

PEER LEARNING SESSION:

Aligning PMHCA and
MMHSUD Programs

MCHB TA
Innovation Center

Session Summary

The Maternal and Child Health Bureau Technical Assistance Innovation Center (MCHB TAIC) hosted the first of 4 ad hoc, virtual, peer-to-peer learning sessions on March 11, 2024, from 4:00 p.m.–5:30 p.m. EDT via Zoom (Option Year 1, Task 5.5.1). Sixty participants registered for the session, and approximately 34 attended. They represented Pediatric Mental Health Care Access (PMHCA) and Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) awardees, Health Resources and Services Administration staff, and MCHB TAIC staff. Subject matter experts (SMEs) Dr. John Straus and Dr. Nancy Byatt facilitated the discussion moderated by JBS International Technical Assistance Specialist Liz Carr, MA, LPC. The session focused on alignment of PMHCA and MMHSUD programs, with the following questions¹ framing the discussion:

1. What resources/aspects have been the most feasible to integrate across MMHSUD and PMHCA programs?
 - a. If you are part of a newly funded/aligned program, what aspects do you anticipate being the most feasible?
2. What resources/aspects have been the most challenging to integrate across MMHSUD and PMHCA programs?
 - a. If you are part of a newly funded/aligned program, what aspects do you anticipate being the most challenging?
3. What marketing/messaging practices have you used to facilitate program alignment or services available among your MMHSUD and PMHCA programs?
 - a. If you are part of a newly funded/aligned program, what marketing/messaging practices have you considered? What obstacles do you anticipate regarding messaging/marketing your aligned programs?

¹ Since questions are used as discussion prompts, they can be taken out of the numbered order. The discussion may not include all questions, depending on participant interest and priorities.

4. How are team leadership positions/task responsibilities identified after programs merge (e.g., who will facilitate meetings/case consultations; who will make decisions about what data are collected, and where are they kept)?
5. In what ways do integrated programs leverage resources/staff/technology when it comes to sustainability?
 - a. If you are part of a newly funded/aligned program, in what ways do you think sustainability efforts can be shared between both programs?
6. What type of data are collected within merged programs? How are data examined holistically (i.e., MMHSUD and PMHCA program data together) and separately?
7. Due to the nature of obstetrics and gynecology clinical practice, obstetric providers often consider it challenging to find the time to initiate MMHSUD consultations. In what ways can your integrated program support obstetric practitioners in using the services available to them?

Participants discussed successful program alignment initiatives that included the sharing of resources, systems, and staff. During this session, MMHSUD and PMHCA programs at various stages in program development noted challenges and problem-solving ideas, in addition to receiving feedback from the SMEs about successful alignment strategies.

Summary of Challenges in Program Alignment

- Programs of all sizes and stages of alignment found it challenging to decide which staff to cross-train, especially when staff are geographically separated.
- Cross-training staff, especially when geographically separated, presents challenges in maintaining consistency and in updating skills.
- Messaging and marketing both programs posed a challenge for most programs. Decisions are needed regarding marketing together versus separately, what logo to use, and what contact information is most useful

We are a new program, but we anticipate it will be difficult to find psychiatrists who are comfortable working with both OB and pediatrics.

—PMHCA Awardee

- Development of a website or two separate websites can be challenging due to the amount of information needed for both programs.
- Distinguishing data between programs when data are collected and stored together can be difficult.
- Several providers in represented communities were not aware of home visiting programs and other resources available for perinatal and postpartum individuals.
- It is very challenging to find psychiatrists who are trained and able to provide consultation to both pediatric and obstetrics practitioners.
- Decision making can be challenging for aligned programs: Who is involved in the problem-solving process? What solutions are available that will support both programs? Who will make final decisions?
- Provider education can be challenging to address with aligned programs, due to the different needs of pediatric and obstetric practitioners.

Lessons Learned

- The utilization of cloud-based systems for communication and coordination can be helpful when staff are cross-trained and available to support aligned programs.
- Programs that attended sessions benefited from the creation of universal, outward-facing messaging and marketing campaigns. These include the use of one unified logo and contact information and development of one website with separate sections for MMHSUD and PMHCA.
- Ensuring that data coming into the program(s) from needs assessments, consultation calls, etc., have program-specific identifiers to assure information is separated by program, if needed.
- Planning for the consultant to be on sudden or planned leave helps to ensure that workflow is not disrupted during time off.

The Survey of Wellbeing of Young Children (SWYC) is a free general screening tool that includes questions from the Edinburgh screening. This is widely recommended for pediatricians to use to prevent having to use multiple assessment tools.

—Dr. Straus and Dr. Byatt

- Having the psychiatric consultant conduct outreach can be helpful for providers to see firsthand, during outreach, what the consultant can do to help support their practice.
- Programs should be flexible and adaptable to evolving needs and challenges. This includes regularly assessing program effectiveness and making adjustments as necessary to meet the needs of the target population.
- Program planning should consider funding availability and budget constraints. It is important to align resource allocation with program goals and expected outcomes.
- Educating providers about the differences between pediatric and perinatal services is essential to avoid confusion and to ensure that patients receive appropriate care.