

### **Program Exchange: New Initiatives**





### Shona Ray-Griffith, MD

Associate Professor, University of Arkansas for **Medical Sciences** Ambulatory Director, Women's Mental Health Program

# Women's Mental Health Program (WMHP)

Shona Ray-Griffith, MD Associate Professor University of Arkansas for Medical Sciences



### Who?

- Zachary Stowe, MD
  - Founded WMHP in 2012
  - Relocated in 2016
- Shona Ray-Griffith, MD
  - Joined in 2014
  - Ambulatory Director since 2016
- Jessica Coker, MD
  - Joined in 2016
  - Inpatient Director since 2016
- Hannah Williams, MD
  - Joined in 2019





### What?

### **Ambulatory**

Preconception consultations

Clinical

**Research &** 

Education

Psychiatric evaluation and treatment

Outpatient treatment of substance use disorders

#### **Inpatient**

Acute psychiatric evaluation and treatment

Inpatient detoxification of substance use disorders

Inpatient consultations to labor and delivery



### Where and When?

Women's Clinic

 Co-located care with obstetrical services (1 day/week)



#### **Psychiatric Research Institute**

- Ambulatory outpatient services (3.5 days/week)
- Comorbid substance use clinic (1 day/week)



### **Consultation Line**

#### 2012-2021

- High-Risk Pregnancy Program (formerly ANGELS)
- Call Center
  - Staffed 24/7/365 by RNs
- Providers needing assistance called Call Center who would contact WMHP as needed

#### 2021-Current

- WMHP Direct Line
- Answered directly by Dr. Coker/Ray
- 24/7/365
- Providers call for assistance or inpatient consults



## Volume

Consultation Line by Women's Mental Health Program (by Academic Year)



Calls Consults



### ANGELS Guidelines

- <u>https://angelsguidelines.com/</u>
- Freely accessible with registration
- Guidelines Available:
  - Opioid Use Disorder and Other Substance Abuse During Pregnancy
  - Depression
  - Chronic Pain
  - Domestic Violence
  - Eating Disorders
  - Acute Psychiatric Illness





#### **Megan Peters**

Outreach Manager Healthy Mothers Healthy Babies, The Montana Coalition





## LIFTS Online Resource Guide and PRISM for MOMS

Lifeline for Moms Program Exchange

November 9<sup>th</sup>, 2021









## Seeking Care in a Rural State

- As folks travel to larger population centers for care or other needs, referral distance is increasing
  - Rural providers are expected to know people 8 hours away for referrals, women are traveling 1+ hours regularly for perinatal care, etc.
- Need a geographically wider, but filterable database to make sure referrals can be made
- Parents in rural areas may assume that care isn't available without seeking information that tells them otherwise





## LIFTS, Built to Assist

- Recognized a need to improve awareness and access to community-based services and events for families of children aged 0 to 3
- Wanted to empower parents to look for help on beautiful, searchable website
- Also needed to create helpful tool for providers making "P3" referrals
- Designed mobile-friendly website and back-end data management with sciGaia





## Locally Driven Resource Gathering

- Coordinated with 17 early childhood coalitions and organizations around state to collect county-level data
  - Also focused on gathering resources from all 7 reservations
- Included button on every page to update or share new services and events
- Created internal process for receiving new information and adding to database
- Started system-level outreach to collect data from partners to validate information





















<u>Goal</u>

- Raise awareness of helpful resources
- Normalize access to parent & caregiver supports

#### <u>Plan</u>

- Created magazine to share stories about "what helps" by Montana caregivers
- Distributed 16,000 copies to birthing hospitals, WIC clinics, home visiting teams, and more





## Patient-Facing Resource & Referrals

- Have 2164 resources currently listed statewide
- Partner with PRISM Medical Director to fulfill R&R needs from providers calling psychiatric consultation line
- Created a warmline for Montana parents to use for help in finding services, staffed by RN at HMHB
- Collect the following data for HRSA for warmline:
  - Number of calls
  - Number of referrals made
  - Category of referral









### Contact Us

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Healthy Mothers, Healthy Bab

Iontana Coalition







#### **Jim Beasley**

Program Manager RI Maternal Psychiatry Resource Network Program (RI MomsPRN)

#### **Eva Ray**

Resource & Referral Specialist RI Maternal Psychiatry Resource Network Program (RI MomsPRN)

## **RIMOMSPRN** Maternal Psychiatry Resource Network



#### Statewide HRSA funded program launched in September 2019.

- Clinical leadership and services are provided by the Center for Women's Behavioral Health at Women & Infants Hospital, the state's largest obstetric hospital and has well-established perinatal mental health clinical and training programs.
- Program administration and evaluation is managed by the Rhode Island Department of Health
- Prenatal care practice engagement support is provided by the Care Transformation Collaborative (CTC) of Rhode Island.



## RIMOMSPRN Maternal Psychiatry Resource Network Strategies

### Accomplishments

- Active teleconsultation line:
  - > 933 initial encounter calls
  - > 390 unique providers
  - 840 perinatal patients served

#### Outreach/Education

 2,835 professionals from various disciplines

### Keys to Utilization Success & Increases

- Longstanding statewide clinical connections.
- Increased awareness among prenatal care providers through practice learning collaboratives with funding support, direct outreach, digital communication, and professional education.
- Early decision to also support other types of aligned healthcare workers who may need resource and referral services given their role and level of training.



### RIMOMSPRN Maternal Psychiatry Resource Network Data Since Launch

#### **Provider Breakdown**



#### Top 5 Provisional Diagnosis Reported

- Depression
- Anxiety
- > PTSD
- Bipolar
- Substance Use Disorder

Teleconsultation Services Provided	
Clinical Consultation	41%
Resource/Referral	59%



### RIMOMSPRN Maternal Psychiatry Resource Network

## Supporting Other Trusted Healthcare Staff/Providers

#### **Family Visiting**

• Leverage RIDOH Family Visiting Program engagement w/ HRSA's



- Already conducting maternal depression screening and sought to improve referrals and depression reduction.
- Offer trainings & resource/referral support to all staff after small pilot.
- Now make up 14% of calls.

#### WIC & Early Intervention

- Used Family Visiting success to advance program partnerships.
- WIC: Did not conduct any validated screening previously. Now WIC staff will be required to conduct PHQ2 screening at relevant perinatal visits, document results electronically, and make connections to services.
- Early Intervention: Will be piloting maternal depression screening and referral collaboration with one of the ten agencies in the state soon.
- Offer trainings & resource/referral support.

#### Other

- **Doulas:** Given recent legislation to enact reimbursement, now offer resource/referral support.
- Pediatricians/Family Physicians: Leverage CTC-RI, RI Health Center Association, RI Medical Society, and PediPRN standing meetings to increase awareness of resource/referral support.
- Emergency Departments: Plan to help staff address perinatal OUD through clinical triage and resource/referral support when revised RIDOH hospital levels of care guidelines are distributed.



Women & Infants



- Recognize the large reach of non-obstetrical providers and opportunity to improve care coordination.
- Partner with state/county public health agencies to advance partnerships and leverage their oversight/funding role.
- Expect/anticipate objections from front-line staff who will cite mission creep and/or burnout/staffing challenges/fiscal issues during exploratory meetings.
- Address objections by detailing connections to core work when giving trainings and/or attending exploratory meetings and be prepared to discuss emergency/crisis protocols.
- Meet staff/agencies where they are at with screening tool recommendations, documentation, and reporting guidance, but do recommend universal screening.
- Start small by offering a pilot with a subset of providers/agencies to gain buy-in and reinforce that service/supports offered are not meant to replace what already works.
- Realize engagement will be slow and needs to be periodic/ongoing; use bi-directional reporting as an opportunity to re-engage staff or address inappropriate/lackluster use of program supports.

### RINOMSPRN Maternal Psychiatry Resource Network

### Women&Infants

#### Clinical Contact Information

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Learn more: <u>www.womenandinfants.org/ri-momsprn</u>

#### Program Contact Information

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