HRSA
Health Resources & Services Administration

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 healthcare 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 also have the ability to unmute at any time. However, we ask 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 email 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.

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Health Resources & Services Administration

tcmhcc
Texas Child Mental Health Care Consortium

CPAN
Child Psychiatry Access Network

From Data to Action: Using Information Technology to Maximize the Performance of Pediatric Mental Health Care Access (PMHCA) and Maternal Depression and Related Behavioral Disorders (MDRBD) Programs

Laurel L. Williams, DO Medical Director , Centralized Operational Support Hub COSH, Texas Child Mental Health Care Consortium

Professor, Menninger Department of Psychiatry and Behavioral Sciences Baylor College of Medicine

laurelw@bcm.edu

- The slides were developed in collaboration with the TCMHCC Executive Team and the Trayt Team.
- Dr. Williams has no disclosures.
- Trayt is the data management platform that the state of Texas contracted to develop and manage our CPAN and TCHATT programs and outcomes.

Outline for Presentation

tcmhcc
Texas Child Mental Health Care Consortium

CPAN
Child Psychiatry Access Network

1.TCMHCC

- Purpose and vision
- Programs
- Structure
- CPAN specifics

2. Improve the quality of your workflow

- Seamless workflow
- Reduced time note taking
- Simple structured data collection

3. Improve quality of leadership insights and analytics

- Facilitate HRSA and other agency reporting
- Measure program quality
- Enable population health research
- Accountability, training, and education for internal CAPP team

4. Support PCP Education

- Share educational content
- PCP ongoing access to standardized measures
- CME course and other targeted announcements

Vision

- **All Texas children and adolescents will have the best mental health outcomes possible.**

Mission

- **To advance mental health care quality and access for all Texas children and adolescents through inter-institutional collaboration, leveraging the expertise of the state's health-related institutions of higher education, local and state government agencies, and local and state mental health organizations.**

TCMHCC's Programs

tcmhcc
Texas Child Mental Health Care Consortium

CPAN
Child Psychiatry Access Network

- Child Psychiatry Access Network (CPAN)
- Texas Child Health Access Through Telemedicine
- Community Psychiatry Workforce Expansion
- Child & Adolescent Psychiatry (CAP) Fellowships
- Children's Mental Health Research

Texas Child Mental Health Care Consortium

Executive Committee Structure
(35 Members)

Administrative Attachment
Higher Education Coordinating Board receives state funding and sends it to the Consortium for services as directed by the Consortium's plan, once approved by the Legislative Budget Board

Administrative Support Entity
UT System appointed by the Executive Committee to provide administrative support for Consortium activities

HRI and Medical Schools
(26 total members)
Two members per institution:
Chair of Psychiatry Dept.
President's Designee

HHSC
(2 members)
One services expert
One facilities expert

Nonprofit Orgs
(3 members)
Selected by Consortium:
Meadows MH Policy Institute
Hogg Mental Health Foundation
Texas Council of Community Centers

Hospital System
(1 member)
Selected by Consortium:
Children's Health

Higher Education Coordinating Board
(1 member)

Any other entity designated by the Chairs of Psychiatry members
(2 members)
Baylor S&W
UT System

Helps providers meet the mental health needs of Texas children and adolescents

What Free Services Does CPAN Offer?

Telephonic clinical consultation during business hours with a child psychiatrist or mental health clinician.

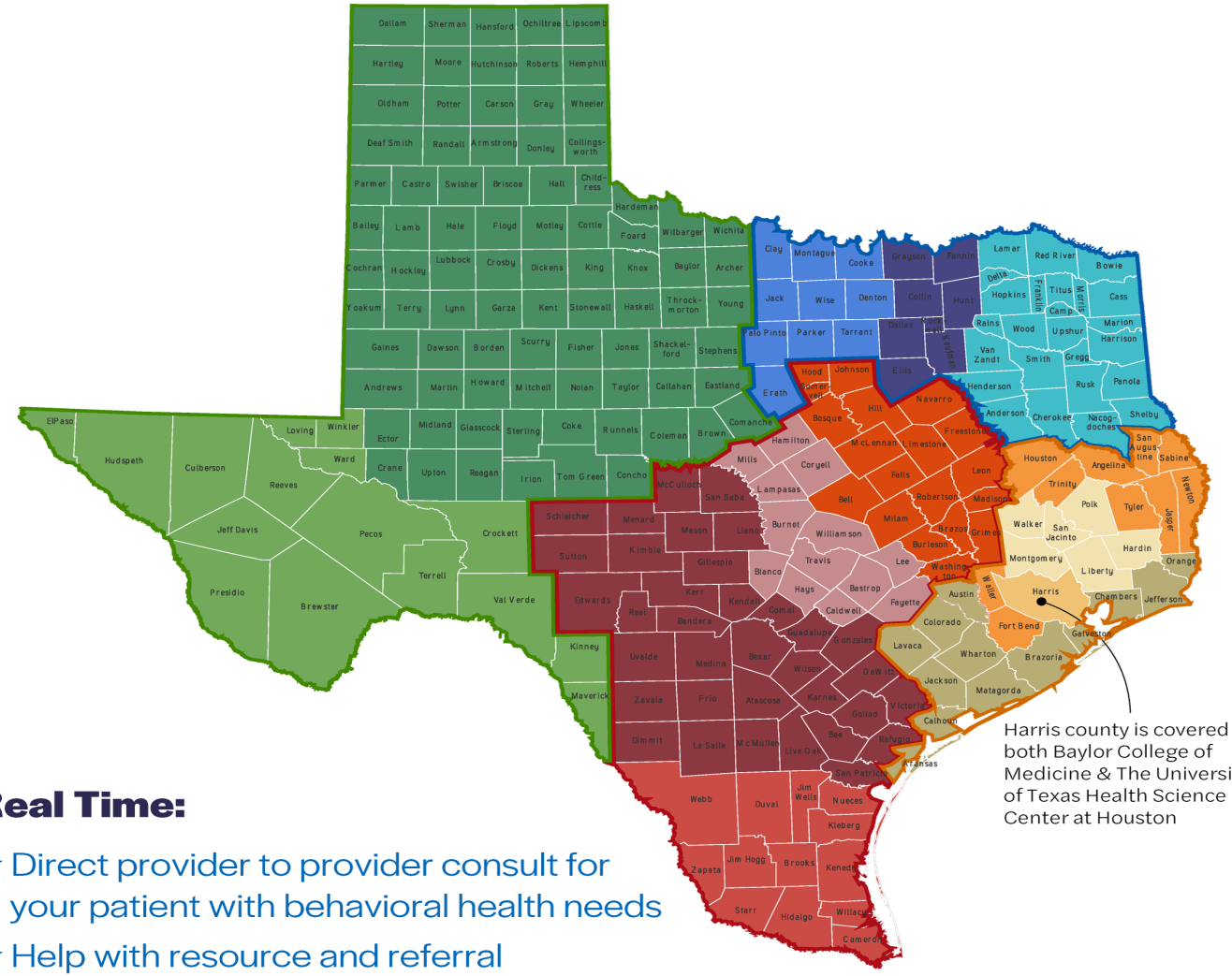
Care coordination for assistance with referrals to community mental health services.

Continuing professional education designed for pediatric primary care providers.

CPAN
Child Psychiatry Access Network

CPAN
Child Psychiatry Access Network

Call (888)901-2726 to reach CPAN



Dial 1
North and Northeast Region

1. University of North Texas Health Science Center
2. The University of Texas Southwestern Medical Center
3. The University of Texas Health Science Center at Tyler

Dial 2
South and Southeast Regions

1. Baylor College of Medicine
2. The University of Texas Health Science Center at Houston
3. The University of Texas Medical Branch at Galveston

Dial 3
Valley and Central Regions

1. Dell Medical School at The University of Texas at Austin
2. The University of Texas Health Science Center at San Antonio
3. The University of Texas Rio Grande Valley School of Medicine
4. Texas A&M University System Health Science Center

Dial 4
West Region

1. Texas Tech University Health Sciences Center
2. Texas Tech University Health Sciences Center at El Paso

Real Time:

- ★ Direct provider to provider consult for your patient with behavioral health needs
- ★ Help with resource and referral assistance

Platform Decisions

1. Understand as best as possible what your current AND future goals for the program will be
2. Create a workgroup with the appropriate stake holders to develop the list of mandatory features needed to have success
   - End users of the platform
     - Your team members
     - Primary Care Physicians that the program serves
   - Data analysts
   - Evaluation teams
   - Program leadership
3. Know your state requirements for procurement
4. Have an RFP and when possible have more than one team present their vision of your team's development goals

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Trayt Access Solutions & Architecture

Trayt Access Solutions:

Improving Access to Mental Health Care for highly impacted populations

Provider-to-Provider Consultation & Collaboration

Direct-to-Patient Intervention

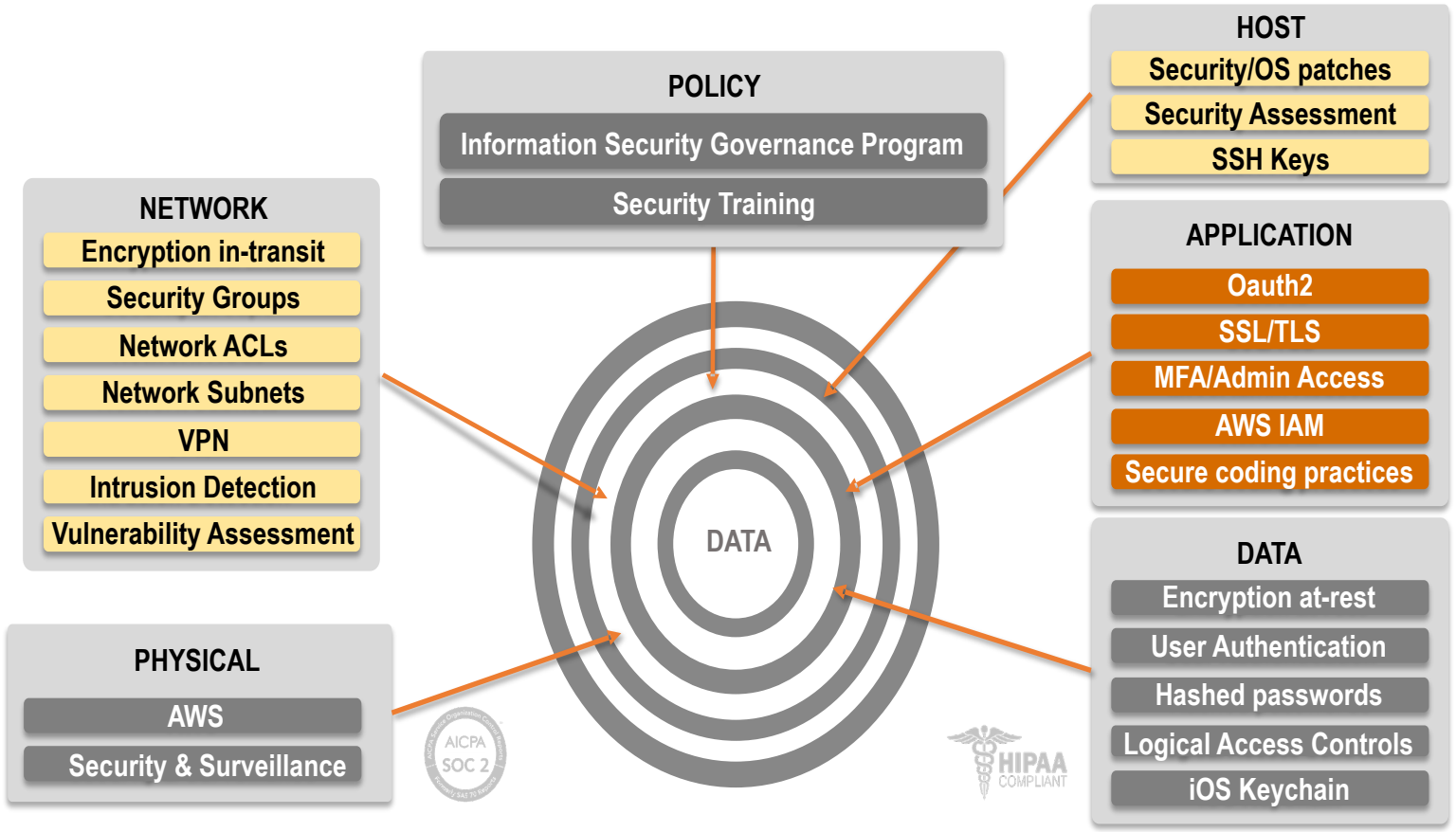
Primary Care & Specialist Clinics

School-Based Programs

Community & Home-Based Programs

Secure Applications & Data Management

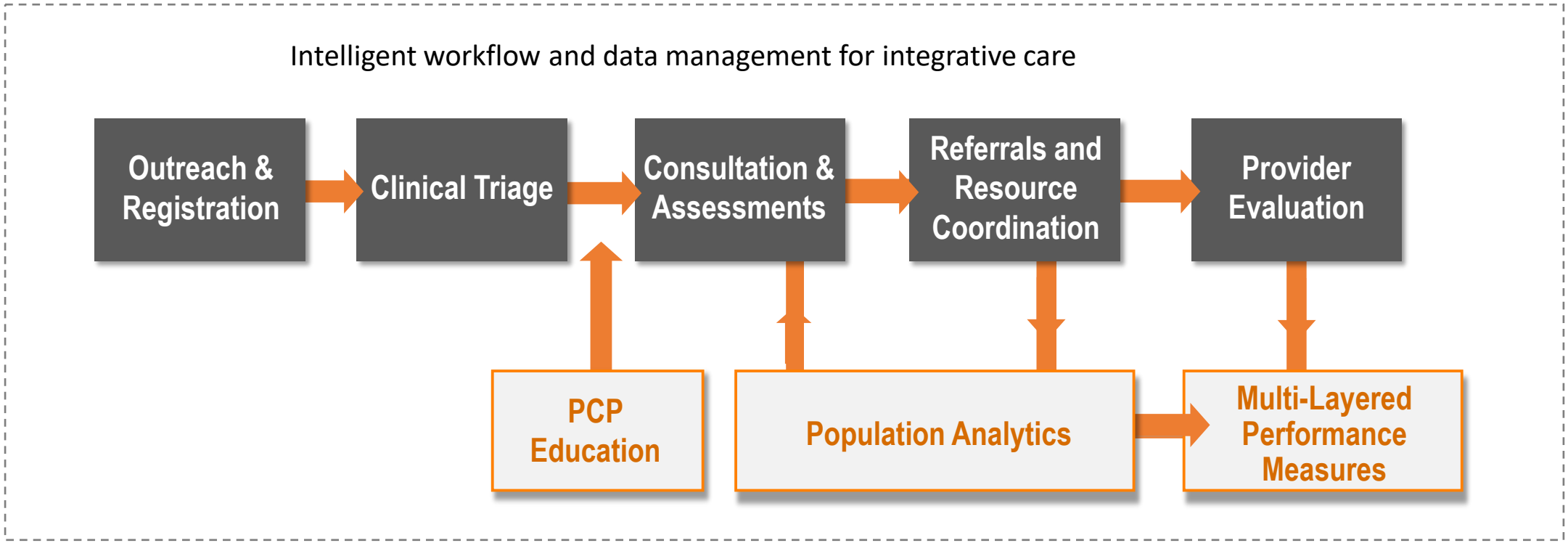
Defense in Depth



- ✓ Data & infrastructure security
  - End-to-end data encryption
  - No data storage on client
  - MFA & SSO for maximum security
- ✓ Company-wide training & certification in HIPAA & secure coding practices
- ✓ Regular third-party application security audit

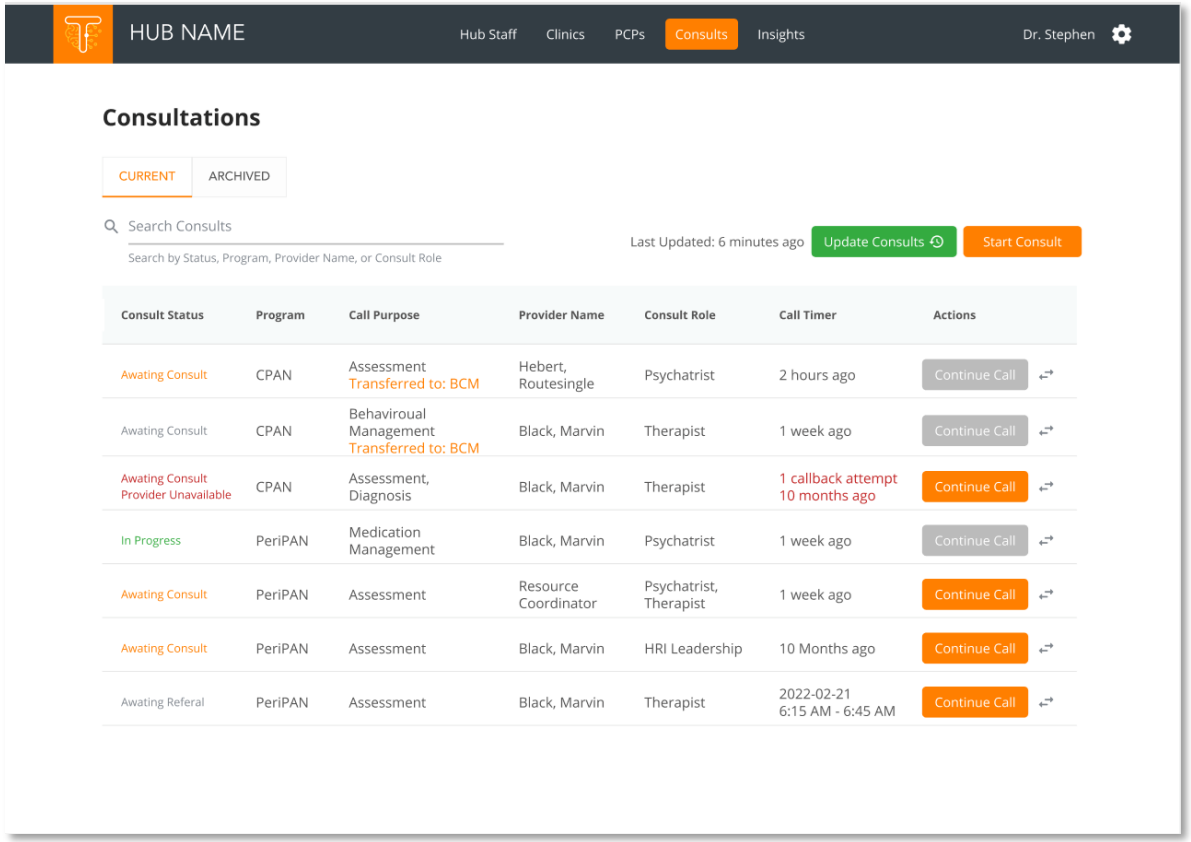
Trayt Psychiatry Access Solution Overview

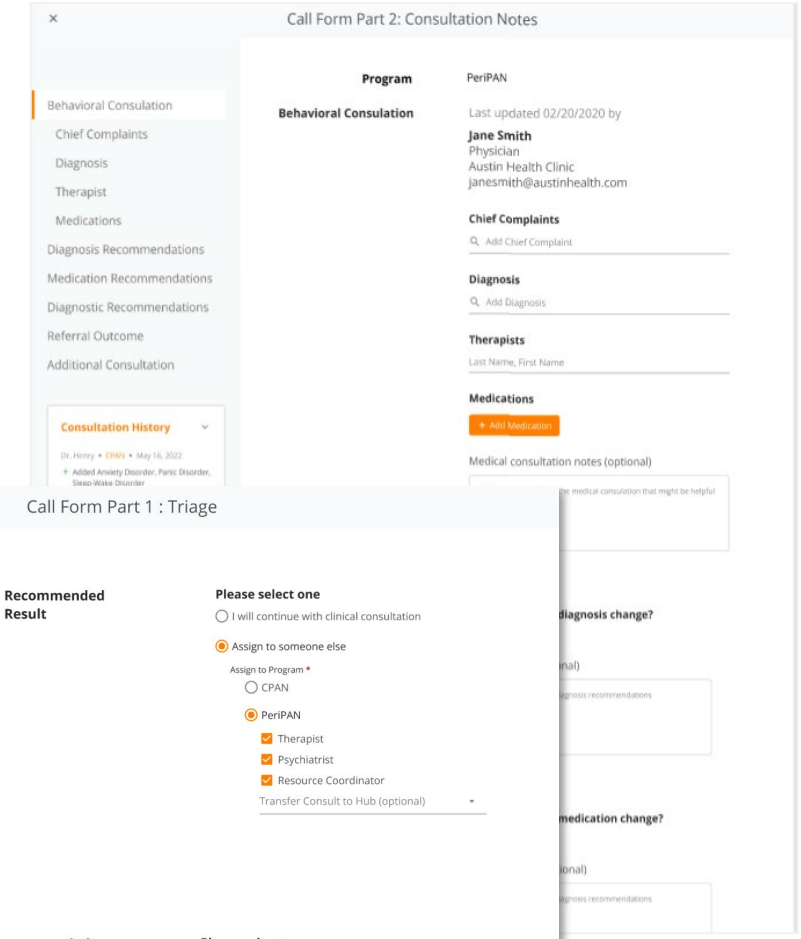
- Single end-to-end system to track and report state and program metrics
- Workflow & care coordination, documentation & reporting, population health insights

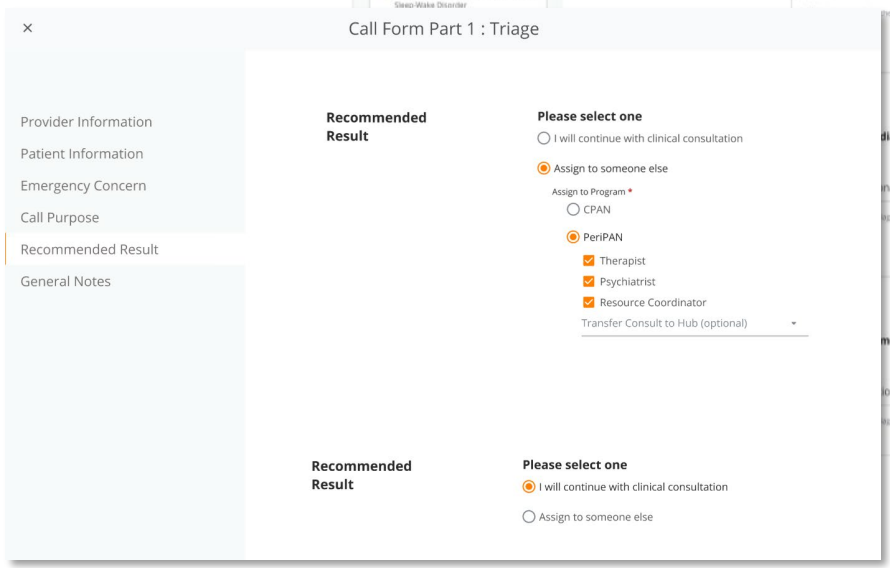


Coordinated Access Across Programs

Single Statewide Provider Database to Facilitate Program Collaboration







Roles & Permissions Based Logic

Governs access to PHI

	Register Providers & Clinics	View Directories	Consult Dashboards	Call Form Part 1 (Triage)	Call Form Part 2 (Behavioral)	Resources & Referrals	View Consult Records	Insights & Analytics	Staff Management
Leader	✓	✓	✓					Dashboard, key metrics & directory rpts	✓
Administrator	✓	✓	✓					Dashboard, key metrics & directory rpts	✓
Psychiatrist	✓	✓	✓	✓	✓	✓	✓		
Therapist	✓	✓	✓	✓	✓	✓	✓		
Resource Coordinator	✓	✓	✓	✓	View only	✓	View only		
Analyst		✓						Dashboard, key metrics & directory rpts	
Data Manager		✓						All	
FDSR	✓	✓	✓	✓					

Proposed PCP Portal and Platform improvements

1. Work assignments and tracking consultations to ensure timely response
2. Data linking PCP utilization and automated reminders for the program to assist teams' outreach
3. eRequests for consults
4. Standardized assessments
5. Document sharing (library of resources)
6. Referrals and resources
7. Consult summary
8. Insights
9. CME credits

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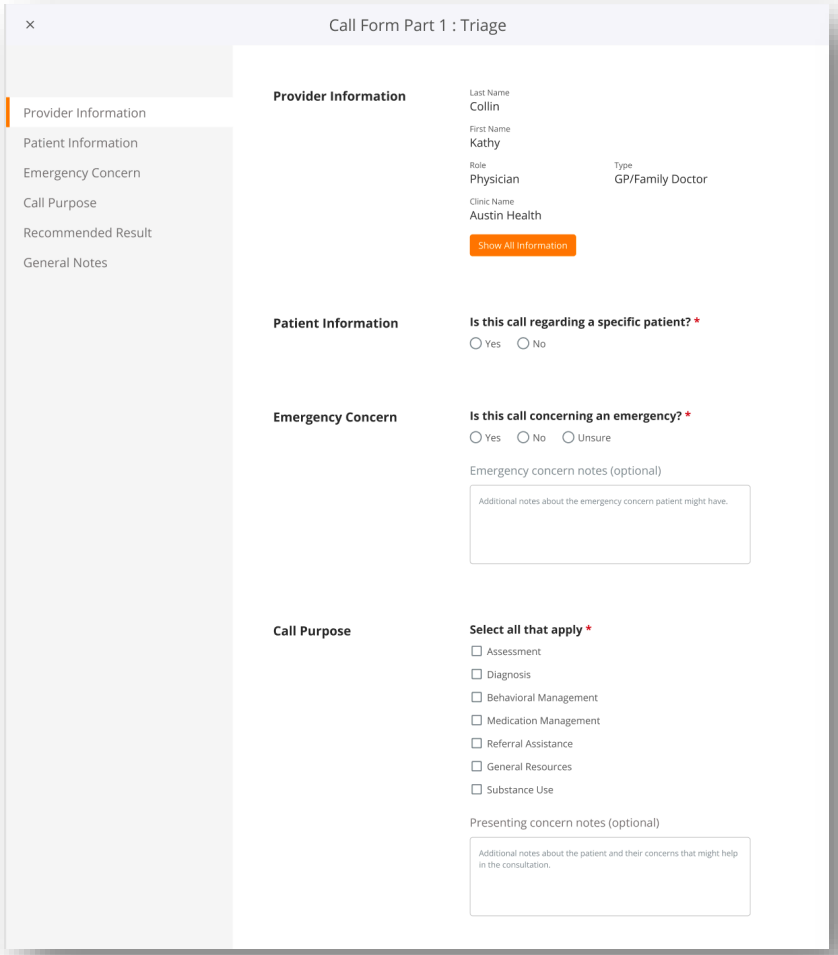
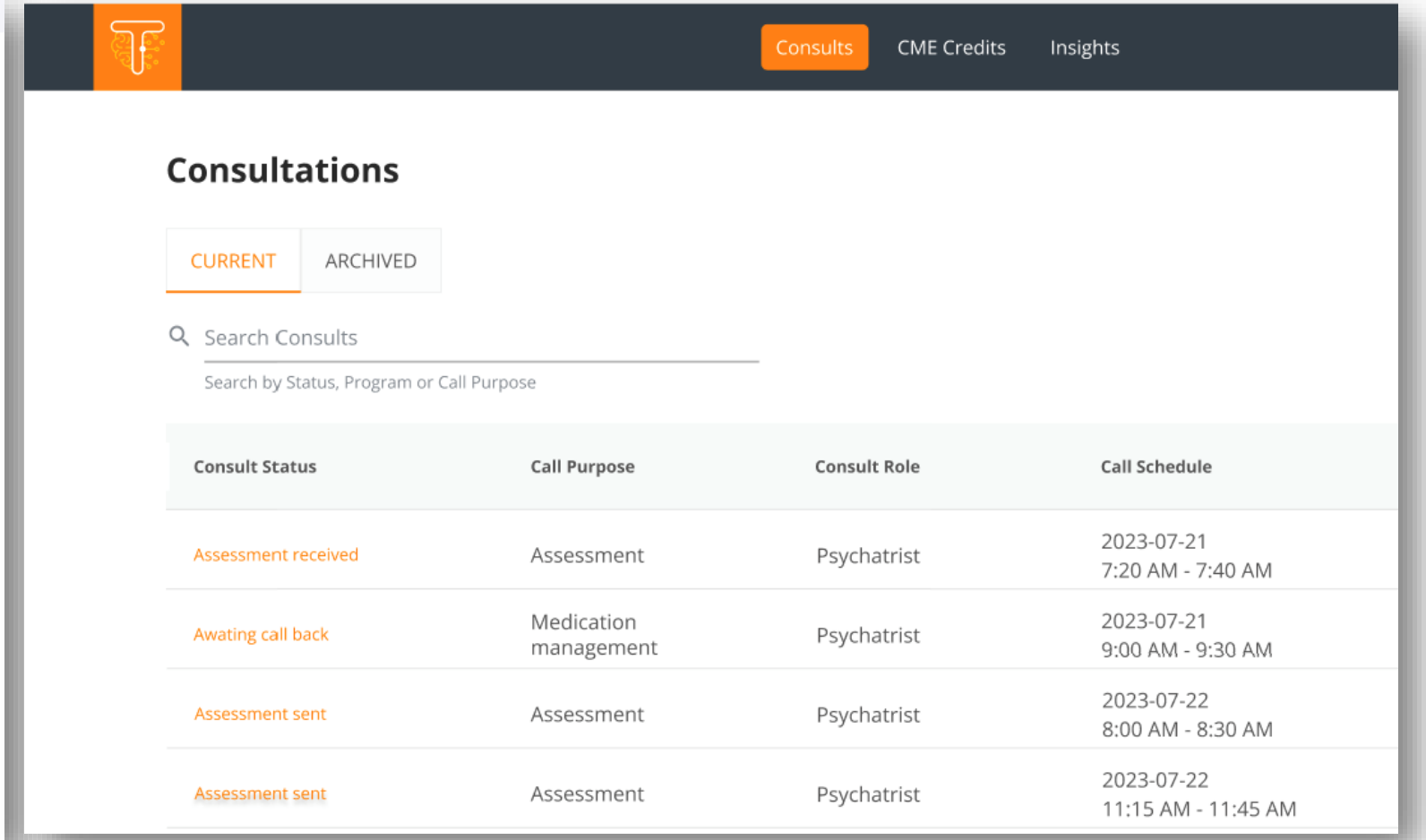
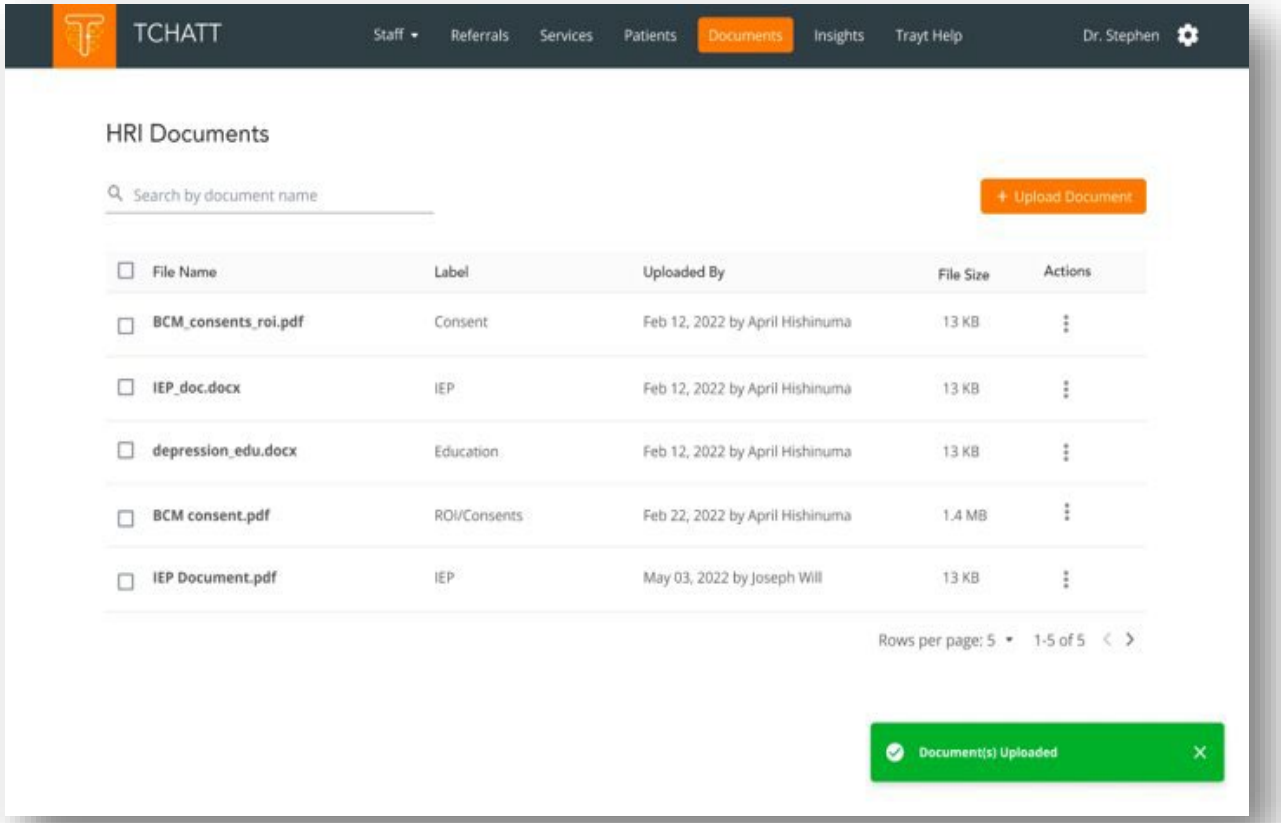
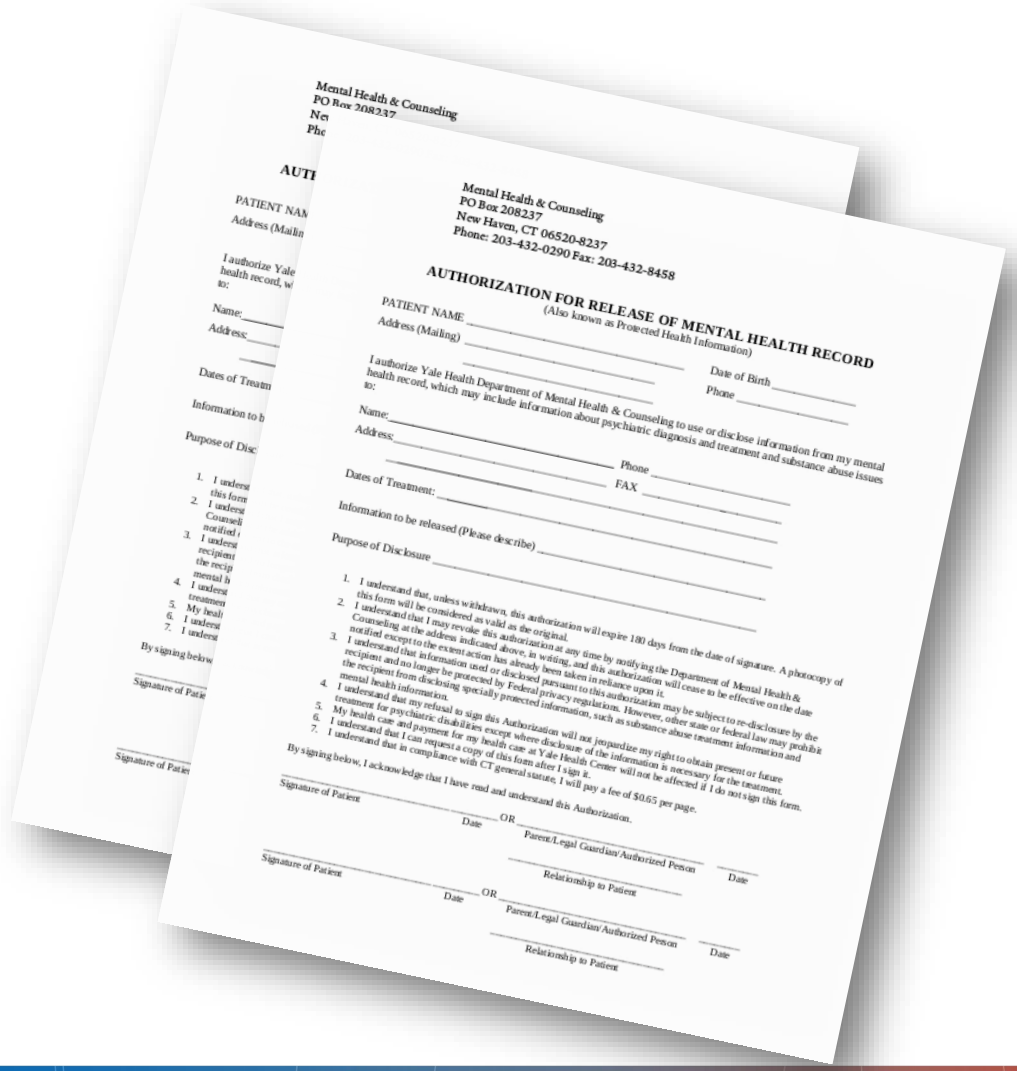
eRequests and Track Consults



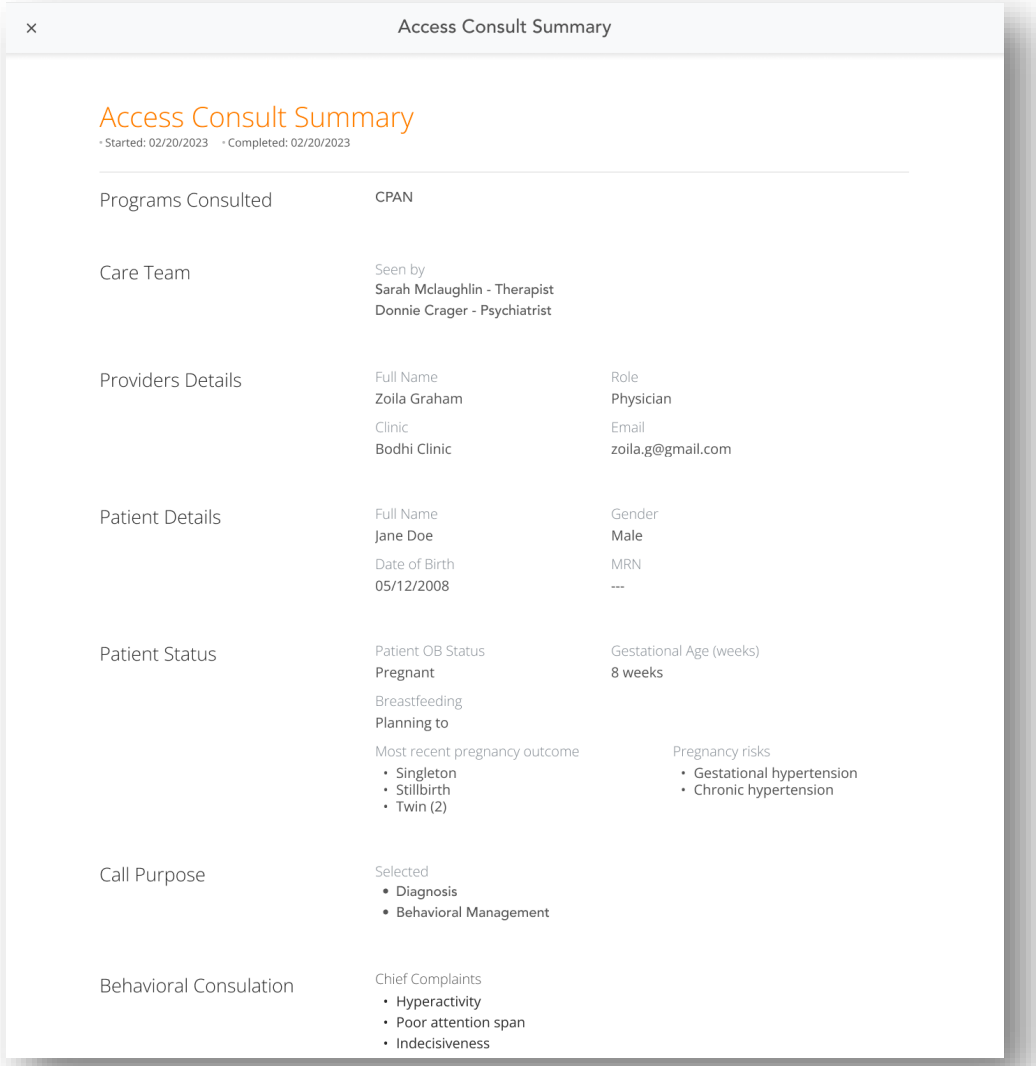


Knowledge Library & Document Sharing

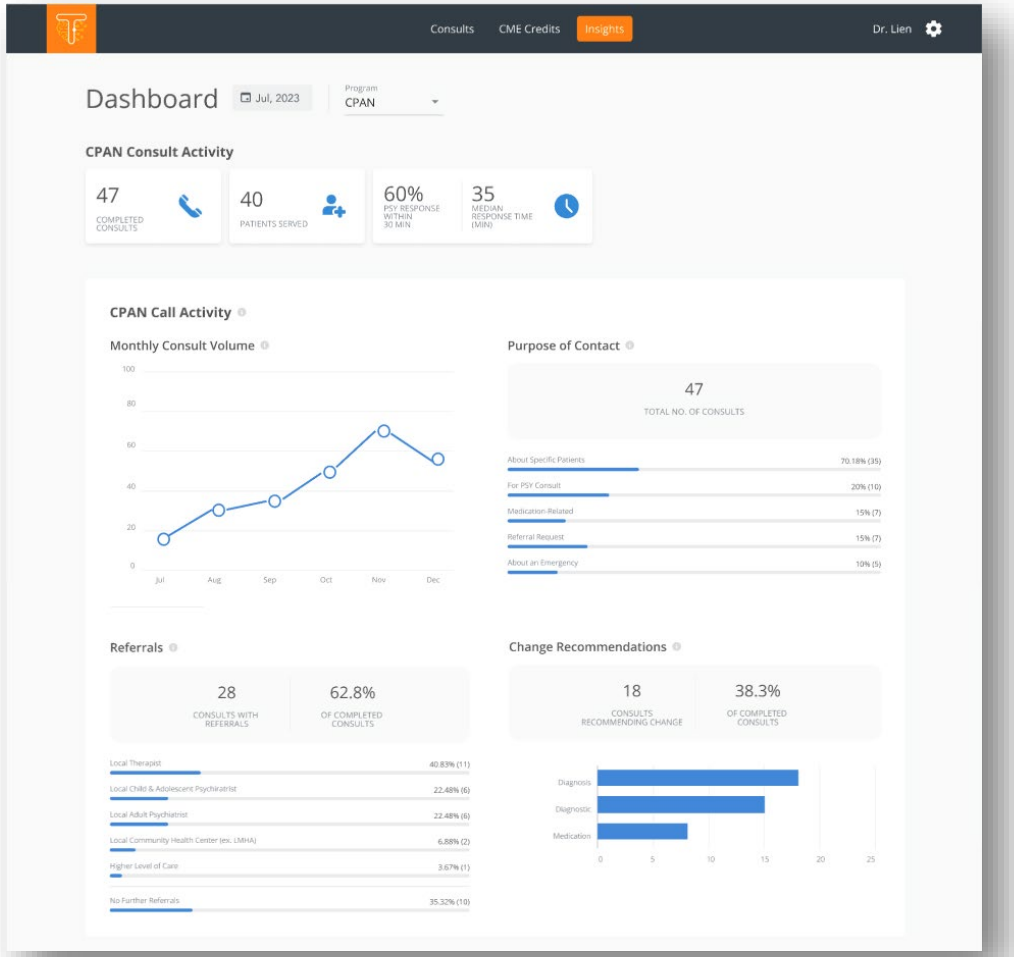


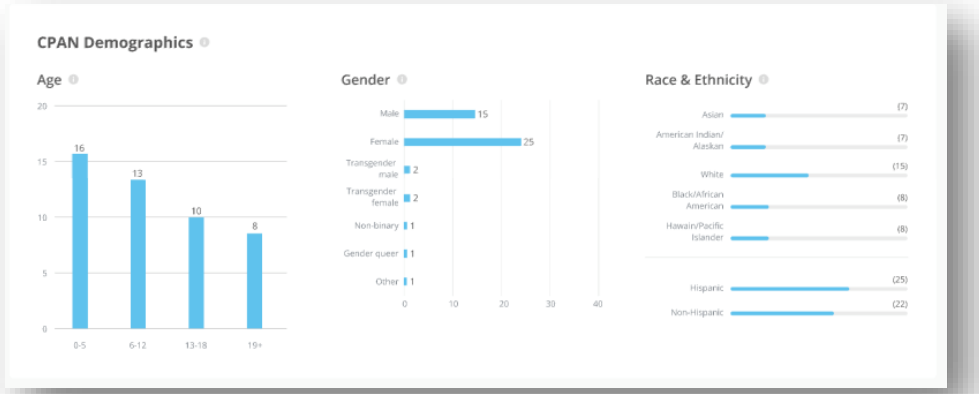


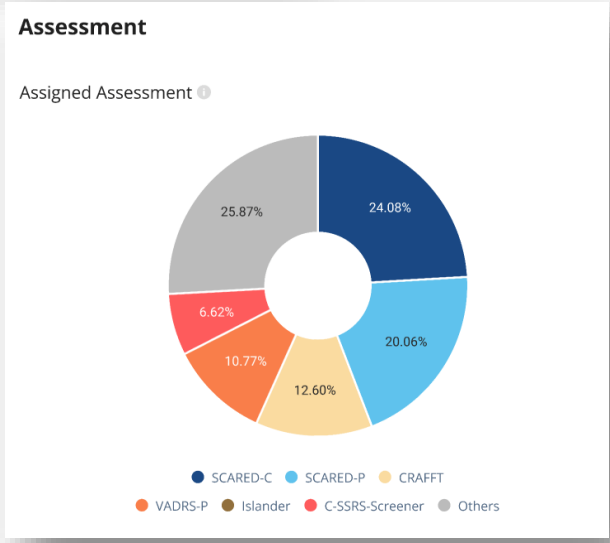
Consult Summary



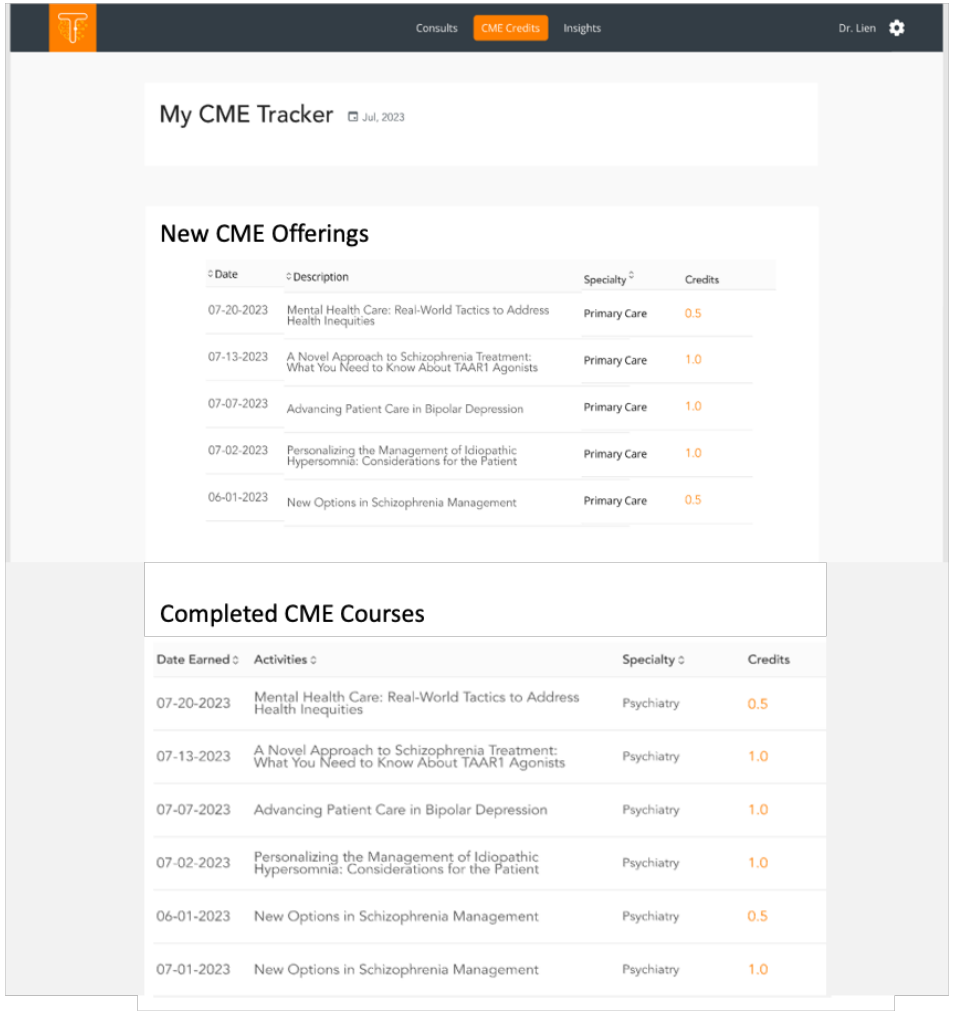
Patient Reports & Insights







CME Credits


Consults
CME Credits
Insights
Dr. Lien
My CME Tracker
Jul, 2023
New CME Offerings
Date
Description
Specialty
Credits
07-20-2023
Mental Health Care: Real-World Tactics to Address Health Inequities
Primary Care
0.5
07-13-2023
A Novel Approach to Schizophrenia Treatment: What You Need to Know About TAAR1 Agonists
Primary Care
1.0
07-07-2023
Advancing Patient Care in Bipolar Depression
Primary Care
1.0
07-02-2023
Personalizing the Management of Idiopathic Hypersomnia: Considerations for the Patient
Primary Care
1.0
06-01-2023
New Options in Schizophrenia Management
Primary Care
0.5
Completed CME Courses
Date Earned
Activities
Specialty
Credits
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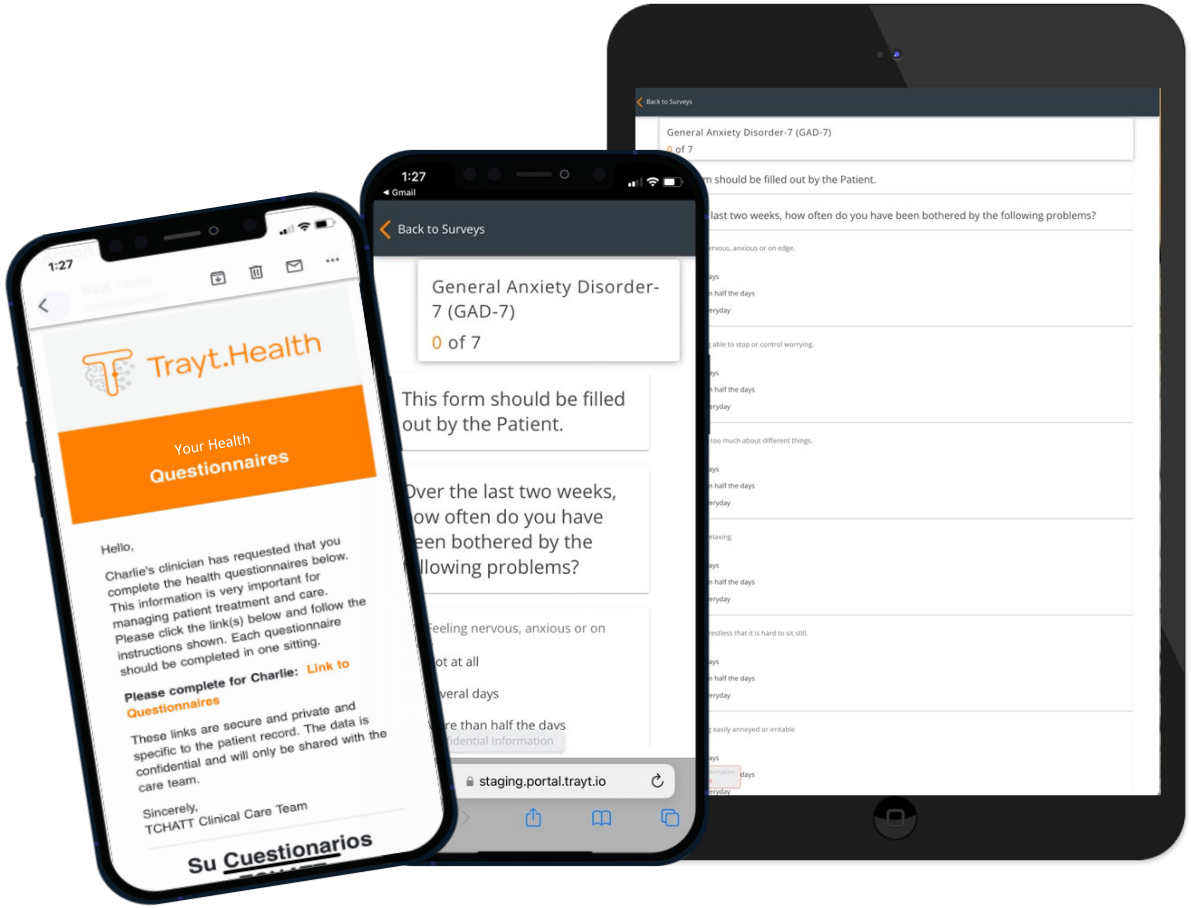
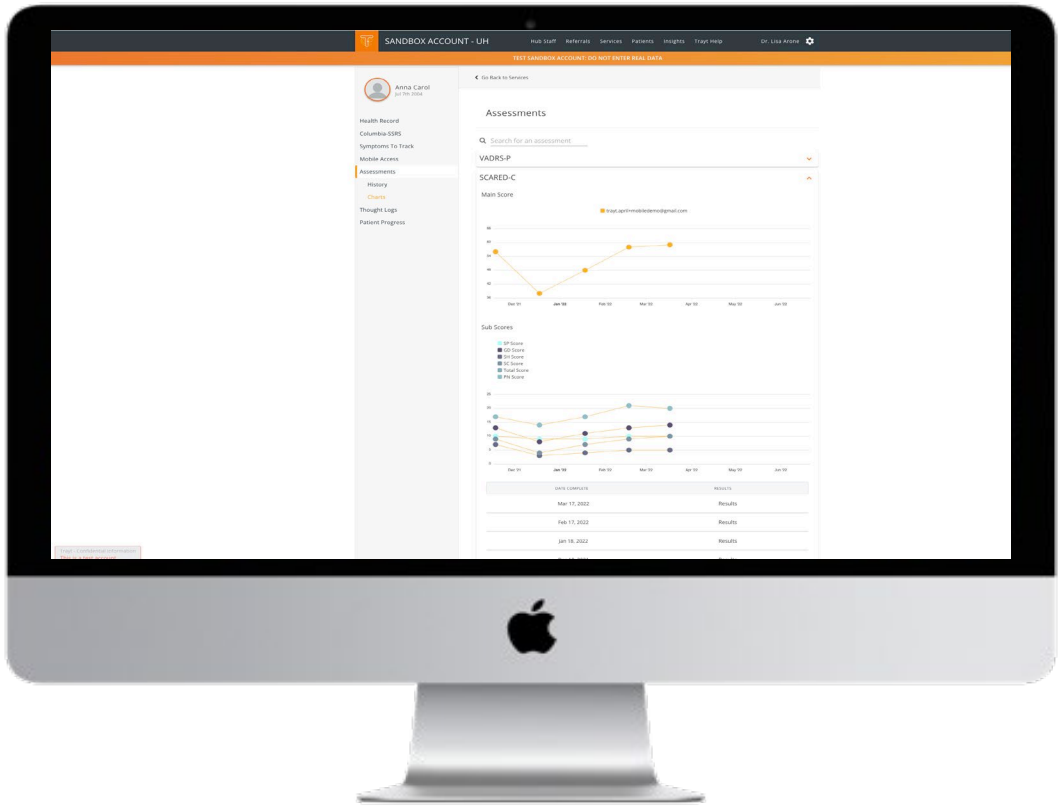
06-01-2023
New Options in Schizophrenia Management
Psychiatry
0.5
07-01-2023
New Options in Schizophrenia Management
Psychiatry
1.0

Digital Standardized Measures

Accessible, automated data collection, scoring, and longitudinal tracking





Robust Library of Most Common Standard Measures

Currently in the application in both English and Spanish:

- Buss Perry Aggression Questionnaire (BPAQ)
- Child Mania Rating Scale (CMRS Parent Version)
- Columbia Suicide Severity Rating Scale Screening (C-SSRS-Screener)
- CRAFFT +N Questionnaire
- CY-BOCS Self-Report Symptoms Checklist
- Eating Attitudes Test (EAT-26)
- Eating Attitudes Test (EAT-40)
- Frequency and Intensity of Burden of Side Effects Rating (FIBSER)
- General Anxiety Disorder (GAD-7)
- Patient Health Questionnaire (PHQ)
- Patient Health Questionnaire-9 (PHQ-9)
- Patient Health Questionnaire-9 Modified for Teens (PHQ-9-A)
- Screen for Child Anxiety Related Disorders - Child Version (SCARED-C)
- Screen for Child Anxiety Related Disorders - Parent Version (SCARED-P)
- CY-BOCS Severity Ratings
- Emotional Outburst Inventory (EMO-I)
- Patient Adherence Questionnaire (PAQ)
- Quick Inventory of Depressive Symptomatology (QIDS-A17 Parent)
- Sleep Quality Assessment (PSQI)
- Stanley-Brown Safety Plan
- Child& Adolescent Trauma Screen (CATS) 7-17 Years (Self-report)
- Child & Adolescent Trauma Screen-Caregiver (CATS-C) 7-17 Years
- Child & Adolescent Trauma Screen-Caregiver (CATS-C) 3-6 Years
- The Columbia Impairment Scale (Parent and Youth)
- SNAP-IV Parent & Teacher
- Vanderbilt ADHD Diagnostic Rating Scale - Parent Version (VADRS-P)
- Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADRS-T)
- CPSS-V SR
- Quick Inventory of Depressive Symptomatology (QIDS-A17 Child, English)
- Quick Inventory of Depressive Symptomatology (QIDS-A17 Parent Version, English)
- Modified Overt Aggression Scale (MOAS)

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DEMO of Features for the CPAN Program

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Thank You and Questions?

HRSA
Health Resources & Services Administration

2023 MCHB Programs All Awardee Annual Meeting
Lightning Round

Melissa Maras, PhD (Missouri)

Jim Beasley, MPA (Rhode Island)

Sarah Hagin, PhD (Rhode Island)

Kathryn Wolfe, LICSW (Vermont)

Vision: Healthy Communities, Healthy People

HRSA
Health Resources & Services Administration

2023 MCHB Programs All Awardee Annual Meeting Lightning Round

Missouri

Melissa Maras, PhD

Vision: Healthy Communities, Healthy People

MO-CPAP

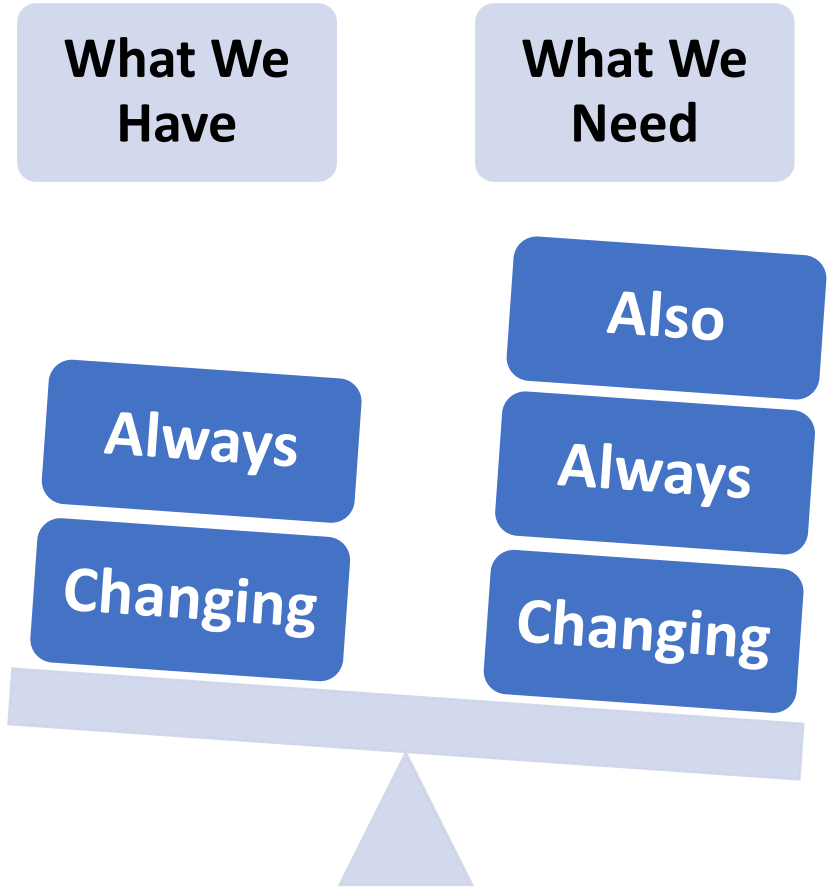
MISSOURI CHILD PSYCHIATRY ACCESS PROJECT

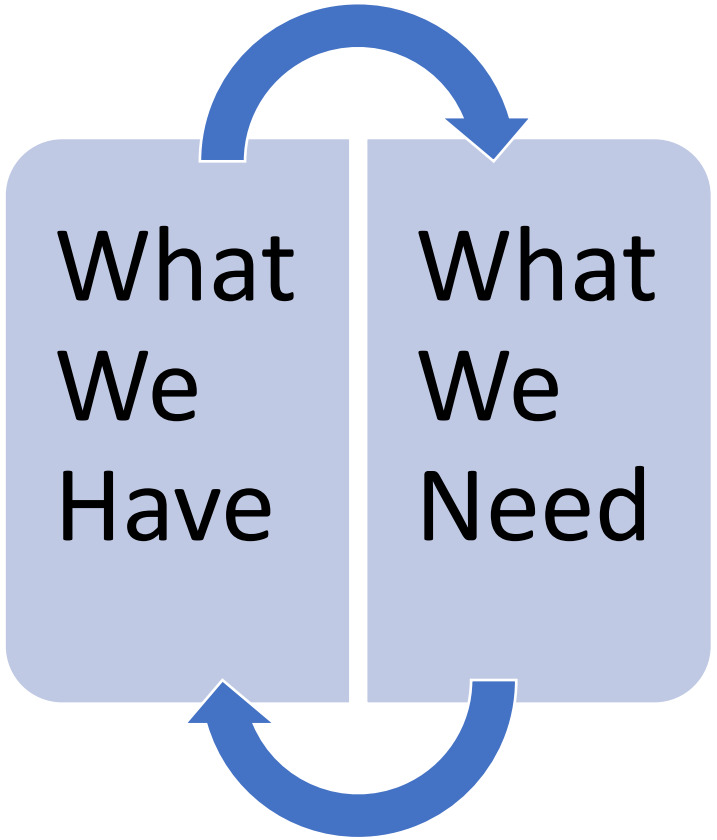
MCHB Tele-Behavioral Health Program Annual Meeting

8.29.2023

Learn more about MO-CPAP

Putting movement in improvement





Building Blocks of Behavioral Health Care

- Prescribing & Non-prescribing providers
- MO-CPAP → Interdisciplinary team members
- Co-facilitated
- Lots(!!!!!) of evaluation

Thank you!!

Melissa Maras, Ph.D.

marasme@missouri.edu

Learn more about MO-CPAP

HRSA
Health Resources & Services Administration

2023 MCHB Programs All Awardee Annual Meeting Lightning Round

Rhode Island

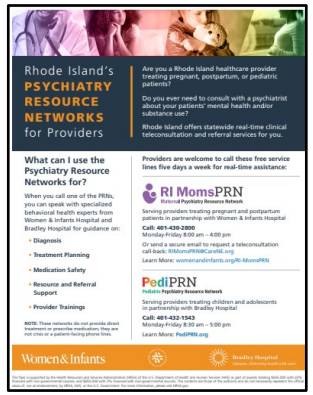
Jim Beasley, MPA

Sarah Hagin, PhD

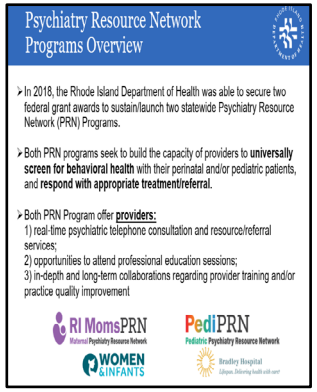
Vision: Healthy Communities, Healthy People

Psychiatry Resource Networks (PRN) Reporting for Sustainability

Both the RI MomsPRN and PediPRN programs, which are funded by HRSA grants awarded to the Rhode Island Department of Health, continue to conduct both joint and aligned evaluation and communications to support sustainability efforts.

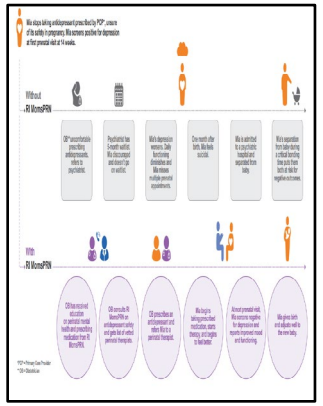


Promotional Materials

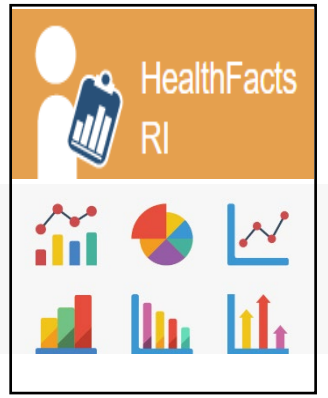


Programmatic Presentations

Program Brief



Infographics / Case Examples



Data Analysis

RI MomsPRN
Maternal Psychiatry Resource Network

PediPRN
Pediatric Psychiatry Resource Network

WOMEN & INFANTS

Bradley Hospital
Lifespan. Delivering health with care.®

Psychiatry Resource Networks (PRN) Joint Program Measures and Infographics

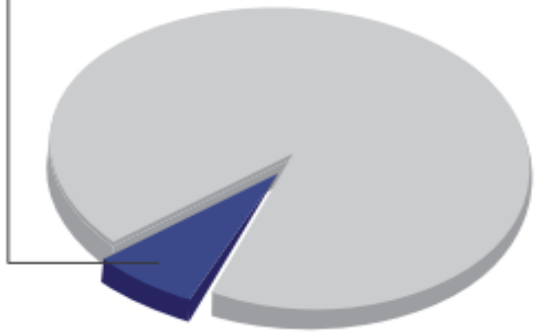
Together, the RI MomsPRN and PediPRN lines have supported more than

4,061 encounter calls

from **877** providers

at **329** practices

It is estimated that only **11%** of psychiatrists in Rhode Island provide specialized psychiatric care for perinatal and pediatric patients.

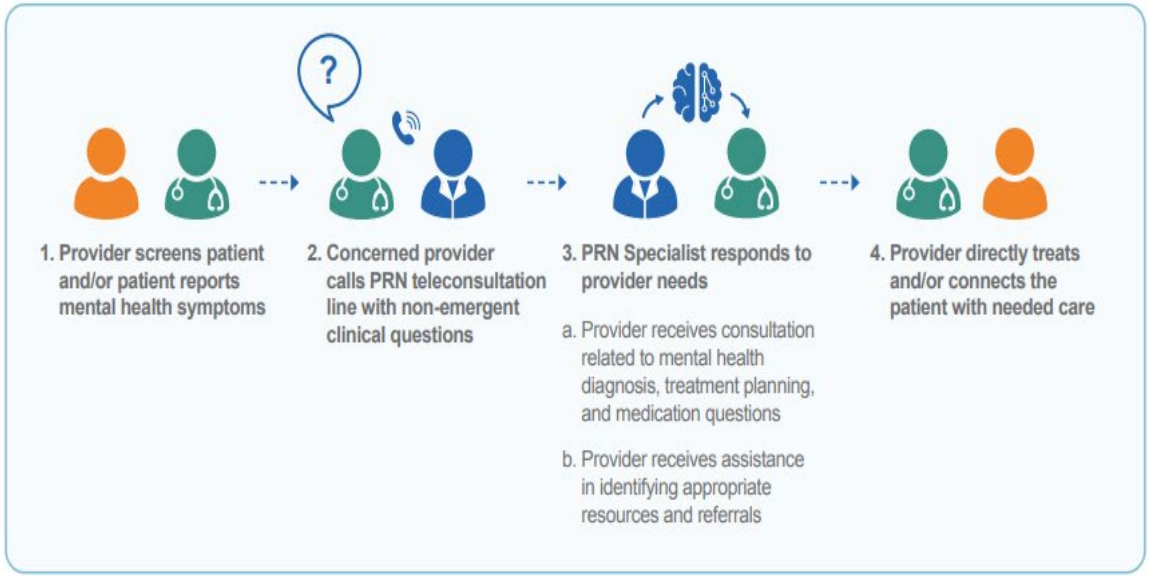


3,032 perinatal and pediatric patients have been helped as a result of their provider calling either PRN line, with

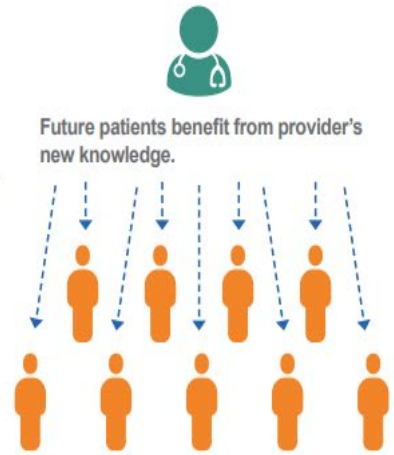
55.1% being covered by Medicaid, and

32.9% residing in the four core cities.

Source: Rhode Island's Psychiatry Resource Network Programs, Rhode Island Department of Health, 2023



Long-term Impact

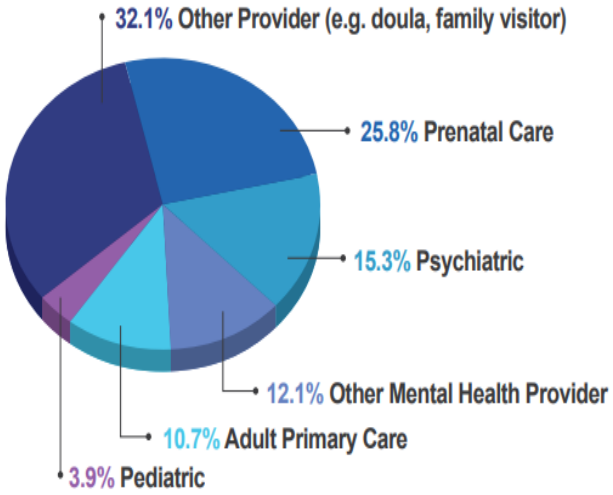


RI MomsPRN
Maternal Psychiatry Resource Network

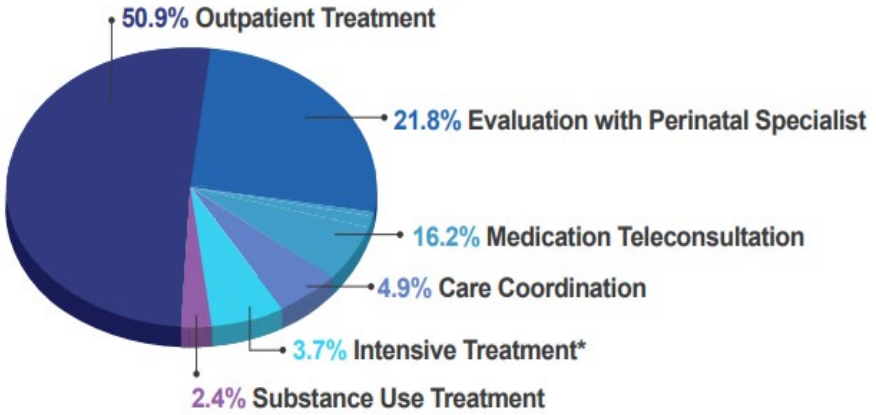
Teleconsultation Line Statewide Aligned Impacts

RHODE ISLAND DEPARTMENT OF HEALTH

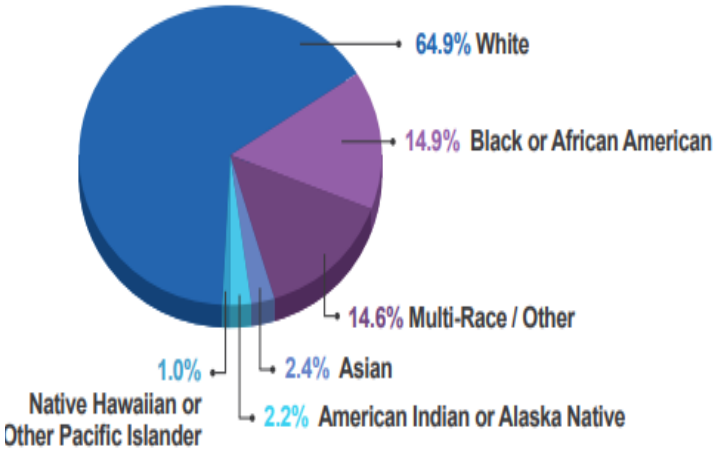
Utilizers of RI MomsPRN by Provider Type



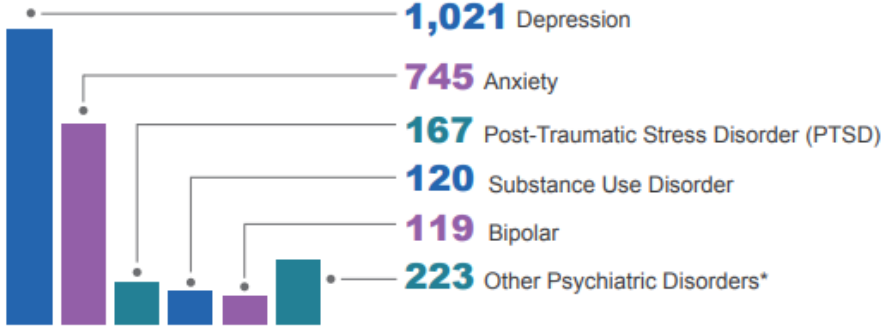
Referrals/Services Requested by RI MomsPRN Callers



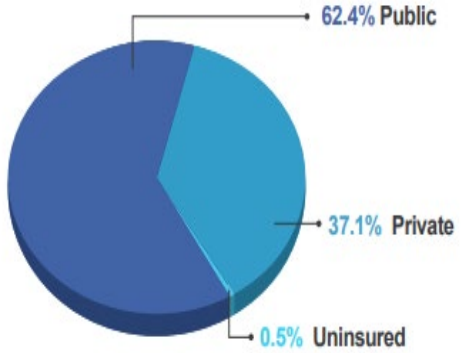
RI MomsPRN Patients Served by Race*



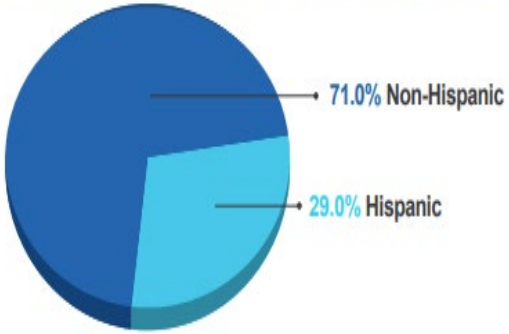
Clinical Concerns for RI MomsPRN Teleconsultations



RI MomsPRN Patients Served by Health Plan*



RI MomsPRN Patients Served by Ethnicity*

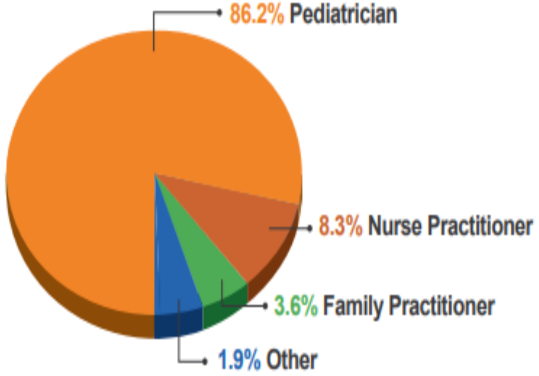


PediPRN
Pediatric Psychiatry Resource Network

Teleconsultation Line Statewide Aligned Impacts

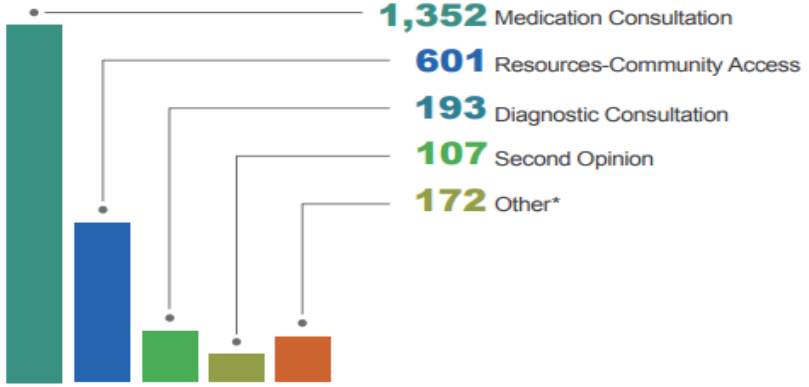
Rhode Island Department of Health

Utilizers of PediPRN by Provider Type

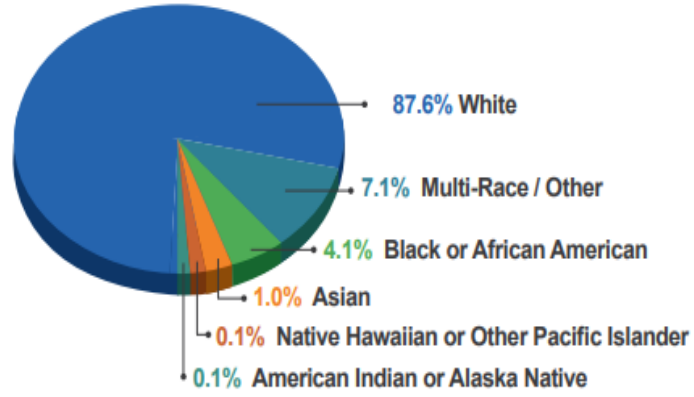


Reasons Providers Call PediPRN

The most common reasons for provider calls to PediPRN are:

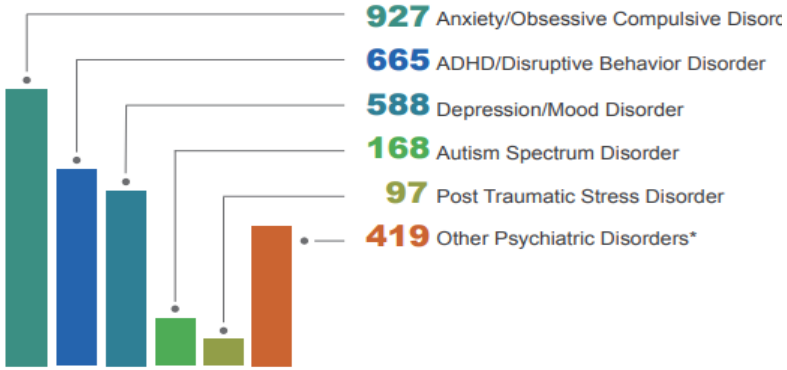


PediPRN Patients Served By Race*

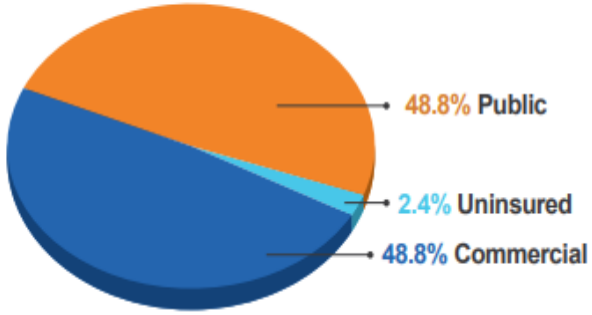


Common Provisional Diagnosis for PediPRN Psychiatric Consultations

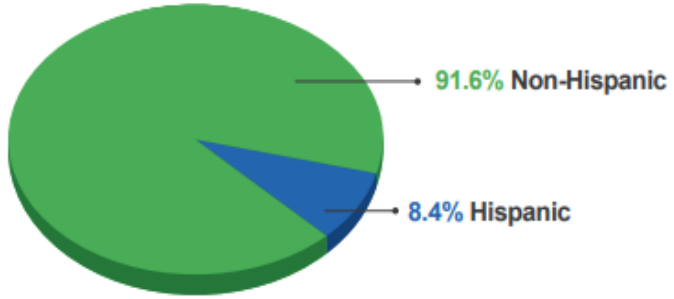
Psychiatric consultations for children are mostly related to:



PediPRN Patients Served By Health Plan*



PediPRN Patients Served By Ethnicity*



Contact Information

RI MomsPRN
Maternal Psychiatry Resource Network

Serving providers treating pregnant and postpartum patients in partnership with Women & Infants Hospital
Learn more: www.womenandinfants.org/ri-momsprn

Jim Beasley, MPA
RI MomsPRN Program Manager
Rhode Island Department of Health
Jim.Beasley@health.ri.gov

PediPRN
Pediatric Psychiatry Resource Network

Serving providers treating children and adolescents in partnership with Bradley Hospital
Learn more: www.pediprn.org

Sarah Hagin, Ph.D.
PediPRN Program Manager
Bradley Hospital
shagin@lifespan.org

HRSA
Health Resources & Services Administration

2023 MCHB Programs All Awardee Annual Meeting Lightning Round

Vermont

Kathryn Wolfe, LICSW

Vision: Healthy Communities, Healthy People

A Model of Integrating Doula Care into Community Mental Health System

Kathryn Wolfe, LICSW

Program Administrator, Vermont Dept of Mental Health

VT Screening, Treatment & Access for Mothers & Perinatal Partners (STAMPP)

Doulas as early intervention & preventative care

- STAMPP funding to Designated Agencies has helped build capacity of providers to treat PMADs with emphasis on training & increasing access to services
- Doula: defined as a non-clinical birth worker trained to provide physical, emotional, and educational support for client during pregnancy, labor & delivery, and into the postpartum period
- Supportive of early parent-child attachment
- Doulas are in the unique position to offer continuity of care across the perinatal period

Doula Project Inception—2014

Supports only offered to those who receive Medicaid assistance

Must live in Washington County catchment

Must qualify for community mental health supports

Must become client of agency

Getting prenatal care at local community hospital

Community Doula Program Growth—2023

(*Only possible through grant funding)*

Must live in catchment area

Any insurance/no income requirements or eligibility

No mental health eligibility

Support at any place of birth

Do not need to become client of agency

Offering Tiered Level of Supports

TIER 1: HIGHEST NEEDS & MOST AT-RISK

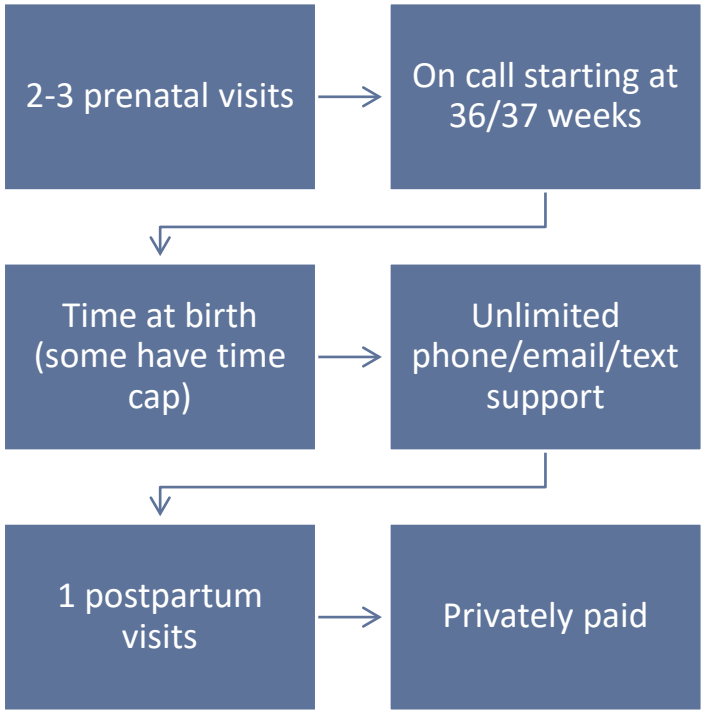
- Receive Medicaid assistance (below poverty line)
- Highest scoring of Social Determinates of Health Screenings
- Preexisting mental health challenges
- May identify as priority population
- Social risks: history of trauma, generational poverty, unstable housing, lack of natural supports, risk of poor attachment and bonding
- Become agency clients & offered case management and doula support up to one year postpartum

TIERS 2 & 3: MODERATE AND BASIC LEVEL OF SUPPORT

- Any insurance
- Middle or low SDOH scores
- Low grade or no preexisting mental health challenges
- Moderate support offered 10 additional hours with doula
- Room for fluctuation as needed

Services Provided

TRADITIONAL DOULA MODEL



COMMUNITY DOULA MODEL AT WCMHS

- 2-3 prenatal visits
- A doula is available at any point in pregnancy
- Time at birth (no time cap)
- Unlimited phone/email/text support
- At least 3 postpartum visits and up to unlimited depending on need & population
- Case management & community support as needed

Looking ahead…

Gaining positive attention across the state of VT, this doula model has inspired interest in other communities

Intentions to replicate doula programming across VT to support perinatal mental health & target health disparities

- Toolkit
- Mentorship to other designated agencies
- Legislature for Medicaid reimbursement

Thank you!

Kathryn Wolfe, LICSW
Program Administrator
Vermont Dept of Mental Health
VT Screening, Treatment & Access for Mothers & Perinatal Partners (STAMPP)

Kathryn.wolfe@vermont.gov

(802)760-9280

HRSA
Health Resources & Services Administration

BREAK

10 Minute Mindfulness Videos Can Also Be Found On the Whova App—Check it out!

We will return at 3:00 pm ET

HRSA
Health Resources & Services Administration

Presentation: PMHCA and MDRBD Program Evaluation: What do the Data Tell Us About Equitable Access?

Amanda Gmyrek, PhD

Suzanne Kinsky, PhD

Haley Cooper, MPH

Hanna Schweitzer, MPH

Megan Deichen-Hansen, MSW, PhD

Heather A. Flynn, PhD

Vision: Healthy Communities, Healthy People

PMHCA and MDRBD Program Evaluation: What Do the Data Tell Us About Equitable Access?

All-Awardees Meeting
August 29, 2023

JBS INTERNATIONAL
A CELERIAN GROUP COMPANY

JBS INTERNATIONAL, INC. | 5515 Security Lane, Suite 800
North Bethesda, MD 20852 | www.jbsinternational.com

Agenda

- JBS International
- Virginia Mental Health Access Program (VMAP)—PMHCA Program
- Florida BH Impact—MDRBD Program
- Q&A

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PMHCA and MDRBD Program Evaluation: What Do the Data Tell Us About Equitable Access?

Amanda Gmyrek, PhD, JBS International, Inc.
Suzanne Kinsky, PhD, JBS International, Inc.
Haley Cooper, MPH, JBS International, Inc.
Theresa C. Norton, MBA, PhD, JBS International, Inc.

JBS INTERNATIONAL
A CELERIAN GROUP COMPANY

JBS INTERNATIONAL, INC. | 5515 Security Lane, Suite 800
North Bethesda, MD 20852 | www.jbsinternational.com

Objectives

- Compare and contrast attributes of program implementation for health equity by program, setting, and population
- Describe barriers and facilitators to addressing health equity in program implementation

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Methods

- Quantitative and qualitative data collection:
  - Health Care Professional (HCP)/Health Professional (HP) Survey
    - 2018 MDRBD (304 respondents)
    - 2018-2019 PMHCA (1245 respondents)
    - 2021 PMHCA (328 respondents)
    - Open-text survey respondents
  - Practice-Level (PL) Survey
    - 2018 MDRBD (79 respondents)
    - 2018-2019 PMHCA (68 respondents)
    - 2021 PMHCA (82 respondents)
  - Program Implementation Semi-Structured Interview (SSI)
    - 2018-2019 PMHCA (20 interviews) and MDRBD (7 interviews)

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Methods (cont.)

- Quantitative analysis
  - Descriptive and inferential statistics
    - Patient/practice characteristics
    - Rural vs. non-rural areas
    - Practice site (e.g., community health center (CHC)/Federally qualified health center (FQHC), school-based HC, tribal HC)
    - Community referrals and health equity outcomes
- Qualitative analysis
  - Thematic analysis (implementation approaches, barriers/facilitators)

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Comparisons of Program Settings: Rural versus Non-Rural

Attribute	Rural	Non-Rural
PMHCA practice site location	Relatively fewer	Relatively more
MDRBD practice site location	Relatively more	Relatively fewer
CHC/FQHC patient population	Depends on awardee cohort	Depends on awardee cohort
School-based HC patient population	Depends on awardee cohort	Depends on awardee cohort
Tribal HC patient population	Relatively more	Relatively fewer

"I work in a school-based health center and provide mental health assistance to approximately 30 students a week."
[HP Survey, PMHCA 21]

* Rural practice sites were defined as practices that answered "Rural" to "Which best describes your primary clinical practice site?" Providers were identified as serving a rural patient population if they answered "Rural" to "In what setting does your patient population live?"

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Community Service Referrals

CHCs/FQHCs and school-based HCs were more likely than other sites to report increasing referrals to:

- Employment/job-seeking training
- Food programs
- Housing support
- Transportation support

Source: PMHCA 18-19 HCP Survey; Pearson Chi-Square values were significant at least the p<.05 level.

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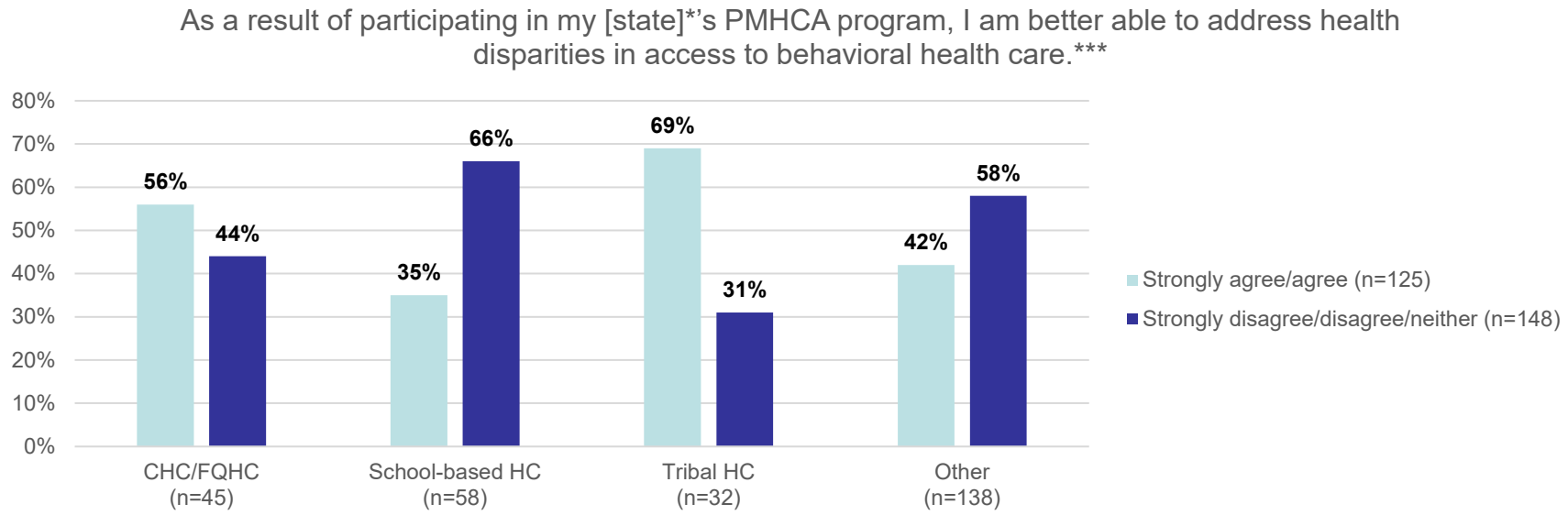
Health Equity

- CHCs/FQHCs were more likely to “always” or “often” **make culturally and linguistically appropriate recommendations to promote behavioral health.**
- CHCs/FQHCs and tribal HCs were more likely to “strongly agree” or “agree” that they were **better able to address health disparities in access to behavioral health care.**



Source: PMHCA 2021 HP Survey

*State/territory/freely associated state/tribal organization/tribal program/political subdivision/county
***p<.001

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Comparisons of Patient Populations: Rural/Underserved versus Non-Rural

Patient Population Attribute	Practice Site	
	Rural/ Underserved*	Non-Rural
Medicaid insured vs other insurers	Relatively more	Relatively fewer
White race vs other groups	Relatively more	Relatively fewer
Concomitant medical & behavioral conditions (PMHCA patients)	Relatively more	Relatively fewer
Concomitant medical & behavioral conditions (MDRBD patients)	Relatively fewer	Relatively more

"A majority of our patients are Medicaid in some of our regions, so by default we've made sure that we're also making [our program] available to providers at federally qualified health centers, providers at free clinics, providers seeing underserved, you know, communities and populations" [PI SSI, PMHCA/MDRBD 18-19]

* Rural/underserved practice sites were defined as practices that answered "Rural" to "Which best describes your primary clinical practice site?" or "Yes" to "Is your practice in a federally designated medically underserved area?" Providers were identified as serving a rural patient population if they answered "Rural" to "In what setting does your patient population live?"

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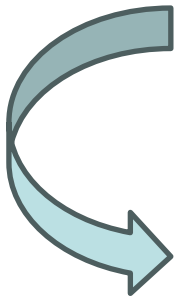
Referrals in Rural/Underserved Areas

Rural practice sites were more likely to report making specialty behavioral health treatment referrals as a result of the program.

[PL Survey, PMHCA 21]



Qualitative interviews report longer driving times and fewer behavior health specialists in rural and remote areas available for referrals

[PI SSI, PMHCA/MDRBD 18-19]

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Implementation Facilitators for Health Equity

- Care coordination
  - Referrals to community services that address social determinants of health (SDOH) (e.g., food, housing)
  - Checking to see if referred behavioral health specialist accepts insurance, has availability

"They've worked closely with those communities, with the care coordinators in those communities with public health agencies, whoever that they felt like knew—like food banks…where you would refer people for housing, so they've developed this…guide and every day they seem to be adding more and more resources to this guide around the state" [PI SSI, PMHCA/MDRBD 18-19]

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Implementation Facilitators for Health Equity (cont.)

- Training and awareness activities
  - Provider training on health disparities, health equity, SDOH
  - Awardee program staff meetings on health equity

"We also train our PCPs through our QI [quality improvement] projects, on actually screening for social determinants of health and food insecurity, and you know, trauma to get them aware of how those can impact overall health" [PI SSI, PMHCA/MDRBD 18-19]

Implementation Barriers to Health Equity

- Insufficient community resources, such as psychiatrists (accepting insurance)
- Distance to resources in remote areas
- Data disaggregation by demographics to provide health equity insights

"It continues to be difficult to access therapy. Not the fault of [the program] at all, but we've found that often therapists are not responding or are full." [HCP Survey, MDRBD 18]

"There's certainly a gap in terms of the providers who are available to serve Medicaid members. In our state, there are very few private providers that accept Medicaid." [PI SSI, PMHCA/MDRBD 18-19]

Summary

- Practices and providers in rural/underserved settings served significantly different patient populations than non-rural/underserved settings.
- Yet practices and providers in rural settings, or those serving rural populations, reported increased ability to address access to care.

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Summary (cont.)

- Program implementation strategies that are facilitators for health equity include referrals to community resources and provider training
- Implementation barriers to health equity include insufficient community resources, distances to resources in remote areas, and unequal data disaggregation to provide insights into health equity

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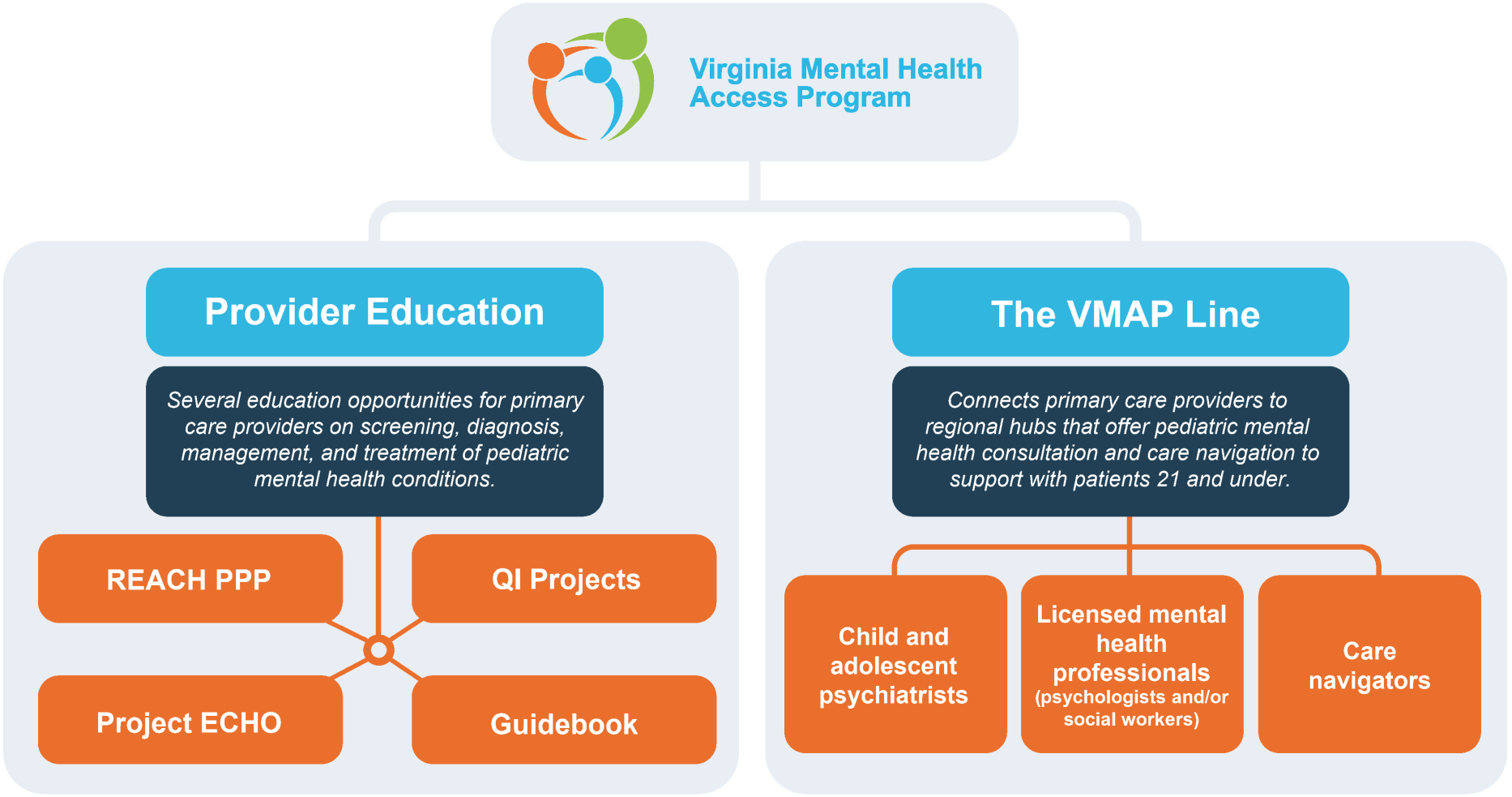
VMAP

Virginia Mental Health Access Program

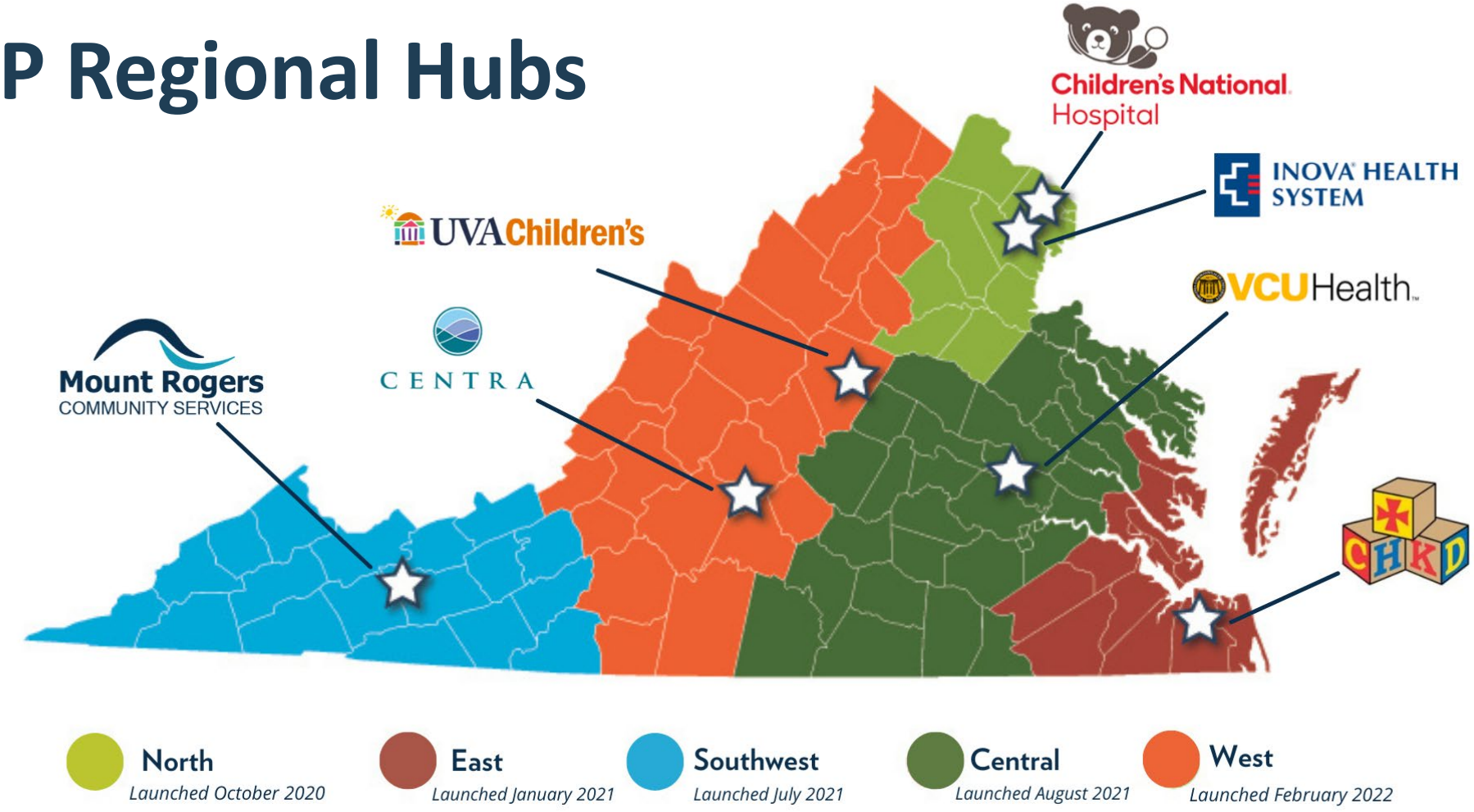
Virginia Mental Health Access Program (VMAP) & Addressing Health Equity

Hanna Schweitzer

Program Administrator


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

VMAP Regional Hubs

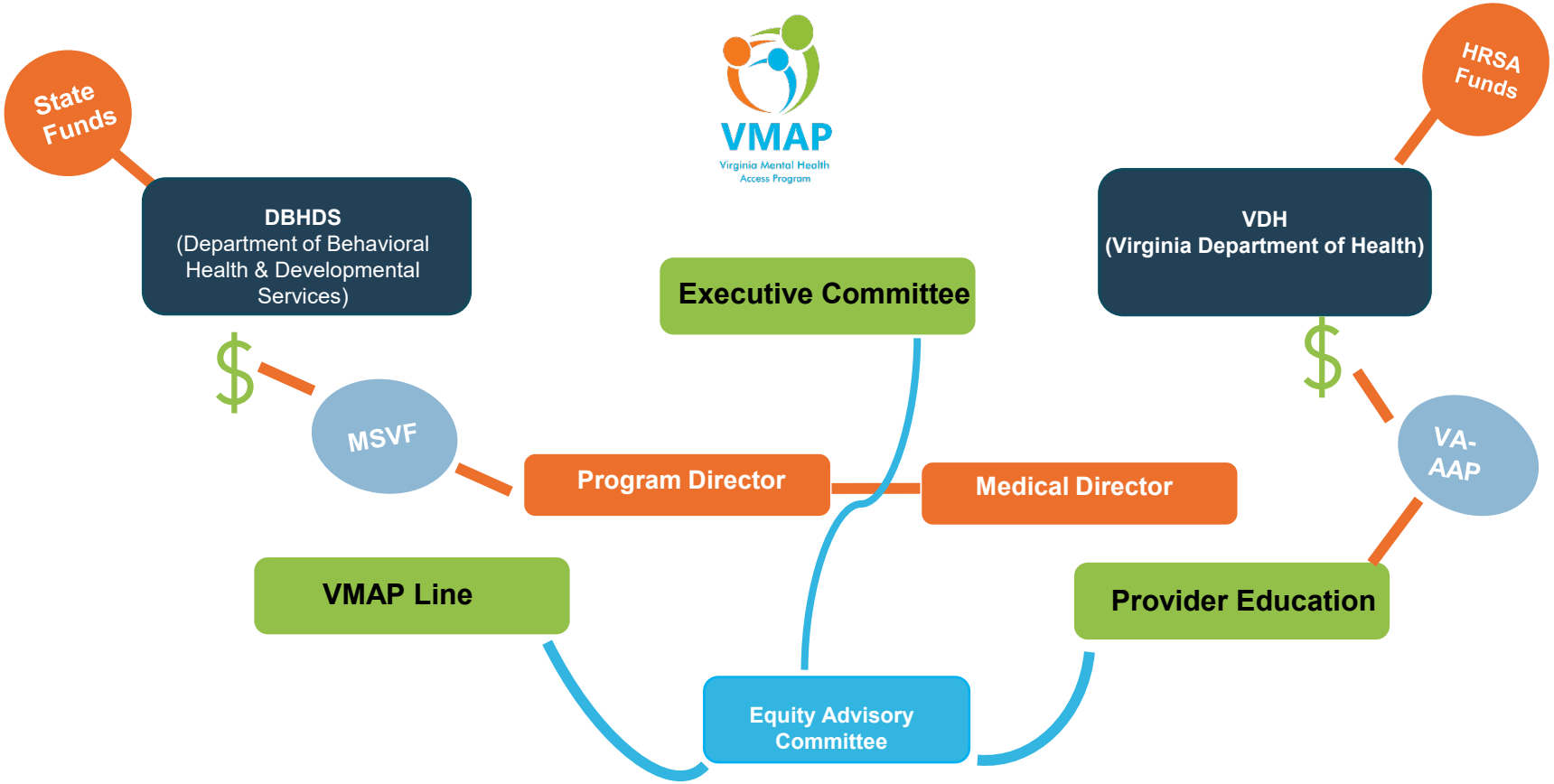


1,182
providers registered for VMAP

5,167
calls to VMAP line

23,371
hours of VMAP training

Data collected from August 1, 2019–June 30, 2023


VMAP
Virginia Mental Health Access Program
State Funds
DBHDS
(Department of Behavioral Health & Developmental Services)
$
MSVF
Executive Committee
Program Director
Medical Director
VMAP Line
Equity Advisory Committee
HRSA Funds
VDH
(Virginia Department of Health)
$
VA-AAP
Provider Education

Equity Advisory Committee

The Equity Advisory Committee:

- Advises VMAP's executive committee on policy decisions to ensure they have equitable impacts
- Assists in expanding and diversifying VMAP regional stakeholder and provider membership.
- Develops metrics using program data to monitor progress and track success.

Examples of What We've Done:

- Translation of materials
- Recommendations on associations and areas to conduct outreach
- Input on educational materials and topics

Example from the Data:
Gender Identity

Gender Identity vs. Depressed or Low Mood in Ages 10-21 Years		
Gender Identity	No	Yes
Cisgender	42.8%	57.2%
Not Cisgender	36.3%	63.7%
Total	41.8%	58.2%

p = 0.014

Gender Identity vs. Academic School Problems in Ages 10-21 Years		
Gender Identity	No	Yes
Cisgender	81%	19.0%
Not Cisgender	91.5%	8.5%
Total	82.6%	17.4%

p < 0.001

Example from the Data:
Insurance Status

Insurance Status vs. Depressed or Low Mood		
Insurance Status	No	Yes
Medicaid	59.6%	40.4%
Private	50.7%	49.3%
Total	53.9%	46.1%

p < 0.001

Insurance Status vs. Trauma History		
Insurance Status	No	Yes
Medicaid	48.3%	29.2%
Private	71.1%	11.8%
Total	62.9%	18%

Contact Information

- Hanna Schweitzer: Hanna.Schweitzer@dbhds.virginia.gov
- Ally Singer Wright (Program Director): asingerwright@msv.org

Florida BH IMPACT

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

1.833.951.0296 • FLBHimpact.org

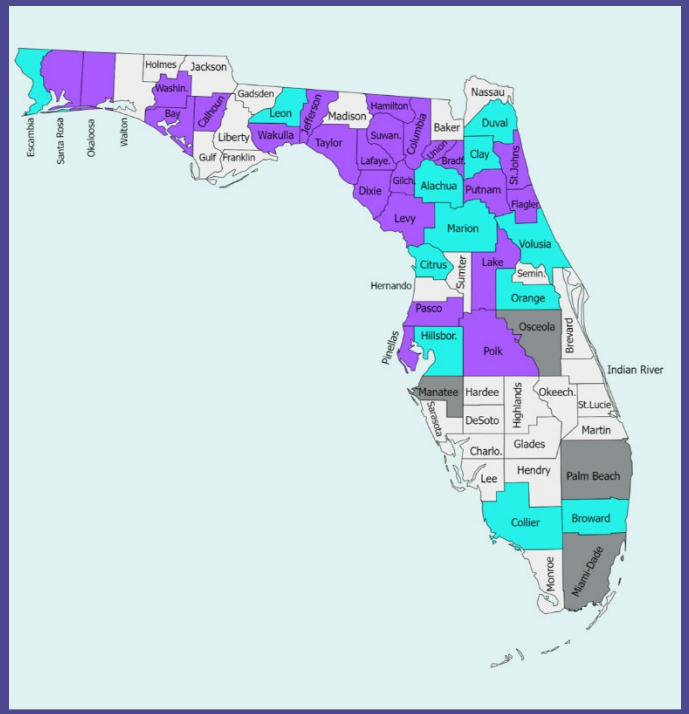
This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of award UK3MC32242 totaling $3.25million. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement,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

About the Florida Perinatal Behavioral Health Screening & Treatment Program

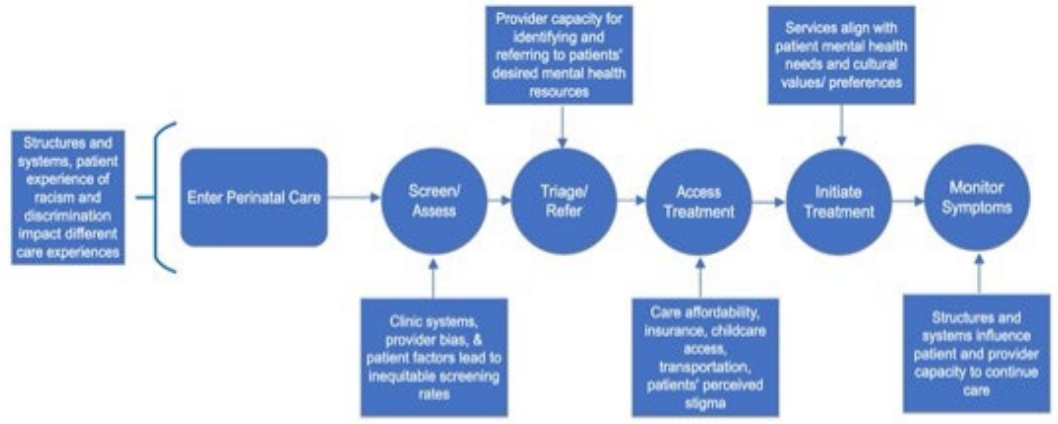
- The Florida BH IMPACT Program is an initiative by the **Florida Department of Health** (DOH), **Florida State University** (FSU) College of Medicine, and the **Florida Maternal Mental Health Collaborative** (FLMMHC).
- BH IMPACT provides direct supports to promote maternal and child health by building 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.



Differential experiences of mental healthcare experiences



Deichen Hansen, M. E., Londoño Tobón, A., Haider Kamal, U., Moore Simas, T. A., Newsome, M., Finelli, J., ... Flynn, H.A., & Byatt, N. (2023). The role of perinatal psychiatry access programs in advancing mental health equity. *General Hospital Psychiatry*.

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

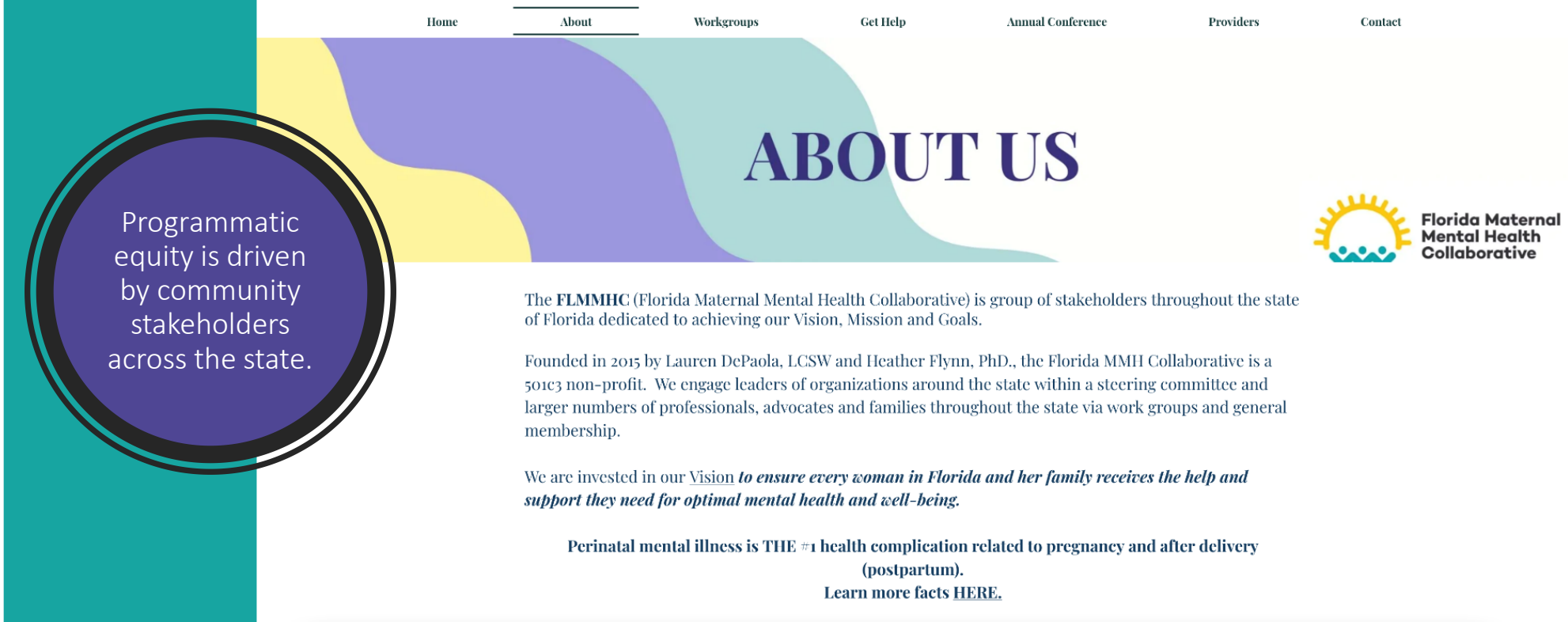
5. Include accurate and up-to-date information on health disparities in our **trainings and technical assistance** activities.

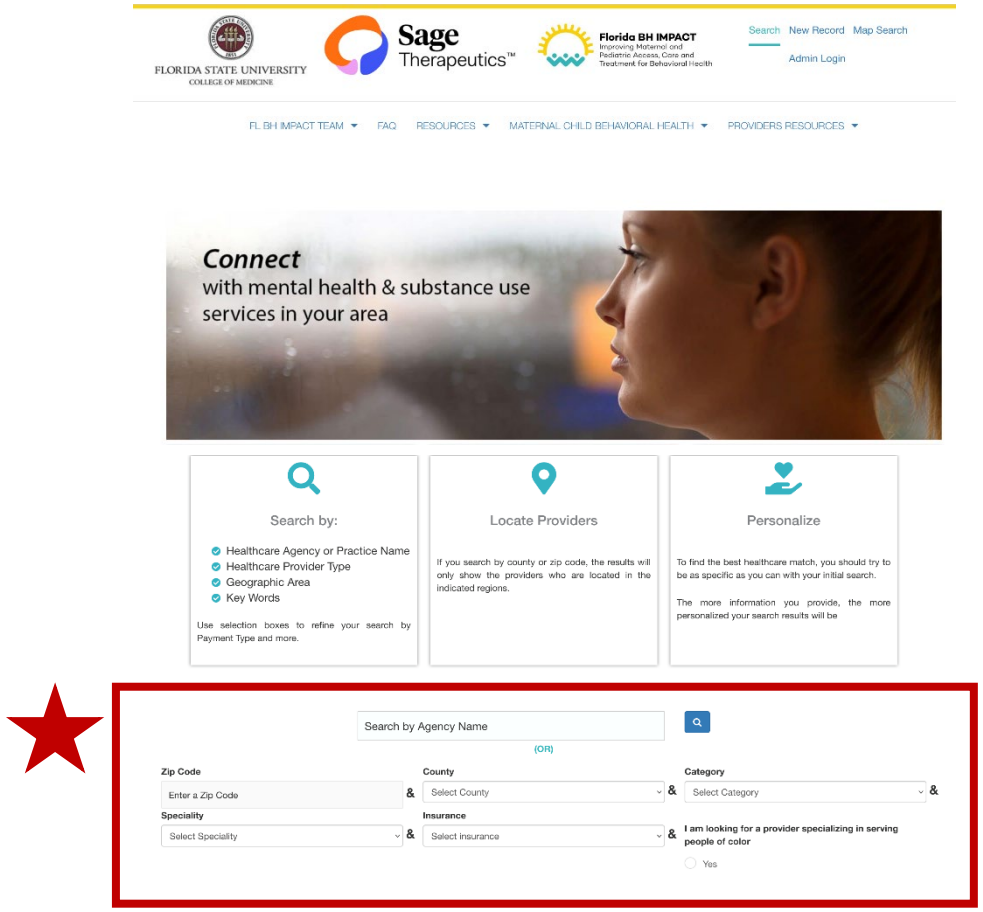
6. Include information and updates regarding health equity in our other materials such as **newsletters, websites and social media platforms.**

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.

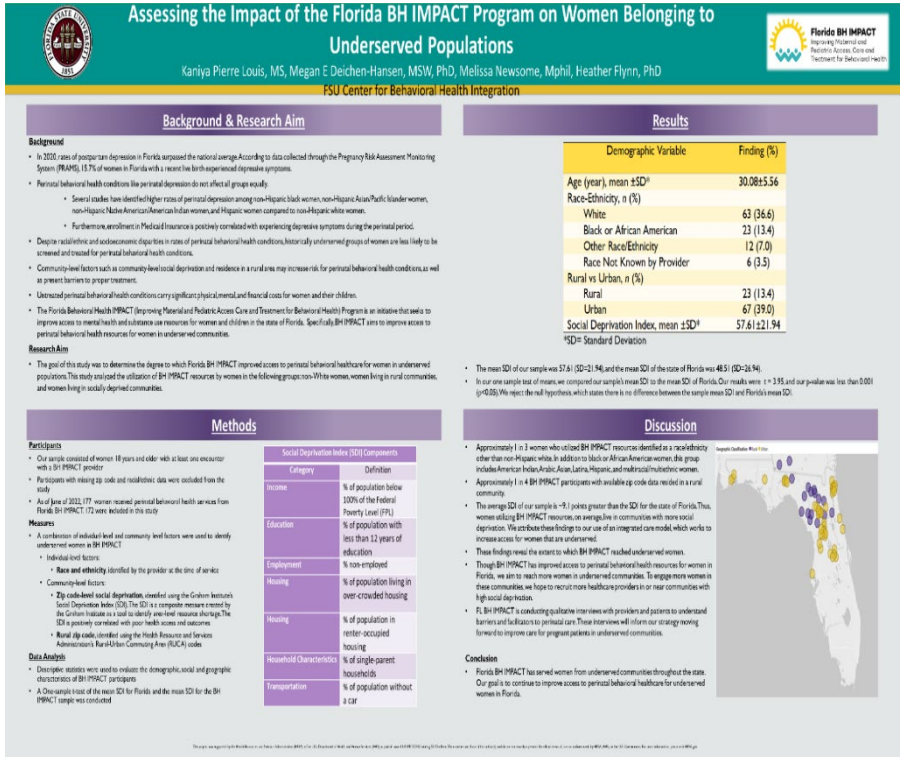
Programmatic equity is driven by community stakeholders across the state.





Florida Moms Mental Health Resource Directory

Examples of FL BH IMPACT Equity Efforts



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

Kariya 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), 13.7% 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 race/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 Grohnn Institutes Social Deprivation Index (SDI).The SDI is a composite measure created by the Grohnn 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 ±SD*	30.08±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 ±SD*	57.6 ±21.94

*SD= Standard Deviation

- The mean SDI of our sample was 57.6 (SD=21.94),and the mean SDI of the state of Florida was 48.5 (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.

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Editorial

The role of perinatal psychiatry access programs in advancing mental health equity

Megan E. Deichen Hansen [a], Amalia Londoño Tobón [b], Uruj Kamal Haider [c], Tiffany A. Moore Simas [d], Melissa Newsome [a], Julianna Finelli [e], Esther Boama-Nyarko [f], Leena Mittal [g], Karen M. Tabb [h n], Anna M. Nápoles [i], Ana J. Schaefer [j], Wendy N. Davis [k], Thomas I. Mackie [l], Heather A. Flynn [a], Nancy Byatt [m]

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https://doi.org/10.1016/j.genhosppsych.2023.03.001 Get rights and content

Abstract

This editorial presents: 1) a review of Perinatal Psychiatry Access Programs as an integrated care model with potential for promoting perinatal mental health equity; and 2) a summary of how the model has been and can be further adapted to help achieve perinatal mental health equity in geographically diverse settings. Within the editorial, we highlight Access Programs as a promising model for promoting perinatal mental health equity. This editorial is supported by original descriptive data on the Lifeline for Moms National Network of Perinatal Psychiatric Access Programs. Descriptive data is additionally provided on three statewide Access Programs.

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

Lifeline for moms

Florida Association of Community Health Centers
The Voice of Primary Care in Florida

FPQC
Florida Perinatal Quality Collaborative

REACHUP
where there's a will, we are the way

Commonsense Childbirth
BECAUSE EVERY WOMAN DESERVES A HEALTHY BABY

sunshine health™

Florida Healthy Start
Florida Association of Healthy Start Coalitions

Florida BH IMPACT

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

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Questions & Discussion

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BREAK

We will return at 4:00 pm ET

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Awardee Accomplishments and Vision for the Future

Mary Kimmel, MD

Florida Behavioral Health Impact Team (Video)

Amie Bettencourt, PhD

Bethany Geldmaker, PhD, PNP

Susan Griffin, LICSW, PIP, CHCQM

Dustin Sarver, PhD

MCPAP (Video)

Vision: Healthy Communities, Healthy People

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Awardee Accomplishments and Vision for the Future

Mary Kimmel, MD

Vision: Healthy Communities, Healthy People

NC MATTERS | Highlights

1,820

NUMBER OF ALL-TIME CALLS

60 preconception

811 pregnant

876 postpartun

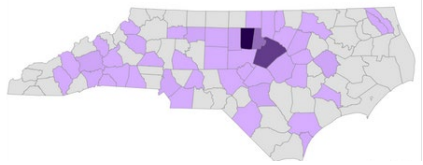
11

TYPES OF PROVIDERS SERVED

CNM, DO, MD, NP, LCSW, RN, CGC, PA, etc.

60

NUMBER OF COUNTIES SERVED



97%

PROVIDER SATISFACTION

of providers felt satisfied after calling NC MATTERS

149

NUMBER OF ONE TIME ASSESMENTS

patients seen, with an average wait time of 7 days compared to national average of 25 days

NC MATTERS

What Makes Us Proud

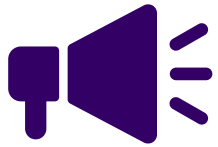
COMMUNITY PARTNERSHIPS

Supporting various professionals through consultation, including mental health, nurse home visiting, genetics counselors, and NICU

IMPACT

17% of calls reduced the need for use of mobile crisis or emergency service.

48% of Patients are on Medicaid/Medicare or uninsured.



ADVOCACY

Partners include the Perinatal Quality Collaborative of NC, Perinatal Health Strategic Plan Workgroup, local health departments, CDSAs, and PSI-NC

INCREASING ACCESS TO CARE

Training across professions and license types, knowing that accessibility increases the quality of interventions

We support North Carolina health professionals.

"When feeling a bit stuck with addressing a client's mental health needs, it is a relief knowing NC MATTERS is just a phone call away."

K. HALPIN, HOME VISITING NURSE IN DURHAM

NC MATTERS

NEXT STEPS

1

Enhanced BHC Services

Behavioral Health Consultants (BHCs) will continue to facilitate patient navigation and connect perinatal patients with tailored resources.

2

Champion Program

NC MATTERS will provide more intensive training for prescribing professionals through the creation of a statewide champions program.

3

Stakeholders Group

We will work to include community and patient voices by facilitating a stakeholders group.

4

Quality Improvement

QI work with maternity care clinics that serve patients on Medicaid and without insurance will continue, as we aim to improve screening and treatment practices.

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Awardee Accomplishments and Vision for the Future

Florida Behavioral Health Impact Team (Video)

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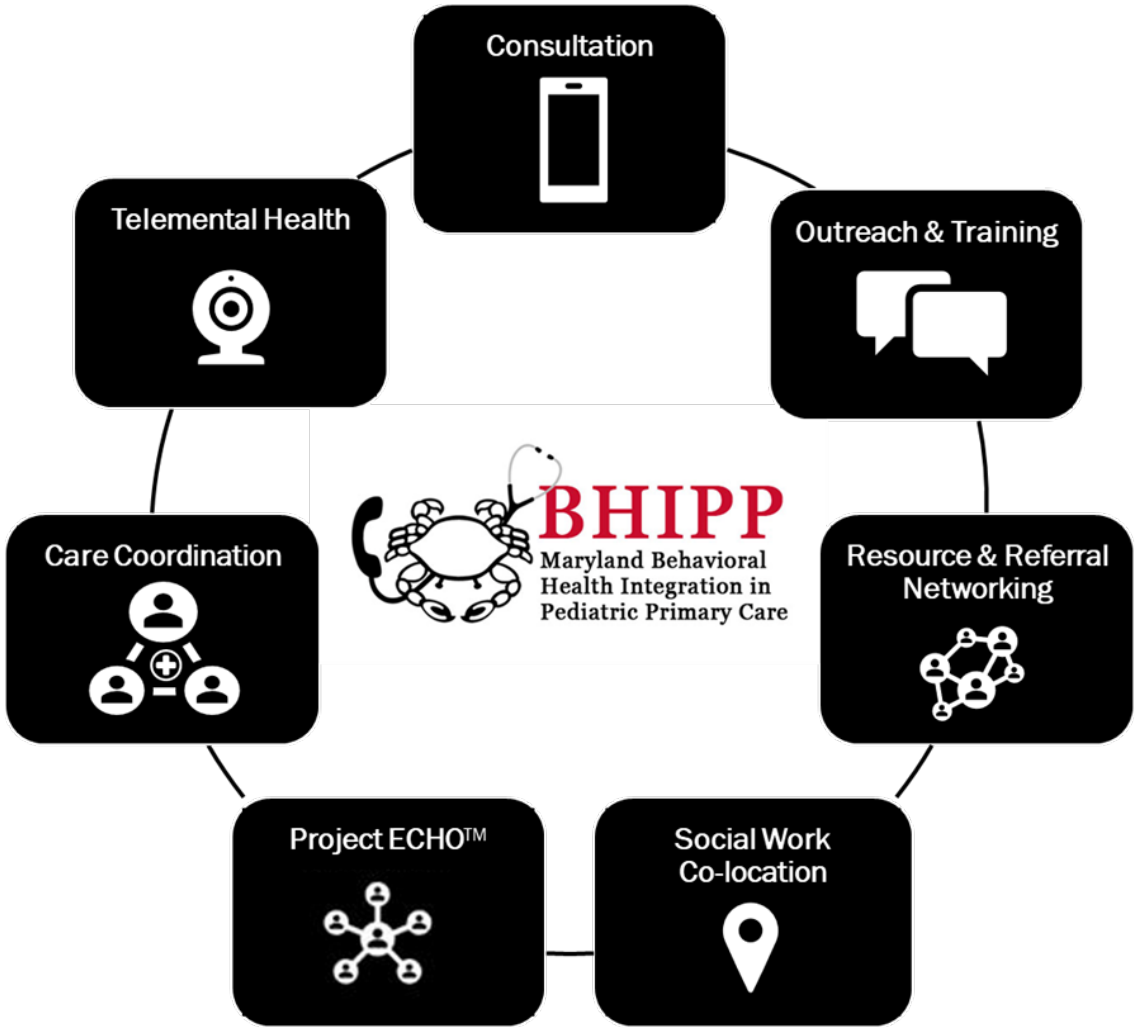
Awardee Accomplishments and Vision for the Future

Amie Bettencourt, PhD

Vision: Healthy Communities, Healthy People

Maryland Behavioral Health Integration in Pediatric Primary Care: What We Do



Since its establishment in 2012, BHIPP has been offering support to pediatric PCPs through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & continuing education
- Social work co-location

With HRSA funding (2019-2023), BHIPP expanded services to include:

- Project ECHO®
- Direct telemental health services
- Care coordination

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Some Key Program Impacts

- Over **1,550** pediatric providers representing each county in the state have enrolled with BHIPP or called the warmline
- Over **9,600** telephone consultations have been completed
- Over **10,800** appointments with families have been completed by social work interns co-located in primary care offices
- Over **1,600** pediatric providers have received continuing education training through one or more of BHIPP's training offerings (including in-office trainings, lunch time webinars, invited talks, half-day CME training institutes, and Project ECHO series)
- Providers consistently report increased knowledge about and comfort with mental health practices following participation in BHIPP trainings
- Expanded audience of continuing education offerings to include emergency medicine professionals and behavioral health providers to help improve the mental health system of care as a whole

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Perspectives from Primary Care Providers about BHIPP

"BHIPP has been such an amazing resource to our practice. Literally every single time I've called, I've received the best information. First of all, the people have been so gracious from whoever takes the phone call to tying me in with a child psychiatrist. They always call when they say they're going to call. I mean, it's user friendly. The information is accurate. They send us follow-up notes about the recommendations. They listen so well. My experiences have been overwhelmingly amazing. Like, if I had to give a grade, I'd give an A plus plus plus plus."
-PCP from Allegany County

"Being able to help the patient to resources quickly is really important. As pediatricians, we typically don't have a relationship with a therapist in the community that we directly refer to and we certainly don't in a large area like the DMV. There are so many therapists available or around, trying to find a convenient resource for the patient is important. So giving BHIPP a zip code so that they can find someone close by [for the family] is really helpful."
- PCP from Prince George County

"The need for mental health services in children is tremendous at this point in time and BHIPP has been integral to helping me but also my patients and families navigate a difficult landscape with getting help."
- PCP in Baltimore City

"BHIPP is completely invaluable because ultimately waiting for somebody to see psychiatry when it's something that I could manage with the help of BHIPP certainly saves parents a lot of time"
-PCP in Montgomery County

Future Directions to Increase BHIPP's Reach and Impact

1. Broaden the pool of pediatric providers receiving in-depth training through BHIPP to include Physicians Assistants, Developmental Behavioral Pediatricians, and Psychiatric Nurse Practitioners.
2. Expand the suite of training offerings to include additional ECHO tracks, an intensive child mental health curriculum, and specific training content for managing pediatric mental health crises.
3. Expand care coordination offerings to include care coordination for youth being discharged from a higher level of care (e.g., emergency department).
4. Provide tailored technical assistance to pediatric primary care practices to strengthen capacity to provide mental health care on site.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

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BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

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Awardee Accomplishments and Vision for the Future

Bethany Geldmaker, PhD, PNP

Vision: Healthy Communities, Healthy People

MCH Tele-Behavioral Health Program: VMAP Lessons Learned

VMAP

Virginia Mental Health Access Program

Bethany Geldmaker, PhD
Virginia Department of Health
Department of Behavioral Health and Developmental Services
Medical Society of Virginia Foundation
VA Chapter of AAP

At a glance…

- Stakeholder collaboration…
  - State agencies, VA-AAP, MSVF, Hospital systems
  - Strategic planning and governance
- Data collection and evaluation processes…
  - VMAP Call-in Line, provider registration
  - Addressing cross-agency data funding requirements
- Addressing provider engagement and outreach…
  - Engagement strategies and marketing techniques
  - Medical education
- Scaling services…
  - Role of funding, advocacy, statewide “buy-in”

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

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Susan Griffin, LICSW, PIP, CHCQM

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Dustin Sarver, PhD

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MCPAP (Video)

Introduced by Dr. John Straus

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Leadership Reflections

Nancy Byatt, DO, MS, MBA, DFAPA, FACLP
John Straus, MD
Hae Young Park, MPH
Dawn Levinson, MSW
Lauren Raskin Ramos, MPH

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Annual Meeting Feedback

https://forms.office.com/r/A5sRXWWZm9

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Closing Remarks

Madhavi M. Reddy, MSPH
Sandra M. Mathoslah Sayegh, PharmD, MBA, MS LCDR

MCHB TA Provider Shared Calendar

Stay informed and up-to-date with **HRSA MCHB TA Provider activities and events through our shared calendar**! This centralized calendar offers easy access for PMHCA and MDRBD awardees to review planned technical assistance (TA) activities from MCHB TA Innovation Center, American Academy of Pediatrics, School Based Health Alliance, and Emergency Medical Services for Children Innovation and Improvement Center. The calendar also provides easy access to a variety of event follow-up materials, including event summaries, PowerPoint slides, and Zoom recordings. Click below to view!

Thank You! To all Meeting Planning Committee Volunteers

- Susan Griffin – AL
- Joseph Hughes – DE
- Josephine Oluwadamilola Mhende – GA
- Dr. Rachel Brown – KS
- Dr. Kari Harris – KS
- Patricia Purcell – KY
- Amie Bettencourt - MD
- Kelly Coble – MD
- Wendy Ell – MO
- Catherine LeMay – MT
- Kendra Rosa – NC
- Laura Bernard Pentenrieder – VT
- Alexis French – NC
- Jennifer Faul – ND
- Erica Tenney – NH
- Anthony Cahill – NM
- Grace Lambert – SC
- Bethany Geldmaker – VA
- Rachel Reynolds – VA
- Grace Bayer – WI
- Faith Ayeni – DC
- Christopher Smith – AR
- Kelsee Torrez – KS
- Patricia Carrillo – KS

Thank you to our dedicated organizers, the TA Innovation Center, who worked tirelessly behind the scenes, our HRSA POs who's support was invaluable, and a huge thank you to our inspiring speakers—your insights were the highlight of the event!

Thank you to all the attendees for your active participation, with a special shout out to the Pacific Basin awardees who had to get up at 3 and 4 am to attend!

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