

Healthy Start Virtual Grantees' Meeting

How Healthy Start Fits into the Division's Behavioral Health Activities

> Dawn Levinson, MSW MCHB DHSPS

> > June 25, 2020





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Behavioral Health Efforts in the Division of Healthy Start And Perinatal Services Healthy Start virtual Grantee Meeting June 25, 2020

Dawn Levinson, MSW Behavioral Health Lead, Division of Healthy Start and Perinatal Services Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People





How MCHB Addresses Behavioral Health

Our programs Promote, Prevent, Screen, Intervene, Refer, Treat, Train, and Support

- We **promote** healthy mental, emotional and behavioral development in infants, children and youth.
- We strive to *prevent* mental, emotional, and behavioral disorders and build public awareness that mental, social, and emotional health are a critical foundation of physical health.
- We Support the use of evidence-based, trauma-informed tools and training for health professionals
 as they screen, intervene, refer, and treat "two generations" of MCH populations, linking them to
 comprehensive health, behavioral health, and wraparound services and supports.







Why Behavioral Health Matters for MCH Populations

- ✓ "There is no health, without mental health" (WHO, 2017)
- ✓ Women are more likely than men to experience mental illness.¹
- Bidirectional relationship between mental health and substance use often undergirded by trauma, esp. for women.² | Focus on the whole person/family
- ✓ Depression: most common complication of pregnancy.³ Substance use during pregnancy just as common.⁴ Maternal mental health safeguards two lives.
- ✓ 50% of all lifelong mental disorders begin by age 14. | 75% start by age 24.⁵



Suicide is the 2nd leading cause of death for young people aged 10 – 24.⁶

The Division of Healthy Start and Perinatal Services Behavioral Health Activities

Healthcare Provider Training & Tele-psychiatric Consultation:

Screening & Treatment for Maternal Depression and Related Behavioral Disorders

Healthcare Provider Training:

Supporting Fetal Alcohol Spectrum Disorders (FASD) Screening & Intervention

Quality Improvement and Guidelines:

Alliance for Innovation on Maternal Health (AIM) Women's Preventive Services Initiative (WPSI)

ATTYING SERVICES (A

Service Delivery and Workforce Development:

Healthy Start – Eliminating Disparities in Perinatal Health Healthy Start Technical Assistance Center



Healthy Start: What's Your Role?



And

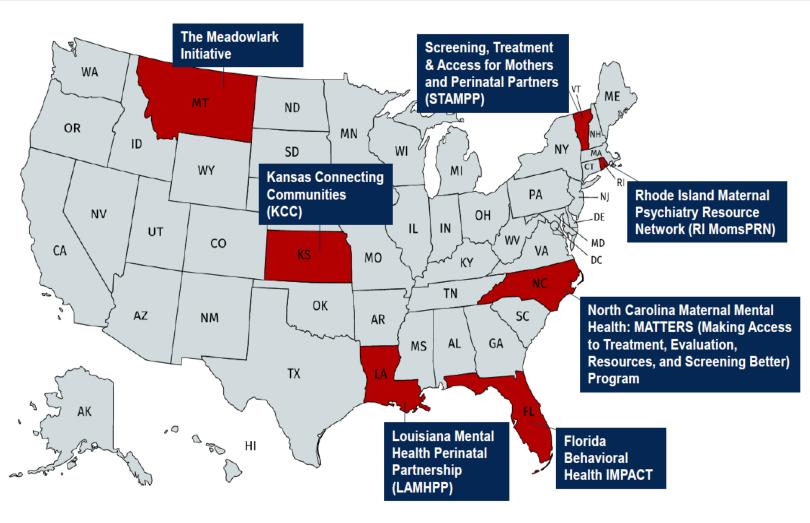
Resources You Can Use!





Screening & Treatment for Maternal Depression and Related Behavioral Disorders program

Program Provides: Through new or expanded telehealth access programs, state awardees offer real-time psychiatric consultation, care coordination support, and **training** to front-line maternity care providers in a state's specified regions, including in rural and underserved areas.

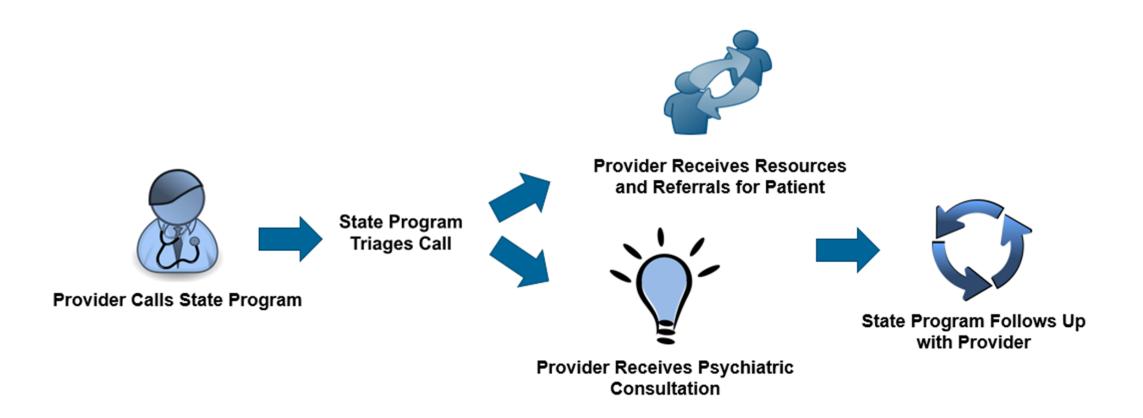




7 awardees (FY2018-2023): FL, KS, LA, MT, NC, RI, VT



Example of a Teleconsultation Line





Through new or expanded telehealth access programs, state awardees offer real-time psychiatric consultation, care coordination support, and training to front-line health care providers in a state's specified regions, including in rural and underserved areas.





Perinatal Psychiatry Access Programs in the United States

California

Dignity Health Perinatal Psychiatry Consultation Service – available to all CA providers | 833-205-7141 | <u>Barbara Sheehy</u>, CommonSpirit Health System Director, Perinatal Mental Health

Florida*

Florida BH IMPACT (Improving Maternal and Pediatric Access, Care and Treatment for Behavioral Health) | 833-951-0296

Louisiana*

Louisiana Mental Health Perinatal Partners (LAMHPP) | 504-988-9171

Massachusetts MCPAP for Moms | 855-Mom-MCPAP (855-666-6272)

Michigan MC3M (Michigan Child Collaborative Care Program for Moms) | 888-828-9304

National

Postpartum Support International (PSI) Perinatal Psychiatric Consult Line 1-800-944-4773, ext 4

North Carolina*

NC Maternal Mental Health MATTERS (Making Access to Treatment, Evaluation, Resources & Screening Better) | 919-681-2909 ext. 2

Rhode Island*

Rhode Island Maternal Psychiatry Resource Network (RI MomsPRN) (401) 430-2800

Vermont*

Vermont Screening, Treatment & Access for Mothers and Perinatal Partners (STAMPP) | Perinatal Mood and Anxiety Consultation Service at the University of Vermont Medical Center | <u>Sandra G. Wood CNM, PMHNP</u> | (802) 847-4758

Washington

Partnership Access Line for Moms (PAL for Moms) | 877-725-4666 (877-PAL4MOM)

Wisconsin The Periscope Project | 877-296-9049

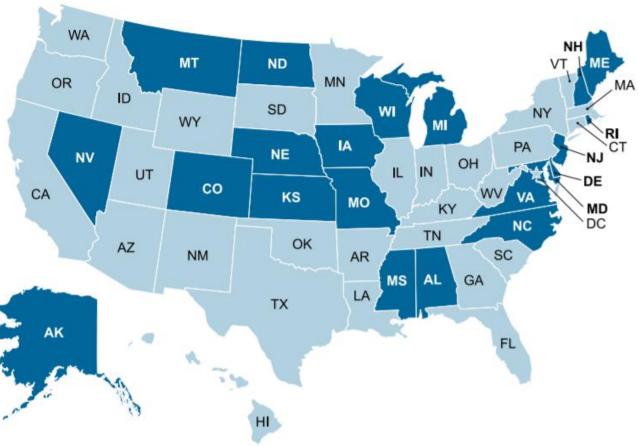
* HRSA-funded Screening & Treatment for Maternal Depression & Related Behavioral Disorders program awardees

MCHB's Pediatric Mental Health Care Access program

Purpose: Promotes behavioral health integration into pediatric primary care using telehealth.

Statewide or regional networks of pediatric mental health teams provide **teleconsultation, training, technical assistance, and care coordination** for pediatric providers to diagnose, treat, and refer children with behavioral health conditions.

21 state awardees. View programs here.





HRSA/MCHB Resources: **Brochures on Depression and Anxiety During & After Pregnancy**

https://www.healthystartepic.org/resources/communications-tools/mental-health-brochures/

Available for download or online viewing.

Brochure For Moms:

If you think you might have perinatal depression or anyelety, don't wait. Reach doll kinding.

halfs for poper through a partial of strategies.



Remember... Particulal theory and analytic day common health conditions that need to be treated.

You are not alone

With help, you can feel better





Depression and

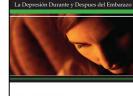








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Longer Booklet: Depression During & After Pregnancy – English & Spanish versions

A SHRSA

https://mchb.hrsa.gov/maternal-child-health-initiatives/mental-behavioral-health

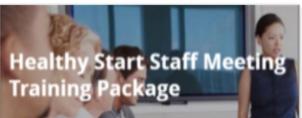
MCHB Resources: Healthy Start's Alcohol & Substance-Exposed Pregnancy Prevention (ASTEPP) Initiative

www.healthystartepic.org/training-and-events/astepp/

<u>ASTEPP materials</u> help community health workers/home visitors learn more about prevention and early identification of fetal exposure to alcohol or other drugs. Can be applicable to your organization too!

Materials Include:

- Staff development resources for groups e.g., 6 Staff Meeting Training Packages on various topics including FASD, depression, and group discussion guide on Opioid Use During Pregnancy
- Self-Study resources e.g., E-learning course | Self-study Guide on State Legislation on Substance Use During Pregnancy
- Resources on Substance Use During Pregnancy in Tribal Communities – e.g., two videos | compendium of
 Tribal BH Resources | infographic on the Social Determinants of
 Substance Use During Pregnancy in Tribal Communities





ALCOHOL AND SUBSTANCE-EXPOSED PREGNANCIES

A GROWING PUBLIC HEALTH PROBLEM







Opioid-Related Resources from HRSA/MCHB

- Mothertobaby.org Ask the Experts about Medications & More During Pregnancy
 & Breastfeeding For Moms, Providers, the Public *Call* 866-626-6847 *or text* 855-999-3525
- AIM's <u>Maternal Safety Bundle</u> on Obstetric Care for Women with Opioid Use Disorder (set of evidence-based practices)
- **Resource document:** <u>HRSA's Home Visiting Program: Supporting Families Impacted by</u> <u>Opioid Use and Neonatal Abstinence Syndrome</u>, encapsulates relevant research and offers strategies for state agencies; and highlights promising efforts underway in ME, CO, WV and MA
- <u>Healthy Start's Quick Start List</u> on Opioid and Behavioral Health Resources, compendium covering policy papers, trainings, community awareness campaigns, and other tools. Geared toward Healthy Start grantees, also appropriate for community health workers, home visitors, and other family support workers.



Webpages on <u>ACES/Trauma</u> and <u>Intimate Partner Violence</u>, SAMHSA/HRSA Center for Integrated Health Solutions

Resources – Training/Tools Related to Mental Health/Depression

because "There is no health, without mental health" (WHO, 2017)

- Mental Health First Aid This training course that gives lay people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. SOON TO BE OFFERED VIRTUALLY. (The National Council for Behavioral Health operates MHFA USA in partnership with the Missouri Dept. of Mental Health)
- Depression in Mothers: More Than the Blues This Tool Kit for Family Service Providers equips providers with information and strategies for use in working with mothers who may be depressed. Includes facts about depression; screening tools for more serious depression; and referrals, resources, and handouts for mothers who are depressed. (SAMHSA, 2014)
- Moms' Mental Health Matters campaign. Designed to educate consumers and health care providers about perinatal mood disorders, emphasizing that they include both depression and anxiety and can occur both during and after pregnancy. In addition to education, the site provides Action Plans, referrals, and advice for partners, family, and friends of affected women. (NICHD/NIH)





Citations for Slide 3

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- Substance Abuse and Mental Health Services Administration, Guidance Document for Supporting Women in Co-ed Settings. HHS Publication No. (SMA) 16-4979. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. Retrieved 6/2020 https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4979.pdf
- 3. American College of Obstetricians and Gynecologists 2018 committee opinion. No. 757, Screening for Perinatal Depression. Retrieved 6/2020 <u>https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression</u>
- 4. Wright, T.E., Terplan, M., Ondersma, S.J., Boyce, C., Yonkers, K., et al. (2016). The role of screening, brief intervention, and referral to treatment in the perinatal period. *American Journal of Obstetrics* & *Gynecology*, 215(5), 539-547.
- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593-602
- 6. Curtin SC, Heron M. Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017. <u>NCHS Data Brief</u>, no 352. Hyattsville, MD: National Center for Health Statistics. 2019.





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