



Maternal and Child Health Tele-Behavioral Health Care Programs Technical Assistance Innovation Center Annual Meeting

The power of networks: Fostering connectivity is for increased behavioral health care access.

Vision: Healthy Communities, Healthy People

August 28 and 29, 2023, 1:00 – 5:00 p.m. ET



Housekeeping Items

- **Lines Muted:** All participant lines will be muted upon entry into the meeting. You may also unmute at any time. However, we ask you to make sure you are muted if not speaking.
- **Questions & Answers:** We want to hear from you! Please share via the chat.
- **Technical Issues:** If you experience any technical issues during this meeting, please message us through the chat feature or by email at MCH-TA-Innovation-Center@jbsinternational.com.
- **Feedback Form:** During the meeting, you will find a QR code and a link in the chat to the feedback form. We value your feedback and kindly ask you to take a moment to complete the form. Your input is highly appreciated, and we encourage you to share your thoughts.
- **Recording and Presentation Slides:** The meeting is being recorded. The recording and presentation slides will be available in the coming weeks.





2023 MCHB Programs All Awardee Annual Meeting Opening and Welcome

Lauren Raskin Ramos
Dawn Levinson

Vision: Healthy Communities, Healthy People





PMHCA and MDRBD All Awardee Meeting

August 28, 2023

Lauren Ramos, MPH
Director, Division of MCH Workforce Development
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Celebrate Program Expansion and Implementation!




- From **18 to 50** Programs in 4 years
 - Program expansion in 2019, 2021, 2022, 2023
- Expansion Through Reauthorization in 2022
 - **Schools**
 - **Emergency Departments**
 - Expansion funds continue through 2026
- Evaluation Contract (JBS International, Inc. [JBS])
- **Technical Assistance (TA) Partners:** TA Innovation Center (JBS), American Academy of Pediatrics, Emergency Medical Services for Children Improvement and Innovation Center, School-based Health Alliance
- Impact Study (JBS)



TRIBAL NATION KEY

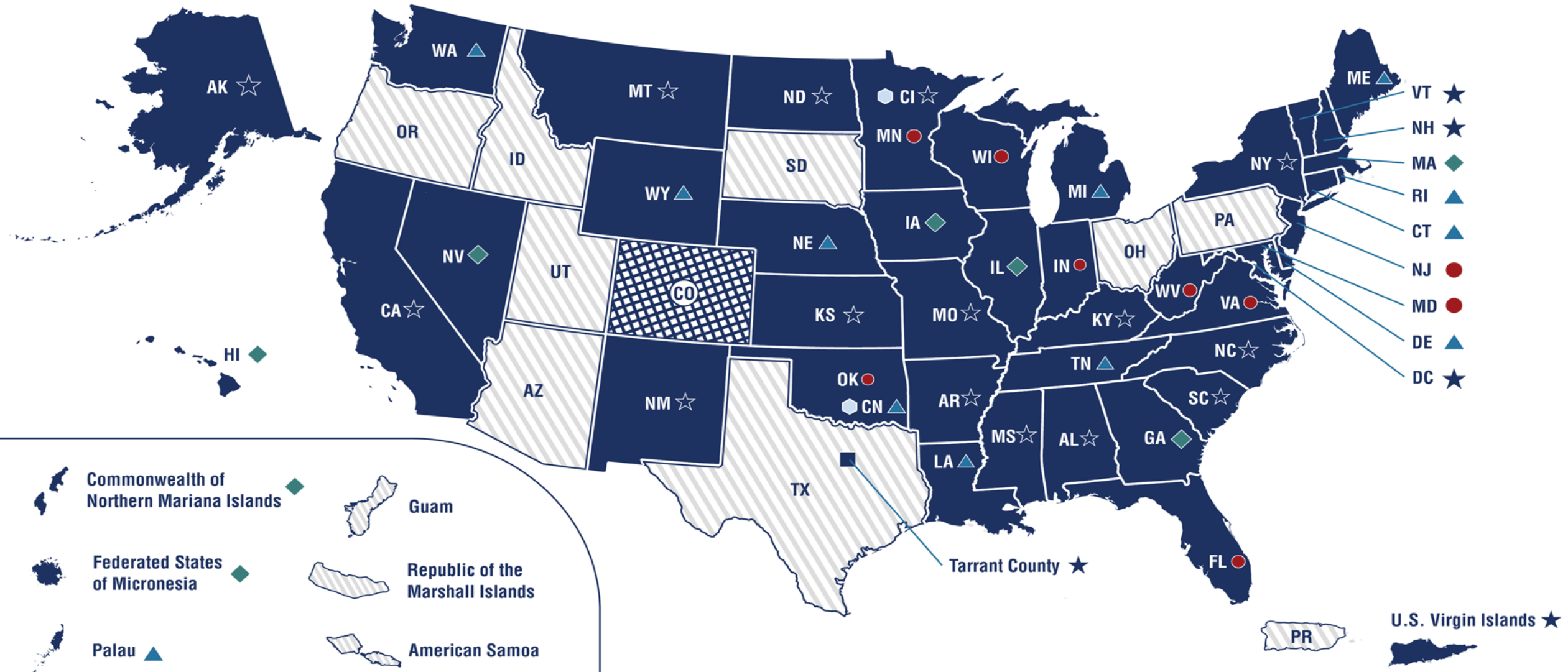
-  Chickasaw Nation (CN)
-  Red Lake Band of Chippewa Indians (CI)

FUNDING KEY

-  HRSA-PMHCA Initial and Expansion Funding
-  Not HRSA-PMHCA Funded
-  HRSA-PMHCA Initial Funding Only

EXPANSION FUNDING USE KEY

-  Schools
-  Emergency Departments
-  Both
-  General



Commonwealth of Northern Mariana Islands 

Federated States of Micronesia 

Palau 

Guam

Republic of the Marshall Islands

American Samoa

U.S. Virgin Islands 

Tarrant County 

Program Impact



“ I would have moms crying in my office because their kids were being expelled, grades dropping, thoughts of self-harm, etc. Not only is CPCP [Wisconsin Child Psychiatry Consultation Program] supportive of my needs as a practicing community doc, but the providers and staff of this program are so responsive, often emailing me back by the end of the business day. ”

PMHCA Program FY22

Learn more at <https://mchb.hrsa.gov>



Developmental Behavioral Pediatrics Training Program

- Expands the DBP workforce and increases access to evaluation and services for children and youth with a wide range of developmental and behavioral concerns
- Programs address the broad range of behavioral, psychosocial, and developmental issues that present in primary care pediatric practice
- 13 awardees
- Programs are developing mini-fellowships and increased training of pediatric primary care providers in DBP issues

<https://mchb.hrsa.gov/training/projects.asp?program=6>

Where are We Going?

- National PMHCA reach
- Continue expansion, including in schools and emergency departments
- Grow our understanding of program impact and value
- Implementation and innovation support
- Align all of the funding cohorts for FY26
- Reflect on program requirements and components
- Align all of the funding cohorts for FY26



Contact Information

Lauren Ramos, MPH

Director, Division of MCH Workforce Development

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: lramos@hrsa.gov

Web: <https://mchb.hrsa.gov>



Learn more at <https://mchb.hrsa.gov>

10



Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



[Sign up for the HRSA eNews](#)

FOLLOW US:





2023 MCHB Programs All Awardee Annual Meeting Opening & Welcome

Dawn Levinson

Vision: Healthy Communities, Healthy People





2023 MCHB Programs All Awardee Annual Meeting

Plenary Session: Building Program Capacity to Improve Mental Health Access

Dr. Sandy Chung

Dr. Tiffany Moore Simas

Vision: Healthy Communities, Healthy People





Building Program Capacity to Improve Mental Health Access

Sandy Chung, MD, FAAP, FACHE
AAP President

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Disclosure Statement

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.



2023 AAP Strategic Priorities

- Healthy Mental and Emotional Development
- COVID Recovery and Disaster Readiness
- Equity, Diversity and Inclusion
- Safety & Wellbeing within the Pediatric Profession

The Impact of the Pandemic on Children



Family Income



Increase Risk of Domestic Violence and Abuse



Lack of Access to Safe Transportation



COVID-19 Impact on Families



Inadequate Access and Disruptions to Health/Mental Healthcare



Heightened Food Insecurity



Unstable Housing and Technology



Parents' Health Affects Mental Health Status of Children

- As of May 1, 2022, nearly 250,000 children in the U.S. lost a primary and/or secondary caregiver to COVID-19, with Black youth experiencing the highest rates of loss.
- Children's emotional and behavioral health is also greatly impacted by that of their parents and caregivers.



Additional Disparities in Care for CYSHCN and Communities of Color



- Services interrupted for children and youth with special health care needs
- Structural racism adding stress to communities of color

Suicide is the 2nd Leading Cause of Death for Ages 10–24

Between March and October 2020....

ED visits for children with mental health emergencies rose








24% for children ages 5-11

31% for children ages 12-17

(National Institute of Mental Health, 2021)



The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

**Source:
CDC**



In wrong direction

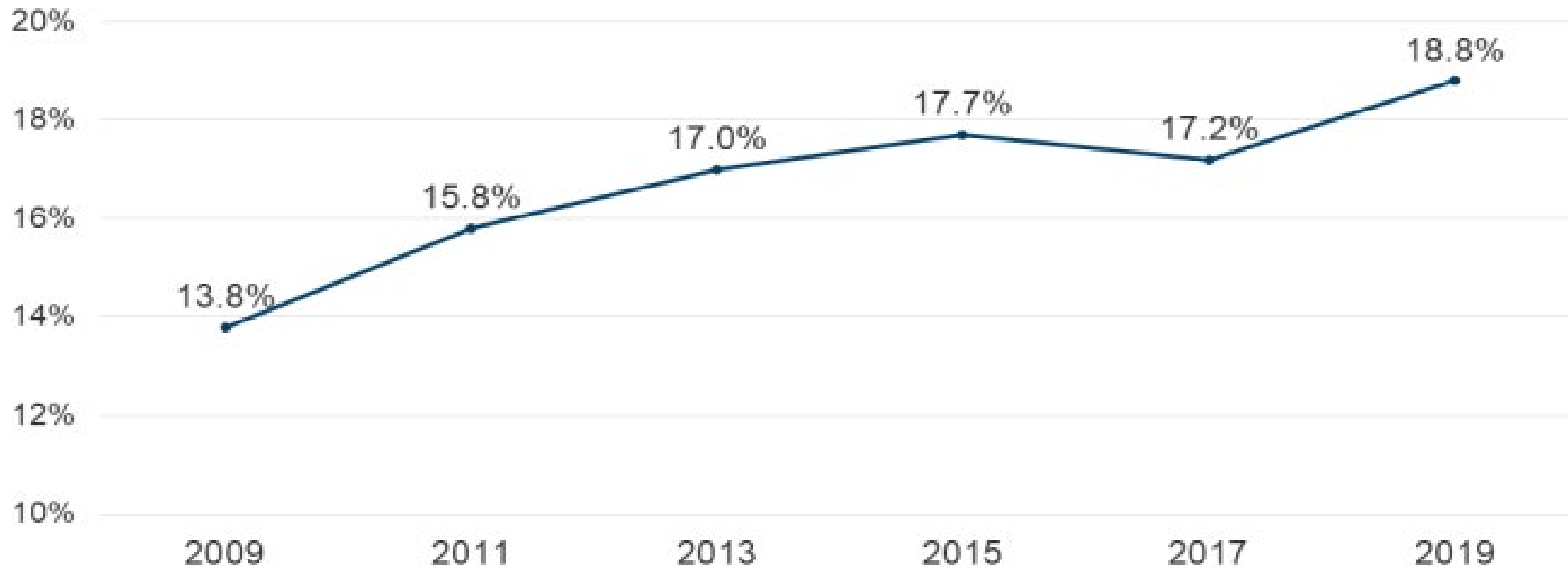


No change



In right direction

Percent of High School Students Who Seriously Considered Attempting Suicide in the Past Year, 2009–2019



SOURCE: Youth Risk Behavior Survey, 2009-2019.



Suicide: Blueprint for Youth Suicide Prevention

[Home](#) / [Patient Care](#) / Suicide: Blueprint for Youth Suicide Prevention



www.aap.org/suicideprevention

Blueprint for Youth Suicide Prevention

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
WWW.AACAP.ORG



Declaring a National Emergency in Child and Adolescent Mental Health – One Year Later



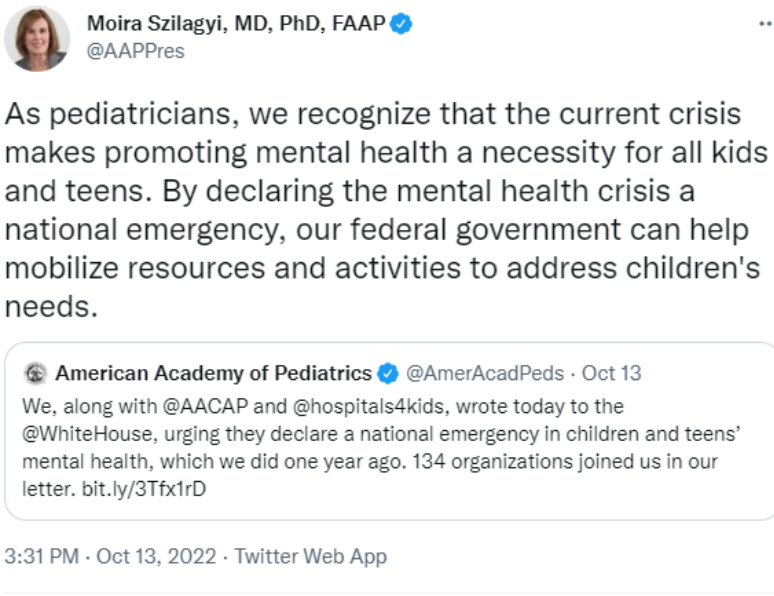
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Home News Membership Career Resources Research Philanthropy About the AAP

News Release

Health Organizations Urge the Biden Administration to Declare a Federal National Emergency in Children's Mental Health

Home / News Room / Health Organizations Urge the Biden Administration to Declare a Federal National Emergency in Children's Mental Health

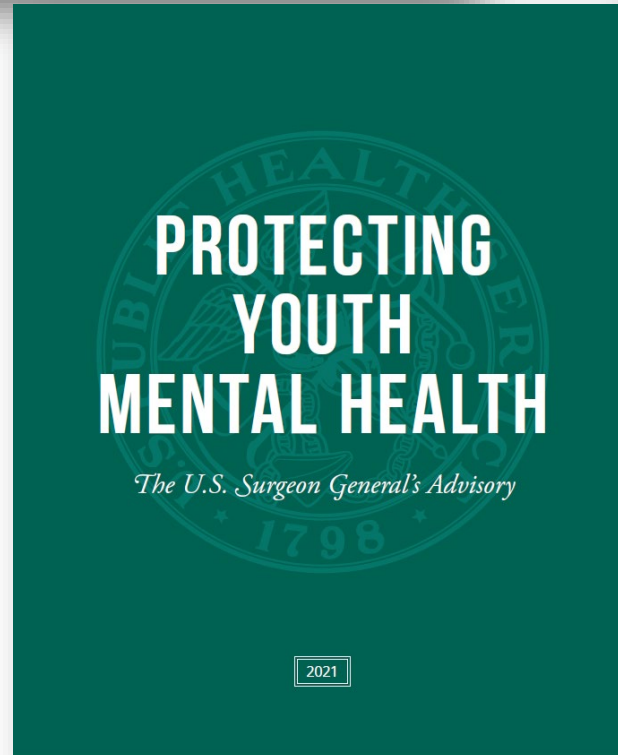


Moira Szilagyi, MD, PhD, FAAP @AAPPres

As pediatricians, we recognize that the current crisis makes promoting mental health a necessity for all kids and teens. By declaring the mental health crisis a national emergency, our federal government can help mobilize resources and activities to address children's needs.

American Academy of Pediatrics @AmerAcadPeds · Oct 13
We, along with @AACAP and @hospitals4kids, wrote today to the @WhiteHouse, urging they declare a national emergency in children and teens' mental health, which we did one year ago. 134 organizations joined us in our letter. bit.ly/3Tfx1rD

3:31 PM · Oct 13, 2022 · Twitter Web App



HEALTH
**PROTECTING
YOUTH
MENTAL HEALTH**
The U.S. Surgeon General's Advisory

2021

Roll Call

POLICY

Youth mental health advocates renew calls for action

More than 130 national and state children's groups call for the Biden administration to declare youth mental health an emergency

POLITICO PRO

YOUTH MENTAL HEALTH EMERGENCY? — A group of more than 130 national and state youth health groups asked the White House to issue a national emergency declaration over the poor mental health of children and teens throughout the country.

The groups, including the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics and Children's Hospital Association, said an emergency declaration would protect current access and help expand access in the future.

"Suicide is increasing for children and teens at alarming rates — especially for Black boys and girls under age 12 — and is now the leading cause of death for Asian American youth and the second leading cause of death for young people nationally," the groups said, noting they were thankful the administration and Congress had taken some action. "Emergency department visits for suspected youth suicide attempts have increased dramatically and those for eating disorders have doubled during the pandemic."

A Broad Crisis Requiring Transformative Action

Expand capacity of existing child mental health care systems.

Pediatricians are uniquely positioned to play a central role in the promotion of healthy mental development of all infants, children, and adolescents.



Mental Health Developmental Continuum



Prenatal



Infancy & Toddler



Preschooler



School Age



Adolescence

Contributing factors:

Social Drivers of Health
Special Health Care Needs
Access to Quality Health Care
Medical Home
Stigma

Community Resources
Education/Child Care
Economic Resources
Relationships: Parents, Family, Peers
Cultural Perspectives

Systemic Racism
Childhood Experiences/Trauma
Anxiety, Depression
Suicidal Ideation
Substance Use

Spectrum of Pediatric Mental Health Concerns, Problems and Disorders

Presentation in pediatric practices (primary care and specialty)

- **19%** of children in the U.S. have impaired MH functioning and do not meet criteria for a disorder¹
- About **20%** of children and adolescents experience a MH disorder each year²

The need for mental health competencies in pediatric practice (*Pediatrics*, 2019)

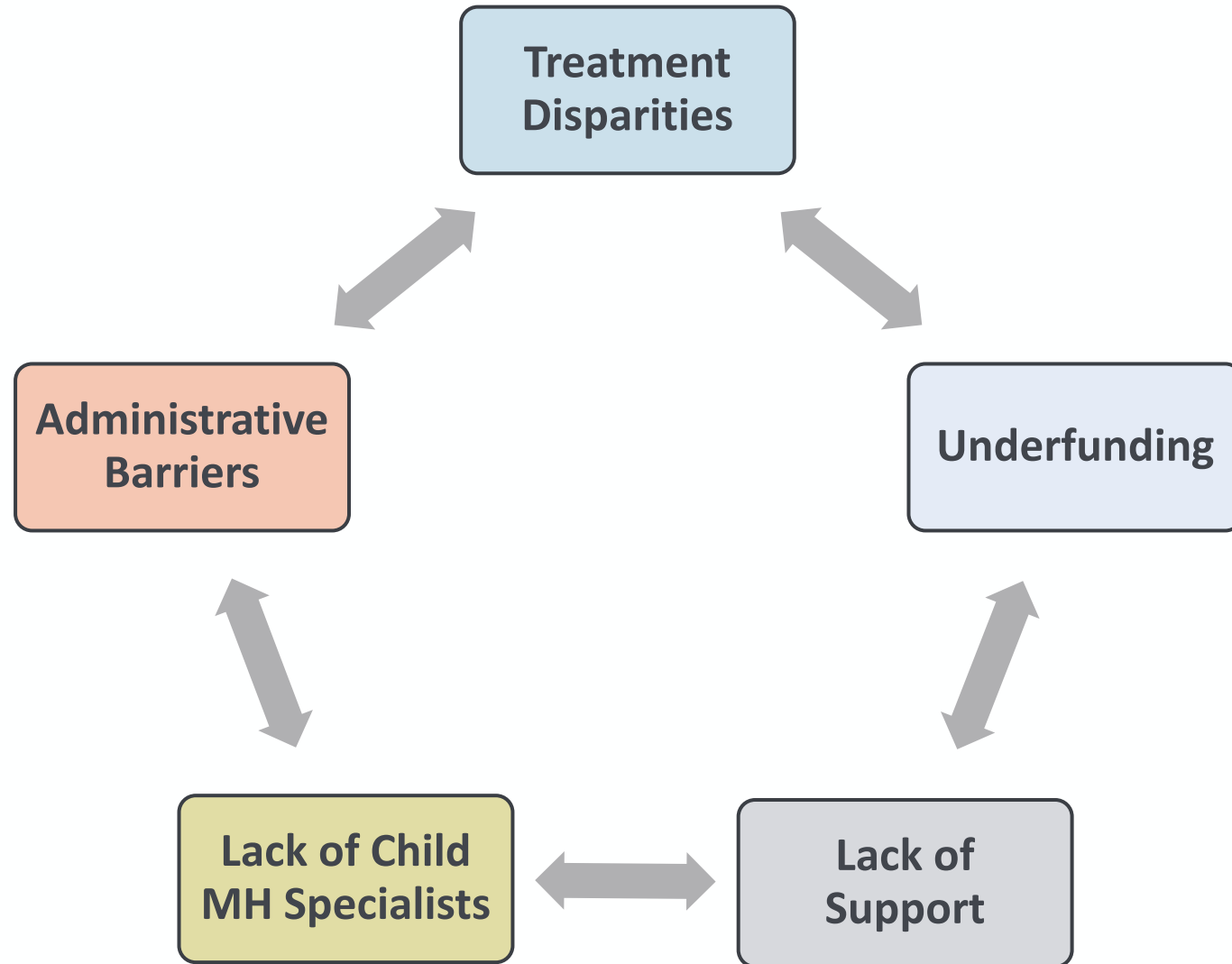
- Suicide is a **leading cause of death** in 10-24 year-olds¹
- Adults who had a childhood MH disorder—**6x** the odds of adverse adult outcomes (health, financial, social)¹
- **50%** of adults in U.S. with MH disorders had symptoms by age 14³

1. [Foy JM, Green CM, Earls MF; Committee on Psychosocial Aspects of Child And Family Health, Mental Health Leadership Work Group. Mental Health Competencies for Pediatric Practice. *Pediatrics*. 2019;144\(5\):e20192757. doi:10.1542/peds.2019-2757](#)

2. [O'Connell ME, Boat T, Warner KE, eds. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington \(DC\): National Academies Press \(US\); 2009.](#)

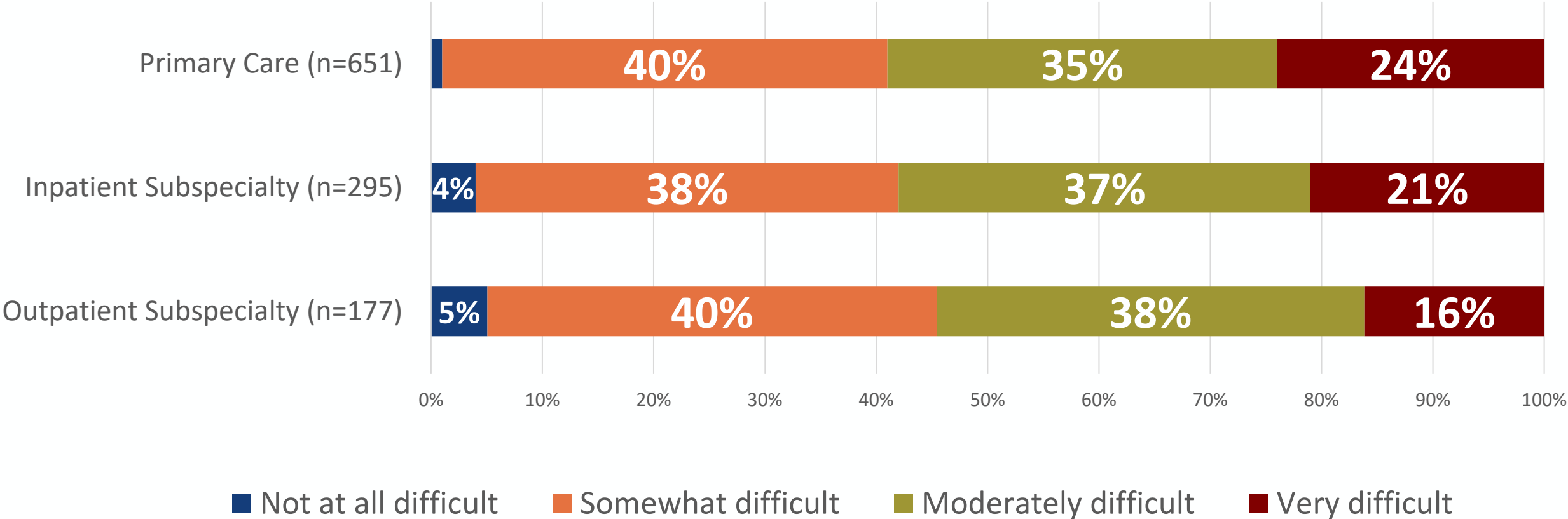
3. [Bitsko RH, Claussen AH, Lichstein J, et al. Mental health surveillance among children — United States, 2013–2019. *MMWR Suppl*. 2022;71\(Suppl-2\):1–42. DOI:](#)

Service Gaps and Workforce Issues



PLACES pediatricians' difficulty finding care for patients with mental health conditions by specialty

“Overall, how difficult is it for you to find care for your child and adolescent patients with mental health conditions?”



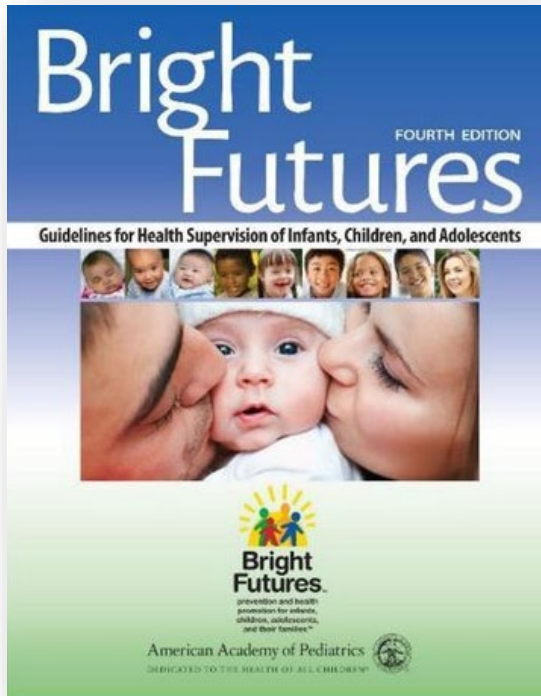
Source: AAP PLACES 2022 Check Point Survey; 2016-18, 2009-11, and 2002-04 Residency Graduates

Why Pediatric Primary Care?

- Longitudinal therapeutic relationship
- Developmental perspective
- Identification and intervention early
- Promote supportive parenting behaviors
- Foster safe, stable, nurturing relationships
- Serve as a trusted source of information



AAP Recommendations for Pediatric Visits



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Bright Futures
Guidelines for Health Supervision of Infants, Children, and Adolescents

Each child and family is unique. Therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving routine parenting, have no manifestations of any reported health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic diseases for children and adolescents may require frequent monitoring and treatment with separate from preventive care visits. Additional visits may be necessary if vaccination or urgent concerns arise. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance for ages as listed in the Bright Futures Guidelines, Part 2, Shaw JS, Duncan PK, eds. Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th ed. American Academy of Pediatrics, 2017. The recommendations in this statement do not indicate an exclusion course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

Copyright © 2013 by the American Academy of Pediatrics, updated April 2015. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE	Preterm*	Newborn†	1-5 yr	6 mo	12 mo	18 mo	24 mo	30 mo	36 mo	42 mo	48 mo	54 mo	60 mo	66 mo	72 mo	78 mo	84 mo	90 mo	96 mo	102 mo	108 mo	114 mo	120 mo	126 mo	132 mo	138 mo	144 mo	150 mo	156 mo	162 mo	168 mo	174 mo	180 mo	186 mo	192 mo	198 mo	204 mo	210 mo	
HEALTH ASSESSMENT																																							
History																																							
Physical Examination																																							
Developmental/Behavioral/Mental Health																																							
Immunizations																																							
Screening																																							
Counseling																																							
Anticipatory Guidance																																							

KEY: ● = to be performed; ○ = risk assessment to be performed with appropriate action to follow, if positive; ◐ = range during which a service may be provided

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Mental Health Competencies for Pediatric Practice

Jane Meschan Foy, MD, FAAP; Cori M. Green, MD, MS, FAAP; Marian F. Earls, MD, MTS, FAAP; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, MENTAL HEALTH LEADERSHIP WORK GROUP

abstract

Pediatricians have unique opportunities and an increasing sense of responsibility to promote healthy social-emotional development of children and to prevent and address their mental health and substance use conditions. In this report, the American Academy of Pediatrics updates its 2009 policy statement, which proposed competencies for providing mental health care to children in primary care settings and recommended steps toward achieving them. This 2019 policy statement affirms the 2009 statement and expands competencies in response to science and policy that have emerged since: the impact of adverse childhood experiences and social determinants on mental health, trauma-informed practice, and team-based care. Importantly, it also recognizes ways in which the competencies are pertinent to pediatric subspecialty practice. Proposed mental health competencies include foundational communication skills, capacity to incorporate mental health content and tools into health promotion and primary and secondary preventive care, skills in the psychosocial assessment and care of children with mental health conditions, knowledge and skills of evidence-based psychosocial therapy and psychopharmacologic therapy, skills to function as a team member and comanager with mental health specialists, and commitment to embrace mental health practice as integral to pediatric care. Achievement of these competencies will necessarily be incremental, requiring partnership with fellow advocates, system changes, new payment mechanisms, practice enhancements, and decision support for pediatricians in their expanded scope of practice.

*Department of Pediatrics, School of Medicine, Wake Forest University, Winston-Salem, North Carolina; †Department of Pediatrics, Weill Cornell Medicine, Cornell University, New York, New York; and ‡Community Care of North Carolina, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Policy statements from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, policy statements from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

Dr. Foy, Green, and Earls contributed to the drafting and revising of this manuscript, and all authors approved the final manuscript as submitted.

The guidance in this statement does not indicate an exclusive course

Addressing Social Health and Early Childhood Wellness Initiative (ASHEW)

Home / Patient Care / Early Childhood / Early Relational Health / Addressing Social Health and Early Childhood Wellness Initiative (ASHEW)

Healthy Mental Development Framework: *Shifting the Way Pediatric Primary Care Professionals Think and Talk About Mental Health*

- Mental health is not only an illness to be treated but a developmental process that occurs across the lifespan
- Uses a relational health and trauma-informed care lens to promote social-emotional, behavioral, and psychological wellness
- Pediatric PCPs can play a central role in promoting healthy mental development due to the longitudinal therapeutic relationship with their patients and families





Advocating for Mental Health Care Services







Announcing the New AAP Agenda for Payment Transformation

- Informed by AAP Policy and existing Committees, Sections, and Councils
- Medicaid, CHIP, Commercial Insurance
- Payment Amounts, Eligibility, Enrollment, Benefits, Access
- Value-Based Care/Alternative Payments
- Pediatric primary care, pediatric medical subspecialists, and pediatric surgical specialists
- Input from across the Academy

AAP Center of Excellence on Social Media and Youth Mental Health



Culture

The Evil Way that Social Media Messes with Your Mental Health

Tech Addiction Is Real: How to Cut Back on Screen Time and Wean Off Social Media

Going cold turkey with technology isn't realistic in our hyper-connected world, but there are ways to modulate usage and take back control of your apps and devices.

By Jason Cohen May 12, 2023

f t g ...

'We are literally killing our kids with this stuff': Cox says he'll sign any social media regulations

The New York Times

OPINION
GUEST ESSAY

It Was a Mistake to Let Kids Onto Social Media Sites. Here's What to Do Now.

Aug. 5, 2022



<https://camhcoalition.org>



Mental Health

- **Reauthorization and additional \$80 million in federal funding** for the HRSA Pediatric Mental Health Care Access Program—new grant awards likely announced this week
- **988 Suicide & Crisis Lifeline** July 2022 fully operational for phone and text
- **Core Leadership Team** named for the AAP-run Child and Adolescent Mental Health Coalition
- **State Advocacy Healthy Mental and Emotional Development Grants** applications for round two grants will be announced in the next month

Making the Case on Capitol Hill: Bipartisan Safer Communities Act (BSCA)

HEARING ON "COMMUNITIES IN NEED: LEGISLATION TO SUPPORT MENTAL HEALTH AND WELL-BEING"

Date: Tuesday, April 5, 2022 - 10:15am

Location:

Hybrid Hearing in the John D. Dingell Room, 2123 of the Rayburn House Office Building, and Cisco Webex

Subcommittees: 117th Congress
Health (117th Congress)

The Subcommittee on Health of the Committee on Energy and Commerce will hold a hybrid hearing that includes both in-person and remote attendance on Tuesday, April 5, 2022, at 10:15 a.m. This hearing will take place in the John D. Dingell Room, 2123 of the Rayburn House Office Building, as well as remotely using Cisco Webex online video conferencing. The hearing is entitled, "Communities in Need: Legislation to Support Mental Health and Well-Being."



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

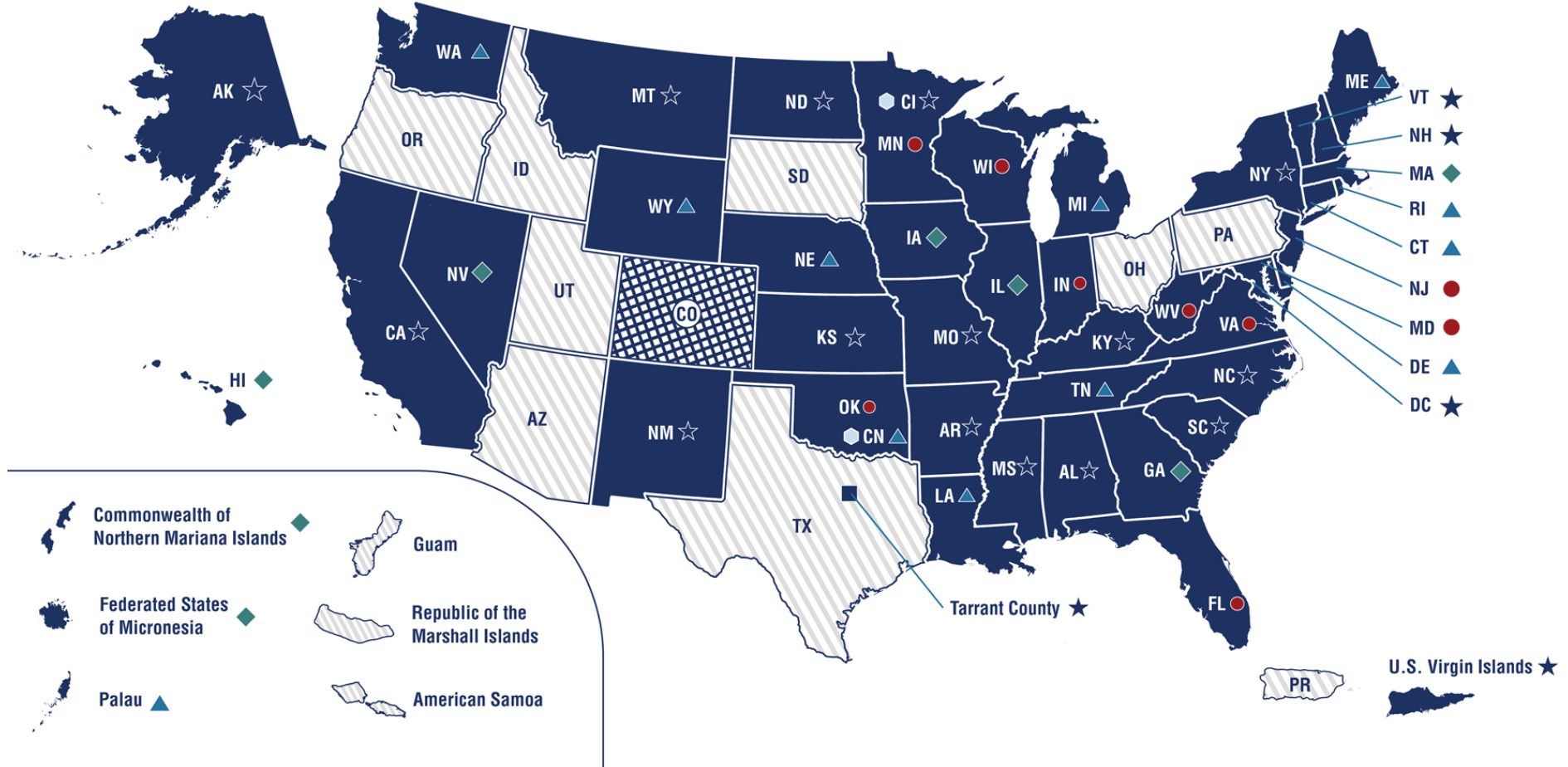
BSCA Provision in Focus: Pediatric Mental Health Care Access (PMHCA) Program

Promotes Behavioral Health Integration into Pediatric Primary Care Using Telehealth

- **Statewide/regional networks of pediatric mental health teams** provide teleconsultation, training, TA, and care coordination services for primary care practices
- **Focus on achieving health equity related to racial, ethnic, and geographic disparities** in access to care
- **PMHCA Program reauthorized for 5 years** in the *Bipartisan Safer Communities Act* which also provided an additional \$80 million/4 years (in addition to \$80 million from the *American Rescue Plan Act* and annual appropriations)
- New funding will allow programs to **expand to hospital emergency departments and schools**

Map of PMHCA Programs as of June 23, 2023

TRIBAL NATION KEY	FUNDING KEY	EXPANSION FUNDING USE KEY
Chickasaw Nation (CN)	HRSA-PMHCA Initial and Expansion Funding	Schools
Red Lake Band of Chippewa Indians (CI)	Not HRSA-PMHCA Funded	Emergency Departments
	HRSA-PMHCA Initial Funding Only	Both
		General



Providing Technical Assistance to Primary
Care Providers to Support Mental Health
Needs and Promote Use of Pediatric
Mental Health Care Access (PMHCA)
Programs Cooperative Agreement

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®





HRSA – AAP Cooperative Agreement: Providing Technical Assistance on Mental Health Care, PMHCA Programs

- **Assess needs and competencies of pediatric primary care providers (PCPs)** related to delivery of mental health services and PMHCA programs
- **Develop and implement technical assistance activities** to support PCPs in addressing mental and relational health needs
- Leverage networks of AAP members, chapters, and partners to **support PCPs in accessing PMHCA programs**
- Develop and disseminate resources for PCPs that **highlight best practices and lessons learned** for working with PMHCA programs
- **Evaluate** project reach, impact, and outcomes

Contact Us: PMHCA@aap.org





Journey of a PMHCA Program:

**VMAP—a statewide
Mental Health Access
Program**

Scope of the Problem in Virginia

According to the 2022 Virginia School Survey of Climate and Working Conditions,

- **40% of Virginia high schoolers surveyed felt sad or hopeless** almost every day for ≥ 2 weeks in a row.
- 10% of middle school and 13% of high school students indicated that they had **seriously considered attempting suicide** in the past 12 months.
- Of those, 56% indicated **they made a plan** about how they would attempt suicide.



Workforce Shortage

- Virginia ranks **48th lowest in the country** when considering prevalence of mental illness in our youth compared to access to care. (*The State of Mental Health in America, 2023*)
- Virginia ranks **39th lowest in country** for the number of psychiatrists, psychologists, licensed social workers, counselors, therapists and advanced practice nurses specializing in mental health care per population. (*The State of Mental Health in America, 2023*)
- Only **four** counties have **sufficient** numbers of child and adolescent psychiatrists which represents only 23,086 of the 1.86 million children in Virginia. (*American Academy of Child and Adolescent Psychiatry, 2019*)

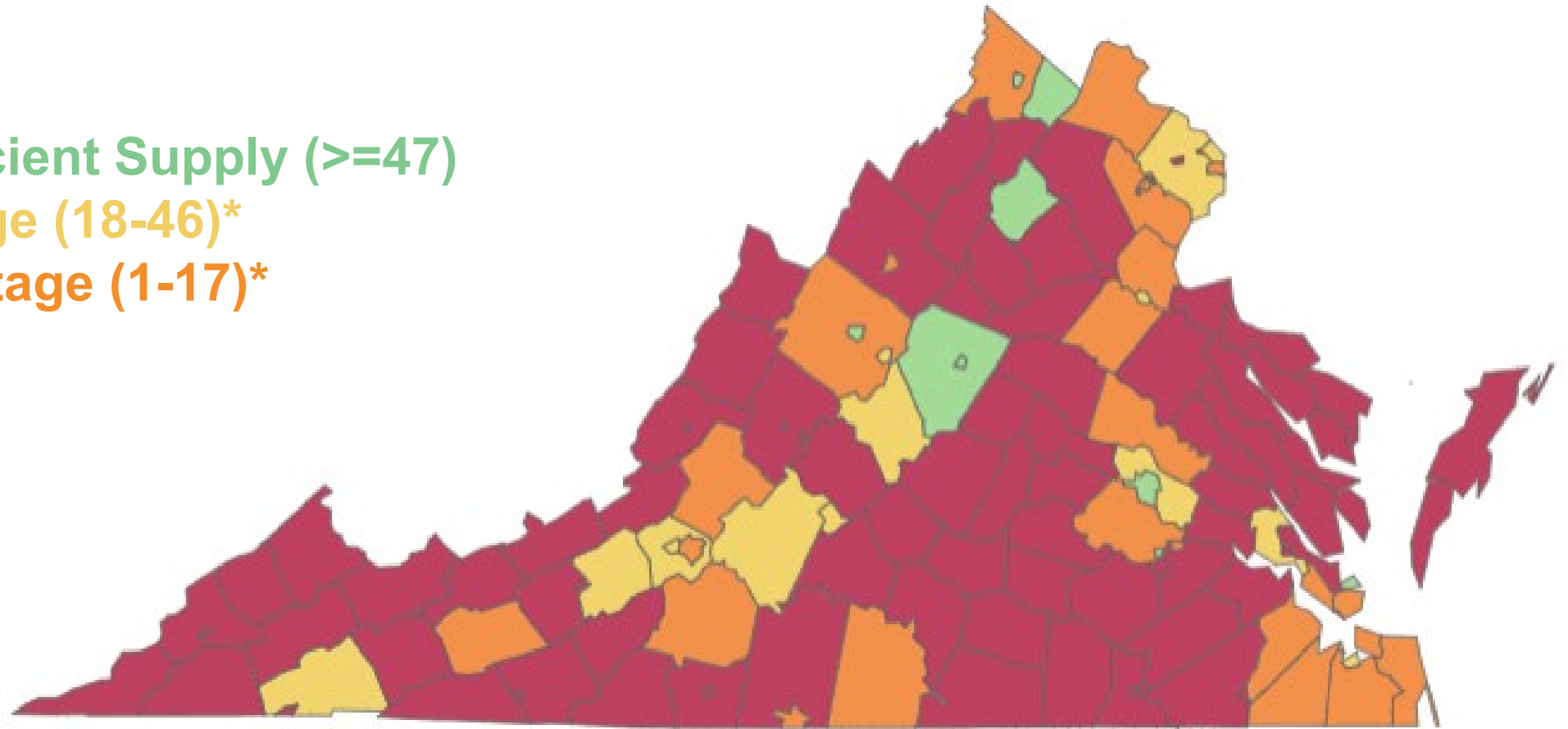
Child & Adolescent Psychiatrist Shortage Virginia

Mostly Sufficient Supply (≥ 47)

High Shortage (18-46)*

Severe Shortage (1-17)*

No CAPs

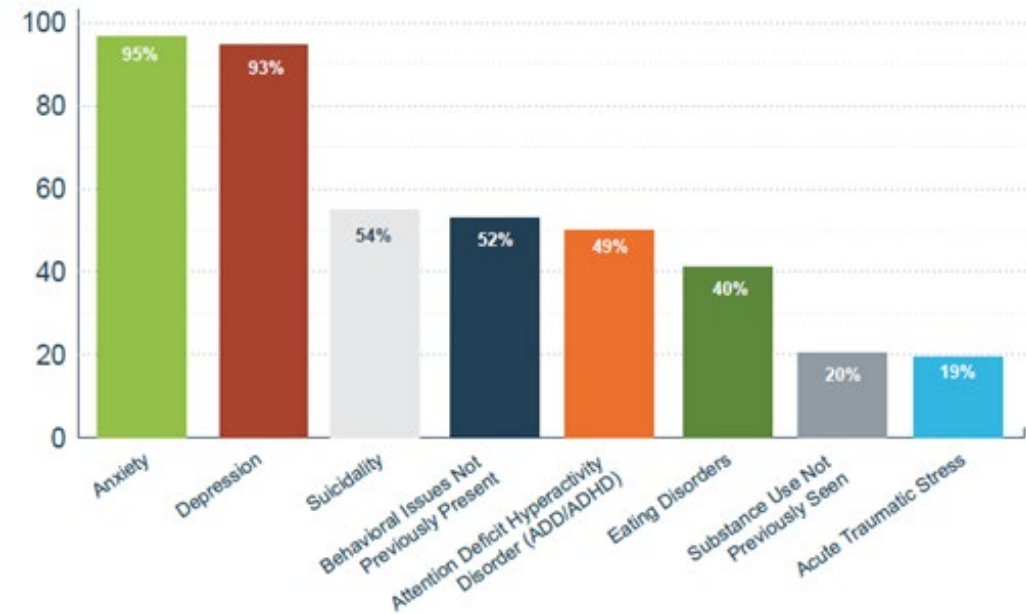


(American Academy of Child and Adolescent Psychiatry, 2019)

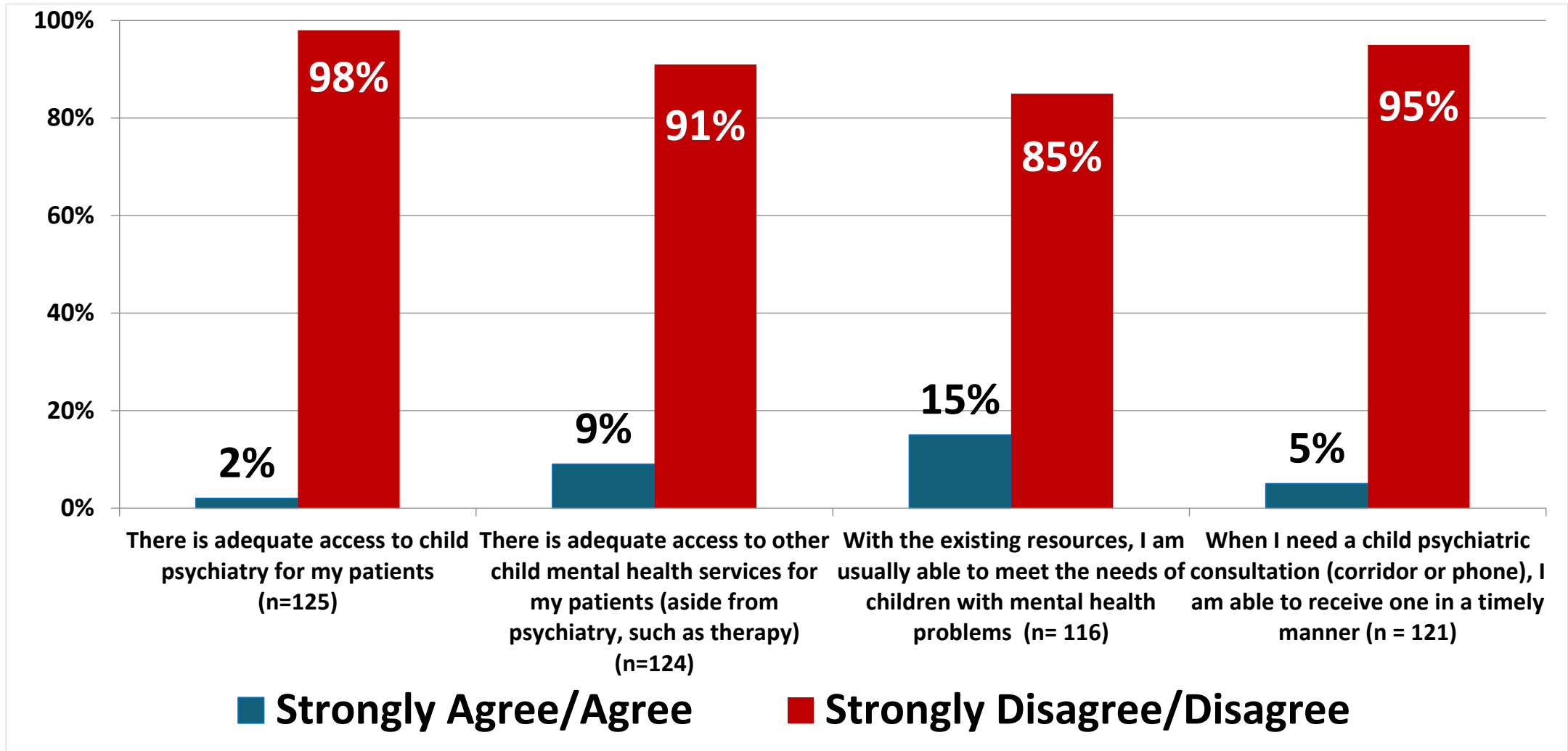
COVID's Impact on Pediatric Patients

- In August 2021, the Virginia Chapter of the American Academy of Pediatrics in partnership with DBHDS conducted a survey of primary care providers.
- **90% of respondents reported an increase** in mental and behavioral health issues in children since June 2020.
- **62% of respondents reported they cannot currently meet this need** and the majority anticipate the need will only continue to increase.

Reported Increases in Symptoms/Problems in Pediatric Patients since Covid-19



Why Virginia Needs a Mental Health Access Program



(VA AAP Survey Data)



Virginia Mental Health Access Program

Provider Education

Several education opportunities for primary care providers on screening, diagnosis, management, and treatment of pediatric mental health conditions.

REACH PPP

QI Projects

Project ECHO

Guidebook

The VMAP Line

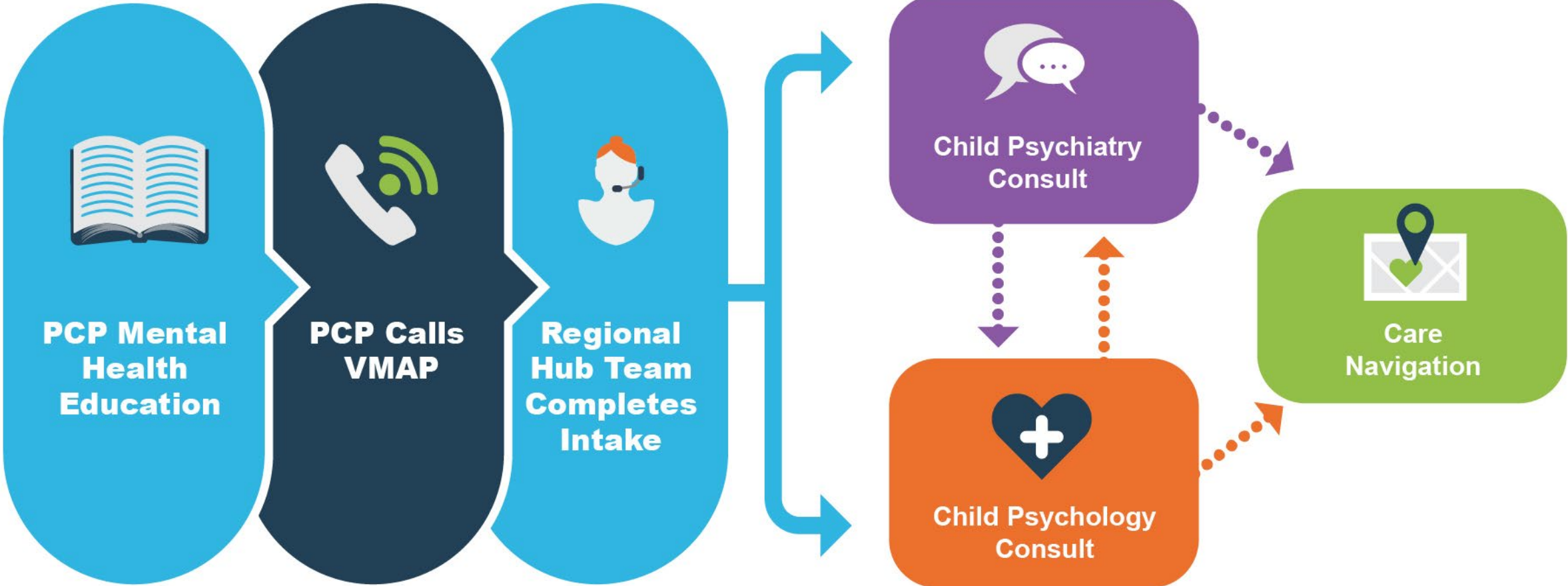
Connects primary care providers to regional hubs that offer pediatric mental health consultation and care navigation to support with patients 21 and under.

Child and adolescent psychiatrists

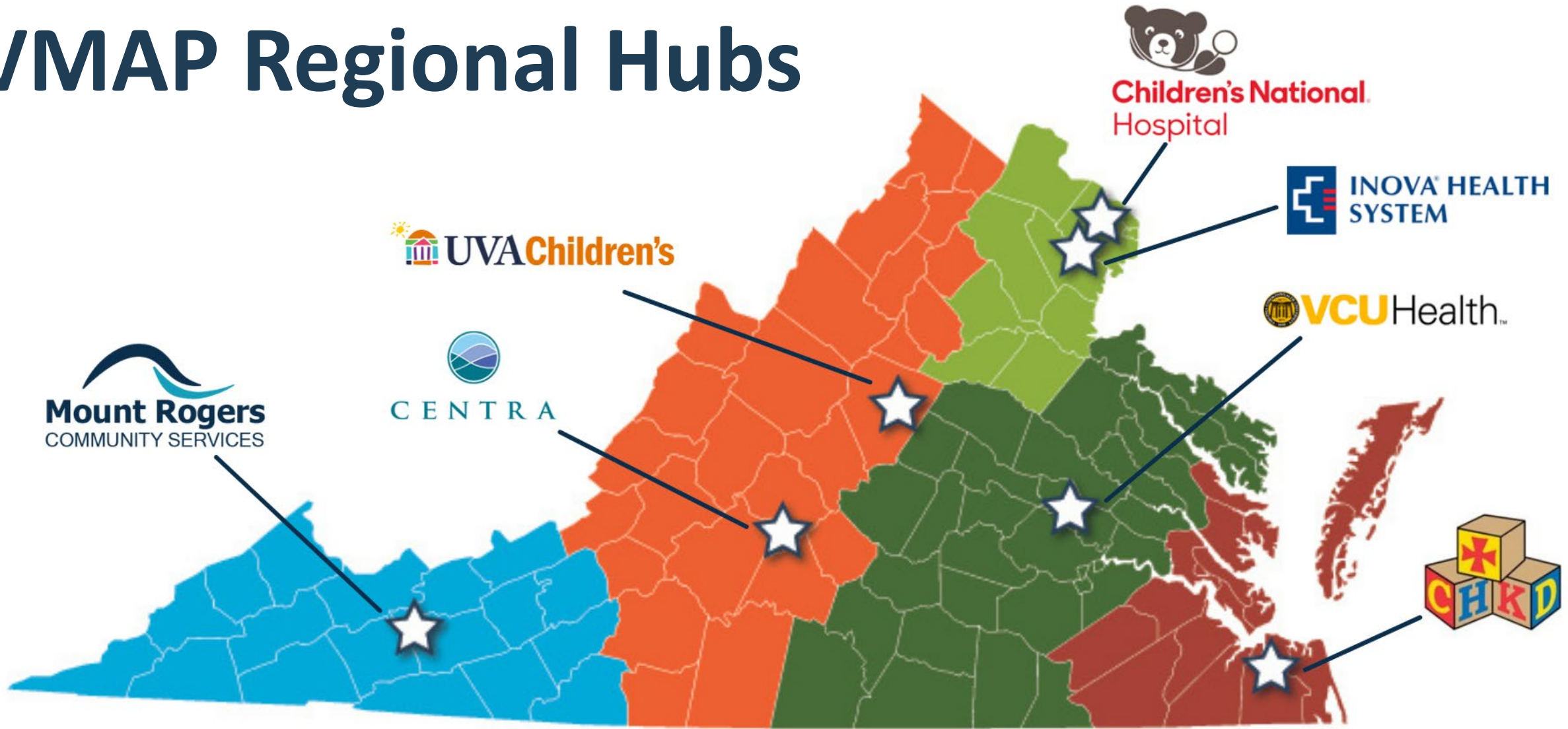
Licensed mental health professionals
(psychologists and/or social workers)

Care navigators

How Does VMAP Work?



VMAP Regional Hubs



North
Launched October 2020

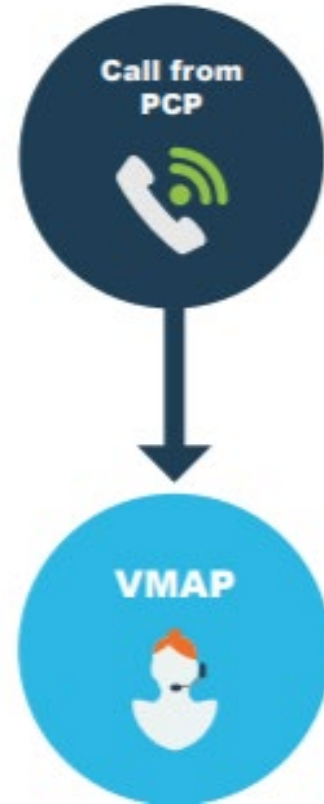
East
Launched January 2021

Southwest
Launched July 2021

Central
Launched August 2021

West
Launched February 2022

1,084
providers
registered
for VMAP



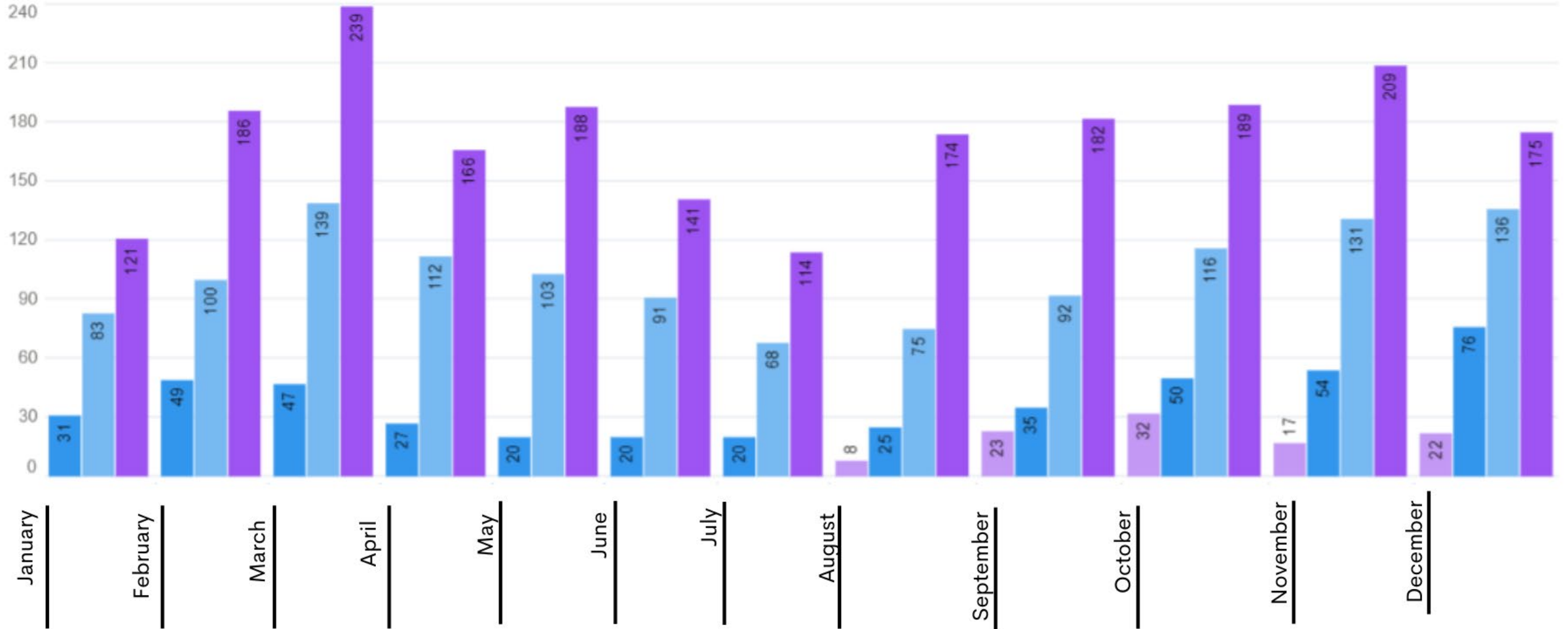
4,109
calls to
VMAP line

22,083
hours of
VMAP
training

Data collected from August 1, 2019–January 31, 2023

Calls to the VMAP Line

Year Over Year



VMAP Education for PCPs



A dynamic 3-day, 16-hour interactive course focused on building skills and confidence in diagnosing and treating pediatric behavioral health problems. (Followed by a 6-month, case-based distance-learning program.)

Enrolling Now:

- February 3-5, 2023 (complete)
- March 17-19, 2023 - virtual
- May 12-14, 2023 – in person

Fall 2023 coming soon!

CME and MOC-2 available

60 minute didactic and case discussion sessions once per month.

VMAP ECHO 101 (2 Cohorts)

3rd Thursdays, 12-1 PM
4th Tuesdays, 12-1 PM

New!

★ **Youth & Young Adult (FULL)**
4th Fridays, 12-1 PM

VMAP Deeper Dive: Birth to 5 (FULL)

4th Thursdays, 12-1 PM

CME and MOC-4 available

Monthly didactic and case discussion sessions + optional enhanced QI project on SDOH screening and referral

New!

★ **Early Childhood SOCKs
(Systems of Care for Kids):
Supporting Families with
Young Children**

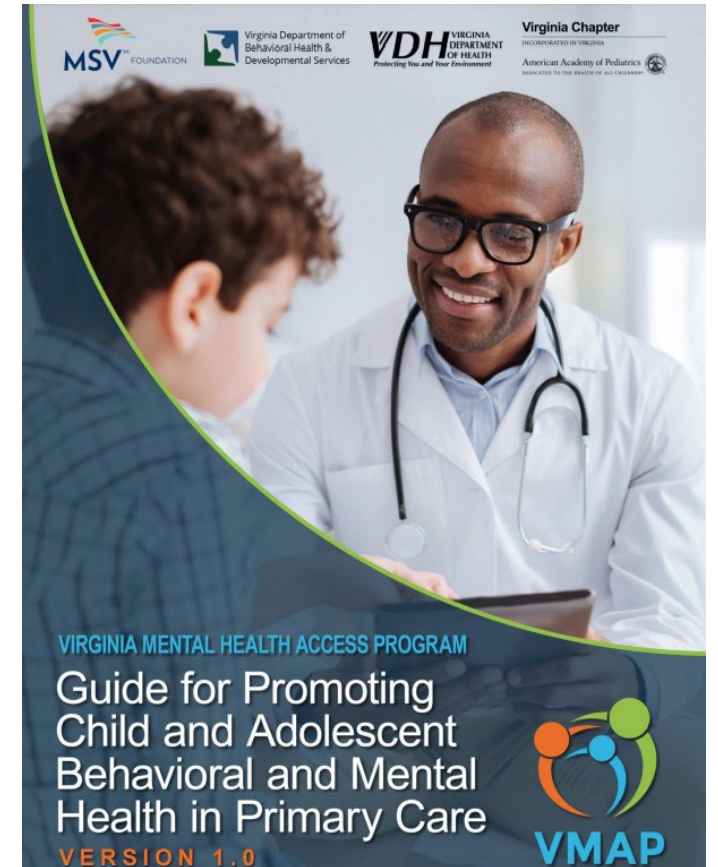
2nd Tuesdays, 12-1 PM
February-December 2023

CME and MOC-4 available

VMAP Guidebook

For Promoting Child and Adolescent Behavioral & Mental Health in Primary Care

- Compilation of **evidence-based practices, up-to-date resources, and practical knowledge** specifically geared towards pediatric and adolescent health care providers.
- **Available to download for free!**



VMAP Guidebook

Contains care guides on the following topics:

- Disruptive Behavior & Aggression in Children 2-10
- Psychosis
- Substance Use Disorder
- Eating Disorders
- Sleep Challenges

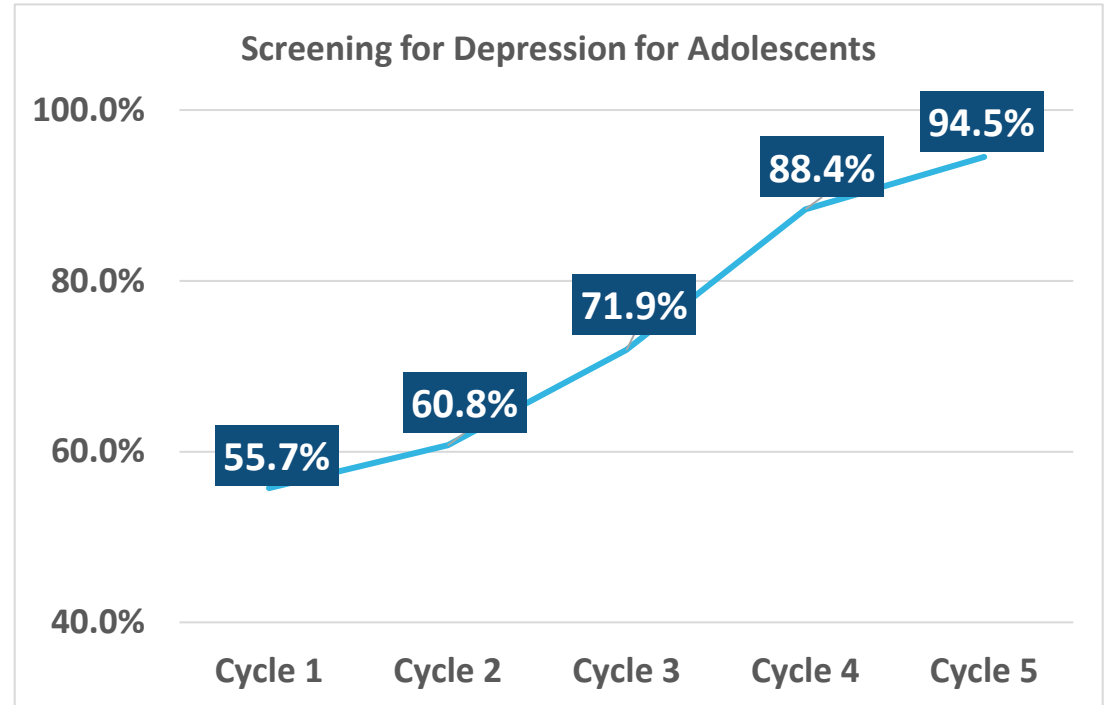
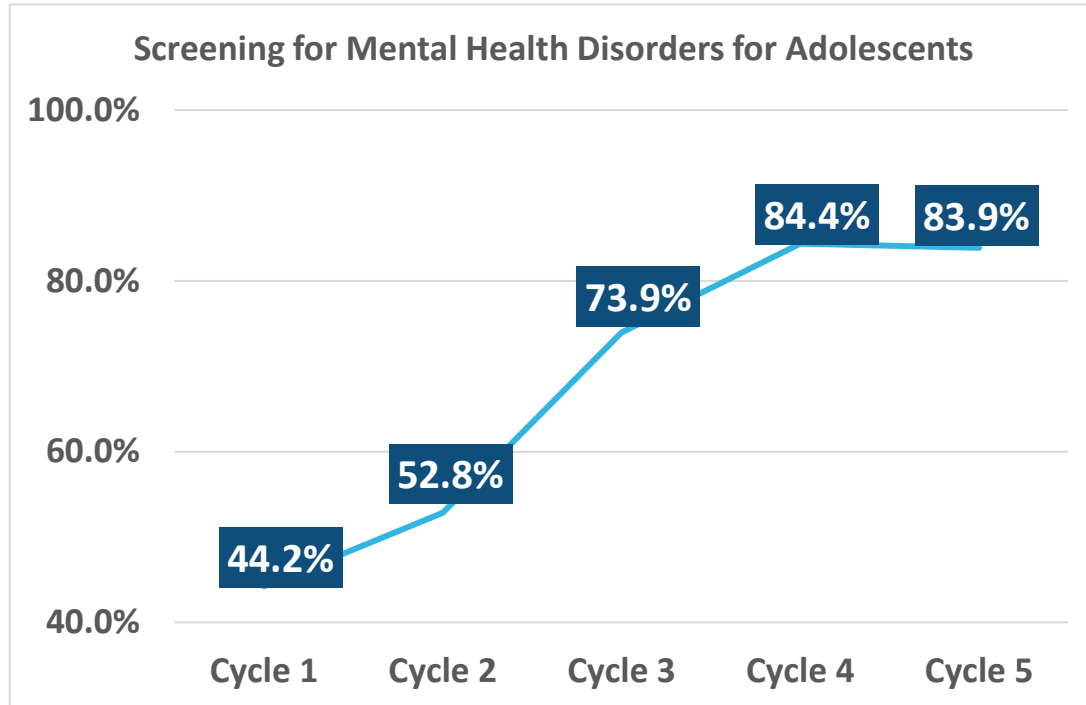
- Depression
- Suicidality
- Anxiety
- Trauma & PTSD
- ADHD
- Bipolar Disorder

Early Childhood Expansion – In Progress

- 2022 GA allocated \$1.4 million
- Goal: To support Virginia PCPs with patients 5 and under.
 - Add early childhood experts to VMAP line
 - Add early childhood education to VMAP curriculum

- Current status: VMAP has added developmental pediatricians and early childhood child psychiatrists to VMAP line
- Launched 2 new early childhood Project ECHOs
- Will add early childhood psychologist and care navigators this year

VMAP QI Project Results



5 months of QI work by 41 providers across the state.
Approx 1,000 adolescents per month, with a total of 5,042 adolescents
Significant improvement in number of adolescents screened by end of project!

Current Funding

FY2023



Executive Committee



Ally Singer Wright
VMAP Program Director
Medical Society of Virginia Foundation (MSVF)



Sandy Chung, MD
VMAP Medical Director
Virginia Chapter of the American Academy of Pediatrics (VA AAP)



Nina Marino, MSW, LCSW
Director, Office of Child & Family Services
Department of Behavioral Health and Developmental Services (DBHDS)



Hanna Schweitzer, MPH
VMAP State Program Administrator
Department of Behavioral Health and Developmental Services (DBHDS)



Mary Beth McIntire
Chief Programs Officer
Medical Society of Virginia Foundation (MSVF)



Rachel Reynolds
VMAP State Operations Manager
Medical Society of Virginia Foundation (MSVF)



Bethany Geldmaker
HRSA Program Director, VMAP
Virginia Department of Health (VDH)

VMAP Committees

**PCP
Education**

Beth Ellen Davis, MD, MPH
(University of Virginia)

Equity

Hanna Schweitzer, MPH
*(Dept. of Behavioral Health &
Developmental Services)*

**Care Navigation
Regional
Advisory Boards**

VMAP Regional Hub Teams

**Research &
Publication**

Matthew McKinney
*(Medical Society of
Virginia Foundation)*

What are providers saying?

“This service was invaluable, and the patient has since returned to school and is doing much better! He will continue to see his therapist, but this service helped him 'get over the hump' of a very difficult mental health crisis.”

“VMAP is a lifeline for pediatricians who are prescribing far more SSRIs than antibiotics this year – they help us help kids faced with months of waiting for care.”

If you're a primary care provider treating children and adolescents...

Don't forget to **REGISTER** for the

VMAP Line

to gain access to:

- Regional **child and adolescent psychiatrists** available for consultation
- Regional **licensed mental health professionals** available for consultation
- **Care navigation** services to support with resource and referral needs

Register at www.VMAP.org or call now!

1-888-371-VMAP (8627)

*This line is **not** for families to call directly. This is **not** a crisis line for patients.*



Monday through Friday 9 a.m. - 5 p.m. (last call at 4:30 p.m.)

- Hub team will ask for provider and patient information.
- A behavioral health provider will call you back within 30 minutes.
 - Patients must be 21 years old or younger.
- Provider must practice in Virginia, or patient must reside in Virginia.



VMAP Partners and Funders



Virginia Department of
Behavioral Health &
Developmental Services



Virginia Chapter

INCORPORATED IN VIRGINIA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Questions?

Sandy Chung, MD, FAAP, FACHE

VMAP Medical Director

schung@vmap.org

Ally Singer Wright

VMAP Program Director

asingerwright@vmap.org

Hanna Schweitzer, MPH

VMAP State Program Administrator

Hanna.Schweitzer@dbhds.virginia.gov



Register with VMAP

www.vmap.org

1-888-371-VMAP (8627)

Follow us @VMAPva





Thank You



2023 MCHB Programs All Awardee Annual Meeting

Plenary Session: Building Program Capacity to Improve Mental Health Access

Dr. Tiffany Moore Simas

Vision: Healthy Communities, Healthy People





BREAK

We will return at 2:45 p.m. ET

Vision: Healthy Communities, Healthy People



Ask the Expert Breakout Session

Building a strong foundation—engaging state and local associations and community groups to increase behavioral health access through consultation

Ask the Expert Breakout Session 1: PMHCA (By State/Territory) (A-M)

- Julia Matakis, MPH, PCC
- David M. Keller, MD, FAAP

Ask the Expert Breakout Session 2: PMHCA (By State/Territory) (N-Z)

- Julie Gorzkowski
Hamilton, MSW, LSW
- John Straus, MD

Ask the Expert Breakout Session 3: MDRBD

- Tiffany Moore Simas, MD
MPH, MEd, FACOG
- Nancy Byatt, DO, MS,
MBA, DFAPA, FACLP





BREAK

We will return at 4:00 p.m. ET

Vision: Healthy Communities, Healthy People





2023 MCHB Programs All Awardee Annual Meeting

Lightning Round

Emergency Medical Services for Children Innovation and Improvement Center (EIIC)

Anna Goldman, RN, MSN, NPD-BC – Quality Improvement Nurse

Jen Donathan, MPH

Renee Tinder, MPH

Vision: Healthy Communities, Healthy People



Emergency Medical Services for Children Innovation and Improvement Center (EIIC)

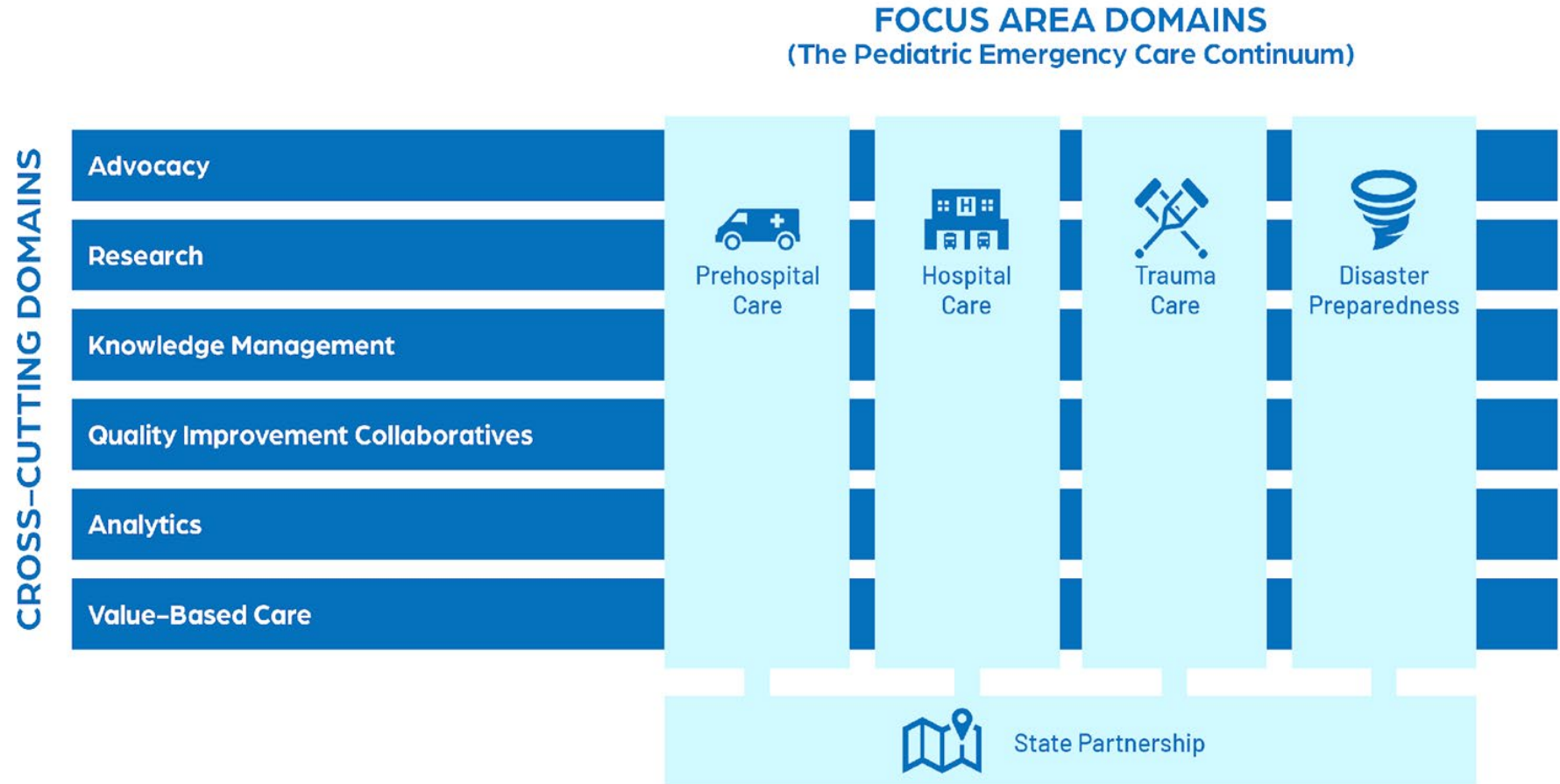
Jen Donathan, MPH – Project Manager

Anna Goldman, MSN, RN, NPD-BC – Quality Improvement Nurse

EMS for Children Innovation and Improvement Center (EIIC)



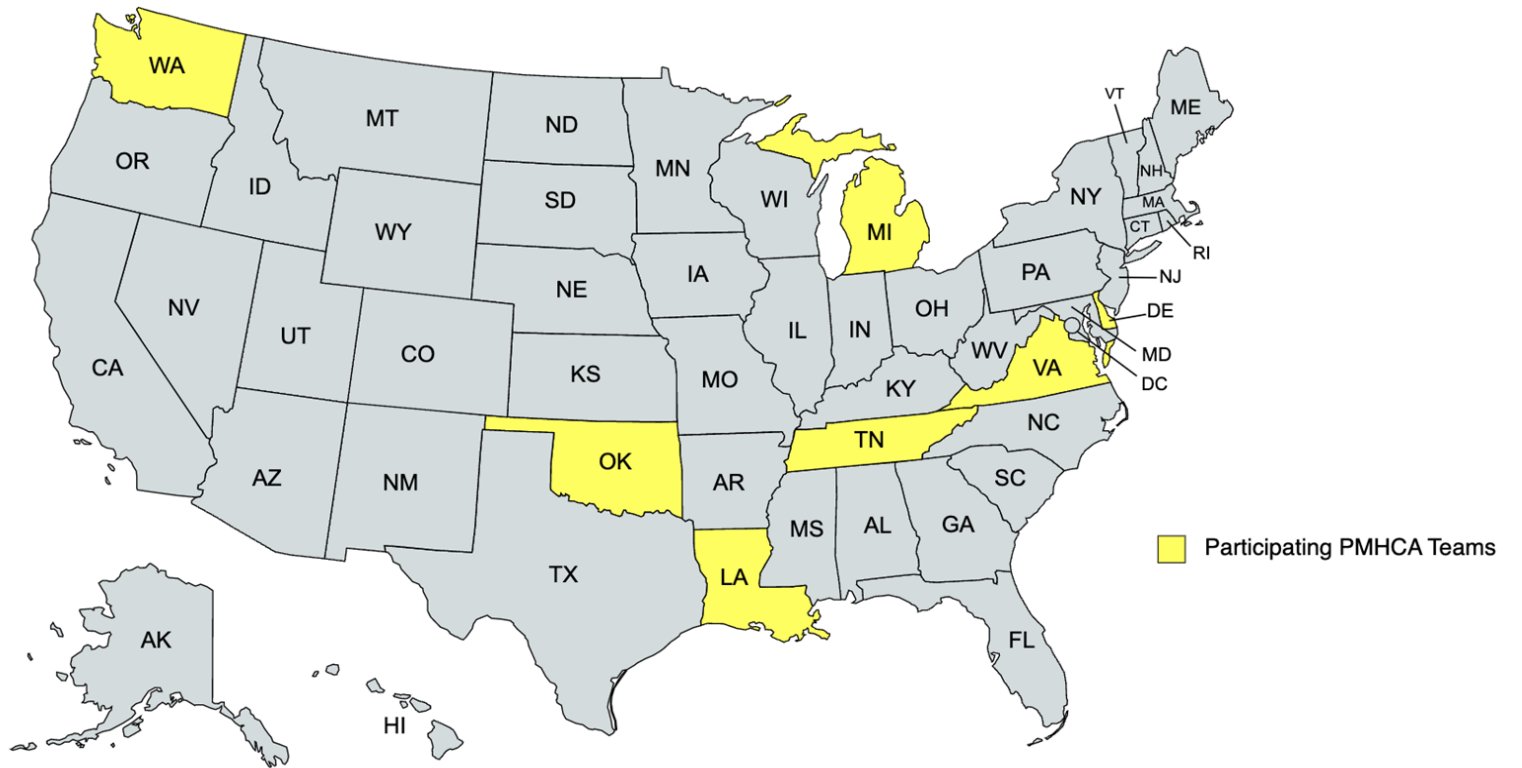
Mission: To optimize outcomes for children across the emergency care continuum by leveraging quality improvement science and multidisciplinary, multisystem collaboration



Seven Collaborating PMHCA Teams assisting the Developing of Technical Assistance Toolkit



- **Washington**
- Virginia
- Delaware
- Oklahoma
- Tennessee
- Louisiana
- Michigan



Seattle Children's Telemedicine Extension for Adolescent & Child Mental Health Boards (TEAM B)



Presented by:
Renee Tinder, MPH

New PMHCA Collaboration Project Overview



Seattle Children's®
HOSPITAL • RESEARCH • FOUNDATION

TEAM B is a pilot program that will provide tele-behavioral health consultation to emergency departments (EDs) in Washington that care for youth who are "boarding" for behavioral health reasons and have no on-site pediatric mental health specialists.



TEAM B

Primary

Aims

01

To improve timeliness of mental health care and reduce length of stay for youth boarding in community EDs

02

To support ED staff in providing more developmentally appropriate and evidence-informed mental health care for youth while boarding



Project Timeline



Analyze

- Data collection/analysis
- Disseminate findings, advocacy



Implement

- Hospital outreach
- Begin consultations



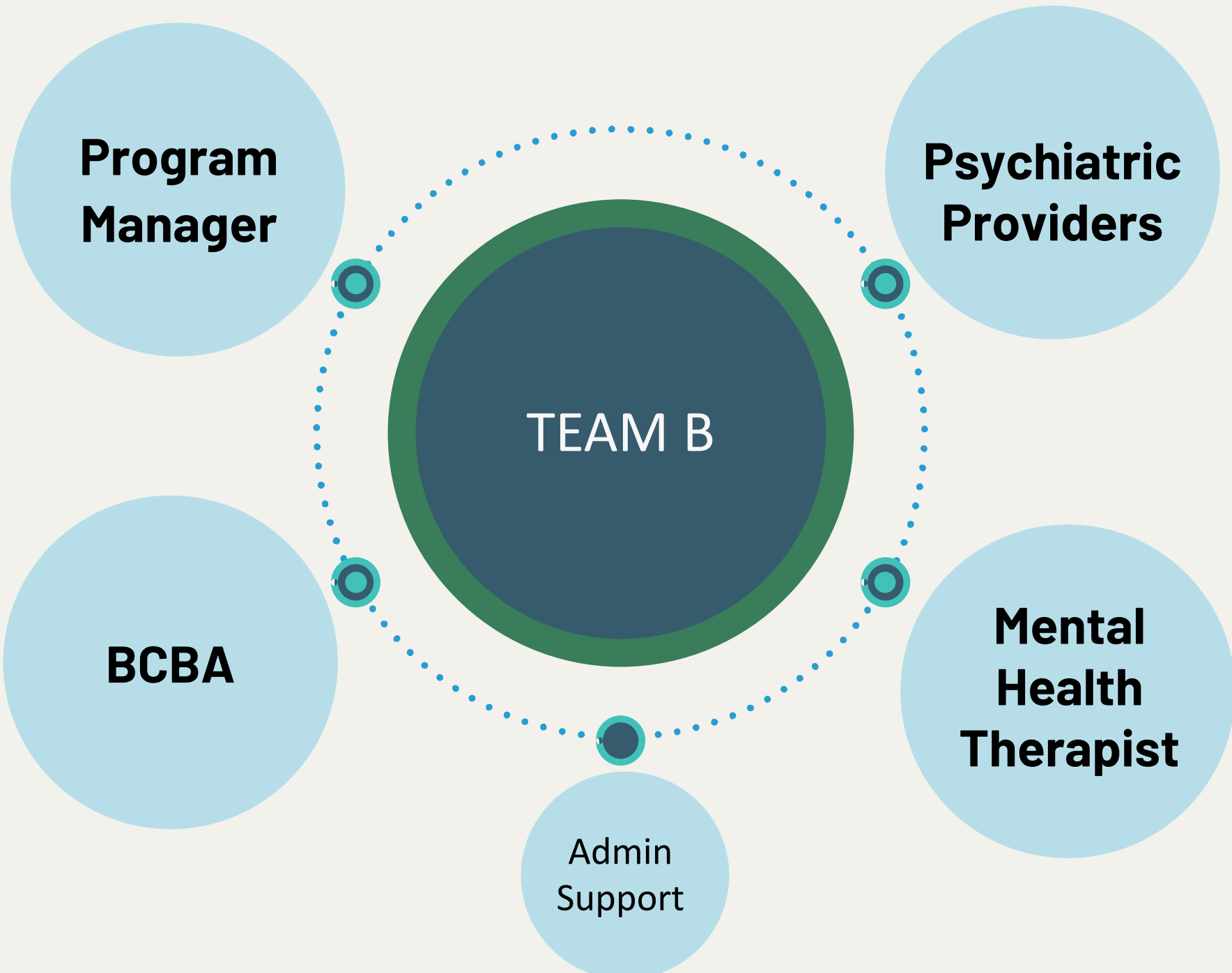
Operationalize

- Develop manuals/workflows
- Consultation materials
- IT infrastructure
- Promotional info



Design

- Finalize clinical team
- Background research
- Hospital needs assessment
- Legal/regulatory



**Program
Manager**

**Psychiatric
Providers**

TEAM B

**Mental
Health
Therapist**

**Admin
Support**

BCBA

Our Team at Seattle Children's



Pauline Wray,
MSW, LICSW
Program Manager
Mental Health Therapist



Brooke Rosen, MD
Child Psychiatrist
PI



Carol Rockhill, MD,
MPH
Child Psychiatrist



Dan Crawford, MD
Child Psychiatrist



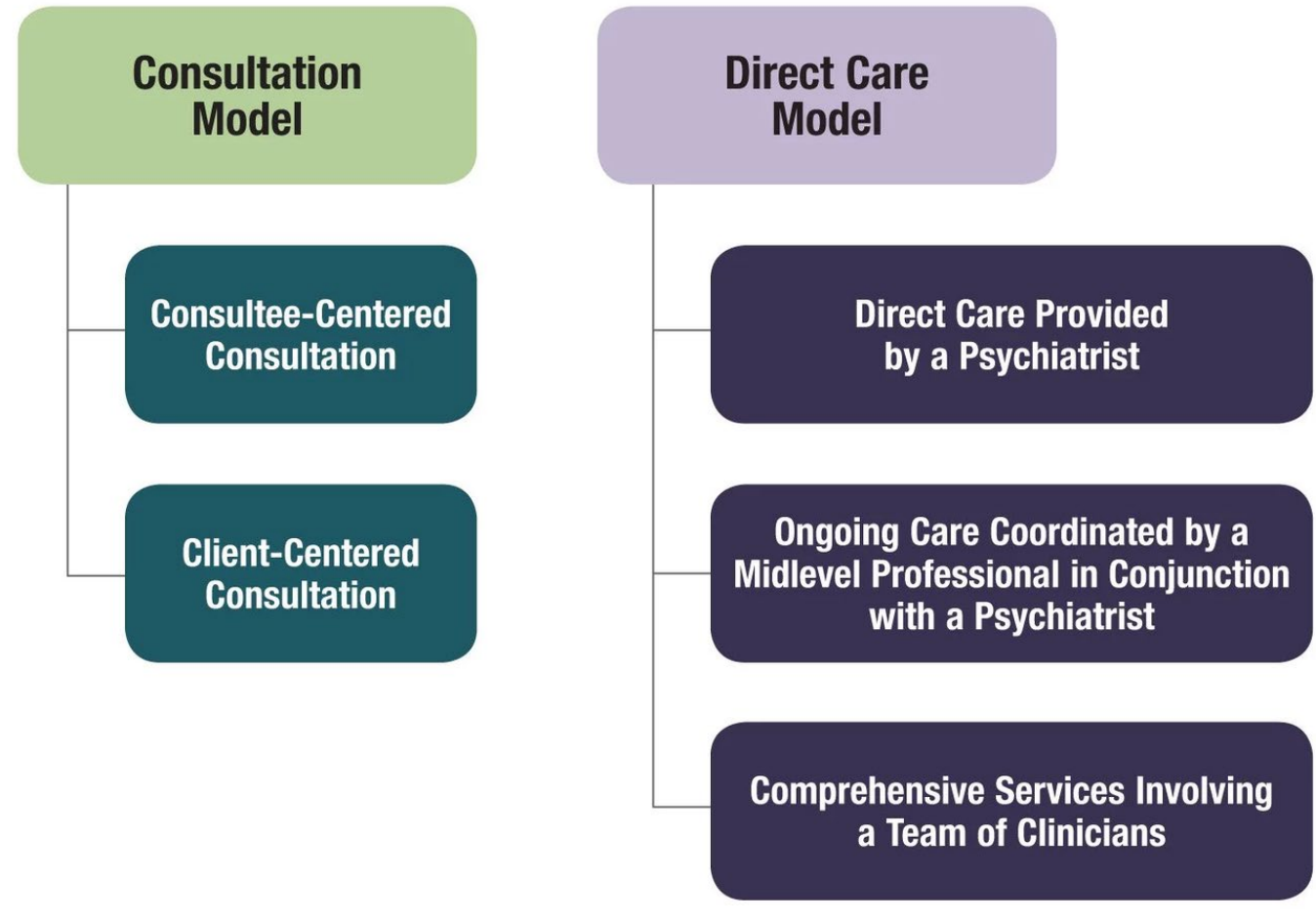
Andy Song-
Schierberl, BCBA
Behavior Analyst
Consultant

Background Research: Literature

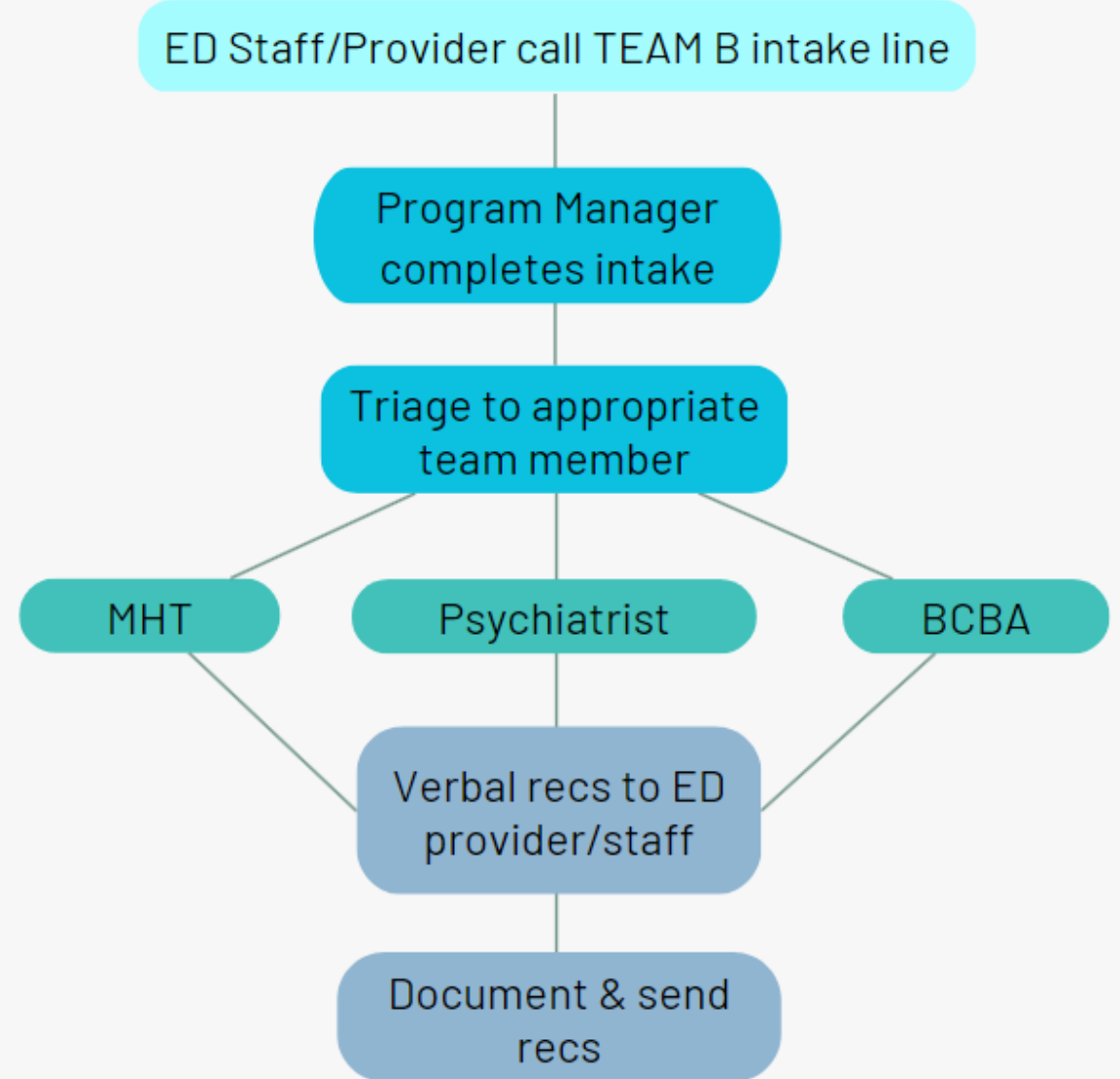
- Scope of problem: **national emergency** in children's mental health
- Specialty mental health services reduce LOS and improve care for boarding youth
- Telepsychiatry consultation for adults in EDs effective at:
 - Decreasing LOS
 - Reducing unnecessary hospitalizations
 - Lowering cost
 - Outpatient care coordination
- Few studies in pediatric ED telepsychiatry

Telepsychiatry Models

Figure. Practice Models for Telepsychiatry



TEAM B Consultation Model



DATA COLLECTION

Qualitative

- Stakeholder interviews
- ED Needs Assessment
(disseminated statewide)
- Post-intervention satisfaction survey

Quantitative

- Boarding data
 - Demographics
 - # consults per site
 - Consult types
- Outcomes: Disposition, LOS



**Current Phase:
Implementation**

Implementation Barriers

- Legal/liability
 - Credentialing
 - Exchange of medical records and documentation
- Regulatory
 - IRB Review
 - Site of Practice Approvals
- Limited scope of model (provider only)
- Short timeline



Future goals

01

State-level advocacy

02

Direct patient consultations

03

Expand program to state-wide



References

1. AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. Accessed August 30, 2022. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
2. Furfaro H. Kids are waiting months for psychiatric beds. Why it's such a struggle to expand care in WA. The Seattle Times. <https://www.seattletimes.com/seattle-news/mental-health/kids-are-waiting-months-for-psychiatric-beds-why-its-such-a-struggle-to-expand-care-in-wa/>. Published May 21, 2022. Accessed September 27, 2022.
3. Furfaro H. 33 days without sunlight: Why hundreds of Washington kids are living in windowless emergency rooms. The Seattle Times. <https://www.seattletimes.com/seattle-news/mental-health/33-days-without-sunlight-why-hundreds-of-washington-kids-in-mental-health-crisis-are-living-inside-windowless-emergency-departments/>. Published February 20, 2022.
4. McEnany FB, Ojugbele O, Doherty JR, McLaren JL, Leyenaar JAK. Pediatric Mental Health Boarding. *Pediatrics*. 2020;146(4):20201174. doi:10.1542/PEDS.2020-1174/79659
5. Nash KA, Zima BT, Rothenberg C, et al. Prolonged emergency department length of stay for us pediatric mental health visits (2005-2015). *Pediatrics*. 2021;147(5). doi:10.1542/PEDS.2020-030692/180800
6. Leyenaar JK, Freyleue SD, Bordogna A, Wong C, Penwill N, Bode R. Frequency and Duration of Boarding for Pediatric Mental Health Conditions at Acute Care Hospitals in the US. *JAMA*. 2021;326(22):2326-2328. doi:10.1001/JAMA.2021.18377
7. Ibeziako P, Kaufman K, Scheer KN, Sideridis G. Pediatric Mental Health Presentations and Boarding: First Year of the COVID-19 Pandemic. *Hosp Pediatr*. 2022;12(9):751-760.
8. Depinet HE, Iyer SB, Hornung R, Timm NL, Byczkowski TL. The Effect of Emergency Department Crowding on Reassessment of Children With Critically Abnormal Vital Signs. *Acad Emerg Med*. 2014;21(10):1116-1120. doi:10.1111/ACEM.12478
9. Timm NL, Ho ML, Luria JW. Pediatric Emergency Department Overcrowding and Impact on Patient Flow Outcomes. *Acad Emerg Med*. 2008;15(9):832-837. doi:10.1111/J.1553-2712.2008.00224.X
10. Hamm MP, Osmond M, Curran J, et al. A systematic review of crisis interventions used in the emergency department: recommendations for pediatric care and research. *Pediatr Emerg Care*. 2010;26(12):952. doi:10.1097/PEC.0B013E3181FE9211
11. McGorry PD, Mei C. Early intervention in youth mental health: progress and future directions. *Evid Based Ment Health*. 2018;21(4):182-184. doi:10.1136/EBMENTAL-2018-300060
12. McCarty EJ, Nagarajan BS MK, Halloran BS SR, et al. Healthcare quality during pediatric mental health boarding: A qualitative analysis. *J Hosp Med*. Published online July 7, 2022.
13. O'Donnell EP, Breden LE, Munjapara V, et al. Factors associated with a change in disposition for mental health patients boarding in an urban Paediatric emergency department. *Early Interv Psychiatry*. 2022;16(5):509-517. doi:10.1111/EIP.13188
14. Alakeson V, Pande N, Ludwig M. A Plan To Reduce Emergency Room 'Boarding' Of Psychiatric Patients. <https://doi.org/10.1377/hlthaff20090336>. 2017;29(9):1637-1642. doi:10.1377/HLTHAFF.2009.0336
15. Kraft CM, Morea P, Teresi B, et al. Characteristics, clinical care, and disposition barriers for mental health patients boarding in the emergency department. *Am J Emerg Med*. 2021;46:550-555. doi:10.1016/J.AJEM.2020.11.021
16. Uspal NG, Rutman LE, Kodish I, Moore, Rn-Bc A, Migita RT. Use of a dedicated, non-physician-led mental health team to reduce pediatric emergency department lengths of stay. *Wiley Online Libr*. 2016;23(4):440-447. doi:10.1111/acem.12908

Thank you!

We welcome feedback,
inquiries, & collaboration:

TeamB@seattlechildrens.org
206-987-0999





2023 MCHB Programs All Awardee Annual Meeting

Lightning Round

South Carolina PMHCA Awardee & PMHCA Awardee—SBHA

Victoria Scott, PhD, MBA

Laura Hurwitz, LCSW

Vision: Healthy Communities, Healthy People



Identifying & Engaging School-Based Health Centers

PARTNERING WITH SOUTH CAROLINA SCHOOLS TO EXPAND THE YOUTH ACCESS TO PSYCHIATRY PROGRAM (YAP-P)

VICTORIA SCOTT, PHD, MBA (ON BEHALF OF THE YAP-P TEAM)

Email: victoria.scott@uncc.edu



Our Interdisciplinary Team



Eve Fields - SCDMH
Director of Integrated Care



Grace Carter – SCDMH
Integrated Care Manager



Kerry Sease - PRISMA
Pediatrician & Medical Director



James McElligott - MUSC
Executive Medical Director



Claire MacGeorge - MUSC
Pediatric Physician



Ryan Krus – MUSC
Director of External Affairs &
Research



Victoria Scott - UNCC
Associate Professor



Maegan Mack - UNCC
Doctoral Student



Annalise Tolley - UNCC
Doctoral Student



Jasmine Temple - UNCC
Doctoral Student



Brittany Cook – Wandersman Center
VP of Education & Human
Development

Unpictured Team Members

Vicky Ladd – DHEC/DOE
State Nurse Consultant

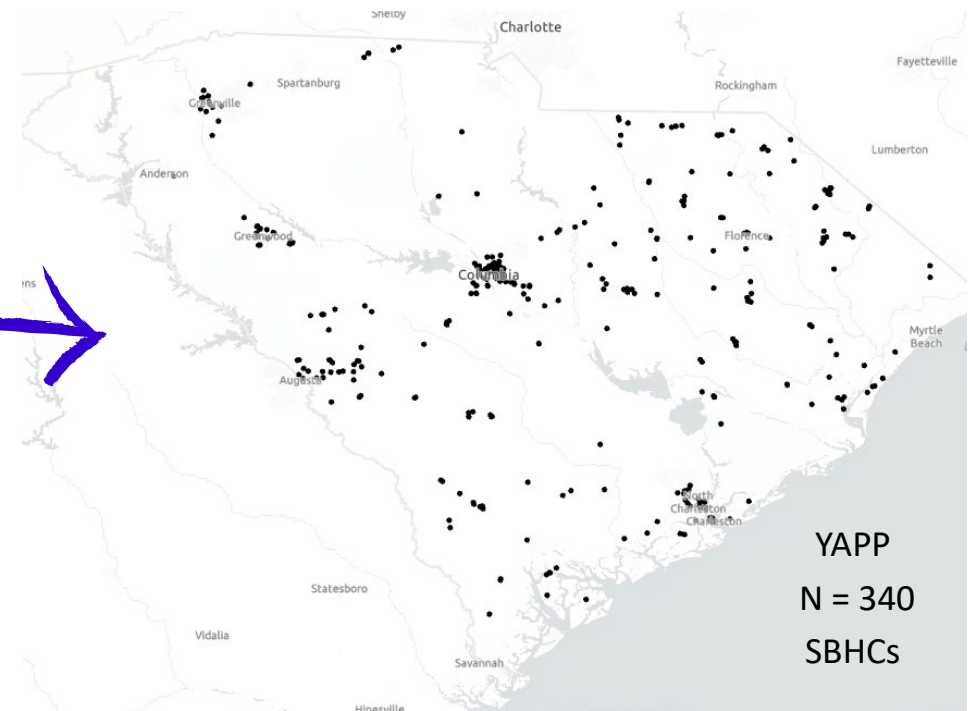
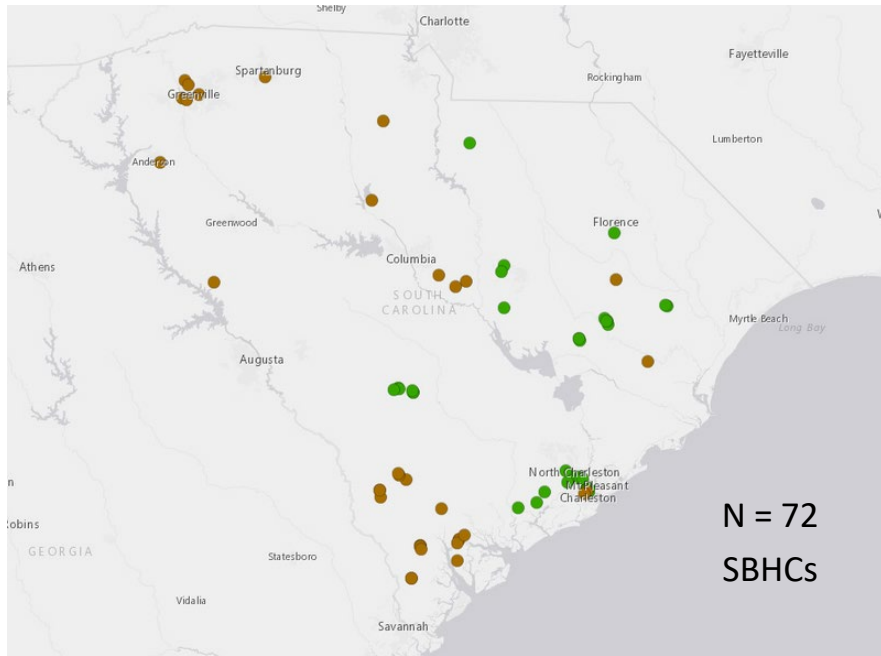
Erinn Kasubinski – MUSC
School-based Health Nurse
Manager

Elana Wells – MUSC
Telehealth Manager of Grant
Initiatives

Sonya Frankowski - SC Telehealth
Coordinator



Our Impact



- Multipronged approach resulted in 340 school-based health center sites compared to 72 identified in publicly available database (per March 2023)
 - n=38 of South Carolina districts with a SBHC
 - 100% key SBHC staff contact information compiled across 38 districts

Strategies For Success



In Schools

Partnering with School-Based Health Centers

The School-based YAP-P initiative includes a network of mental health services and resources to support primary care providers seeing students in SBHCs. This model promotes integrated care for South Carolinian youth with mental and behavioral health conditions.

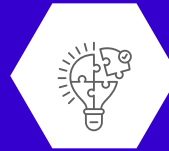
Hover over the cards below to learn more


What is a school-based health center (SBHC)?


What are the benefits of school-based health centers?


What are the service delivery models of SBHCs?

ROBUST INTERPROFESSIONAL TEAM



SBHC staff, pediatricians, medical directors, psychiatrists, state school nurse consultant, state dept of mental health leadership, community-based researchers & graduate students

MULTIPLE SOURCES OF DATA



Direct engagement of district lead nurses, phone outreach to SBHC admin & school staff, access publicly available data, leverage team member professional networks

STRATEGIC COMMUNICATION



Infographic & website development, outreach to state FQHCs, personal introductions (email, phone), attend Southeastern School Behavioral Health Conference



LEARN ABOUT YAP-P YOUTH ACCESS TO PSYCHIATRY PROGRAM



WHY SCHOOLS?

Expanding access into SBHCs can eliminate access barriers such as transportation and time constraints for families by providing health services through the school directly to children. These services are often funded through grant or federal funding which allows for equitable access to children underinsured or uninsured.



WHAT IS YAP-P?

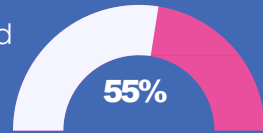
The YAP-P initiative is a network of services being developed by the South Carolina Department of Mental Health (SCDHM) to improve care for children and youth with mental and behavioral health conditions through school-based health centers (SBHCs).

WHAT IS A SBHC?

Services through an SBHC may be provided in person or via telehealth, on site in the school, on a mobile platform, or at a close facility. Informed by the School-Based Health Alliance, YAP-P uses the following criteria for identifying SBHCs:

WHY IS YAP-P IMPORTANT?

There has been a 55% increase in the percentage of youth who have experienced depression and anxiety from 2016 to 2020.



WHO'S INVOLVED?

This initiative involves collaboration between the South Carolina Department of Mental Health (SCDMH), the University of North Carolina at Charlotte, the Medical University of South Carolina (MUSC), Prisma Health, the South Carolina Department of Health and Environmental Control (DHEC) and the South Carolina Department of Education (SCDE).

SBHC Criteria

Site has access to a **primary care provider** with a capability for a continuing relationship with the patient/student and provides (at minimum) **primary and preventative care** to public school students in grades K3-12.



This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$445,000 for the project period 10/01/2021-9/30/2026 with 0% financed with non-governmental sources. The project is administered and funded with 20% matching funds by the SC Department of Mental Health.

If you have any questions, ideas, or suggestions regarding the activities of this initiative, please contact: [Eve Fields, MD](mailto:Eve.Fields@scdmh.org), Director of Integrated Care at SCDMH. Email: [eve.fields@scdmh.org](mailto:Eve.Fields@scdmh.org). [Grace Lambert, PMP](mailto:Grace.Lambert@scdmh.org), Project Director at SCDMH. Email: grace.lambert@scdmh.org.

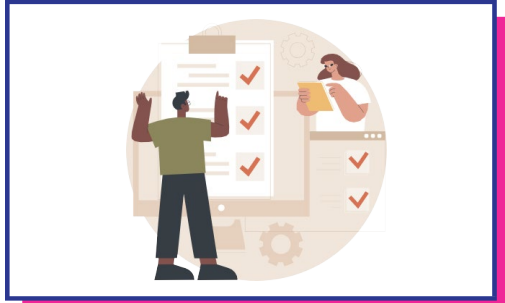
The School-based YAP-P Initiative Story Map



STEP 2

Geolocate all SBHCs across SC and identify lead contact information per site.

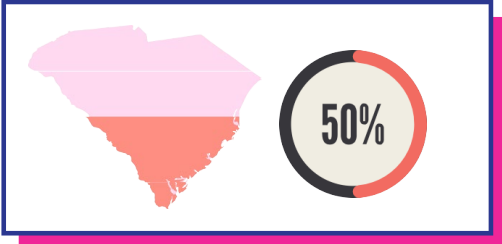
Over 50% of SC districts have SBHCs located within at least one school.



STEP 1

Identify inclusion/exclusion criteria and review resources to inform SBHC definition.

SBHCs can provide access to a variety of healthcare services to children within schools by direct connection to healthcare professionals. SBHC services typically include primary and acute care services but may also include mental health, dental, and vision services.



STEP 3

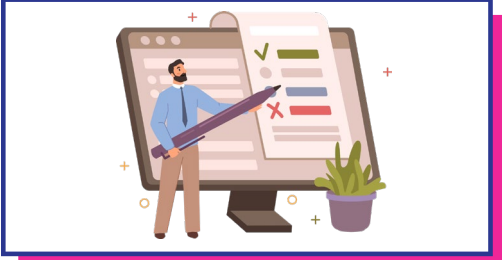
Administer a statewide needs and resource assessment of SBHCs including services offered.

Information from Step 2 will help to identify individuals that will respond to this assessment - SBHC staff, school administrators, mental health providers.

STEP 4

Administer a readiness assessment to select locations based on the needs assessment.

The readiness assessment will provide information on which sites to prioritize for integrated psychiatric services in SBHCs.



STEP 5

Create a network map of all SBHCs and their services.

We will use geographic information systems (GIS) technology to create a network map of current operating SBHCs. The network map will display linkages between each SBHC and existing mental health services.

STEP 6

Convene to discuss findings and next steps.

A statewide convening of key stakeholders will be held to foster collaboration across sectors and to share key insights.



Q & A





2023 MCHB Programs All Awardee Annual Meeting Lightning Round

Florida Behavioral Health IMPACT

Amandla Shabaka-Haynes, MD

Melissa Newsome, MPhil

Vision: Healthy Communities, Healthy People





Florida BH IMPACT

Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health

1.833.951.0296 • FLBHimpact.org

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of award UK3MC32242 totaling \$3.25million. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

About the Florida Perinatal Behavioral Health Screening & Treatment Program

- The Florida BH IMPACT Program is an initiative by the **Florida Department of Health (DOH)**, **Florida State University (FSU) College of Medicine**, and the **Florida Maternal Mental Health Collaborative (FLMMHC)**.
- BH IMPACT provides direct supports to promote maternal and child health by building the capacity of health care providers who are addressing critical behavioral health issues with their patients.



Florida BH IMPACT Vision

No perinatal woman in the state of Florida will be un-treated for perinatal behavioral health disorders.

Florida BH IMPACT

The FL BH IMPACT program values justice especially within perinatal and Behavioral healthcare. We implement an equity informed perspective into everything that we do. Our aim is to do our part internally and externally by engaging our team and our affiliated providers to operate through an equity lens.

The ultimate objective is to generate systemic change that eliminates Healthcare disparities and improves the Human Experience.

In effort to address the existence of biases, health inequities and systemic/structural racism, the FL BH IMPACT team has identified **8 ACTIONABLE WAYS** to make equitable enhancements to our program.

Core Value Action

1. **Address our own implicit bias** and the role it plays in perpetuating disparities in perinatal and behavioral health care.
2. Address the necessity of self-reflection in addressing disparities, especially regarding the **role that privilege, bias, and micro aggressions have in shaping the delivery of services.**
3. Work as a team to **identify power structures that create and maintain racial inequities** within domains that are in the scope of our projects purview and create/update plans to address these issues.
4. Maintain a **culturally sensitive and humble approach** to providers and patients we serve.

Practical Action

5. Include accurate and up-to-date information on health disparities in our **trainings and technical assistance** activities.
6. Include information and updates regarding health equity in our other materials such as **newsletters, websites and social media platforms.**
7. Continue to include accurate and updated information on **providers of color in our mental health resource directories** and how best to access those mental health clinicians.
8. Maintain up-to-date knowledge of the **validity of clinical and research assessments and effectiveness of interventions** on underserved populations.



Assessing the Impact of the Florida BH IMPACT Program on Women Belonging to Underserved Populations

Kaniya Pierre Louis, MS, Megan E Deichen-Hansen, MSW, PhD, Melissa Newsome, Mphil, Heather Flynn, PhD

FSU Center for Behavioral Health Integration



Background & Research Aim

Background

- In 2020, rates of postpartum depression in Florida surpassed the national average. According to data collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), 15.7% of women in Florida with a recent live birth experienced depressive symptoms.
- Perinatal behavioral health conditions like perinatal depression do not affect all groups equally.
 - Several studies have identified higher rates of perinatal depression among non-Hispanic black women, non-Hispanic Asian/Pacific Islander women, non-Hispanic Native American/American Indian women, and Hispanic women compared to non-Hispanic white women.
 - Furthermore, enrollment in Medicaid Insurance is positively correlated with experiencing depressive symptoms during the perinatal period.
- Despite racial/ethnic and socioeconomic disparities in rates of perinatal behavioral health conditions, historically underserved groups of women are less likely to be screened and treated for perinatal behavioral health conditions.
- Community-level factors such as community-level social deprivation and residence in a rural area may increase risk for perinatal behavioral health conditions, as well as present barriers to proper treatment.
- Untreated perinatal behavioral health conditions carry significant physical, mental, and financial costs for women and their children.
- The Florida Behavioral Health IMPACT (Improving Maternal and Pediatric Access Care and Treatment for Behavioral Health) Program is an initiative that seeks to improve access to mental health and substance use resources for women and children in the state of Florida. Specifically, BH IMPACT aims to improve access to perinatal behavioral health resources for women in underserved communities.

Research Aim

- The goal of this study was to determine the degree to which Florida BH IMPACT improved access to perinatal behavioral healthcare for women in underserved populations. This study analyzed the utilization of BH IMPACT resources by women in the following groups: non-White women, women living in rural communities, and women living in socially deprived communities.

Methods

Participants

- Our sample consisted of women 18 years and older with at least one encounter with a BH IMPACT provider
- Participants with missing zip code and racial/ethnic data were excluded from the study
- As of June of 2022, 177 women received perinatal behavioral health services from Florida BH IMPACT. 172 were included in this study

Measures

- A combination of individual-level and community level factors were used to identify underserved women in BH IMPACT
 - Individual-level factors:
 - Race and ethnicity**, identified by the provider at the time of service
 - Community-level factors:
 - Zip code-level social deprivation**, identified using the Graham Institute's Social Deprivation Index (SDI). The SDI is a composite measure created by the Graham Institute as a tool to identify area-level resource shortage. The SDI is positively correlated with poor health access and outcomes
 - Rural zip code**, identified using the Health Resource and Services Administration's Rural-Urban Commuting Area (RUCA) codes

Data Analysis

- Descriptive statistics were used to evaluate the demographic, social and geographic characteristics of BH IMPACT participants
- A One-sample t-test of the mean SDI for Florida and the mean SDI for the BH IMPACT sample was conducted

Social Deprivation Index (SDI) Components	
Category	Definition
Income	% of population below 100% of the Federal Poverty Level (FPL)
Education	% of population with less than 12 years of education
Employment	% non-employed
Housing	% of population living in over-crowded housing
Housing	% of population in renter-occupied housing
Household Characteristics	% of single-parent households
Transportation	% of population without a car

Results

Demographic Variable	Finding (%)
Age (year), mean \pm SD*	30.08 \pm 5.56
Race-Ethnicity, n (%)	
White	63 (36.6)
Black or African American	23 (13.4)
Other Race/Ethnicity	12 (7.0)
Race Not Known by Provider	6 (3.5)
Rural vs Urban, n (%)	
Rural	23 (13.4)
Urban	67 (39.0)
Social Deprivation Index, mean \pm SD*	57.61 \pm 21.94

*SD= Standard Deviation

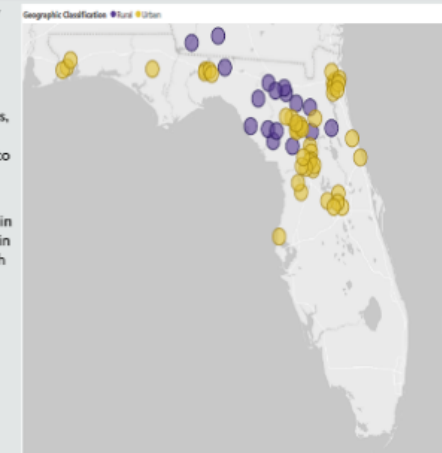
- The mean SDI of our sample was 57.61 (SD=21.94), and the mean SDI of the state of Florida was 48.51 (SD=26.94).
- In our one sample test of means, we compared our sample's mean SDI to the mean SDI of Florida. Our results were $t = 3.95$, and our p-value was less than 0.001 ($p < 0.05$). We reject the null hypothesis, which states there is no difference between the sample mean SDI and Florida's mean SDI.

Discussion

- Approximately 1 in 3 women who utilized BH IMPACT resources identified as a race/ethnicity other than non-Hispanic white. In addition to black or African American women, this group includes American Indian, Arabic, Asian, Latina, Hispanic, and multiracial/multiethnic women.
- Approximately 1 in 4 BH IMPACT participants with available zip code data resided in a rural community.
- The average SDI of our sample is ~9.1 points greater than the SDI for the state of Florida. Thus, women utilizing BH IMPACT resources, on average, live in communities with more social deprivation. We attribute these findings to our use of an integrated care model, which works to increase access for women that are underserved.
- These findings reveal the extent to which BH IMPACT reached underserved women.
- Though BH IMPACT has improved access to perinatal behavioral health resources for women in Florida, we aim to reach more women in underserved communities. To engage more women in these communities, we hope to recruit more healthcare providers in or near communities with high social deprivation.
- FL BH IMPACT is conducting qualitative interviews with providers and patients to understand barriers and facilitators to perinatal care. These interviews will inform our strategy moving forward to improve care for pregnant patients in underserved communities.

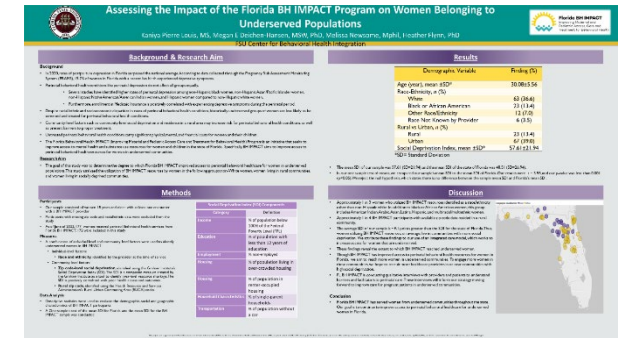
Conclusion

- Florida BH IMPACT has served women from underserved communities throughout the state. Our goal is to continue to improve access to perinatal behavioral healthcare for underserved women in Florida.



Assessing the Impact

Kaniya Pierre Louis, a medical student at FSU, conducted an analysis of our program to investigate how our services have assisted women who are from **traditionally underserved** populations based on their geographic location and race/ethnicity.



Key Findings:

- ~ **1 in 3 women** who have been served by the program identified as a race/ethnicity other than non-Hispanic white.
- Approximately **25% of women served by the program** with available ZIP code information **lived in a rural community**

Results

Demographic Variable	Finding (%)
Age (year), mean \pm SD*	30.08 \pm 5.56
Race-Ethnicity, n (%)	
White	63 (36.6)
Black or African American	23 (13.4)
Other Race/Ethnicity	12 (7.0)
Race Not Known by Provider	6 (3.5)
Rural vs Urban, n (%)	
Rural	23 (13.4)
Urban	67 (39.0)
Social Deprivation Index, mean \pm SD*	57.61 \pm 21.94

*SD= Standard Deviation

- The mean SDI of our sample was 57.61 (SD=21.94), and the mean SDI of the state of Florida was 48.51 (SD=26.94).
- In our one sample test of means, we compared our sample's mean SDI to the mean SDI of Florida. Our results were $t = 3.95$, and our p-value was less than 0.001 ($p < 0.05$). We reject the null hypothesis, which states there is no difference between the sample mean SDI and Florida's mean SDI.

Florida Moms Mental Health Resource Directory

- Public, searchable directory of behavioral health providers, lactation consultants, hotlines, doulas, support groups, and more!
- Since its launch, there have been **3,788 Users** and over **23,000 Pageviews**
- **Tallahassee, Orlando, Miami, Jacksonville, and Tampa** are among the top cities where users live!

FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Sage
Therapeutics™

Florida BH IMPACT
Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health

Search New Record Map Search
Admin Login

FL BH IMPACT TEAM ▾ FAQ RESOURCES ▾ MATERNAL CHILD BEHAVIORAL HEALTH ▾ PROVIDERS RESOURCES ▾

Connect
with mental health & substance use
services in your area

Search by:

- ✓ Healthcare Agency or Practice Name
- ✓ Healthcare Provider Type
- ✓ Geographic Area
- ✓ Key Words

Use selection boxes to refine your search by Payment Type and more.

Locate Providers

If you search by county or zip code, the results will only show the providers who are located in the indicated regions.

Personalize

To find the best healthcare match, you should try to be as specific as you can with your initial search.

The more information you provide, the more personalized your search results will be.

Ongoing Florida Moms Mental Health Resource Directory Update

- **Enhanced search** capability for users.
- Improved ability to capture **detailed analytics** for reporting purposes.
- **Additional service types** added to the listings, including **housing** authorities and supporting entities, **employment** resources, **food** and **diaper** banks, and more to address the social needs of the patients' providers are serving.
- Member login interface for returning users to save search history.

Putting Equity into Practice

1. Team members conduct **ongoing reviews of emergent literature** to provide most up-to date strategies for addressing health disparities.
2. Technical assistance activities with Obstetric practices on **strategies to screen, assess, treat and refer perinatal individuals more equitably.**
3. **Qualitative interviews** to explore community needs and desires for behavioral health integration strategies.
4. Engagement of **doulas and community birth workers** in training and outreach.
5. **Partnerships with local, state and national agencies/organizations** invested in maternal child health (i.e., **FLMMHC**, FPQC, NAMI, managed care, etc.) to enhance the statewide maternal mental health provider database with service providers of diverse backgrounds.

Florida BH IMPACT

Partners

Florida Department of Health

Florida State University College of Medicine

University of Florida

Florida Association of Healthy Start Coalitions (Moving Beyond Depression)

Florida Maternal Mental Health Collaborative

ACOG District XII

Other Collaborators



The Voice of Primary Care in Florida



Florida Perinatal
Quality Collaborative



Commonsense Childbirth
BECAUSE EVERY WOMAN DESERVES A HEALTHY BABY





Florida BH IMPACT

Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health

1.833.951.0296 • FLBHimpact.org

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of award UK3MC32242 totaling \$3.25million. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



2023 MCHB Programs All Awardee Annual Meeting Day 1 Wrap Up

Rachel Heitmann

Vision: Healthy Communities, Healthy People





Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov



Sign up for the HRSA *eNews*

FOLLOW US:



Thank you for joining us today!

