



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)

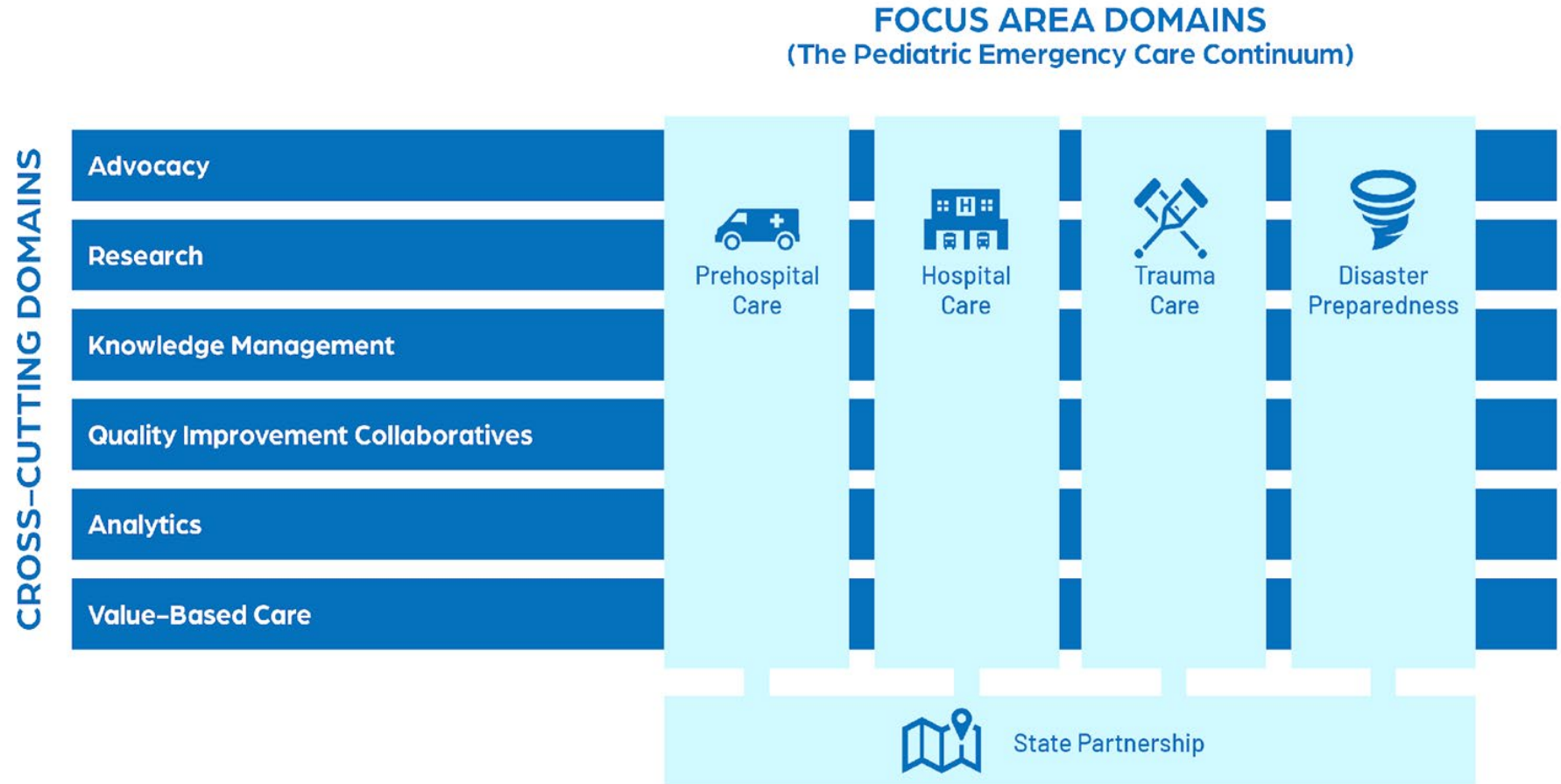
Jen Donathan, MPH – Project Manager

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

EMS for Children Innovation and Improvement Center (EIIC)



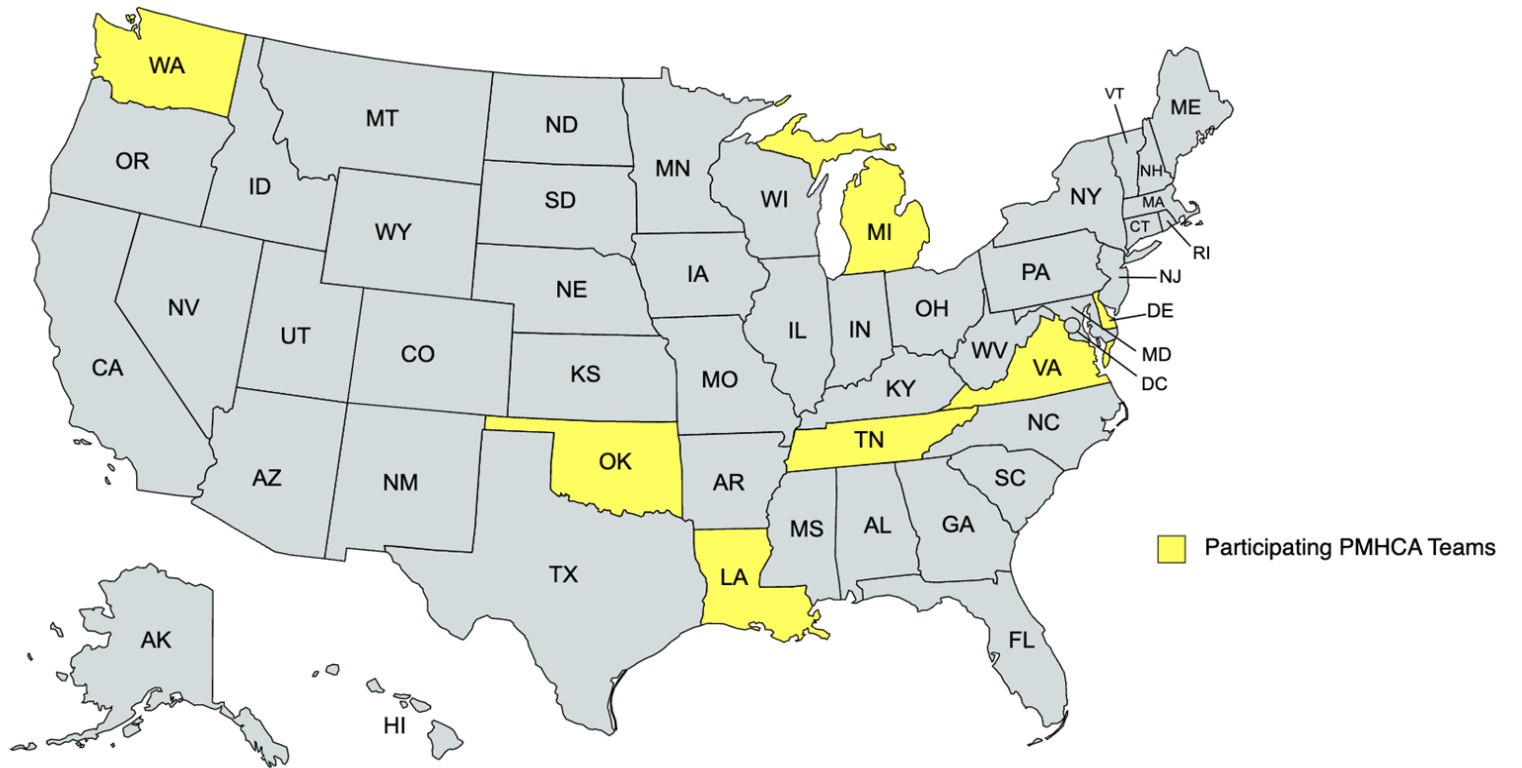
Mission: To optimize outcomes for children across the emergency care continuum by leveraging quality improvement science and multidisciplinary, multisystem collaboration



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



Design

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



Operationalize

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



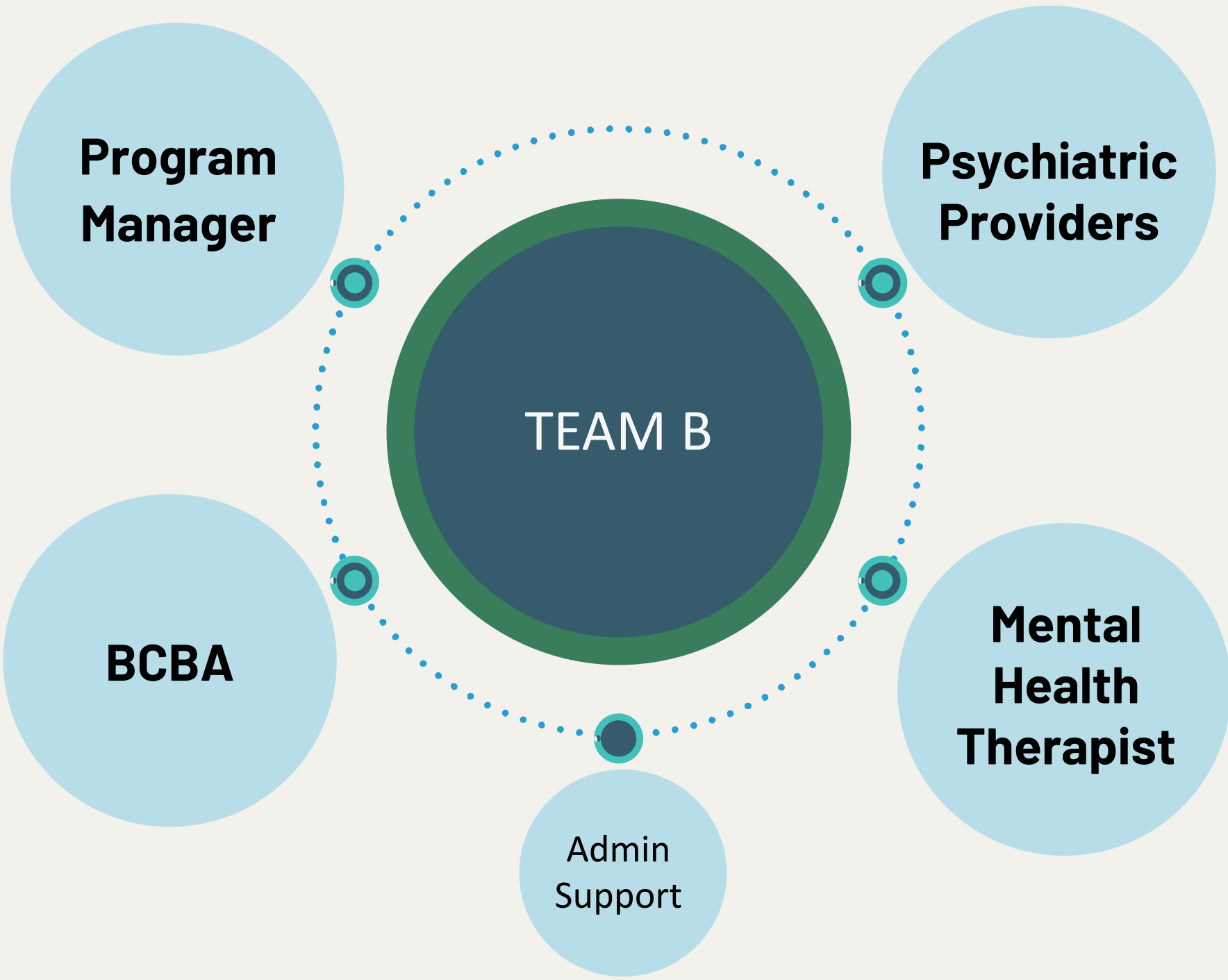
Implement

- Hospital outreach
- Begin consultations



Analyze

- Data collection/analysis
- Disseminate findings, advocacy



**Program
Manager**

**Psychiatric
Providers**

TEAM B

BCBA

**Mental
Health
Therapist**

**Admin
Support**

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



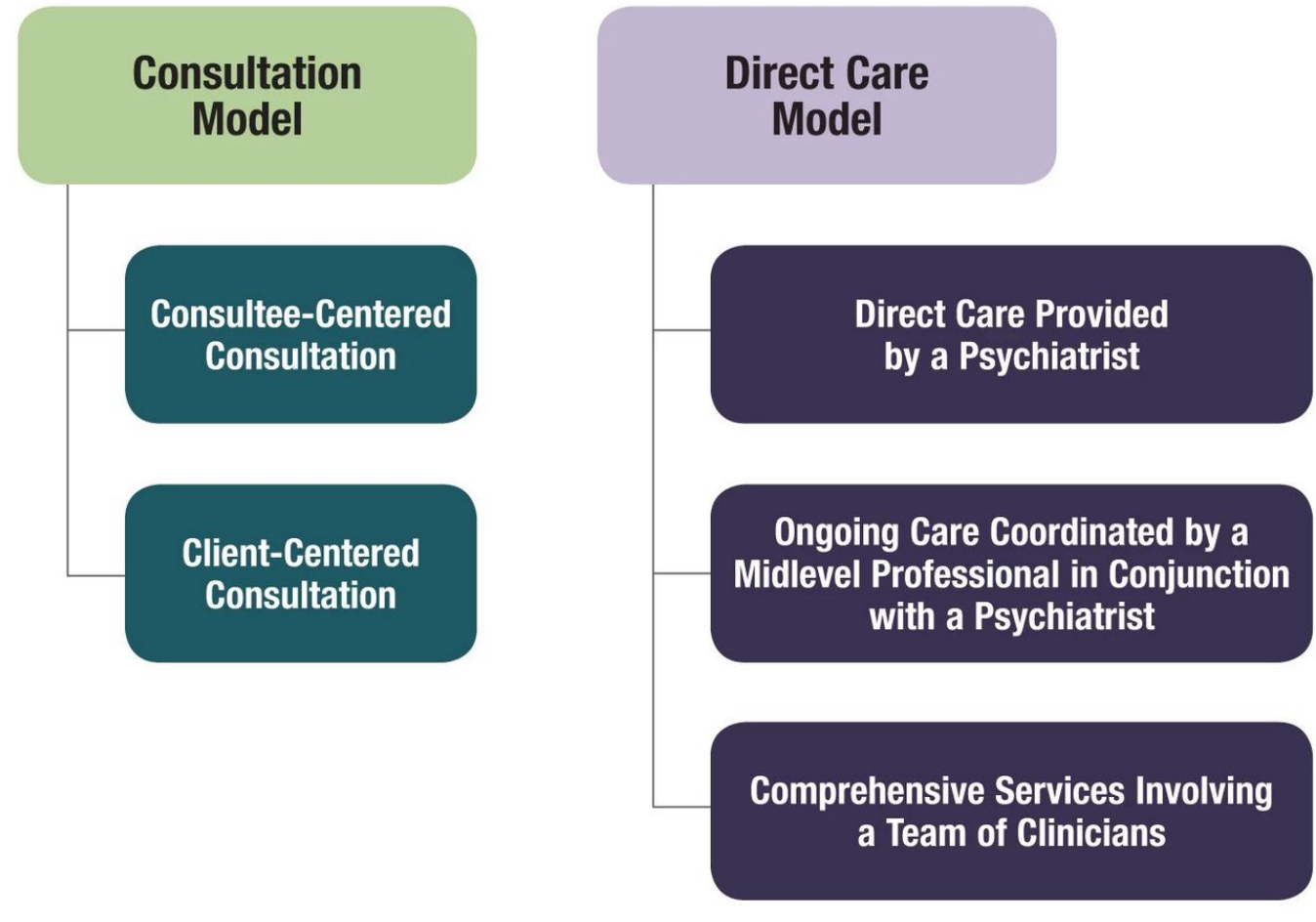
Andy Song-
Schierberl, BCBA
Behavior Analyst
Consultant

Background Research: Literature

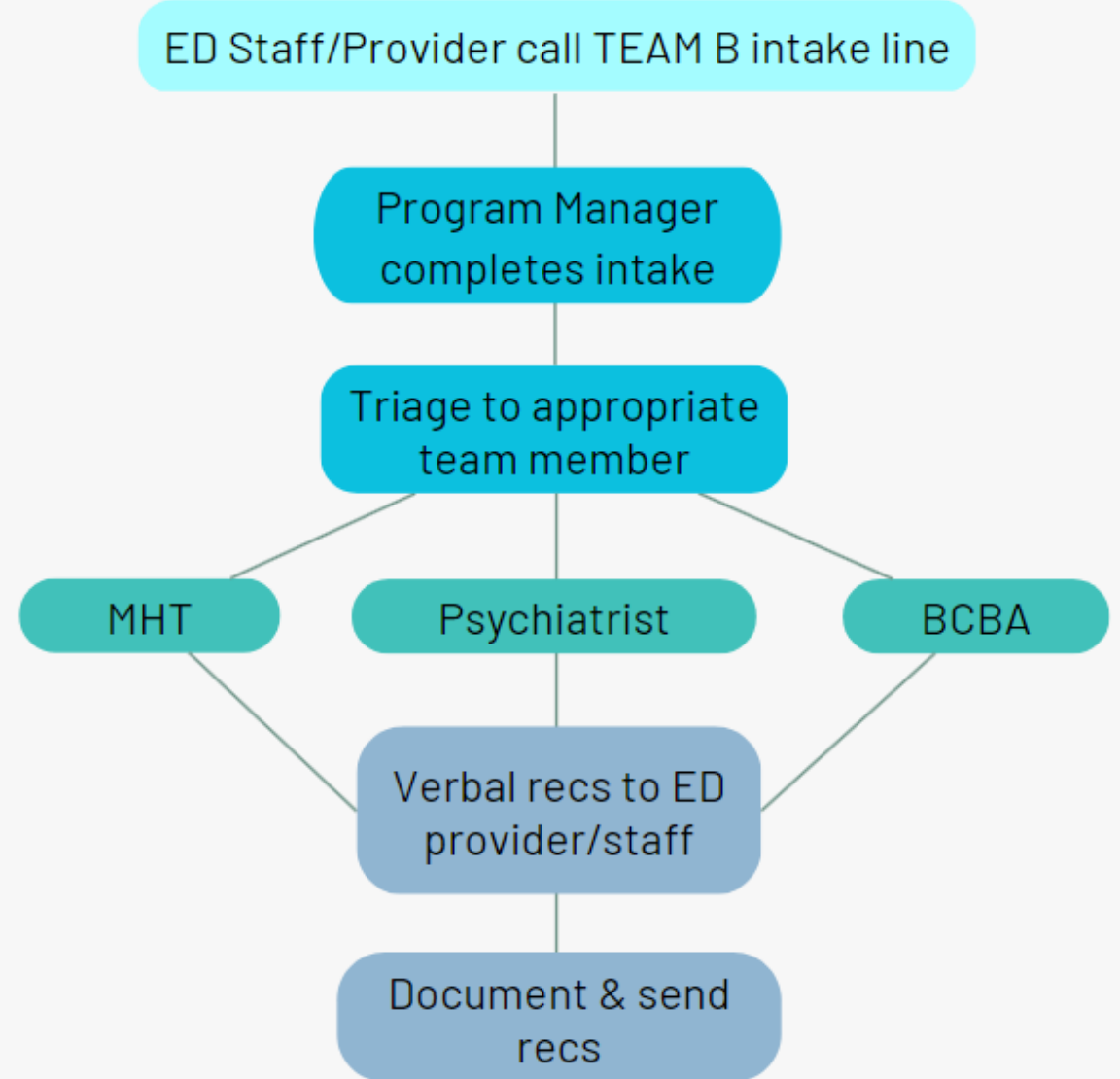
- Scope of problem: **national emergency** in children's mental health
- Specialty mental health services reduce LOS and improve care for boarding youth
- Telepsychiatry consultation for adults in EDs effective at:
 - Decreasing LOS
 - Reducing unnecessary hospitalizations
 - Lowering cost
 - Outpatient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



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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

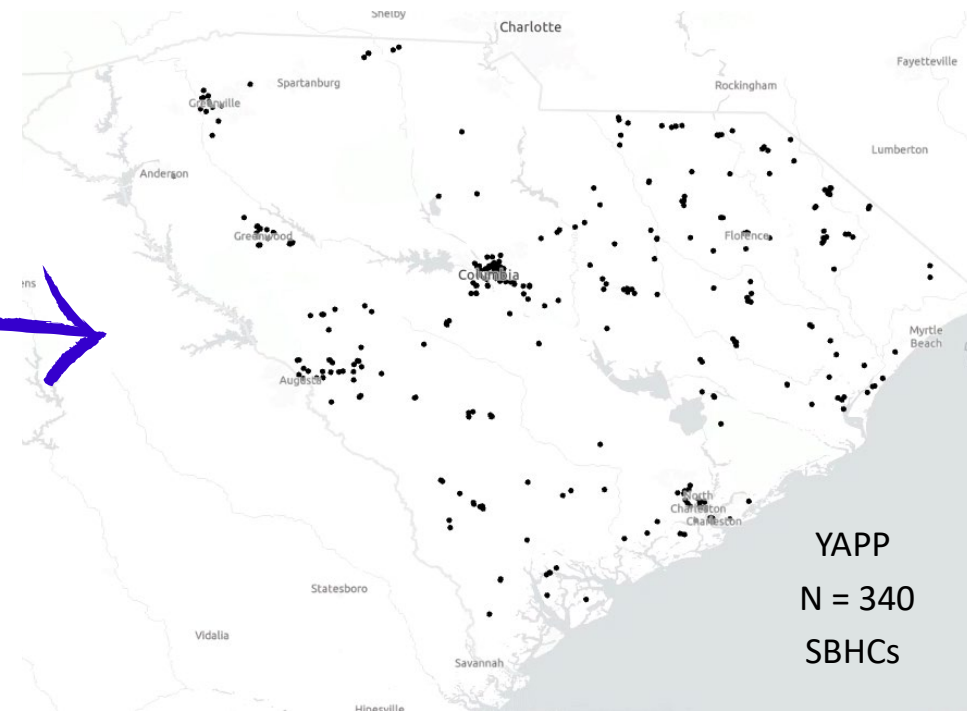
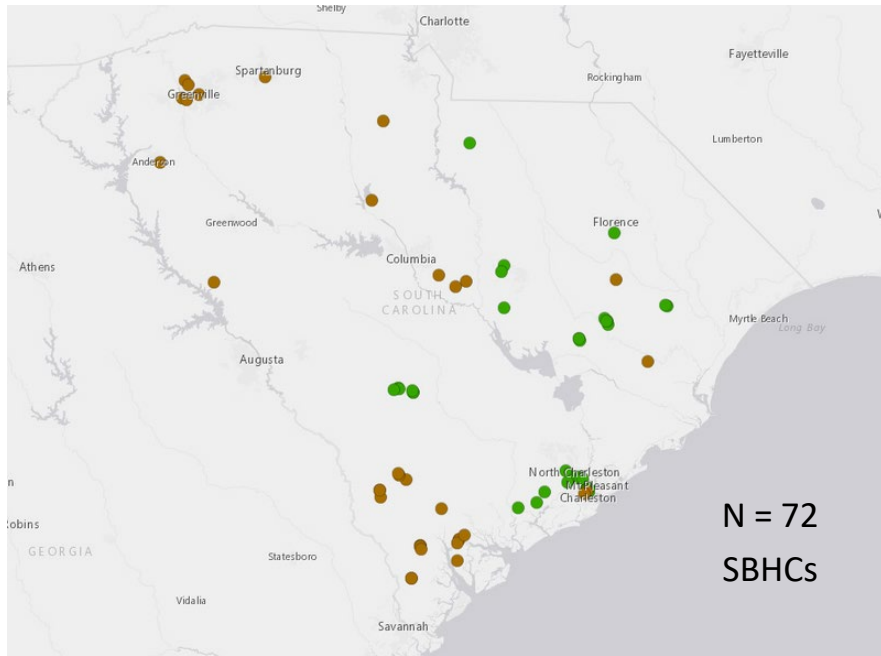
Erinn Kasubinski – MUSC
School-based Health Nurse
Manager

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.

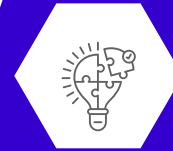
Hover over the cards below to learn more


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?

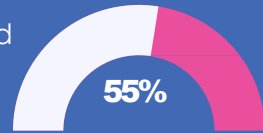
The YAP-P initiative is a network of services being developed by the South Carolina Department of Mental Health (SCDHM) to improve care for children and youth with mental and behavioral health conditions through school-based health centers (SBHCs).

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.

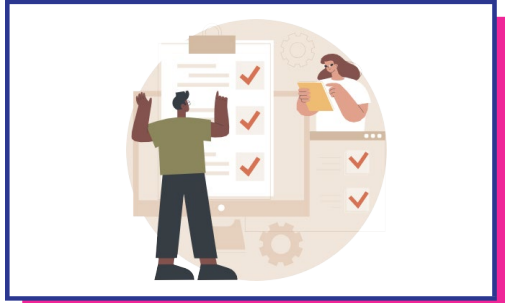
The School-based YAP-P Initiative Story Map



STEP 2

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

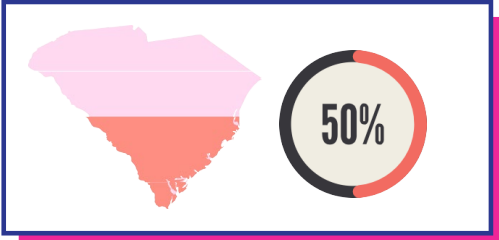
Over 50% of SC districts have SBHCs located within at least one school.



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

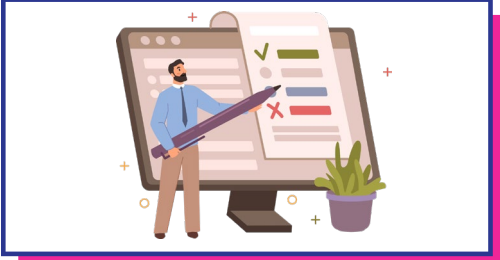
Administer a statewide needs and resource assessment of SBHCs including services offered.

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

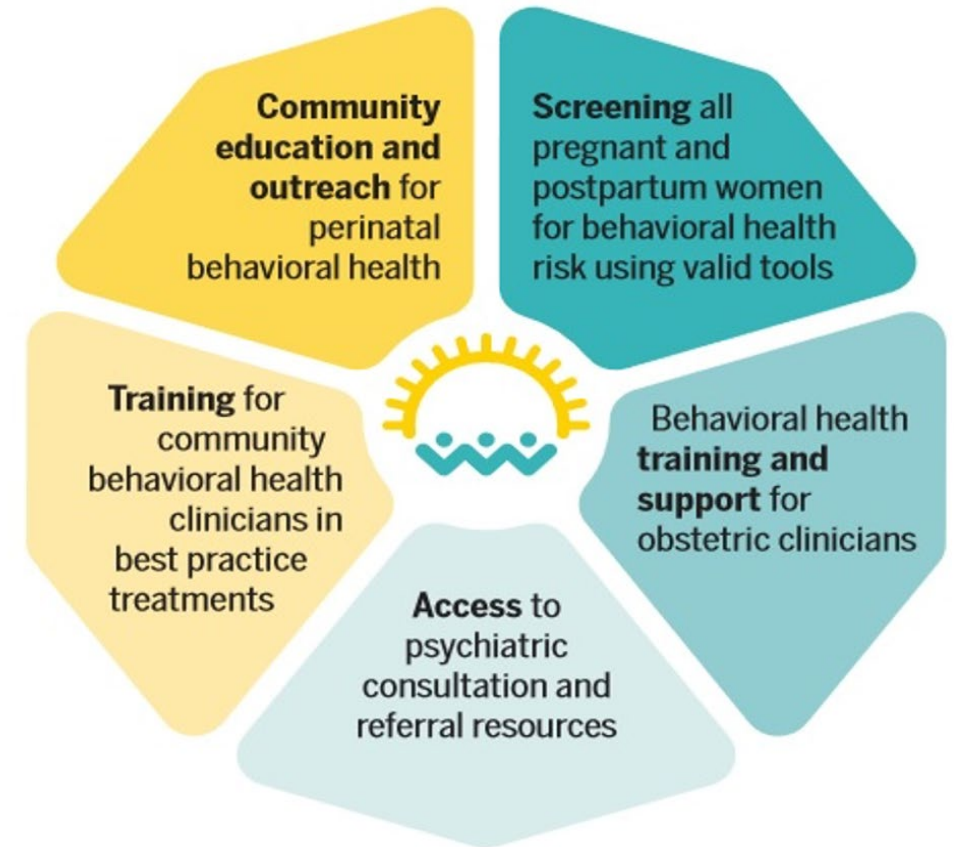
Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health

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

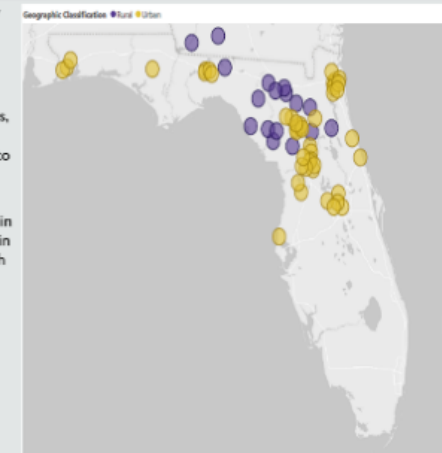
- The mean SDI of our sample was 57.61 (SD=21.94), and the mean SDI of the state of Florida was 48.51 (SD=26.94).
- In our one sample test of means, we compared our sample's mean SDI to the mean SDI of Florida. Our results were $t = 3.95$, and our p-value was less than 0.001 ($p < 0.05$). We reject the 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.

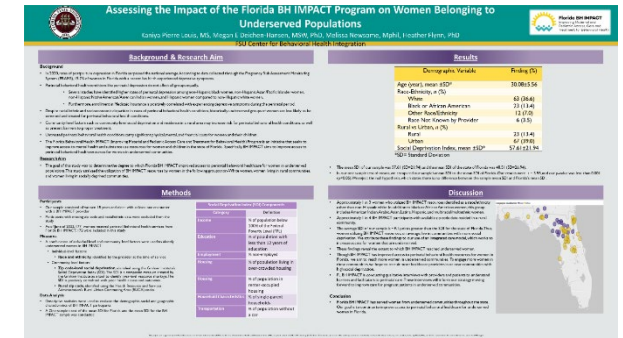
Conclusion

- 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)
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Social Deprivation Index, mean \pm SD*	57.61 \pm 21.94

*SD= Standard Deviation

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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

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