mortality rate
IS THE WORST
of all developed countries

Source: The Commonwealth Fund
February 2022

U.S. Maternal Mortality



Number of maternal deaths in the U.S.

DOUBLED

during the pandemic

2018: 658

2021: 1,205

Women of color were disproportionately impacted

Source: Centers for Disease Control and Prevention
March 2023

U.S. Maternal Mortality

COVID

25% of deaths in 2020-2021

Women of color disproportionately impacted

Social determinants of health

Worked frontline jobs

Lived in more crowded homes

Faced challenges accessing the internet,

having privacy, accessing healthcare

MENTAL HEALTH

22% of deaths in 2017-2019

SUICIDE + OVERDOSE

leading cause of death

For all groups except

non-Hispanic Black women

Sources:

Wilson Institute: New Security Beat

Centers for Disease Control & Prevention

FACT #2

Mental Health Conditions are the Leading Cause of Maternal Deaths

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The Facts

- Mental health conditions are **THE MOST COMMON** complication of pregnancy and childbirth

- Suicide and overdose combined are the **LEADING CAUSE** of maternal mortality

Sources:
[The Journal of Clinical Psychiatry]
[Obstetrics and Gynecology]
[CDC Pregnancy-Related Deaths Data]

Maternal Mental Health (MMH)

1 in 5	Number of pregnant/postpartum people impacted by MMH conditions
1 in 3	Number impacted in high-risk groups
75%	Of those impacted, remain untreated
100%	Of maternal deaths due to MMH conditions are preventable
$14 billion	The annual cost of MMH conditions

Source: MMHLA

Parents at High Risk

People with a history of mental health conditions

People who have experienced trauma

Parents who lack social support, especially from their partner

Individuals of color

Individuals who live in low-income neighborhoods

Parents with a baby in the NICU

Military mothers and spouses; Veteran Women

Immigrant parents

Sources:
CDC Foundation, 2021
Taylor et al., 2019
Maxwell et al., 2018
MacDorman et al., 2021
Cherry et al., 2016
Guintivano et al., 2018
Smorti et al., 2019

Why Should We Care: Impact on Mother

Women with untreated MMH during pregnancy are more likely to:

- Not have adequate prenatal care
- Have poor nutrition
- Use substances (alcohol, tobacco, drugs)
- Experience physical, emotional, sexual abuse

Women with untreated MMH postpartum are more likely to:

- Be less responsive to baby's cues
- Have fewer positive interactions with baby
- Experience breastfeeding challenges
- Question their competence as mothers

Why Should We Care: Impact on Baby

Children born to mothers with untreated MMH are at higher risk for:

- Low birth weight or small head size
- Pre-term birth
- Stillbirth
- Longer stay in the NICU

Children living with mothers with untreated MMH are at higher risk for:

- Excessive crying
- Impaired parent-child interactions
- Behavioral, cognitive, or emotional delays
- Adverse Childhood Experiences

Cost of Untreated MMH Conditions

UNTOLD COSTS

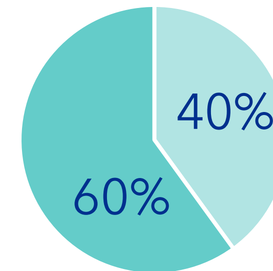
Impact on relationships with partner, other children

No other children

SOCIETAL COSTS

$32,000 per parent/child dyad

$14.2 billion



Per child cost
$12,480
Treating impact

Per parent cost
$19,520
Lost wages and productivity

Source: Lucas et al, 2019

A National Priority

Institute for Medicaid Innovation

Recent survey and focus group

Identify the most important topics in women, gender, and maternal health

#1 issue:
MATERNAL MENTAL HEALTH

Federal policymakers

State policymakers

Medical health plans

Maternal health leaders

FACT #3

Together We Can Save Lives

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Federal Legislation: Grants to States

Bringing Postpartum Depression Out of the Shadows Act of 2015

- Elevated a successful state program from Massachusetts
- Provided grants to 7 states to replicate this program
- 30 states and territories applied
- Funded FY2018-2022

Into the Light for Maternal Mental Health and Substance Use Disorder Act of 2022

- Reauthorized and expanded the program
- 12 states received a total of $12 million
- Funded FY2023-2028

Federal Legislation: Maternal Mental Health Hotline

- 24/7 Voice and Text
- English and Spanish
- 60+ other languages

- Mental health providers
- Maternal-child health providers
- Certified peer specialists

- Launched Mother's Day 2022
- 70% calls; 30% texts
- ~1,000 people/month

1-833-TLC-MAMA

Source: HRSA

White House Blueprint for Addressing the Maternal Health Crisis

- Access
- Systems of Care
- Data
- Workforce
- Support Systems

GOAL

- The U.S. will be the best country in the world to have a baby
- Whole of government strategy
- Coordinated efforts from multiple federal agencies

MATERNAL MENTAL HEALTH

- Extend Medicaid for a full year postpartum
- Launch a postpartum depression public awareness campaign
- Address perinatal addiction and substance use disorder
- Increase funding for the National MMH Hotline and state grants
- Launch the Department of Defense (DoD) reproductive behavioral health consultation service

State Legislation and Initiatives

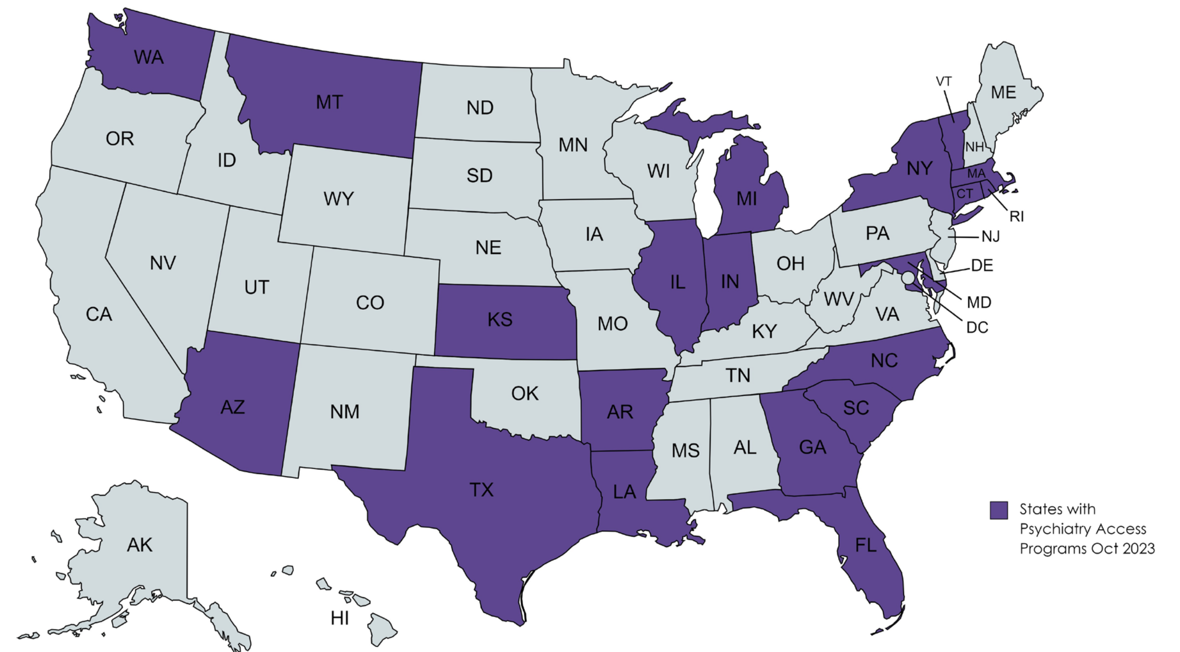
- Coalitions or Task Forces
- Proclamations or Resolutions
- Awareness Campaigns
- Screening Requirements
- Educational Requirements

- Intensive Treatment Programs
- Medicaid extension
- Maternal Mortality Review Committees
- Perinatal Quality Collaboratives

Psychiatry Access Programs

Population-based programs at the state level:

- Education for frontline providers
- Real-time psychiatric consultation
- Resources and referrals



Perinatal Maternal Mental Health (PMH) Education and Screening Project

A multi-year collaborative effort to ensure that all pregnant and postpartum people are educated about and screened for PMH disorders and connected with resources for recovery.

Phase I

Synthesize existing screening guidelines into a cohesive approach focused on **WHEN** to provide patient education and screening.

Phase II

Address barriers to screening:

- Lack of education for frontline providers
- Reimbursement for frontline providers
- Resources for those impacted by PMH disorders
- Screening tools: comprehensive, updated, culturally relevant

The Good News

- MMH conditions are often **TEMPORARY** and **TREATABLE**
- Pregnant/postpartum people are engaged in the healthcare system
- Parents, babies, and families can recover
- There are evidence-based prevention and treatment options
- Resources for providers and parents

"

Mothers are the heart and soul of every life they touch. In them lies the beauty, depth, and grandeur of life.

— Jane Clayson Johnson

Practice Change Works: Montana Maternal Mental Health and Substance Use Disorder Act of 2022

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The Meadowlark Approach

Why a Different Approach to Care?

- The number of Montana children in foster care more than doubled between 2011 and 2016; out of more than 3,200 children in foster care in 2016, 64% were removed from the home for reasons related to parental substance use.
- Before 2016 access to SUD treatment was minimal for pregnant women: only 6% of Montana's state-licensed substance use disorder treatment programs served pregnant women or young families.
- Mental illness and SUD are prevalent in Montana across all demographic groups, including pregnant women.
- Screening and treatment for prevalent mental illnesses were not routine in prenatal and post-partum care.

Source: Montana Healthcare Foundation (2022). Evaluation Data.

Brief History & Partnerships: A New Standard of Pregnancy Care

- The Meadowlark Initiative was established in 2017 by the Montana Healthcare Foundation (MHCF).
- In 2019, the Montana Department of Public Health and Human Services (DPHHS) formed a funding partnership with MHCF to support the initiative. DPHHS funding is supported by a HRSA grant.
- MHCF and DPHHS lead the initiative with technical assistance from the National Council for Mental Wellbeing.
- Child and Family Services Division partners with the Meadowlark Initiative to decrease foster care placements and support families.
- Healthy Mothers/Healthy Babies partners with Meadowlark grantees in supporting the development of community teams and partners with the PRISM for Moms line.
- JG Research and Evaluation supports data collection and evaluation activities for grantees.

The Meadowlark Initiative

Integrating prenatal care and behavioral health to improve maternal and neonatal outcomes

The Meadowlark Initiative brings together clinical and community teams to:

- **PROVIDE** the right care at the right time for women and families.
- **IMPROVE** health outcomes for mothers and babies.
- **KEEP FAMILIES TOGETHER** and children out of foster care.

System of Care

Clinical and community teams collaborate to provide **integrated prenatal and behavioral health care and coordinate community-based support and services** that families need.

This simple system has been shown to **reduce newborn drug exposure, improve maternal and neonatal outcomes**, and **reduce the need for foster care placement**.

The Meadowlark Initiative: Screening

The Meadowlark Initiative provides **routine screening for mental illness and substance use disorders** to all women during prenatal and postpartum appointments as a new standard of pregnancy care.

Women with any concerns identified through screening are offered evaluation and treatment options immediately.

Of the 10,000 deliveries in Montana each year, **Meadowlark care providers now screen more than 6,000 pregnant women** for substance misuse, depression, and anxiety.

Universal Screening

- Depression and anxiety: from 10% before Meadowlark to 70% (and above) after.
- Adoption of the AUDIT C plus 2:
  - Prior to Meadowlark 40% of sites screened for substance use in a standardized way.
  - 90% of sites not only screened during the grant period but continue to screen after the grant period ends.
- Using standardized tools for screening for social determinants.
- Screening is the beginning---clear response pathways and, ultimately culture change.

Adapting to Change

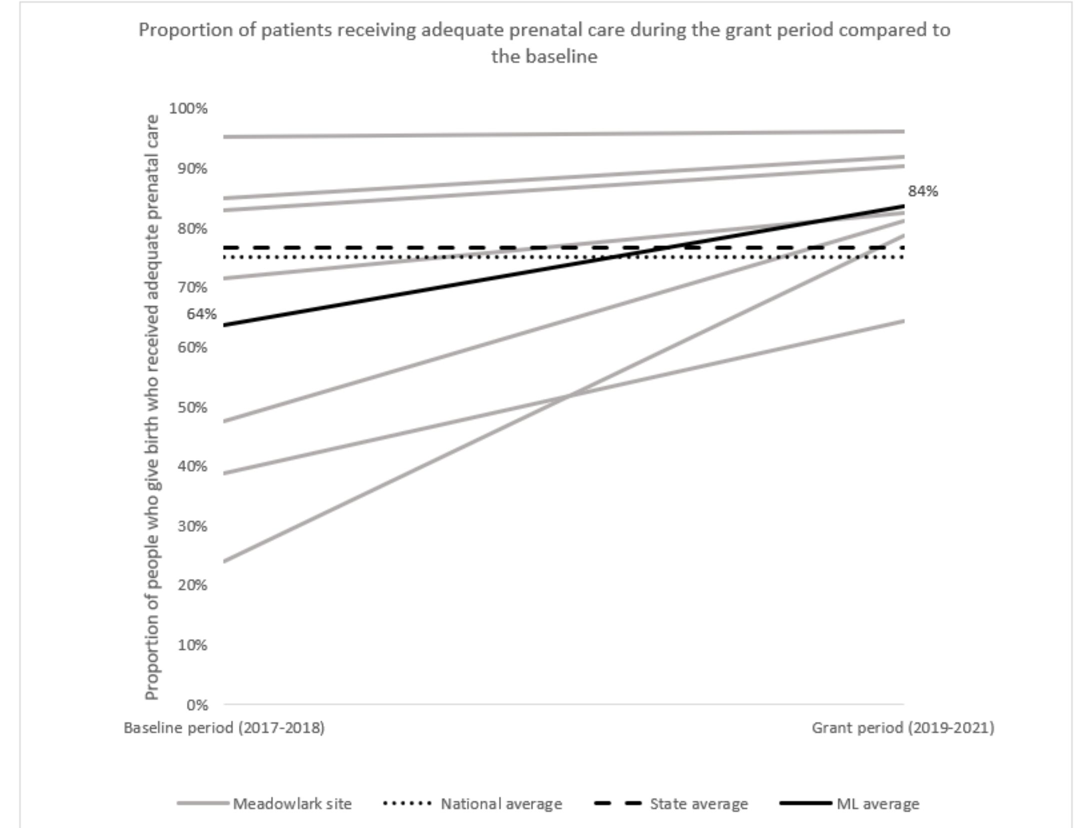
Things are different in our practice now; we are all paying attention to things we didn't see before. Because we have a full team, because we ask more questions, we are finding out new things, dealing with loss, approaching both parents…things are changing for all of us.

Impact: Patients

More women are receiving adequate prenatal care

*I think **they're making more of their OB appointments**, **because if they don't make it then I call them**, and not just call them, because normally, to me, if you don't come for your OB appointment, it's because something's going on, not because you don't give a damn about your baby.*

– Care Coordinator



Note: Grey lines represent individual Meadowlark grantees.
Only grantees with baseline and grant period data are included.

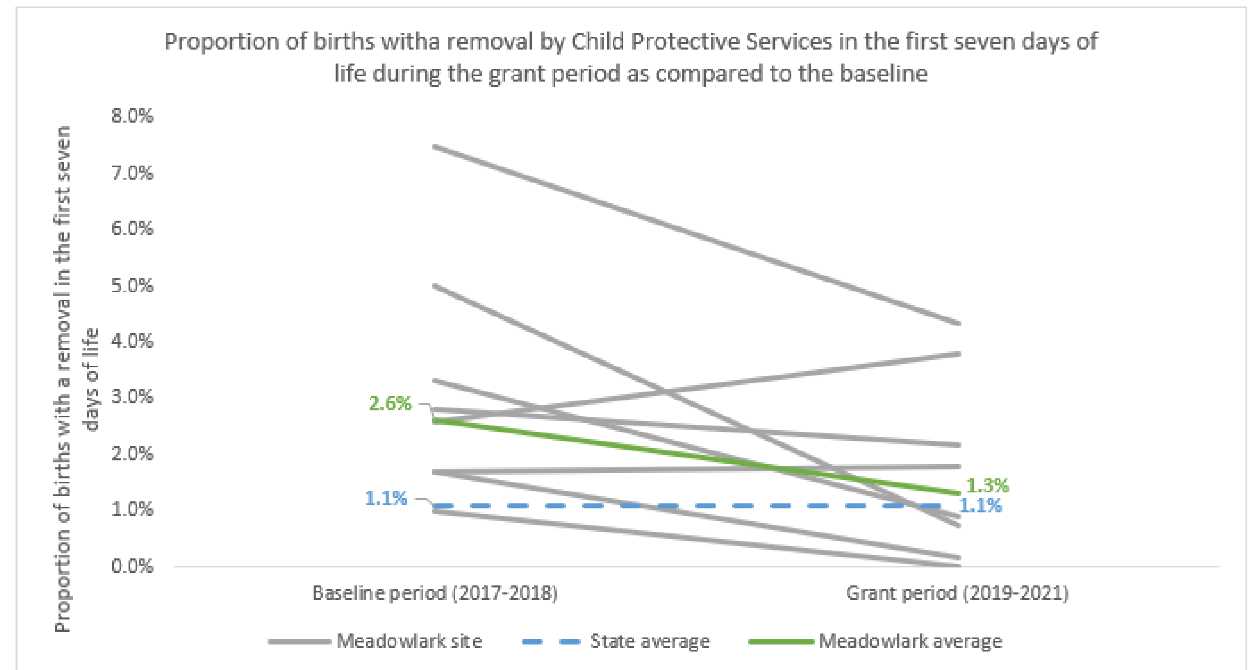
Source: Montana Healthcare Foundation (2022). Evaluation Data.

Impact: Patients

Fewer Family Separations

Sometimes we didn't know all of it in the past, so I think with that relationship building, it's more transparent, right*? I can tell them they're not taking this baby because grandma's moving here from Tennessee to live with them, or those kind of things, where we didn't always know all that information in the past.*

– Care Coordinator



Note: Grey lines represent individual Meadowlark grantees.
Only grantees with baseline and grant period data are included.

Source: Montana Healthcare Foundation (2022). Evaluation Data.

Impact: Patients

***I think people just don't think that like their doctor's offices where they would get help for transportation or get help for housing**. And I think that might be a difference too. To the nurse, it's not relevant. But to my role, it's relevant… One of the OBs came out and they're like, "Yeah. They seem really good. They're just like a young couple." And then I get done with my appointment, I guess, with them, and they're homeless, living in a truck for four months, and using like a space heater.*

– Care Coordinator

The big stories about women who have never taken a baby home, being able to take a baby home** to parents. **Then small victories in just allowing someone to talk about what postpartum depression looked like with their first child, but they never spoke about it because they were embarrassed or ashamed.

– Care Coordinator

Impact: Patients

We had a lot of OBs that wanted to refer, but you don't want to just hand out the list of all the different counselors in the community *and not know what they actually have to offer or what that's like.*

– Behavioral Health Provider

Just the speed at which we're able to do it. Like I said, ***that whole warm handoff approach and just knowing who they're sending people to and feeling good about that*** *instead of having it just be this open ended (thing).*

– Behavioral Health Provider

I think that ***it would be really hard to find one of our providers who would ever go back to not doing work like this because it just made such an impact and made their jobs so much easier****, too.*

– Care Coordinator

Post-presentation Poll

After attending this webinar, please rate your current skills and comfort in discussing maternal mental health, associated Federal legislation, and models for implementation.

- Very Low
- Low
- Moderate
- High
- Very High

Office Hours

Upcoming CoE Events

The Youth Mental Health Crisis and Opportunities for Integrated Care

Register for the Webinar on Thursday, November 30, 2023, 1:45 pm ET

Equity in Action: Protecting Incarcerated Individuals Living with HIV/AIDS: Access to Equitable Care and Support

Register for the Webinar on Thursday, December 14, 2023, 12 pm ET

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CoE Resources

- Center of Excellence for Integrated Health Solutions
- The Meadowlark Initiative
- Montana Healthcare Foundation
- Integrating Substance Use Disorder and OB/GYN Care Brief
- Maternal, Infant, and Child Health – Healthy People 2020
- Perinatal Mental Health Alliance for People of color
- Perinatal Depression: Preventive Interventions
- WNY Postpartum Connection Inc: Directory of Mental Health and Support Services for Pregnant and Post Partum People of Color

Additional Resources

- Maternal Mental Health Leadership Alliance (MMHLA) -- www.mmhla.org
- Postpartum Support International (PSI) -- www.postpartum.net
- Policy Center for Maternal Mental Health (www.2020mom.org)
- National Maternal Mental Health Hotline -- 1-833-TLC-MAMA (833-852-6262) -- 24/7 voice and text support in English and Spanish.
  - Hotline staff are all highly-trained counselors, certified peer support specialists, and mental health or maternal health providers.

Contact Us

Shannon Lea, MPH
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Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC. (2022, September 26).