

New PMHCA and MMHSUD Awardee Community of Practice (CoP) February – July 2024 Summary Report

Introduction:

The 2024 Community of Practice (CoP) was designed to support newly awarded Pediatric Mental Health Care Access (PMHCA) and Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) programs. This CoP series has been a crucial platform for fostering collaboration, sharing knowledge, and building capacity among awardees. The initiative aimed to enhance the operational frameworks and service delivery models of these programs to better address the behavioral health needs of children, youth, and their families.

Participating Awardees:

MMHSUD: California, Colorado, Kentucky, Mississippi, Missouri, Tennessee, Texas, West Virginia

PMHCA: Guam, Ohio, Nevada, South Dakota, Utah

Goals of the CoP Series:

- Establish key partnerships with stakeholders knowledgeable about the communities being served.
- Develop a comprehensive workflow algorithm to streamline program operations.
- Create a formal enrollment process with effective retention strategies for providers.
- Develop a detailed program operation manual to ensure consistency and quality in service delivery.
- Foster relationships with professional organizations and established PMHCA and MMHSUD programs to guide the planning and implementation phases.
- Encourage collaboration between PMHCA and MMHSUD programs, particularly in states where both programs are active.

The CoP series was comprised of six sessions, each designed to address specific aspects of program development and implementation. These sessions provided a structured environment for participants to engage in active learning, share progress, discuss challenges, and explore innovative solutions. Each meeting included presentations by subject matter experts, breakout discussions, and collaborative activities aimed at developing actionable strategies. Through this CoP series, participants have been able to build a network of support and share best practices, which has been instrumental in advancing their respective programs. This introduction outlines the structure and objectives of the CoP series, setting the stage for the summary of progress, outcomes, and resources below.

Session 1: February 27, 2024- Kickoff CoP Meeting

Progress:

- Introduction of attendees and an overview of the CoP's goals, objectives, and purpose. To understand the current progress of attendees, they were asked whether they are a brand-new program or using the new HRSA funding to expand on an existing program.

Outcomes:

- Improved understanding of the objectives, goals and purpose of the CoP including future sessions and topics.
- Increased knowledge about each of the participating programs with participants identifying individual goals and unique aspects of their regions.

Resources/Concepts Discussed:

- The [Implementation Toolkit](#) includes key concepts, templates, and resources. Attendees were shown where to find information in the toolkit on developing the core teams and advisory committees, partnerships, conducting a needs assessment and determining core components of the program. Attendees were also shown the sample training schedule, suggested content for training, learning vignettes, and links to resources.

Session 2: March 26, 2024- Core Team and Standards of Practice

Progress:

- **Key Partnerships and Stakeholders:** Established the importance of involving diverse stakeholders, including government agencies, community organizations, and professional associations. Also emphasized early engagement of community clinicians and institutional partners for comprehensive program design.
- **Team Composition and Standards of Practice:** Discussed the formation of a core team with clearly defined roles and stressed the need for dedicated full-time equivalents (FTEs) to ensure effective program engagement and operation. Discussed the need for a medical director or equivalent position to oversee programmatic aspects.
- **Operational Strategies:** Identified the need for a formal enrollment process with provider retention strategies. Also highlighted the creation of a program operations manual to standardize procedures.

Outcomes:

- **State-Specific Challenges and Solutions:** Attendees shared insights on establishing core teams, including overcoming slow recruitment processes, and leveraging existing program frameworks. Ohio and South Dakota PMHCA discussed starting from scratch and strategizing around registration systems and provider engagement. Tennessee, Mississippi, and Colorado had made progress in hiring staff.
- **Engagement and Communication:** Reinforced the necessity of continuous communication with advisors and stakeholders. Recommended proactive engagement with providers and maintaining comprehensive databases for efficient program operation.
- **Resource Utilization:** Encouraged collaboration with existing state-funded programs for resource referrals. Also, provided examples of how different states manage call lines and provider engagement, emphasizing the need for coordinated efforts.

Resources/Concepts Discussed:

- **Implementation Toolkit:** Some attendees were working on job descriptions. Discussed links to job descriptions, workflows, and basecamp resources useful for both PMHCA and MMHSUD programs.

Session 3: April 30, 2024- Partnerships to Impact Success

Progress:

- **Establishing Partnerships:** Emphasized two types of partnerships: sustainability and support from stakeholders, and user and provider involvement. Discussed the need for relationships with local chapters of professional organizations (e.g., ACOG, NNCPAP) for program promotion and support.
- **Program Development and Implementation:** Shared strategies for program messaging and marketing to ensure accessibility and support. Also, encouraged regular communication with stakeholders and advisors to gather feedback and ensure inclusive engagement. Attendees shared their approaches to targeting specific provider groups and managing call lines for streamlined operations.
- **Operational Strategies:** Highlighted the importance of medical leadership for promoting programs and preparing materials and the need for HR to handle personnel responsibilities. Emphasized the importance of having a comprehensive advisory board to guide program development.

Outcomes:

- **State-Specific Initiatives and Challenges:** **Mississippi:** Established a close relationship with AAP, collaborated on education projects, and applied for HRSA funding for program promotion. **Ohio:** Contracted with Ohio State University for a landscape analysis, met with various agencies and children's hospitals, and worked on inclusive advisory stakeholder meetings. **South Dakota:** Targeted family practitioners and faced challenges with competing systems, leveraging their advisory board for support. **Missouri:** Offered to be a point of contact for other states due to extensive experience.
- **Breakout Session Insights:** **Kansas:** Merged MMHSUD and PMHCA programs, utilized a shared call line with specific prompts for different services, and emphasized the importance of direct provider-to-provider communication. **Colorado:** Explored potential partnerships with early childhood programs and emphasized clear messaging to build program capacity without overwhelming providers.
- **Engagement and Collaboration:** Highlighted the significance of having a medical director with an outward-facing role for community engagement and training. Encouraged finding shared common goals with partners to ensure effective collaboration and program support. Shared successful examples of partnerships and collaborations from various states to serve as models for others.

Resources/Concepts Discussed:

- **Partner agencies:** Partners that can be established as resources were discussed. MMHSUD programs are developing partnerships with postpartum support international as a resource for training and referral. PMHCA programs have developed partnerships with agencies serving families.

Session 4: May 28, 2024- Developing Core Components and Data Metrics

Progress:

- **Establishing Core Components and Data Metrics:** Defined key components for program operations: real-time consultation, training and education, care coordination, support, resource/referral database, and outreach/marketing. Attendees discussed the importance of determining which component to focus on first based on specific needs and resources.
- **Data Collection and Reporting:** Emphasized the need for a robust data collection system (e.g., Trayt, RedCap, Salesforce, Excel) to meet HRSA reporting requirements. Also identified important data metrics, including number of telephone and face-to-face consultations, resource and referral services, and technical assistance.
- **Program Implementation Strategies:** Highlighted volunteer outreach, operationalizing screening practices, marketing, and partnerships as crucial components for integrating mental health care into pediatric visits.

Outcomes:

- **Breakout Session Insights:**
 - **PMHCA: Ohio:** Explored the challenge of using multiple phone numbers versus a single central number for regional consultation, considering hospital triage. **Massachusetts:** Shared experiences of using multiple academic centers equally to avoid dominance and subcontracting with community mental health centers. **Michigan:** Discussed starting with a centralized number and expanding regionally as capacity grows.
 - **MMHSUD: North Carolina:** Focused on opening the consultation line to nurse home visitors and any professionals working with pregnant or postpartum women. **Texas:** Asked about the inclusion of breastfeeding peer consultants and the need for data on substance use disorders. Texas was advised to determine the professionals that can call the line based on what their consult line experts can address. As for data collection, a suggestion was made to develop a database based on caller inquiries to ensure the most useful data is collected.
- **State-Specific Challenges and Solutions:** **Kansas:** Successfully merged MMHSUD and pediatric programs with a shared call line and direct provider-to-provider communication. **Colorado:** Partnered with WIC and social workers for resource and referral services, ensuring calls addressed a wide range of needs.

- **Operational Strategies:** Emphasized the need for clear and consistent messaging to build program capacity without overwhelming providers. Suggested using terms such as "registration" instead of "enrollment" to avoid confusion and ensure a clearer understanding of program involvement.

Resources/Concepts Discussed:

- **Core Components and Data Metrics:** Provided a detailed overview of core components and the importance of real-time consultation, training, care coordination, and a resource/referral database. Discussed data system options and the key metrics needed for HRSA reporting.
- **Implementation Toolkit and Best Practices:** Highlighted the availability of an implementation toolkit with job descriptions and workflows. Shared best practices for integrating mental health screening into pediatric visits and operationalizing screening practices.
- **Advisory Group Facilitation and Support:** Encouraged awardees to seek recommendations for consultants to facilitate advisory group meetings. Stressed the role of advisory boards in guiding program development.

Session 5: June 25, 2024- Enrollment Process and Retention Strategies

Progress:

- **Enrollment Strategies:** Discussed approaches to enrolling physicians, social workers, doulas, and other healthcare providers along with the importance of establishing relationships with providers prior to enrollment to ensure smoother integration into the program.
- **Outreach and Training:** Shared experiences of starting with training before introducing consultation lines, as seen in Kansas. Attendees highlighted effective outreach methods, including emails and listservs for nurses and social workers, and direct connections for physicians.
- **Sign-Up Processes:** Addressed the need for clear terminology with some preferring "sign up" over "enrollment" and the option of providing an incentive such as CMEs or welcome packages for signing up. Attendees discussed legal requirements for enrollment, such as providing proof of liability insurance.

Outcomes:

- **Breakout Session Insights:** Enrollment processes and retention strategies were discussed. **Colorado:** Focused on starting with providers they already have relationships with to build trust and ensure effective program implementation. **Missouri:** Included various healthcare providers in their enrollment process and leveraged their existing perinatal program for outreach. **Kansas:** Shared lessons learned from their MMHSUD program, including the importance of initial training and assistance before adding consultation lines and targeted outreach through perinatal quality collaboratives. **Massachusetts:** Only prescribers are enrolled and call the consultation line.
- **Program Development and Implementation:** Discussed the integration of doulas, social workers, and home visiting nurses into the program through targeted outreach and training. Some programs allow anyone to call the consultation line, but certain groups must enroll to track program utilization. Also, emphasized the importance of understanding the audience to tailor outreach strategies effectively, ensuring higher engagement and successful enrollment.

Resources/Concepts Discussed:

- **Outreach and Engagement Strategies:** Highlighted effective outreach methods, including the use of emails and listservs for nurses and social workers, and direct connections for physicians. Emphasized the need to tailor outreach strategies to the specific audience to ensure higher engagement and successful program implementation.
- **Training and Consultation Lines:** Shared best practices for starting with training before introducing consultation lines, as seen in the Kansas MMHSUD program. Discussed the importance of building trust and relationships with providers prior to enrollment to ensure smoother integration into the program.
- **Legal Requirements and Incentives:** Addressed the legal requirements for enrollment, such as providing proof of liability insurance, to ensure compliance and protection for both providers and the program.

Considered the use of incentives like CMEs and welcome packages to enhance the appeal of the program and encourage sign-ups.

Session 6: July 30, 2024- Lessons Learned and Plans for the Future

Progress:

- **Program Integration:** Several states have worked on aligning their MMHSUD and PMHCA programs. Louisiana successfully integrated the PMHCA and MMHSUD programs under one umbrella, despite initial challenges due to transitioning from separate programs to a unified system before receiving continuous funding. Ensured proper training and cross-training for staff to handle diverse consultations effectively.
- **Personnel and Role Clarity:** Kentucky expressed difficulties with hiring social workers because their department doesn't allow hiring of those positions. Louisiana and Massachusetts addressed difficulties with hiring social workers and care coordinators by changing terminology to better reflect roles and reduce misunderstandings (e.g., from "care coordinator" to "resource specialist" and "social worker" to mental health specialist"). In Louisiana, all consultants that answer the phone are social workers.

Outcomes:

- **Improved Program Utilization:** Established programs saw an increase in consultations and training opportunities as outreach efforts expanded. New programs were encouraged to participate in proactive engagement strategies to increase program awareness and visibility.
- **Training and Education:** Programs focused on providing relevant training to providers and ensuring they understand the consultation services. The importance of continuous training for both new and existing team members to maintain high-quality service delivery was emphasized. Some attendees noted using postpartum support international and Zero to Three for training.
- **Collaboration with Organizations:** CoP participants have faced challenges with certain organizations, such as ACOG chapters, but made progress with others. Attendees have developed partnerships with various associations and organizations, such as the Rural Health Association, perinatal quality collaboratives and postpartum support international to enhance outreach and service delivery.

Resources/Concepts Discussed:

- **Integration of Programs:** Discussed the benefits of integrating programs under a unified system, with careful planning and management, highlighting better resource utilization and service delivery.
- **Role Clarity and Terminology:** Highlighted the significance of clearly defining and communicating the roles of team members, such as social workers and resource specialists, to ensure effective service delivery and stakeholder understanding.
- **Training and Cross-Training:** Stressed the need for continuous training and cross-training to equip staff with the necessary skills to handle diverse consultations and ensure seamless service delivery.
- **Outreach and Engagement Strategies:** Proactive outreach and engagement, including participation in conferences and community events, were identified as vital for increasing program visibility and utilization.
- **Organizational Partnerships:** Building strong partnerships with relevant state and local organizations can enhance the program's reach and impact. Discussed the need for flexibility and adaptability to address challenges such as funding uncertainties and organizational resistance.

Conclusion

The 2024 Community of Practice (CoP) series has been a cornerstone initiative in enhancing the capabilities of newly funded Pediatric Mental Health Care Access (PMHCA) and Screening and Treatment for Maternal Mental

Health and Substance Use Disorders (MMHSUD) programs. Through a structured series of sessions, awardees have made substantial progress in developing their programs, establishing core teams, forming essential partnerships, and implementing effective operational strategies. The CoP has fostered a collaborative environment where awardees could share experiences, learn from one another, and build a strong network of support. CoP attendees that completed the feedback form after the final session stated they can apply the concepts learned throughout the CoP to their program.