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

<table>
<thead>
<tr>
<th>Year</th>
<th>Calls</th>
<th>Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANGELS Guidelines

• [https://angelsguidelines.com/](https://angelsguidelines.com/)

• 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 9th, 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
Find Services in Lewis And Clark County

Browse Services in Lewis And Clark County
Goal
• Raise awareness of helpful resources
• Normalize access to parent & caregiver supports

Plan
• 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

Brie MacLaurin, Executive Director
brie@hmhb-mt.org

Megan Peters, Outreach Manager
megan@hmhb-mt.org

Stephanie Morton, Program Manager
stephanie@hmhb-mt.org
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)
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.
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.
Teleconsultation Utilization Data Since Launch

Provider Breakdown

- **Prenatal (MD, CNM, NP)**: 36%
- **Other Providers (Family Visitor, Doula)**: 20%
- **Psychiatric Providers (MD & NP)**: 16%
- **Other Mental Health Providers (LICSW, LMHC)**: 14%
- **Adult Primary Care**: 9%
- **Pediatric**: 5%

Top 5 Provisional Diagnosis Reported

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

Teleconsultation Services Provided

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Consultation</td>
<td>41%</td>
</tr>
<tr>
<td>Resource/Referral</td>
<td>59%</td>
</tr>
</tbody>
</table>
Supporting Other Trusted Healthcare Staff/Providers

**Family Visiting**
- Leverage RIDOH Family Visiting Program engagement w/ HRSA’s HVCoIN 2.0
- 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.
Advice and Lessons Learned

- **Recognize the large reach** of non-obstetricial 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.
Clinical Contact Information
Eva Ray, LCSW
RI MomsPRN Resource & Referral Specialist
Women’s Behavioral Health
Women & Infants Hospital
eray@wihri.org
Learn more: www.womenandinfants.org/ri-momsprn

Program Contact Information
Jim Beasley, MPA
RI MomsPRN Program Manager
Division of Community Health and Equity
RI Department of Health
Jim.Beasley@health.ri.gov