

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





2023 MCHB Programs All Awardee Annual Meeting Lightning Round

Missouri *Melissa Maras, PhD*

Vision: Healthy Communities, Healthy People

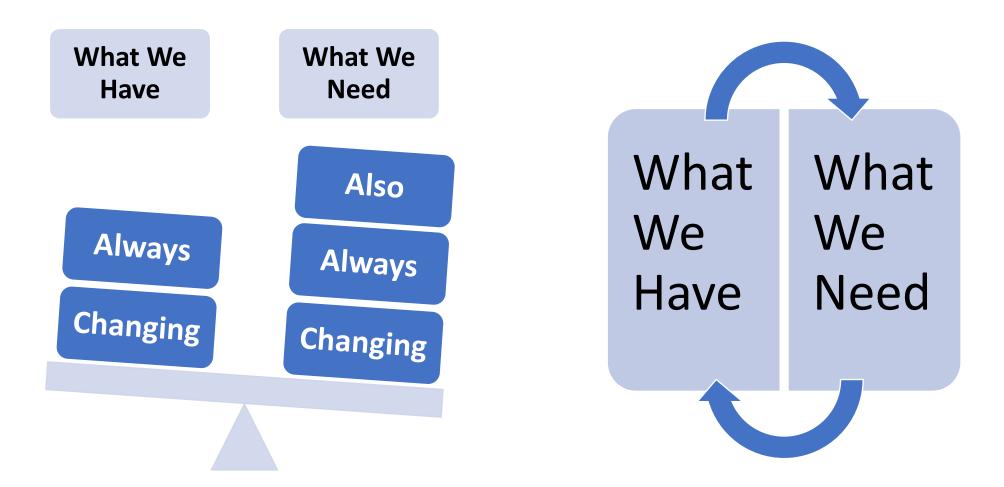




MCHB Tele-Behavioral Health Program Annual Meeting 8.29.2023

Learn more about MO-CPAP

Putting movement in improvement



Building Blocks of Behavioral Health Care

- Prescribing & Nonprescribing 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



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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.



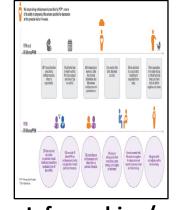
Promotional Materials



Programmatic Presentations



Program Brief



Infographics / Case Examples



Data Analysis





PediPRN Pediatric Psychiatry Resource Network



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





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

Long-term Impact

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



1. Provider screens patient and/or patient reports mental health symptoms 2. Concerned provider calls PRN teleconsultation line with non-emergent

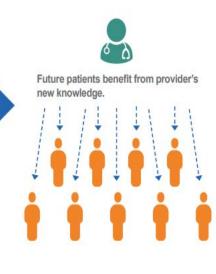
clinical guestions

3. PRN Specialist responds to provider needs

- a. Provider receives consultation related to mental health diagnosis, treatment planning, and medication questions
- b. Provider receives assistance in identifying appropriate resources and referrals



and/or connects the patient with needed care

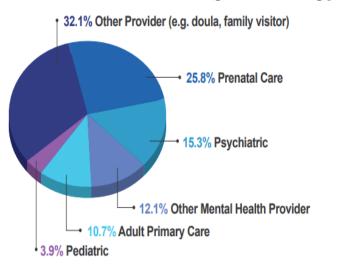


RIMOMSPRN Maternal Psychiatry Resource Network

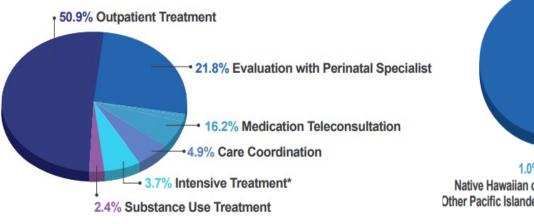
Teleconsultation Line Statewide Aligned Impacts



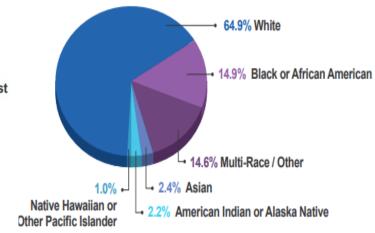
Utilizers of RI MomsPRN by Provider Type



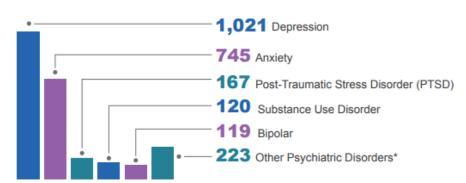
Referrals/Services Requested by RI MomsPRN Callers



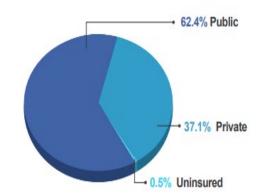
RI MomsPRN Patients Served by Race*



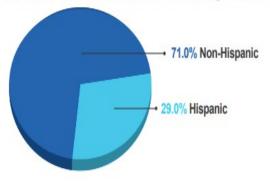
Clinical Concerns for RI MomsPRN Teleconsultations



RI MomsPRN Patients Served by Health Plan*



RI MomsPRN Patients Served by Ethnicity*

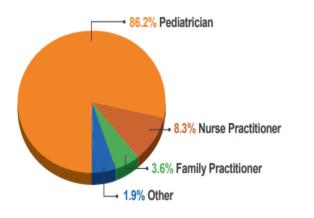


PediPRN Pediatric Psychiatry Resource Network

Teleconsultation Line Statewide Aligned Impacts

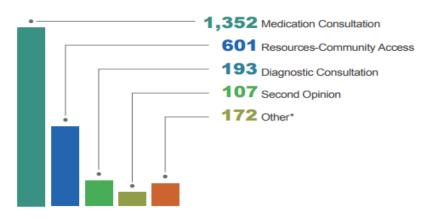


Utilizers of PediPRN by Provider Type

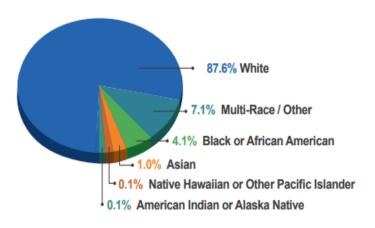


Reasons Providers Call PediPRN

The most common reasons for provider calls to PediPRN are:

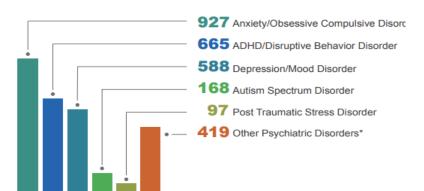


PediPRN Patients Served By Race*

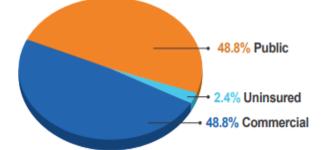


Common Provisional Diagnosis for PediPRN Psychiatric Consultations

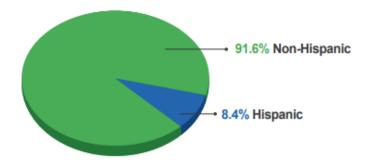
Psychiatric consultations for children are mostly related to:



PediPRN Patients Served By Health Plan*



PediPRN Patients Served By Ethnicity*



Contact Information





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

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: <u>www.pediprn.org</u> Sarah Hagin, Ph.D. PediPRN Program Manager Bradley Hospital shagin@lifespan.org



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

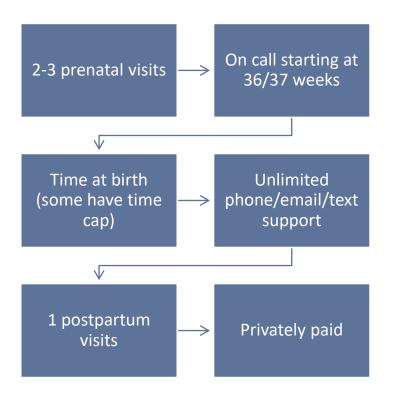
- Receive Medicaid assistance (below poverty line)
- Highest scoring of Social Determinates of Health Screenings
- Preexisting mental health challenges
- May identify as priority population
- Social risks: history of trauma, generational poverty, unstable housing, lack of natural supports, risk of poor 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)

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