



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

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Vision: Healthy Communities, Healthy People



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

All-Awardees Meeting
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Agenda

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



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

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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



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)

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)



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?”

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

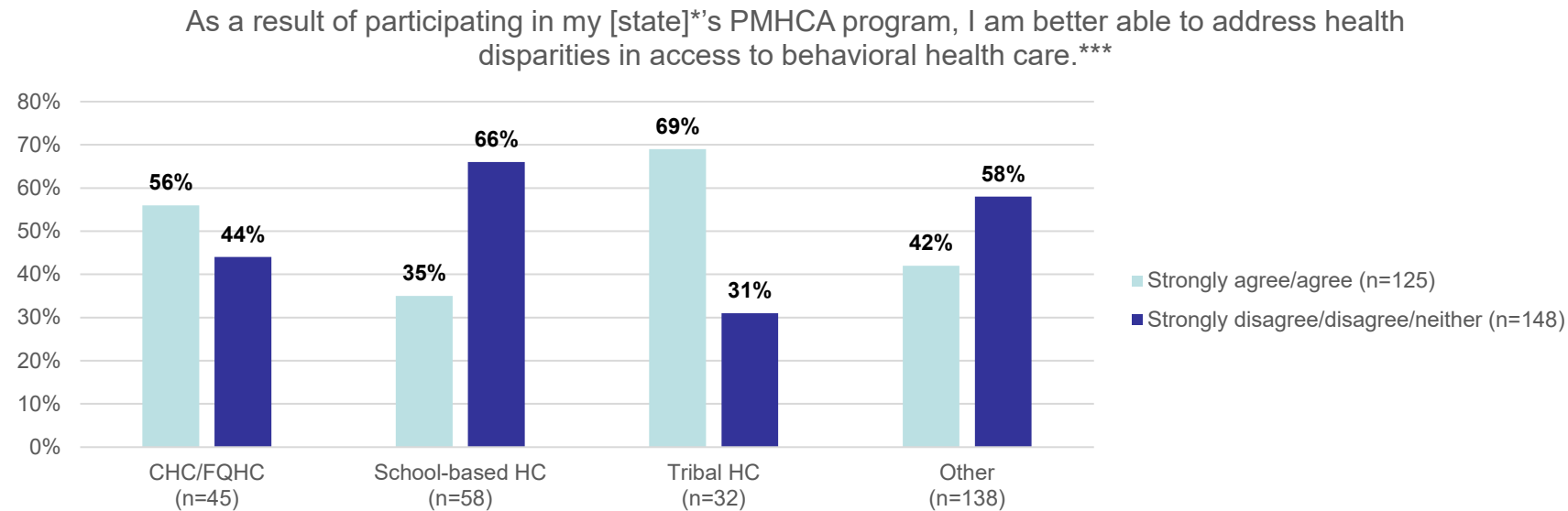
Source: PMHCA 18-19 HCP Survey; Pearson Chi-Square values were significant at least the $p < .05$ level.



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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

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

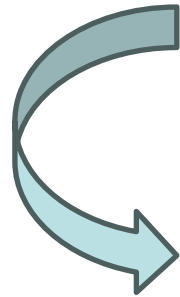
“A majority of our patients are Medicaid in some of our regions, so by default we’ve made sure that we’re also making [our program] available to providers at federally qualified health centers, providers at free clinics, providers seeing underserved, you know, communities and populations” [PI SSI, PMHCA/MDRBD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

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]



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]



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.



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





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

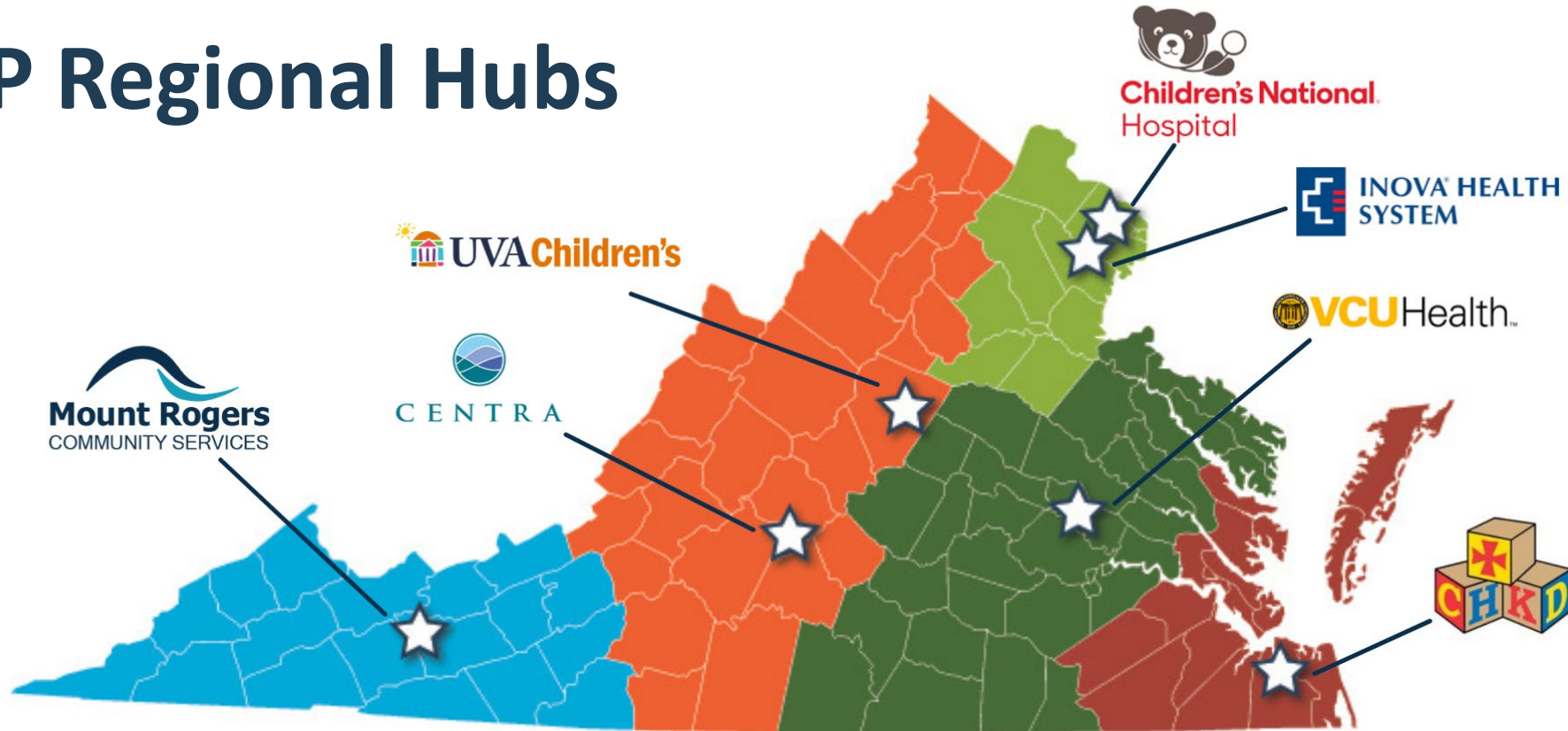
Connects primary care providers to regional hubs that offer pediatric mental health consultation and care navigation to support with patients 21 and under.

Child and adolescent psychiatrists

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

Care navigators

VMAP Regional Hubs



North
Launched October 2020

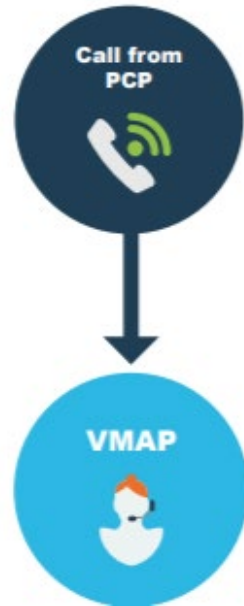
East
Launched January 2021

Southwest
Launched July 2021

Central
Launched August 2021

West
Launched February 2022

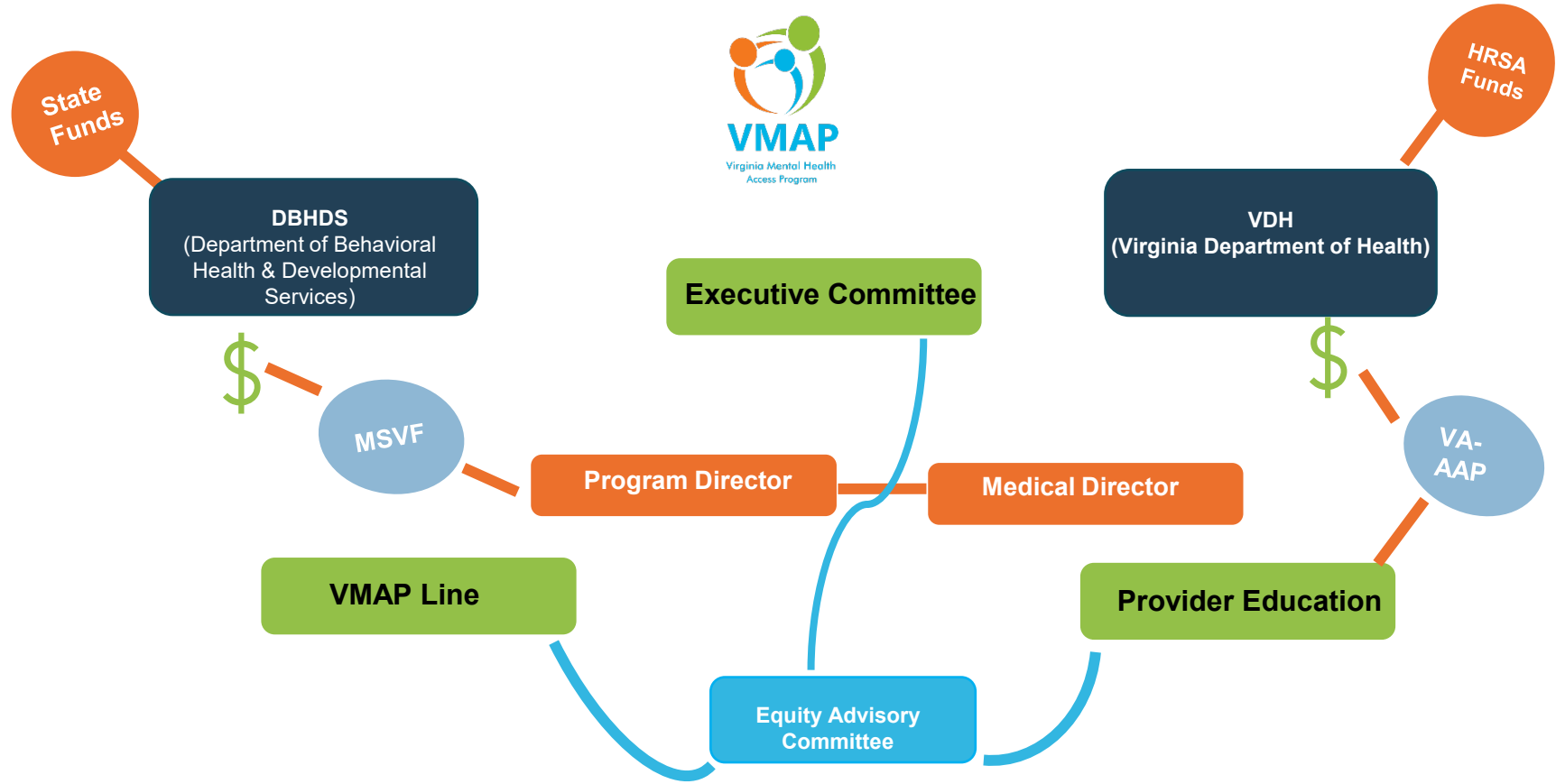
1,182
providers
registered
for VMAP



5,167
calls to
VMAP line

23,371
hours of
VMAP
training

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



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

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 - Ally Singer Wright (Program Director): asingerwright@msv.org
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- The bottom of the slide features a decorative graphic consisting of several overlapping, wavy lines in shades of dark blue and teal, creating a sense of movement and depth.



Florida BH IMPACT

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

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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.

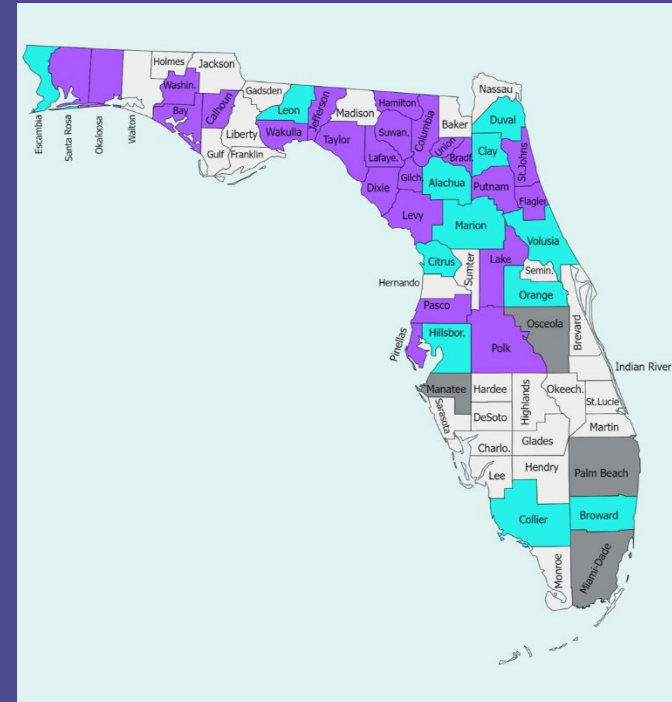
About the Florida Perinatal Behavioral Health Screening & Treatment Program

- 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.

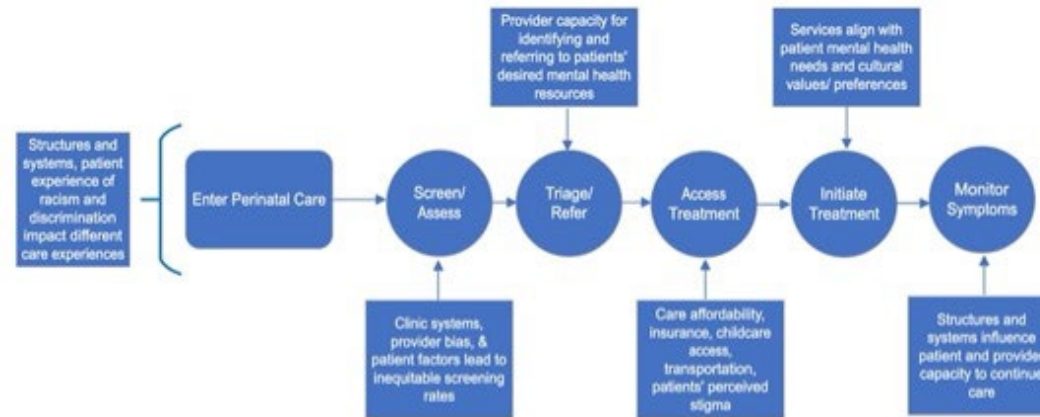


Florida BH IMPACT Vision

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.

ABOUT US

Programmatic equity is driven by community stakeholders across the state.

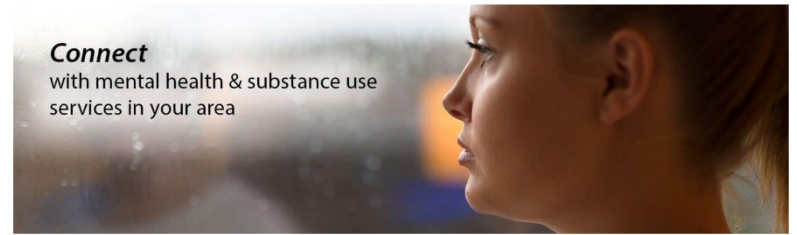



The **FLMMHC** (Florida Maternal Mental Health Collaborative) is a group of stakeholders throughout the state of Florida dedicated to achieving our Vision, Mission and Goals.

Founded in 2015 by Lauren DePaola, LCSW and Heather Flynn, PhD., the Florida MMH Collaborative is a 501(c)(3) non-profit. We engage leaders of organizations around the state within a steering committee and larger numbers of professionals, advocates and families throughout the state via work groups and general membership.

We are invested in our Vision *to ensure every woman in Florida and her family receives the help and support they need for optimal mental health and well-being.*

**Perinatal mental illness is THE #1 health complication related to pregnancy and after delivery (postpartum).
Learn more facts [HERE](#).**






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.



(OR)

Zip Code	County	Category	
<input type="text" value="Enter a Zip Code"/>	<input type="text" value="Select County"/>	<input type="text" value="Select Category"/>	&
Specialty	Insurance	I am looking for a provider specializing in serving people of color	
<input type="text" value="Select Specialty"/>	<input type="text" value="Select Insurance"/>	<input type="radio"/> Yes	

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

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/Alaskan Indian women, and Hispanic women compared to non-Hispanic white women.
 - Furthermore, women of color are possibly combined 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 depression 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 health resources for women in underserved populations. This study evaluated 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 go and visit dates were excluded from the study.
- As of June 2022, 177 women received perinatal behavioral health services from Florida BH IMPACT. 129 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 Census Bureau's Social Deprivation Index (SDI). The SDI is a composite measure created by the Census Institute as a tool to identify area-level resource shortages. The SDI is primarily combined with poor health scores and resources.
 - Rural zip codes, identified using the Health Resources 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 Chi-square test of the mean SDI for Florida and the mean SDI for the BH IMPACT sample was conducted

Results

Demographic Variable	Finding (%)
Age (year), mean \pm SD ^a	30.08 \pm 5.36
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 ^a	57.61 \pm 21.94

^aSD= Standard Deviation

Discussion

- Approximately 1 in 3 women who utilized BH IMPACT resources identified as a non-White ethnicity other than non-Hispanic white. In addition to Black or African American women, the group includes American Indian/Alaskan, Asian, Latinx, 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 , which is 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 conclude these findings to our goal of improved care models 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. If we 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 strategic planning forward to improve care for program 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 health resources for underserved women in Florida.

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, Anna M. Nápolesⁱ, 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





Florida BH IMPACT

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Questions & Discussion