
Bree Collaborative | Perinatal Behavioral Mental Health

October 16th, 2023 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Cheryl Altice, MPH	MaryEllen Maccio, MD, Valley Medical Center
Ian Bennett, MD, PhD, UW	Patricia Morgan, ARNP, Evergreen Health
Christine Cole, Health	Hillary Norris, WSMA
Melissa Covarrubias, CHPW	Sheryl Pickering, WA WIC
Colleen Daly, PhD, Microsoft (chair)	Ashley Pina, HCA DBHR
Andrea Estes, HCA	Sarah Pine, DBHR/HCA
Teresa Eltrich, MS, LMHC, PMH-C	Brianne Probasco, WACH
Cindy Gamble,	Beth Tinker, PhD, MPH, MN,
Libby Hein, LMHC, Director of Behavioral	RN, HCA
Health, Molina Health Care	Emilia Udd, CNM
Ellen Kauffman, MD	Brittany Weiner, MS, LMFT, CPPS, WSHA
Jillian King, RN, Student Nurse Midwife UW	
Mandy Lee, MSN RN CCM, United	
Jennifer Linstad MSM, LM, CPM	

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicolas, MA, CG, Bree Collaborative
Emily Nudelman, RN, DNP, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

WELCOME

Beth Bojkov welcomed the workgroup and overviewed the agenda. The group moved to adopt minutes from the September meeting. Beth reminded members to please reach out if their name or credentials are incorrect on the minutes.

Action: Adopt September Minutes.

Results: Unanimous approval

PRESENTATION: BREE EVALUATION PLAN

Karie Nicholas, MA, CG, reviewed the evaluation plan for the Bree, including domains and specific indicators/measures/metrics that the group might want to use. Karie shared the evaluation framework (PowerPoint presentation) and workbook with existing indicators/measures/metrics. Dr. Bennett called out that the HEDIS metric for prenatal/postpartum depression screening and follow up is a high-quality metric as it ensures measurement of follow up not just screening. Group members also requested Bree staff identify any measures available for screening and referral in pediatric practices. Karie requested comments from the group in the workbook. Karie also was curious if the UDS measure of entry into prenatal care, and it would be useful to understand that measure for other clinics not just FQHCs. The workgroup posed a question of how to include programs like First Steps and WIC in measurement and tracking as they help in the postpartum period. Another workgroup member raised that often measures do not include follow up to interventions – the group voiced wanting to find a way to measure intervention follow up. Colleen asked if it would be possible to go through OB COAP to add measures after delivery, and Bree staff will follow up with OB COAP staff to see how measures could be included in OB COAP. Colleen asked the metrics to be mapped to the language in the guidance report, and Beth will

send it out. Dr. Bennett broached the idea of looking at billing codes for mental health care as a way to measure access to mental health care treatment, in addition to provider patient ratio as one way to measure capacity. Mary Ellen discussed funding, such as collaborative care. The report needs to look at each point.

DISCUSSION: EVIDENCE REVIEW

Beth Bojkov provided an overview of some more resources on the Collaborative Care Model, including its effectiveness in rural settings and at reducing disparities in screening. She also reviewed a diagram showing a multipronged approach to perinatal mental health disorder treatment, including MAP ECHO, provider to provider consultation, the Collaborative Care Model and specialty mental health when needed. She then discussed new evidence brought about the Maternal Opioid Use (MOM) Model implemented in 5 states with funding from the Center for Medicare & Medicaid Innovation – first year implementation analysis showed challenges in enrollment and analysis of expenditures, but peer recovery services were identified as the most important piece of the MOM Model by participating providers and patients. Finally, she reviewed the UNC Horizons program which is a substance use disorder treatment program for women with both inpatient and outpatient services at UNC Chapel Hill. They are funded through the state and SAMHSA and provide a comprehensive recovery-focused treatment program. Dr. Bennet mentioned the CMS Innovation awards were re-upped last summer for Behavioral Health Integration and asked if it might be applied to this work. Beth stated she would connect with the HCA in the future to discuss this alignment.

DISCUSSION: DRAFT RECOMMENDATIONS

Beth then began reviewing the draft recommendations, starting with the Perinatal Provider Section. Beth Bojkov reviewed all existing recommendations and the following changes/comments were brought forward by the group:

- Emphasize perinatal provider connection to postpartum care after birth
- Add explanation of screening to pediatrician audience
- Want to include a link to a suicide safety plan
- Want to encourage facilities that there are policies and procedures in place to support providers screening for IPV and SDOH
- A group member mentioned additional screening tools for diverse populations such as the Brief Pregnancy Experience scale perceived prenatal paternal stress scale, tilberg pregnancy distress scale

ANNOUNCEMENT: BETH BOJKOV

The Washington Patient Safety Coalition Patient Safety Conference is being held October 17-18th from 8AM-1PM virtually. Beth shared the link to register in the chat for any individuals interested in joining.

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth Bojkov reviewed the proposed timeline for the rest of the workgroup and the report, explaining the process of approving the report to go up for public comment and opportunity to discuss implementation and metrics while the report is up for public comment. Beth invited final comments or public comments, then thanked all for attending. Between meetings, Bree staff will continue to update draft recommendations and review the workbook Karie shared regarding evaluation. Bree staff will plan to review the Bree recommendations further at the next meeting. The workgroup's next meeting will be on **Monday, November 13th from 8:00 – 9:30 AM.**

DRAFT