Perinatal Mental Health Task Force Subcommittees

Subcommittees

Navigation and Access

Resources and Data

Screening, Referral, and Workforce Development

Public Awareness and Systems Capacity

Navigation and Access

a. What barriers do birthing persons, caregivers and families from diverse populations (including but not limited to Black birthing people, Hispanic birthing people, pregnant and postpartum people of color, perinatal immigrant populations, adolescents who are pregnant and parenting, LGBTQIA+) encounter accessing needed resources? What stressors/triggers need to be identified and addressed?

b. What changes need to be made to overcome identified barriers? Can telehealth or other modalities be used or better utilized?

c. What is the best standard of care for each of these populations?

d. How can the District focus on being trustworthy? If the care within the system improves for the identified populations, then the trust should grow.

e. What community-based, peer-based, or multi-generational supports can help birthing persons, caregivers and families?

Resources and Data

a. What are the available resources, including programs, treatments, and services, addressing perinatal mental health needs in the District including hospital-based, community-based, peer-based, and multi-generational supports?

   i. Please delineate grant/foundation-funded programs, treatments, and services from those that are fee-for-service or in-network with Medicaid and/or commercial insurance

   ii. Are these resources over/under-utilized? If so, why?

   iii. What is the organizational capacity to address needs (i.e., waiting lists, wait times, application process, etc.)?

   iv. What gaps exist in addressing the full spectrum of perinatal mental health needs in the District?

b. What needs assessment, research, and program evaluation must be in place to create a robust data collection system to monitor and evaluate progress on addressing perinatal mental and anxiety disorders?

c. What organization or agency could oversee collection and dissemination of surveillance data?

a. What quality metrics are needed to improve accountability and utilization of case management, care navigation, social work, peer support, and doula services to ensure continuity of care?

b. What currently non-billable services (care coordination, home visiting, preventative interventions, integrated behavioral health care in obstetrics) could become reimbursable by Medicaid to support perinatal population?

Screening, Referral and Workforce Development

Screening:

   A. How does the District integrate screening and referral into a broad range of public health and early childhood programs? Which screening tools need to be implemented and into which programs?

   B. Review national models for perinatal mental health screening implementation. What barriers exists in the District to move towards universal, multi-timepoint screening and referral across all healthcare settings?

   C. How is screening currently integrated in the primary care, obstetric and pediatric settings in across the health systems in the District?

   D. What is needed to improve rates of screening and referral across all settings (in pediatric and obstetrics settings)

   E. What is the role of remote screening and how does that impact reach?

   F. Baseline data on who is being screened at the first prenatal visit?

   G. How is screening being integrated into the referral process?

   H. How does the screening align with the National Policy Forum and CMS?

   I. Who is available to provide screenings? Should it only be Medical Providers?

   J. How do we ensure birthing people experiencing all birthing outcomes get screened?

Referral

   A. Do organizations that undertake have accompanying referral protocols?

   B. Are there care pathways that include referral resources and care coordination?

   C. What are the criteria for identified resources and referrals?

   D. What are the wait times for people to be connected to services?

   E. How accessible are the resources (language, location, etc.)?

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Screening, Referral and Workforce Development, continued

Workforce Development:

A. What education/training do providers need on perinatal mental health? Which providers should be targeted? What strategies would increase provider participation in training initiatives?

B. What education/training do providers need to be culturally humble and be aware of implicit bias? Which providers should be targeted? What strategies would increase provider participation in training initiatives?

C. How does the District increase the number of providers with expertise in perinatal mental health and reproductive psychiatry who reflect the populations that are being targeted for services and who participate with Medicaid and commercial insurance? (i.e. language access, cultural awareness)

D. What currently non-billable services (care coordination, home visiting, preventative interventions, integrated behavioral health care in obstetrics) could become reimbursable by Medicaid to support perinatal population?

E. How does the District increase screening rates?

F. What initiatives would promote the training, recruitment and retention of perinatal behavioral health providers? What is creating current behavioral health staffing trends/turnover?

    A. How to create sustainable funding opportunities to strengthen salaries for behavioral health providers and care coordination providers (home visitors, case managers, care navigators, etc.)?

G. What is a way to ensure mental health educational programs are producing perinatal mental health clinicians?

H. Could there be reciprocity for mental health professionals who will need to seek additional licenses?

Public Awareness and Systems Capacity

a. How does the District raise awareness among the public and reduce stigma to encourage help-seeking behavior?

b. What systems need to be created or connected to assist both birthing persons and providers?

c. What program funding, reimbursement strategies, and policy development must be implemented for perinatal mental health initiatives?

d. What systems, program funding, reimbursement strategies, and policy development has occurred in other states that we could use to model our recommendations?

e. How does the District build on the existing network of partners to strengthen mental health in pregnancy and post-partum?

f. What organization or agency in the District could oversee future Perinatal Mental Health Initiatives that include program funding, reimbursement strategies, and policy development?