

# Advancing Innovation and Team-Based Care to Address Maternal Health Disparities

Wednesday, May 22nd  
1 - 2 pm ET



# Facilitators



Meghan Erkel, MPH  
(she/her)  
Senior Program Manager



Cindy Selmi  
(she/her)  
Executive Director

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[WWW.OUTREACH-PARTNERS.ORG](http://WWW.OUTREACH-PARTNERS.ORG)

**WE SUPPORT HEALTH OUTREACH PROGRAMS** by providing training, consultation, and timely resources.

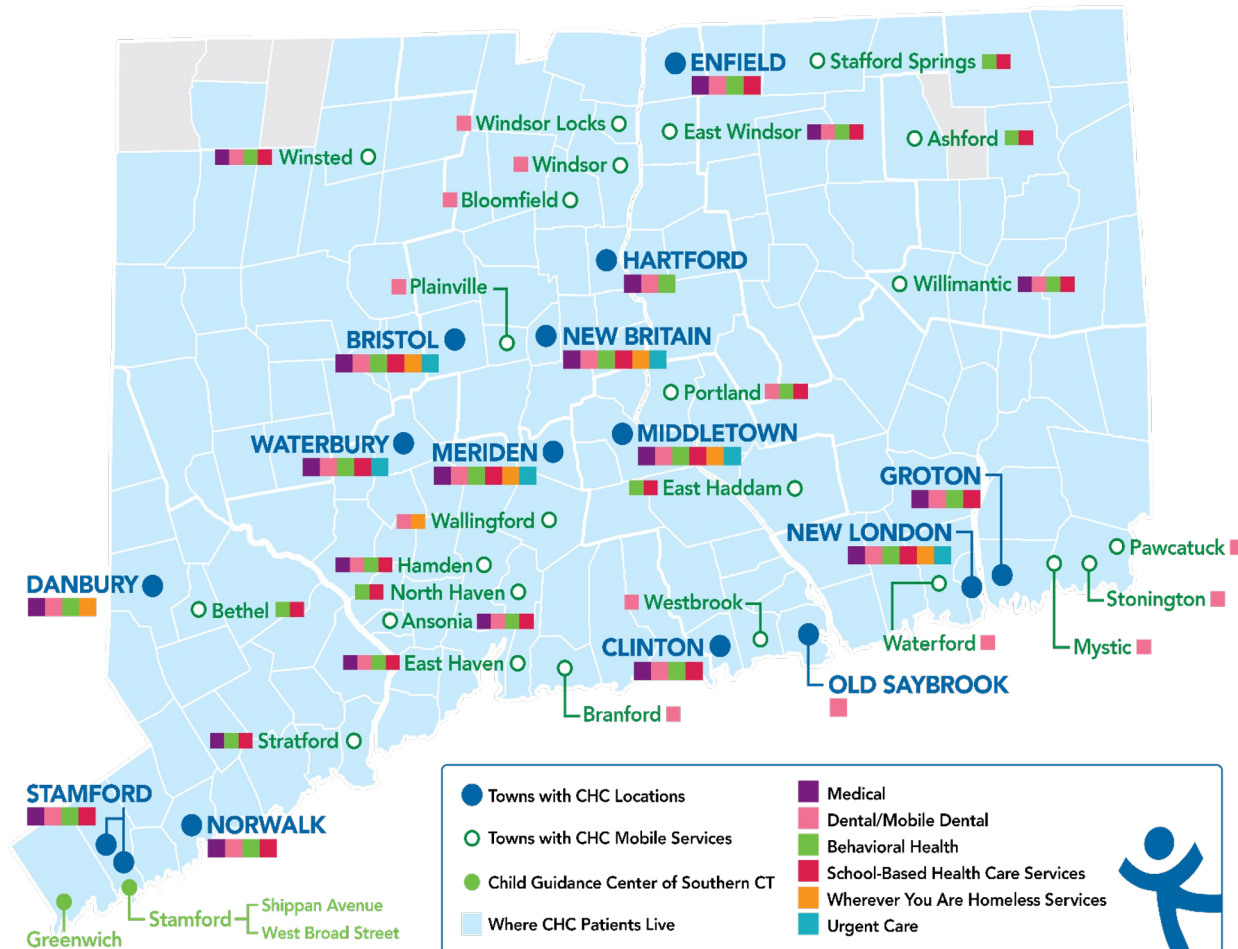
**OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS** by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

**WE SERVE** Community Health Centers, Primary Care Associations, and Safety-net Health Organization



# Community Health Center, Inc.

## Locations and Service Sites in Connecticut



## CHC Profile:

- Founded: **May 1, 1972**
- Staff: **~1,200**
- Total Patients Served: **102,275**
- Clinical Sites across CT: **19**
- SBHCs across CT: **180+**
- Students & Residents/year: **390**
- Three Foundational Pillars:
  1. **Clinical Excellence**
  2. **Research & Development**
  3. **Training the Next Generation**

# National Training and Technical Assistance Partners

## Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

### Team-Based Care



- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

### Training the Next Generation



- Postgraduate Residency and Fellowship Training
- Health Professions Training

### Emerging Issue



- HIV Prevention

### Advancing Health Equity



### Preparedness for Emergencies and Environmental Impacts on Health



# Agenda



- Introduction to Maternal Mental Health
- Innovative Examples from the Field:
  - Implementing Screening for Maternal Mental Health
  - Blue Skies Program
- Panel Q&A

# Learning Objectives

By the end of this webinar, participants will be able to:

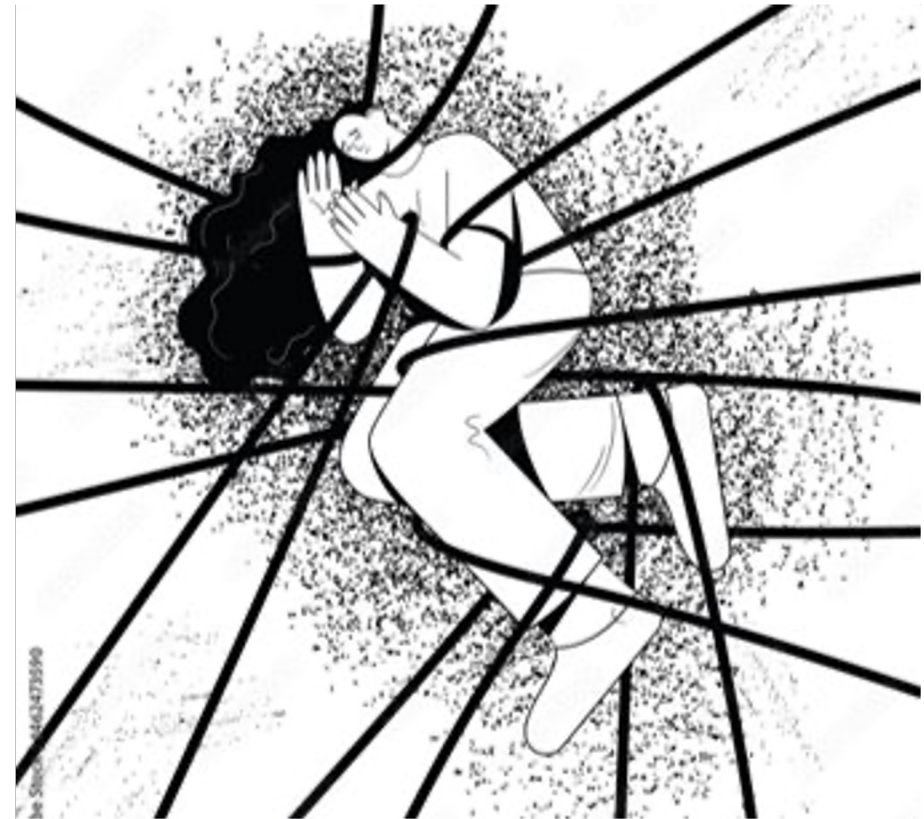
- Discuss the maternal mental health crisis in the United States, and how maternal mental health disorders are the leading cause of pregnancy-related deaths
- Understand the importance of screening for mental health among new and expecting mothers
- Incorporate innovative whole-child, whole-family approaches to public health interventions and programs to tackle maternal health disparities.





# Maternal Mental Health

- Maternal mental health, also known as perinatal mental health, refers to a mother's/birthing person's emotional, social, and mental well-being during pregnancy, after having a new baby, adopting, or experiencing pregnancy/infant loss.
- Maternal Mental Health disorders include:
  - Perinatal or postpartum mood disorder
  - Perinatal or postpartum anxiety disorder
  - Perinatal or postpartum psychosis
  - Perinatal or postpartum obsessive-compulsive disorder (OCD)



# Maternal Mental Health Disorders are the Leading cause of Pregnancy-Related Deaths

- About **one in five mothers / birthing people\*** suffers from maternal mental health (also known as “perinatal mood and anxiety disorders”)<sup>1</sup>
- According to the CDC, **1 in 8 women experience postpartum depression, and 50% of them are untreated.**<sup>2</sup>
- Untreated perinatal mood and anxiety disorders in the U.S. have **financial<sup>3</sup>** and **multigenerational consequences<sup>4</sup>**



1. [American Hospital Association, Maternal Mental Health.](#)
2. Bauman BL, Ko JY, Cox S, et al. Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. MMWR Morb Mortal Wkly Rep 2020;69:575–581. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919a2>
3. Luca, D. L., Garlow, N., Staatz, C., Margiotta, C., & Zivin, K. (2019, April). [Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States](#). Mathematica.
4. Mekawi Y, Ishiekwene MN, Jimenez AN, Ware M, Carter SE, Stenson AF, Jovanovic T, Bradley-Davino B, Powers A. Intergenerational Transmission of Depression: Examining the Roles of Racism and Trauma Among Black Mothers and Youth. J Am Acad Child Adolesc Psychiatry. 2023 Oct;62(10):1147-1156. doi: 10.1016/j.jaac.2023.04.016. Epub 2023 Jun 14. PMID: 37328141; PMCID: PMC10543601.

# Why it Matters

## **Less than 15% of women receive treatment for maternal depression:**

- 15% receive treatment for postpartum depression
- 13% receive treatment for depression during pregnancy
- Less than 9% receive adequate treatment

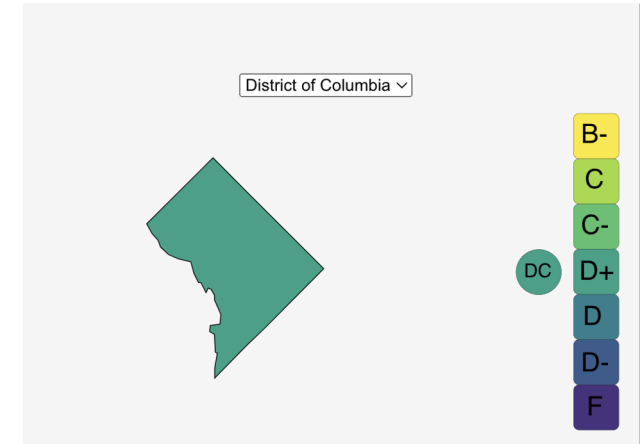
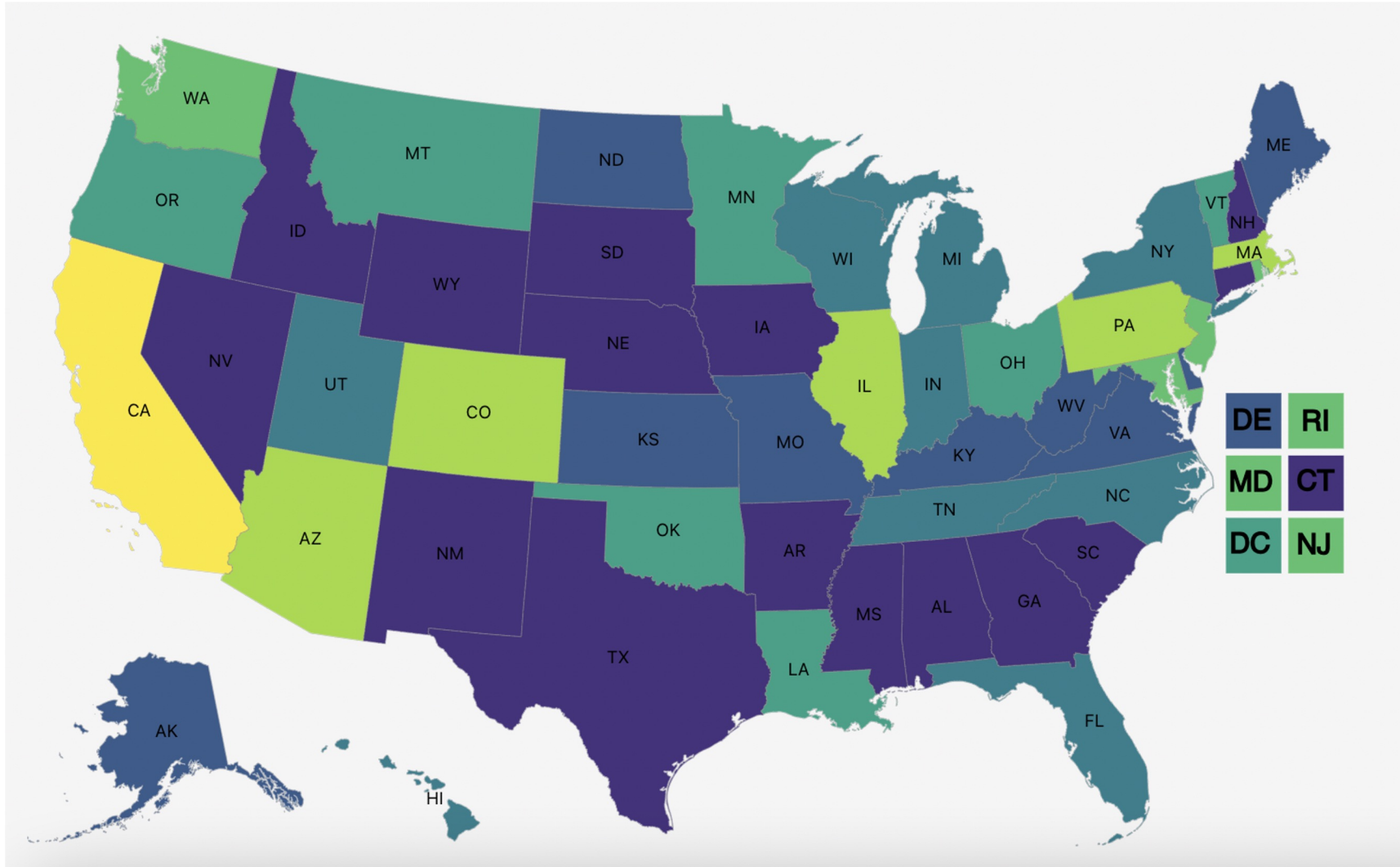
## **Maternal mental health is associated with:**

- obstetric physical health complications (increased risk of pre-eclampsia, postpartum hemorrhage, preterm birth, and stillbirth)
- fetal growth restriction & low birth weight
- postnatal complications, poorer maternal and infant bonding
- early childhood development (cognitive, language, and behavioral development)
- relationships with their partner

### Sources:

Cox, E. Q., Sowa, N. A., Meltzer-Brody, S. E., & Gaynes, B. N. (2016). The Perinatal Depression Treatment Cascade: Baby Steps Toward Improving Outcomes. *The Journal of Clinical Psychiatry*, 77(9), 20901. <https://doi.org/10.4088/JCP.15r10174>

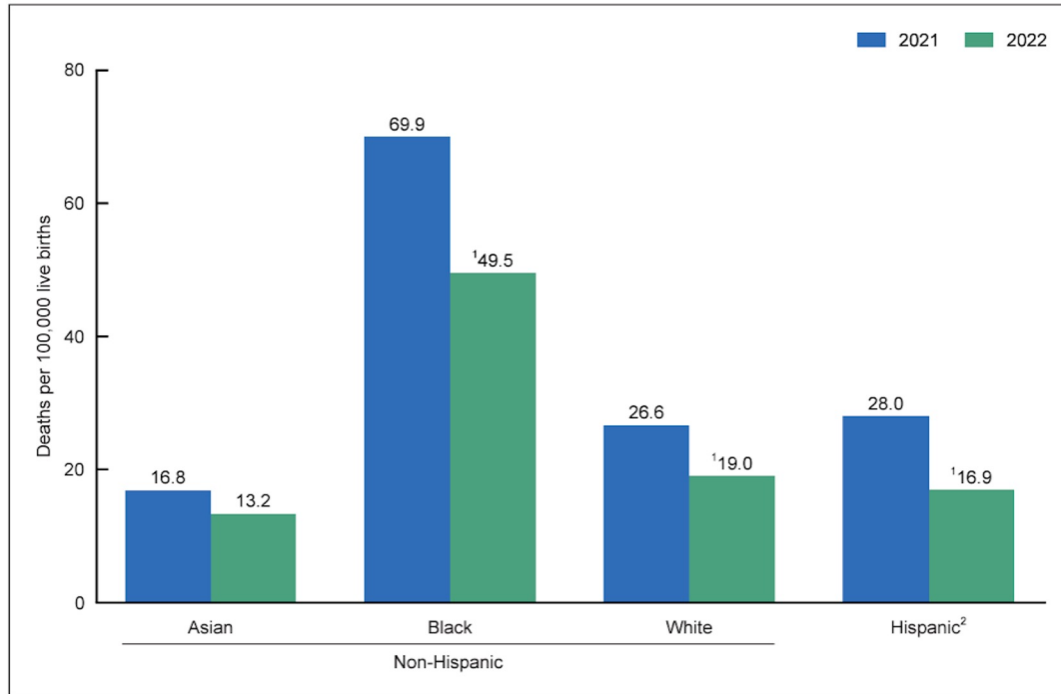
# The US is failing to adequately support Maternal Mental Health



The Policy Center for Maternal Mental Health. (2023, May). *Inaugural Maternal Mental Health State Report Card (2023)*. <sup>3</sup> <https://www.2020mom.org/state-report-cards>

# People of Color have an increased risk for MMH Disorders

Maternal mortality rate, by race and Hispanic origin: United States, 2021 and 2022



<sup>1</sup>Statistically significant decrease from previous year ( $p < 0.05$ ).

<sup>2</sup>Hispanic people may be of any race.

NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data files.

- Up to 40% of Black and Latina moms suffer from postpartum depression (PPD), twice the rate of their White counterparts (1)
- Latina and Black women are 57% and 41%, respectively, less likely to start treatment for maternal depression than White women (2)
- According to the Maternal Mental Health Leadership Alliance (MMLA), over 50 percent of postpartum depression cases experienced by BIPOC go underreported (3)

## Sources:

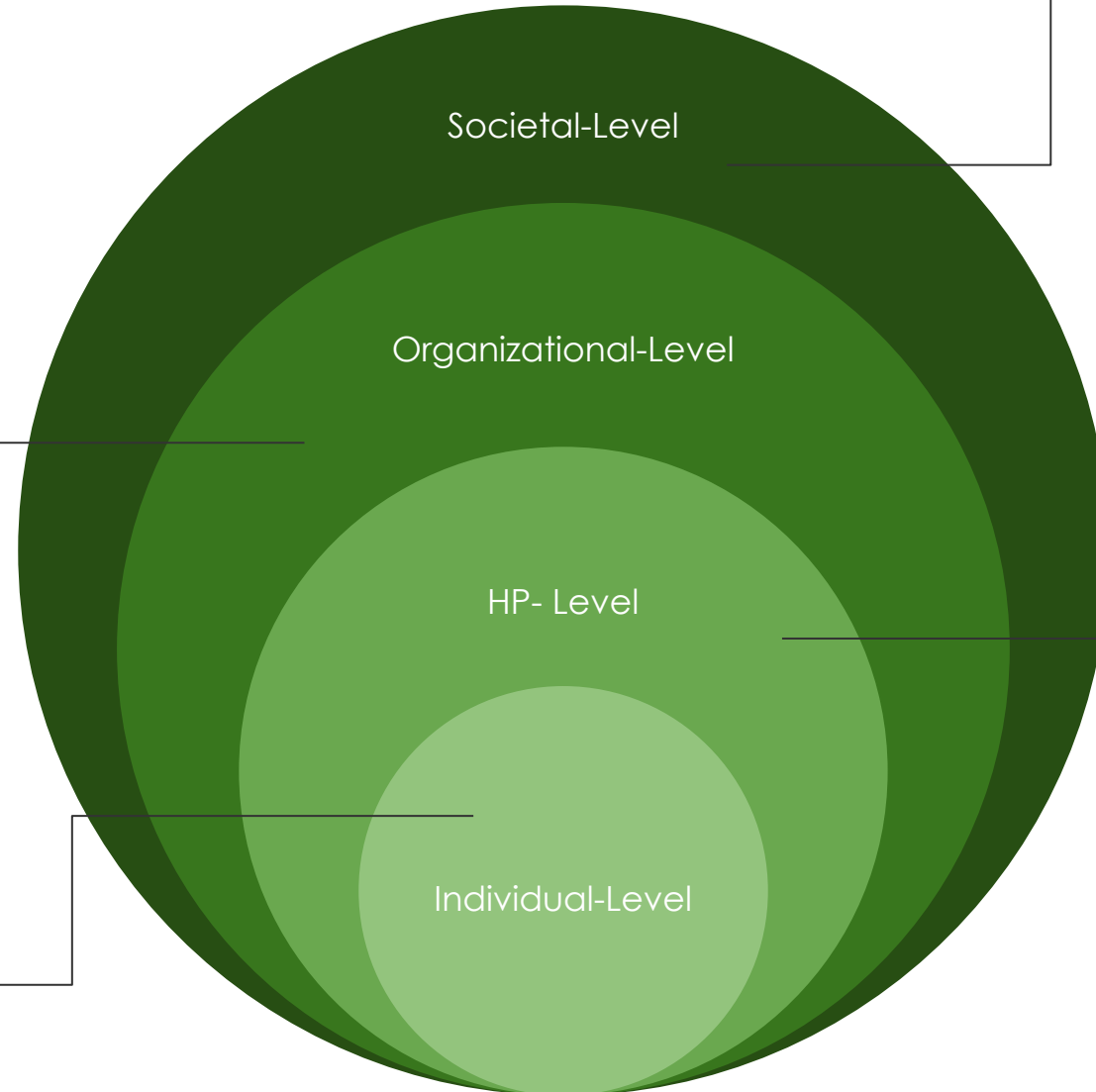
1. Howell, E. A., Mora, P. A., Horowitz, C. R., & Leventhal, H. (2005). Racial and ethnic differences in factors associated with early postpartum depressive symptoms. *Obstetrics and Gynecology*, 105(6), 1442–1450. <https://doi.org/10.1097/01.AOG.0000164050.34126.37>
2. Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women. *Psychiatric Services*, 62(6), 619–625. [https://doi.org/10.1176/ps.62.6.pss6206\\_0619](https://doi.org/10.1176/ps.62.6.pss6206_0619)
3. XXX



# Factors & Barriers

- Screening/Assessment
- Lack of collaboration across services
- Childcare Facilities
- Community Partnerships
- Continuity of Care
- Accessibility

- Stigma
- Maternal Norms ("good mom")
- Cultural norms
- Systemic Racism/Discrimination
- SDOH



- Deciding to consult (fear, stigma, shame)
- Recognition of symptoms
- Access to care (travel cost, lack of childcare, and timing of services)

- HCP being dismissive or normalizing symptoms
- HCP not recognizing help-seeking
- HCP appearing too busy/the way care is delivered

# Programmatic & Policy Concerns

- Including Fathers/Partners into Care
- Addressing Social Drivers of Health (SDOH) barriers to care:
  - Transportation
  - Access to Childcare
  - Language Access
  - Access to nutritious foods & physical activity opportunities
- Increase diversity in the workforce
- Training on mental health
- Innovative programs that include whole-child, whole-family approaches

Biden-Harris Administration's Blueprint for Addressing the Maternal Health Crisis, a whole-government approach to combatting maternal mortality and morbidity

- **A Maternal Mental Health Hotline:** Free, confidential, 24/7 mental health support for moms and their families before, during, and after pregnancy. Includes English & Spanish speaking counselor plus translators in 60+ languages.

**Call or text us at 1-833-TLC-MAMA (1-833-852-6262)**

# Guest Speakers



**Misha Taherbhai, MPH**

Manager, Quality Improvement & Data  
Maternal, Paternal, Child and Adolescent Health  
(MPCAH)  
Public Health Department  
Alameda County Health



**Angela Polk, MA, LMFT, IECMH,  
BHII**

Blue Skies Mental Wellness Team  
Maternal, Paternal, Child and Adolescent Health  
Family Health Services Division  
Alameda County Public Health Department

# Objectives



**Misha Taherbhai, MPH**

- 1. Overview the ACPHD Maternal, Paternal, Child Health Unit and Starting Out Strong SOC**
- 2. Importance of MH screening and follow-up with clients**
- 3. Approach to screening documentation, reporting, and Quality Improvement**
- 4. WIC Depression Screening Project**
- 5. Challenges & areas of opportunity**



**Angela Polk, MA, LMFT,  
IECMH, BHII**

- 1. Overview of the Blue Skies Mental Wellness Team**
- 2. PMADs and interventions**
- 3. Care Coordination/Case Management**
- 4. Case studies, success story**



# What We Do

## Starting Out Strong

Partnering with families for healthy babies and communities

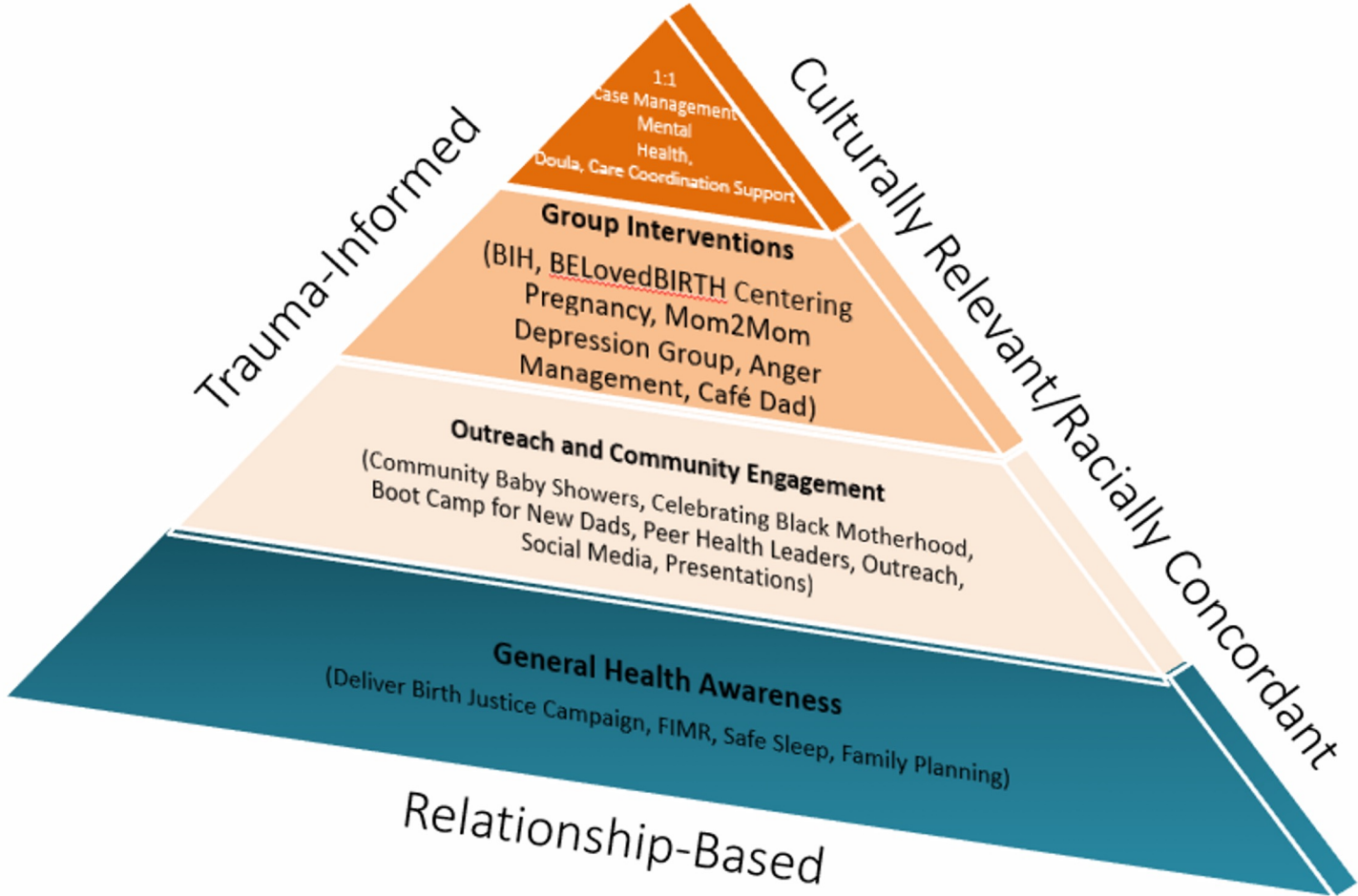
- System Of Care - 14 Home Visiting/direct service Programs
- Comprehensive needs assessment and family goal setting
- Screening and monitoring- depression, substance use, IPV, child development
- Counseling and support
- Parent education and support using evidenced based and informed curriculums
- Linkages, Referrals, Ensuring Access
- Case management Advocacy Accompaniment to court appearances, social and health care services
- Mental health services- brief treatment and pre-treatment services

[Startingoutstrong.info](http://Startingoutstrong.info)





# MPCAH/Starting Out Strong Menu of Supports



# Importance of Mental Health Screenings

Starting Out Strong home visitors are uniquely positioned to initiate mental health interventions during the prenatal and postpartum phases through:

- ❑ Regular in person and/or telehealth visits with clients during the perinatal periods
- ❑ Periodic assessment on clients' psychosocial risk factors
- ❑ Timely referrals to mental health treatments and supports



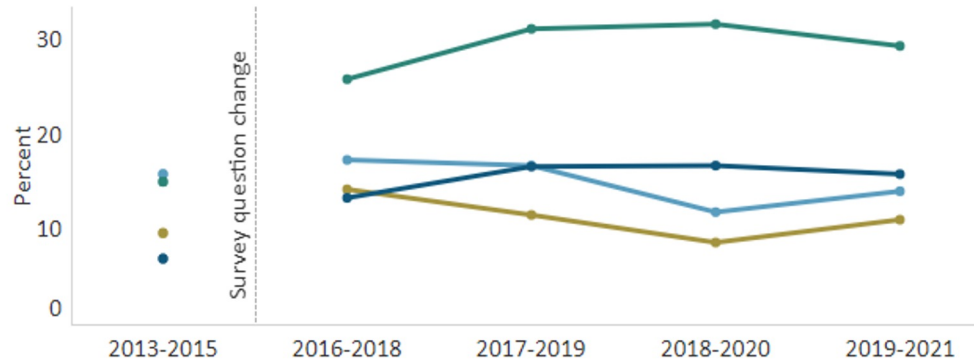
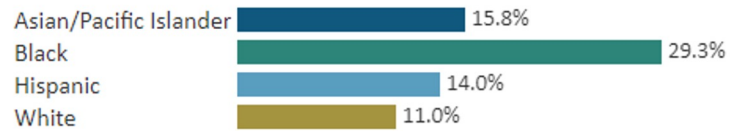
# Protocols and Documentation

- ❑ A **minimum screening standard** for all home visiting programs
- ❑ Administration of MH screening at **Intake (within first 2-4 visits)**
- ❑ Administration of MH screening **prenatally and at 6-month intervals** thereafter
- ❑ **Documentation** of screening, results, and outcome in database **within 48 hours** of administration
- ❑ Clients who score positive are **referred for further treatment**
- ❑ **On the Horizon – Improvements in protocol**
  - ❑ Moving from the EPDS to PHQ-9
  - ❑ Inclusion of Additional screening time points (6 weeks postpartum, Infancy 4 months, Infancy 6 months, Child 12 months, and at 6 month intervals thereafter)

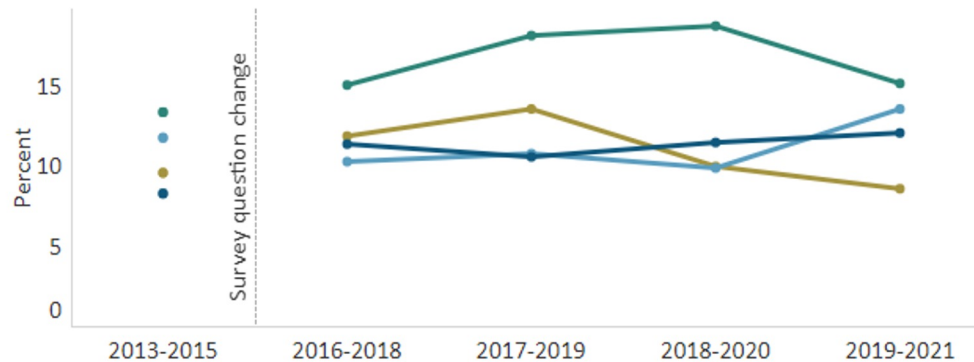


# Perinatal Depression By Race/Ethnicity

Prenatal Depression Symptoms by Race/Ethnicity, Alameda County, 2019-2021



Postpartum Depression Symptoms by Race/Ethnicity, Alameda County, 2019-2021



## Starting Out Strong Clients (CY 2023, Service Data)

**87%** of clients are Black/African American or Hispanic/Latinx

**27%** of clients screened positive (at least one time) on a validated depression screen [EPDS and/or PHQ-9]

Source: Program CMSs, CY 2023

Source: CDPH MCAH Dashboards <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Maternal-Mental-Health.aspx>



# Results Based Accountability

MH Screenings, Follow Up, and Treatment is a quality improvement and evaluation measure across all programs monitored regularly

	Quantity	Quality
Effort	<p><b>How much did we do?</b></p> <ul style="list-style-type: none"> <li>• # of children screened for developmental delay</li> <li>• # of children referred for developmental delay</li> <li>• # of parents screened for depression</li> <li>• # of parents referred for positive depression screening</li> <li>• # of women who received a Reproductive Life Plan</li> <li>• # of children breastfed and/or sleep safely</li> </ul>	<p><b>How well did we do it?</b></p> <ul style="list-style-type: none"> <li>• % of served children (at least 6 months) who received a developmental screening</li> <li>• % of served parents (at least 6 months) who received depression screening</li> <li>• % of positive clients who were provided with a referral (for developmental delay or depression)</li> </ul>
Effect	<p><b>Is any one better off?</b></p> <ul style="list-style-type: none"> <li>• #/% children 6-11 months breastfed for at least 6 months (“sustained breastfeeding”) = Behavioral Change</li> <li>• #/% of referred clients who accessed services (for depression/mental health and/or developmental delay) = Circumstance Change-Attitude Opinion</li> <li>• #/% of women who do not want to get pregnant in the next year who are on consistent birth control = BC</li> <li>• #/% of children 0-6 months who sleep in safe sleep environment (Alone-Back-Crib) = BC-AO</li> </ul>	

Most recent RBA results showed:

- Improvement in screening rates from **87% to 94%**
- Improvement in referral uptake from **61% to 84%**



# External Accountability

- ❑ Mental Health screenings and referrals incorporated into workplans for multiple funders/programs:
  - ❑ HRSA's Healthy Start Grant
    - ❑ Maternal Mortality / Morbidity Supplement – Improving outcomes through MH interventions
  - ❑ Title V / MCAH Scope of Work
  - ❑ Accreditation Standards
    - ❑ HFA/Prevent Child Abuse America Accreditation
- ❑ Leads to continuous improvement in practice and data collection



# WIC Perinatal Depression Screening Project

## Preventative screening program at 5 WIC sites in AC

- ❑ Born out of a FIMR (fetal loss and infant death) case
- ❑ WIC sites asking for a MH support group for participants
- ❑ Collaborative project between WIC and Starting Out Strong to support participants at risk for depression/PMADs

## Screening Process

- ❑ WIC staff text participants electronic screening to clients
- ❑ Results pushed into EXCEL spreadsheet (using Power Automate)
- ❑ All positive participants are offered a referral to Starting Out Strong
- ❑ Those with suicidal ideation strongly encouraged to participate in a call to a crisis center (made jointly with WIC staff)

(8/1/2023 – 1/31/2024): 1741 clients were screened with a total of 2074 screenings

English (United States) ▼

### WIC Depression Screening (PHQ-9)

We would like to know how you are feeling! During pregnancy and after birth, many women feel sad, worried, or emotional. Some of these feelings are normal, but if they interfere with your ability to care for yourself or your family, there are resources available to help! These responses will be kept confidential and secure.

\* Required

1. First name: \*

2. Last name: \*



# Challenges

- ❑ Administering depression screenings to dads
- ❑ Mental Health literacy
- ❑ Stigma of Mental Health
- ❑ Improving data quality and documentation
  - ❑ Integrated database to enhance care coordination



# Blue Skies Mental Wellness Team Services

Blue Skies Mental Wellness Team Angela Vincent Polk, LMFT,  
Perinatal Therapist, Tameko Jones, Team Manager

## Mothers and Babies



# Our Mission

- ❑ To provide consultation, clinical case management and brief therapy interventions for home visiting programs with open and active cases for pregnant and postpartum women
- ❑ To offer support where mother/father/children ages 0-2 have mental health concerns, complex psycho-social needs or barriers to receiving mental health interventions
- ❑ To maximize family access to receiving mental health supports through the county's existing service delivery options by providing program linkages for counseling-therapy and other interventions to support overall healthy development



# Parent and Child Mental Health

- ❑ **Parents with PMADs (Perinatal Mood & Anxiety Disorders) have:**
  - ❑ Impaired positive parenting practices
  - ❑ Difficulty reading infant cues
  - ❑ Difficulty meeting the social/emotional needs of their children
  - ❑ Poor attachment with children
  - ❑ Higher risk for maternal and infant mortality
- ❑ **Children of parents with depression and anxiety:**
  - ❑ Experience emotional and behavioral dysregulation
  - ❑ Have difficulty with attention and memory
  - ❑ At risk for developmental delays
  - ❑ At risk for psychiatric disorders in childhood and





# Our Support Interventions Include

Therapeutic Assessment  
Strategies including  
EPDS, PHQ-9, ASQ,  
GAD-7 and other  
psycho-social  
assessments

Brief therapy – Dyadic  
(parent/child) therapy  
focus

Case Review Team and  
consultation meetings  
among care team

Specialty Topic  
Trainings (Substance  
Use, Intimate Partner  
Violence)

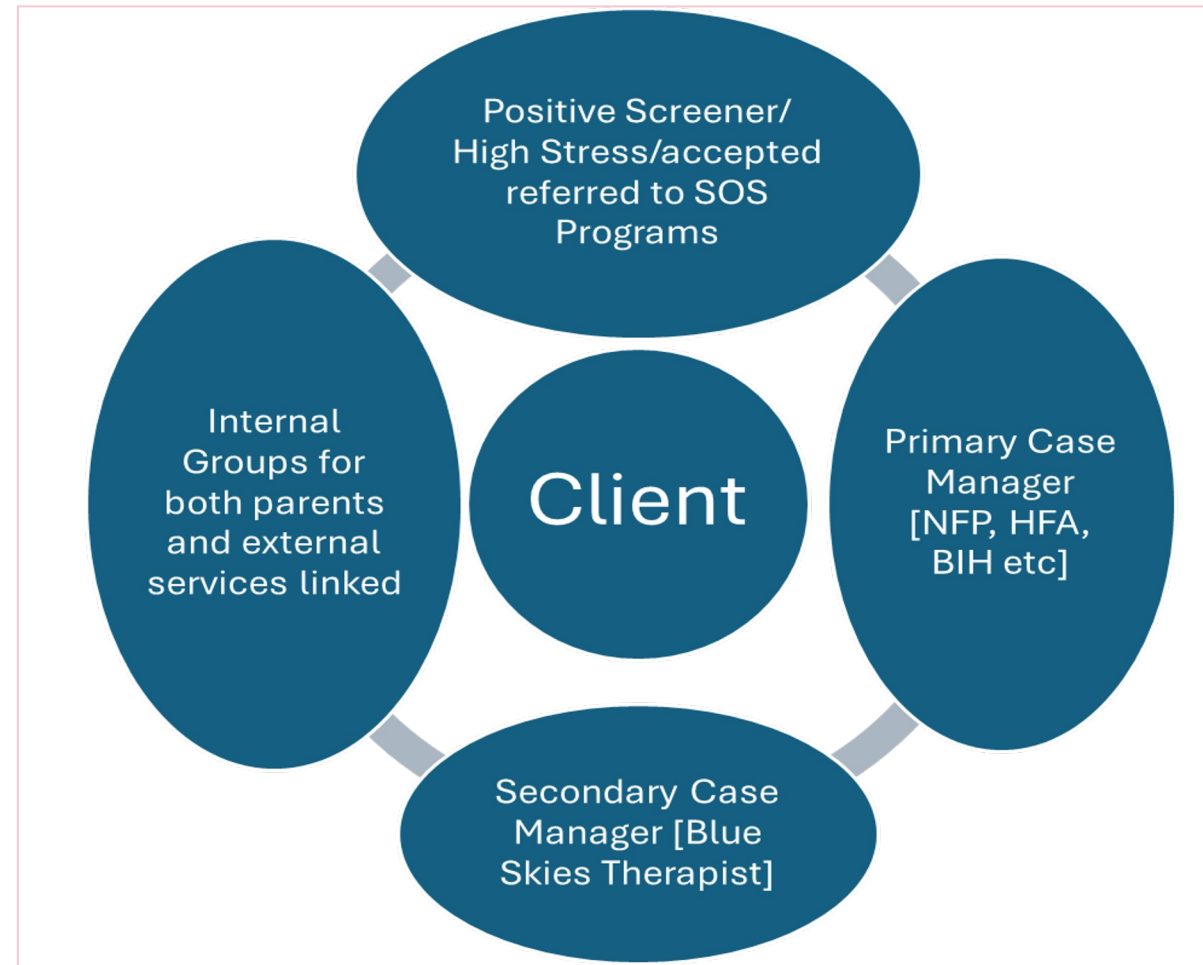
Substance Abuse  
Assessment and  
Treatment Linkage  
Support

Mom To Mom (Mothers  
and Babies Course -  
Depression  
Management Group)

## We do this by:

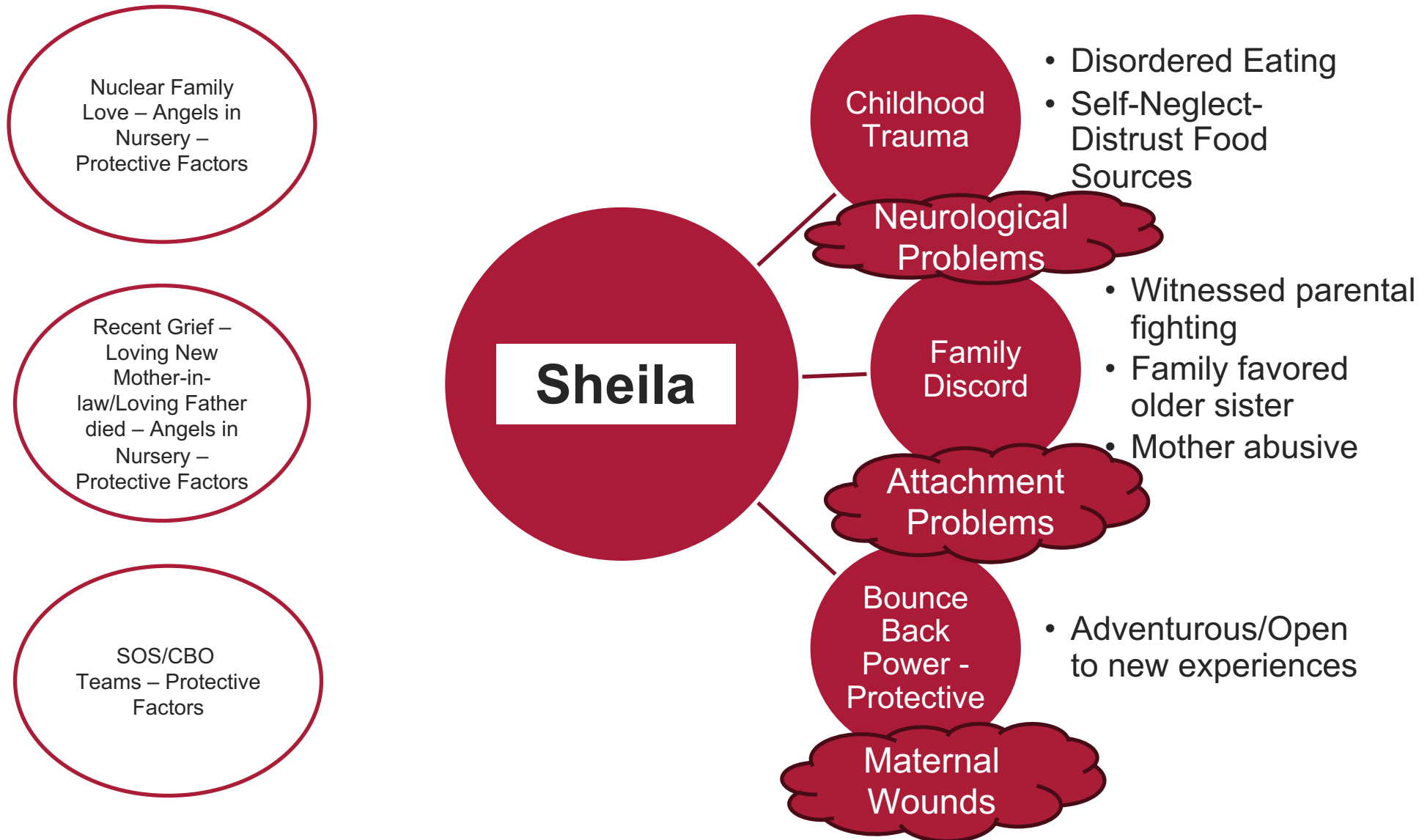
- ❑ Referrals with a positive screen
- ❑ Providing brief assessments
- ❑ Building a therapeutic alliance through home visiting and telehealth services (6 months – year)
- ❑ Setting treatment goals that include clinical case management strategies
- ❑ Providing brief therapy with moms, dads and young children
- ❑ Referring & linking clients to needed therapeutic resources and sustained treatment

## Team Based Care



# Case Study: Efficacy of Team-Based Interventions

## Protective Factors



# Team-Based Work Is Best To Build Strong Family Bonds

**Collaborative strategies address mental health and the psychosocial, cultural, societal, and economic stressors that negatively affect our clients in our system of care**

**They Start Out Stronger!**



# Q&A





# Contact

## Health Outreach Partners

- Meghan Erkel, MPH:  
[meghan@outreach-partners.org](mailto:meghan@outreach-partners.org)
- Cindy Selmi:  
[cynthia@outreach-partners.org](mailto:cynthia@outreach-partners.org)

## Community Health Center, Inc

- Bianca Flowers, MPH, CHES®  
[flowerb@mwhs1.com](mailto:flowerb@mwhs1.com)

## Maternal, Paternal, Child and Adolescent Health (MPCAH), Public Health Department, Alameda County Health

- Misha Taherbahi, MPH:  
[Misha.Taherbhai@acgov.org](mailto:Misha.Taherbhai@acgov.org)
- Angela Polk, MA, LMFT, IECMH, BHII  
[Angela.Polk@acgov.org](mailto:Angela.Polk@acgov.org)

