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## Bree Collaborative | Perinatal/Maternal Mental Health

January 30<sup>th</sup>, 2023 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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Colleen Daly, PhD, Microsoft (chair)  
Trish Anderson, MBA, BSN, WSHA  
Aphrodyi Antoine, MPH, MPA, HRSA  
Christine Cole, LCSW, HCA  
Melissa Covarrubias, CHPW  
Billie Dickinson, WSMA  
Andrea Estes, MBA, HCA  
Cindy Gamble, MPH, AIHC  
Mandy Herreid, MN, United Healthcare  
Ellen Kauffman, MD, Swedish  
Jillian King, DNPC, University of Washington  
Gina Legaz, MPH, WA Department of Health  
MaryEllen Maccio, DM, Valley Medical Center  
Patricia Morgan, ARNP, Evergreen Health  
Sheryl Pickering, DOH, WIC

Ashley Pina, HCA/DBHR  
Sarah Pine, HCA  
Katie Price, private practice  
Brianna Probasco, WACHC  
Melissa Rubin, DNP, ARNP, Sound Family  
Psychiatry  
Nicole Saint Clair, MD, Regence  
Caroline Sedano, MPH, DOH  
Lewissa Swanson, MPA, HRSA  
Beth Tinker, PhD, MPH, MN, RN, HCA  
JanMarie Ward, MPA, AIHC Consultant  
Josephine Young, MD, MPH, MBA, Premera

### STAFF AND MEMBERS OF THE PUBLIC

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Nick Locke, MPH, Bree Collaborative  
Emily Robson, RN, DNP, Bree Collaborative  
Karie Nicolas, MS, Bree Collaborative

### WELCOME

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Nick Locke, Bree Collaborative, welcomed everyone to the first Bree Difficult to Discharge workgroup. Those present introduced themselves, their organizations, and their current experience working with people with the discharge process. Common themes included:

- Difficulty accessing or referring to mental health services.
- Community supports and community resources as facilitators.
- Equity concerns across the life-course, from ACEs to current life situation

### DISCUSS: BREE BACKGROUND AND WORKGROUP PROCESS

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Mr. Locke introduced the Bree and the workgroup process. The Bree Collaborative is a program of the Foundation for Health Care Quality. The Bree was established by the state legislature in 2011 in response to health care services with high variation and utilization that do not produce better outcomes. Each year, Bree members (drawn from public and private healthcare stakeholders) choose three to four topics to develop recommendations. Perinatal/Maternal Mental Health is one of three topics for 2023.

The workgroup will meet monthly throughout 2023 to develop a report on best practices for perinatal/maternal mental health. The report will include recommendations for specific health care stakeholders and will be sent to the WA Health Care Authority. The workgroup must follow Open Public Meetings Act regulations. This includes workgroup member training and conflict of interest disclosure. Following the presentation, Mr. Locke opened the floor for comments.

Members asked if the workgroup plans on convening subgroups that will be subject to OPMA. Mr. Locke responded that the group currently does not plan on convening subgroups, but if they do they would be subject to OPMA.

## **DISCUSSION: SCOPE AND CHARTER**

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Mr. Locke continued the brainstorming conversation with a discussion on additional stakeholders to invite and the potential scope.

- Workgroup members suggested several additional members to invite:
  - Perinatal Support WA
  - Open Arms
  - Rural Health
  - Representatives for community births/community midwives (outside of hospitals)
  - Family/people with lived experience
  - Families of Color
  - Peer support specialists
  - Pediatric providers from AAP or community
  - WithinReach
  - Maternity Support Services
  - Seattle Children's or Odessa Brown
  - Blue Mountain Action Council (Walla Walla/SE WA)
  - ED Provider
  - Child Care Aware WA
  - Local Public Health Departments – Pacific County, Wahkiakum, Clallam, Asotin, etc.
  - Representative with houselessness community
  - Home visiting Agency
  - Perinatal Psych Clinic (UW)
  - WA State Coalition Against Domestic Violence
  - Refugee/Immigrant population
  - Anna Franklin from Providence
  - Incarcerated population representatives

The workgroup continued the conversation on scope by addressing potential mental health concerns that are within scope and priority concerns.

- Mr. Locke presented several options for mental health concerns within scope, including Postpartum Depression, Anxiety, Substance Use Disorder, and Domestic Violence
  - Workgroup members would like to include all the mental health concerns, and to consider mood disorders across the continuum.
  - The phrase “post-partum depression” was amended to “Perinatal Mood Disorders” as a broader term to include depression, anxiety, and others from the antepartum to the postpartum period.
  - Workgroup members would like to include substance use disorders, domestic violence, and other social needs that overlap with behavioral health concerns.
  - Additional topics to consider within scope include fertility concerns and special cases for parents/children with chronic or complicated physical health needs.
- The workgroup also discussed priority concerns/themes to keep in mind throughout the year.
  - In addition to “equity” the workgroup would like to call out the importance of racism as well as historical/intergenerational trauma, and the unique challenges of LGBTQ populations.

- Additional priorities for integrating behavioral health include workforce/human resources and technology needs for patients and providers.
- Workgroup members discussed the importance of relationships and communities in addressing behavioral health. Recommendations should take into account engagement and social/community supports.
- One priority area is addressing the birthing parent and infant as a dyad – engaging OBGYN and pediatric providers on the same page to address holistic health.
- Members provided additional priority populations, including surrogates, parents placing children up for adoption, refugees, migrants, and compounding situations like natural disasters.
- Finally, the workgroup discussed their goals for the workgroup’s final outcomes. Goals include:
  - Better access for chronic mental health services
  - A decrease in maternal mortality (as measured in the Maternal Mortality Report)
  - An emphasis on prevention/root causes; developing a long-term plan for communities
  - Providing clinical tools including a resource list, defined roles for providers, and easy educational material about behavioral health medication and pregnancy.

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Mr. Locke invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review their charter/roster and begin to discuss frameworks/models for maternal mental health, potentially drawing from the socioecological model. The workgroup will also continue the brainstorming process around potential focus areas. The workgroup’s next meeting will be on Monday, February 27<sup>th</sup> from 8:00 – 9:30 AM.