

**PEER LEARNING SESSION:  
Aligning State PMHCA and  
MRDBD Programs**



### Session Summary

The TA Innovation Center (TAIC) hosted the third of four ad hoc virtual peer-to-peer learning sessions that will be conducted in the Base Year under Task 5.5.1 of the scope of work on July 20th, 2023, from 4:00–5:30 p.m. Eastern time via Zoom. Forty-three (43) participants registered for the session, and approximately sixteen (16) attended, representing PMHCA and MDRBD recipients, HRSA staff, and TAIC staff. The TAIC’s subcontracted subject matter expert (SME), Dr. John Straus, was on hand to facilitate the discussion that was moderated by TA Specialist Liz Carr. The session topic of focus was aligning state PMHCA and MDRBD programs. The following questions<sup>1</sup> framed the discussion:

1. Which aspects of your perinatal and pediatric access programs have you aligned or are you seeking to align? Please share any lessons learned.
2. What benefits and outcomes are you aiming to achieve through alignment or integration?
3. What resources are you interested in leveraging across both programs (e.g., staff, software, training, referral database, etc.)?
4. For PMHCA programs that don’t have an active MDRBD program in your state, have you incorporated perinatal psychiatry/maternal mental health into your programs? If so, how?
5. What are your biggest challenges or barriers related to program alignment (in addition to what’s already been discussed) and how are you addressing those challenges?
6. How can HRSA and the MCHB TA Innovation Center help you to address these challenges?

Participants shared the aspects of perinatal and pediatric access programs that they’ve aligned or are seeking to align, including lessons learned along the way. Participants were at various stages in program alignment and implementation and were able to share challenges, ideas, and support with each other. They also received feedback from the subject matter expert.

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<sup>1</sup> Since questions are used as discussion prompts, they can be taken out of the numbered order and not all questions may be included in the discussion, depending on participant interest and priorities.

## Summary of Challenges Aligning PMHCA and MDRBD Programs

- Of the programs present, many reported that there has not been consistent provider engagement in using the consultation line for support.
- There is uncertainty on how resources should be allocated equitably, both while programs are aligning and once they are merged
- Collecting and separating data for aligned programs to guarantee accuracy has been challenging (what data collection program to use, how to isolate perinatal and pediatric data).
- Team leadership and responsibility changes cause confusion between team members and slow down efficiency; where will meetings be held? Who will facilitate them?
- Difference in language, screening tools, and data collection platforms between existing MDRBD and PMHCA programs cause confusion amongst team members and the provider network using the consultation line.
- There is uncertainty on how to support OB practitioners in engaging the consultation line when practice support staff, like care managers, triage nurses, and medical assistants are not present in the same way they typically are in primary care settings.
- Participants are unsure where to direct provider calls for consultation when both perinatal and pediatric consultations are needed for the same patient.
- While many report successes in coordination and integration between settings, challenges have arisen when attempting to replicate this alignment state-wide.
- Determining under which “roof” within state government the programs should be housed has not successfully been solved.
- Teams are unsure how to align programs and collaborate when programs are not physically located in the same geographic area and coordination activities primarily occur virtually.

“Branding is important, so providers really know what you do.”

“Lots of communication to providers is needed...the programs have merged, banners on websites, email signatures etc.”

## Lessons Learned

- Take a mindful, deliberate approach while merging programs. This is crucial to reduce confusion amongst internal team members and the provider network.
- Communication to providers needs to be clear, concise, and informative.
- Internal communication regarding roles and responsibilities as alignment begins is critical to supporting development of a team approach to change.
- Provider/peer to peer recommendations and testimonials from those engaging in consultation may encourage other providers to use the consultation program.
- Use of a cloud-based phone system (e.g., [8 by 8](#), [Jabber](#)) is inexpensive, efficient, and guarantees providers are directed to the appropriate consultant quickly anywhere in the state without the phone number needing to be changed or redirected. Providers looking to engage MDRBD, PMHCA aligned programs should use the same contact information, registration form, and consultation form. Seamlessness on the provider side is key.
- Branding of the program is important to make sure that providers are informed of what is available and the benefits of using the services available to them.
- Leveraging existing resources from the separate programs during the merger will decrease the likelihood that new programs don't have to "reinvent the wheel".
- OB programs can be encouraged to identify a perinatal champion (for example, a certified nurse midwife) to support and problem solve with providers who are challenged in using the consultation line in a smaller clinical setting.
- Including one of the consulting psychiatrists in enrollment meetings increases comfortability amongst providers in using the consultation line.
- Alignment of programs can support sustainability of both programs by maximizing existing resources rather than duplicating them. Examples include:
  - Using the same workflow (and team, when possible) for both programs (Michigan)
  - Using the same enrollment form and process for both programs
  - Sharing the same program management and coordination staff
  - Using a shared database

### Alignment of MDRBD and PMHCA Supports Sustainability:

"...that makes my job easier as a legislator because I can talk about kids as well as moms...much louder voice when everyone is advocating as one rather than smaller groups for each program."

—Louisiana Representative