Recruiting, Funding, and Training an Effective and Innovative Maternal Behavioral Health Workforce

Wednesday, July 21st, 2021
PRISM Learning Community: Cohort 2
Agenda

Welcome and Introductions

Strategies for Expanding an Effective and Innovative Behavioral Health Workforce

  Joy Burkhard, Founder and Executive Director, 2020 Mom

Knowledge Builds Connections & Community Trust

  Kay Matthews, Founder and Executive Director, Shades of Blue

Q&A

Wrap-Up & Adjourn

Objectives

- Highlight best practices in behavioral health workforce recruitment and retention.

- Discuss traditional and non-traditional funding sources for maternal behavioral health.

- Share innovative models and programs that address maternal behavioral health.
The content, findings, and conclusions shared in this presentation are those of the speakers and do not necessarily reflect the official positions of or endorsements by ASTHO, AMCHP, or the PRISM project funder (HRSA).
Joy Burkhard

Founder and Executive Director,
2020 Mom
Strategies for Expanding an Effective and Innovative Behavioral health Workforce

Joy Burkhard, MBA
2020 Mom

PRISM Virtual Learning Session
July 2021

www.2020Mom.org
Who is 2020 Mom?

Mission: To Close Gaps in Maternal Mental Health Care

We support for Innovators and Change Agents:
Insights, Tools, Convening Opportunities and Policy Change
What We will Cover:

Introduction & Level Setting
Maternal Mental Health
BH Workforce
Provider Shortages

Finding

Funding

Training
Childbearing aged women account for the largest group of Americans with Depression.

Postpartum depression is the most common complication of childbirth.

New onset of maternal depression occurs almost as frequently in pregnancy as in the postpartum period.

American Academy of Pediatrics has noted that Maternal Depression is the most under diagnosed obstetric complication in America.

Cost the U.S. and States billions of dollars & treating pays immediate dividends into state Medicaid budgets.

Despite the Prevalence and ROI, Maternal Depression (+Anxiety/Psychosis/PTSD/OCD) largely goes undiagnosed and untreated.
More about ROI: Spotlight on TX

Costs to Texas Medicaid

Texas pays a financial price when MMHCs go untreated — highlighting the return on investment of state maternal health efforts.

Of the $2.2 billion in costs, $1 billion is a cost to Medicaid.

One huge finding: Of the $2.2 billion in costs for untreated MMHCS, 45% is directly related to kids, such as child behavioral and developmental disorders, preterm births and asthma.

Mathematica estimates that failing to treat maternal mental health conditions results in an additional 7,472 preterm births.

https://ccf.georgetown.edu/2021/03/05/report-examines-the-high-cost-of-failure-to-treat-postpartum-depression-and-other-maternal-mental-health-conditions/
Level Set - the Behavioral Health Workforce

Services:
The behavioral health workforce provides:
Prevention, Treatment or Recovery services for mental health or addiction disorders
May provide case management support

Various Disciplines:

Is comprised of a variety of disciplines including licensed and unlicensed providers like:
MDs, Social Workers, Counselors, Psychologists, Peers

Provides Care in Varying Settings:

Provides care across various treatment and community settings
National shortage all provider types, including:

- Psychiatrists (super shortages of reproductive psychiatrists),
- Psychologists, social workers, and marriage and family therapists

This has lead to significant unmet need in behavioral health care, especially for the most underserved populations.

⅓ of Americans live in a Mental Health Professional Shortage Area
In 2019, it was reported only 45% of the national need for primary care professionals was met.

In 2017, the American College of Obstetrics and Gynecology estimated half of U.S. counties lacked a single OB-GYN.
It’s Time to Think Outside the Box

State Level Strategies

-Engage Private Insurers as a part of their network adequacy corrective action plans to:
  -Invest in increasing residency/fellowship programs for psychiatrists and Ob/Gyns
  -Work with universities and community colleges to promote careers in BH, including students with diverse cultural and linguistic backgrounds

-Provide reports/technical assistance to lawmakers about the benefits of:
  -State Certification and Reimbursement to Doulas
  -State Training, Certification and Reimbursement of MH Certified Peers
It’s Time to Think Outside the Bag

State Funding / HRSA Grants

1. The Behavioral Health Workforce Education and Training (BHWET) Program aims to increase the supply of behavioral health professionals while also improving distribution of a quality behavioral health care.

1. The Primary Care National Health Service Core (NHSC) Loan Repayment Program

1. Maternal Depression and Related Behavioral Disorders (MDRBD) Program provides grants to support novel solutions like telepsychiatry consultation programs. HRSA Awarded Grants to 7 States: FL, KS, LA, MT, NC, RI, VT

1. Opportunities to Expand Opioid Epidemic Funded Projects
Peer Support Funding Medicaid+

Medicaid is not the only mechanism through which states have supported funding for peer support services. According to the University of California, most states use a combination of general funds, federal funds and foundation grants to implement and sustain peer support programs.
It’s Time to Think Outside the Box

Program Level Strategies

FIND MMH Providers:
- Seek those who are certified as Perinatal Mental Health-Certified (PMH-Cs)

TRAIN Existing Staff:
- WIC Counselors & Home Visitors (there are many live/on-demand online MMH courses) that provide a pathway to PMH-Certification

CONNECT Peers to Programs/Providers:
- Support Community Based Organizations, Healthy Start Programs, FQHCs, Indian Health Clinics, Rural Health Clinics and Hospitals in Connecting with Certified Peer Support Specialists
Lowest Hanging Fruit: Certified Peer Support in MMH?

Training, Testing and a Credential for Peers
Each state has a state sanctioned CPSS program (CO in the works)

2020 Mom is Working Aggressively on a “MMH’ Training Track
-RI International w/ partners, MHA Ohio (POEM) developed a formal curriculum and are testing a modified training track through phase 2 of our study.
-Includes cultural components relative to the Black community, including doulas
-Mexican/Latin phase being proposed in phase 3.

Advocacy Opportunities in States that Only Address SUD
Pioneering states first addressed peer support to support those battling substance use disorder. 10-12 states frameworks need to be updated to account for mental health peer support.

Employment by Entities that have Workforce Funds or Can/Will Bill Medicaid
Provider Core Competencies
Identifies the skills and knowledge various providers should have who interact with women in the perinatal period

A Continuum of Care
Summarizes the 4 critical timeframes for providers to address MMH disorders

Screening: Score “Cut Offs” and Timing Recommendations
Developed by PSI at the urging of the task force to identify score cut-off for PHQ-9 and EPDS & Timing of Screens by PCP, Ob/Gyn and Pediatrician

A “Menu” of Treatment Options
Adapted from the MCPAP for Moms Toolkit to Include Full Range of Tx Options by Severity

Detailed Recommendations for All Stakeholders
Everyone can and must do something

Additional Resources available on 2020Mom.org
New Report Released on Maternal Mental Health

- What’s been achieved
- What remains to be done

Learn More >
Thank You!

Visit: 2020Mom.org
Contact: Joy@2020mom.org

See Remaining Pages for References & California MMH Legislation
California’s Legislation Signed Into Law

AB 2193 Screening and Insurer Support
Effective July 1, 2019
• Requires insurers to create MMH programs and obstetricians to screen for MMH disorders.

AB 3032, Hospital Maternal Mental Health
Effective January 1, 2020
• Requires hospitals to train clinicians and inform mothers about the range of disorders, signs/symptoms and local treatment options if any.

AB 845, MD and Maternal Mental Health Education
Effective January 1, 2020
• Encourages the state medical board to educate MDs about MMH disorders.
Pending 2020 California Legislation

AB 935 Ob/Ped/PCP to Psychiatrist Virtual Consultation
(in 2019 Introduced as AB 1676 and 2020 as 2360)

• Address psychiatric shortages and builds Ob/Ped/PCP capacity to screen, and develop treatment plans for Moms & Children for

• Requires provide and public Health Plans to Develop or Contract out the consultation program and communicate its availability to network providers and monitor/improve utilization
References

Model Overall State Workforce Strategy

Allied Workforce / Peer Support
https://www.ncsl.org/Portals/1/Documents/Health/1-Health-Care-Needs-Emerging-Workforce_v03.pdf
https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Peer_Provider_Workforce_in_Behavioral_Health-A_Landscape_Analysis.pdf

Shortages

Cost of Untreated Maternal Mental Health Disorders
https://ccf.georgetown.edu/2021/03/05/report-examines-the-high-cost-of-failure-to-treat-postpartum-depression-and-other-maternal-mental-health-conditions/

Expanding Access to Doula care
https://www.mhtf.org/2021/05/31/expanding-access-to-doula-care-best-practices-for-state-legislation/

Funding
Kay Matthews

Founder and Executive Director,
Shades of Blue
KNOWLEDGE BUILDS CONNECTIONS & COMMUNITY TRUST
Kay Matthews
Executive Director
Shades of Blue Project
According to the American Psychological Association, less than 2 percent of American Psychological Association members are Black or African American, some may worry that mental health care practitioners are not culturally competent enough to treat their specific issues.

The health service psychology workforce\(^2\) was 88 percent white and 12 percent racial/ethnic minorities, and the academic workforce\(^3\) was 81 percent white and 19 percent racial/ethnic minorities.
RECRUITMENT & TRAINING RETENTION SOLUTIONS

- Inclusion of traditional healing practices
- Co-created models of care informed by the community
- Training providers in cultural competency and Black maternal mental health
- Education and engaging in the community members

NBEC Project: Equitable Anti-Racists Black Maternal Mental Health
EFFECTIVE MODELS OF CARE THAT WORK

- Peer Support Lead Group Models
- Peer to Peer Support Group Models
- Shared Decision Making Models
- Structured Support Group Models
- Community Healthcare Worker Models
NON-TRADITIONAL & TRADITIONAL FUNDING SOLUTIONS

- Local & National Organizations
- Foundation Funding (Philanthropy)
- Insurers
- Crowdfunding
- Contracts-SubContracts
RESOURCES & MENTAL HEALTH ORGANIZATIONS
PRIORITIZING MENTAL HEALTH?

- Shades of Blue Project (INSPIRE Method)
- Diversity Uplifts (Trains Healthcare Professionals)
- Beam (Trainings Offered)
- Safe Black Space (Community Connection)
- Mommy Up (Community Connection)
- Black Mamas Matter Alliance
- National Birth Equity Collaborative
WE ARE THE SOLUTION

The community is the missing link. It is imperative that when decisions are being made that someone from the community is involved in the conversation.
LET’S STAY CONNECTED

Join Us for Black Maternal Mental Health Week Activities

kaym@shadesofblueproject.org
www.shadesofblueproject.org
Discussion
Your Input Matters

• Please help us evaluate today’s learning session by visiting https://bit.ly/rfteimbh on your device now.

• Thank you!
Thank you!