
Bree Collaborative | Perinatal Behavioral Mental Health

November 13th, 2023 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Gloria Andia, HRS IEA
Trish Anderson, WSHA
Ian Bennett, MD, PhD, UW
Melissa Covarrubias, CHPW
Colleen Daly, PhD, Microsoft (**chair**)
Billie Dickinson, WSMA
Andrea Estes, HCA
Teresa Eltrich, MS, LMHC, PMH-C
Cindy Gamble, American Indian Health
Commission
Libby Hein, LMHC, Director of Behavioral
Health, Molina Health Care
Ellen Kauffman, MD

Jillian King, RN, DNP Midwifery Student UW
Mandy Lee, MSN RN CCM, United
MaryEllen Maccio, MD, Valley Medical Center
Patricia Morgan, ARNP, EvergreenHealth
Sheryl Pickering, WA WIC
Ashley Pina, HCA DBHR
Sarah Pine, DBHR/HCA
Brienne Probasco, WACH
Beth Tinker, PhD, MPH, MN,
RN, HCA
Brittany Weiner, MS, LMFT, CPPS, WSHA

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, RN, DNP, Bree Collaborative

WELCOME

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

Action: Adopt October Minutes.

Results: Unanimous approval

DISCUSSION: DRAFT RECOMMENDATIONS

Beth began the discussion reviewing recommendations by audience, beginning with perinatal providers:

Perinatal Providers

- The group wanted to change the phrasing of asking if a patient plans on having a doula present to discussing what support they have available. They wanted to emphasize providers asking their patients about their incorporation of doula support in a culturally humble and supportive way.
- The group emphasized that the perinatal provider should be aware of culturally aligned community resources available to pregnant and postpartum individuals and their families.
- The group discussed the appropriate screener to recommend for anxiety disorder, choosing to provide examples of GAD-2 and GAD-7
- The group emphasized that screening for adverse childhood experiences should be considered. A comment was made that the recommendations are already asking perinatal clinicians to screen for so many items, it might be too strict to require another screening.
- The group added some links to resources they want to uplift in the recommendations, including the Native and Strong Lifeline, the Maternal Mental Health Hotline, Nurse-Family Partnership and the PCAP program.

Providers and Clinics working with Pediatric Patients

- The group wanted recommended extending screening for parent behavioral health past the 1-year well-child visit
- The group also recommended this audience consider screening for SDOH, IPV and ACES

Outpatient Perinatal Clinics

- Group changed name from Ambulatory -> Outpatient
- The group emphasized the importance of continued screening after the 1-year postpartum mark. In general primary care, clinical guidance recommends screening for behavioral health on a yearly basis.
- The group changed 8th grade reading level to 6th grade reading level to align with Medicaid standards for patient education and screening.
- The group recommended clinics develop a protocol to screen for IPV while the patient is alone without their partner present, and train staff on how to provide the screenings.
- The group wanted a stronger statement on providing translation and interpretation services, especially during screenings like for IPV.

Birthing Hospitals

- Expand birthing hospitals section to reflect notes from the outpatient setting, like providing culturally humble care, training staff to provide that care and providing a list of behavioral health specialists that providers can do a warm handoff to at discharge.
- A comment was made that screening for racism and discrimination experiences should be incorporated. Further discussion is needed after public comment period.

Health Plans

- The group had a discussion around naloxone availability and coverage. It is covered over the counter for Medicaid patients but that doesn't mean that individuals have access to it. The group requested recommendations reflect patient experience on accessing naloxone, and that we might have to return to this discussion in the future.
- The group added the Collaborative Care Model under the recommendation to reimburse for diverse models of care.
- The group raised that telehealth modalities is a broad statement that encompasses audio/visual and audio only. At this point, only audio/visual is reimbursed and the group might want to explore audio only telehealth reimbursement. The group decided to leave the statement for now to receive public comment on it.

Purchasers

- No changes

Department of Health, Public Health Agencies and Urban Indian Health Organizations

- The group added Urban Indian Health Organizations to this audience title
- In addition to increasing education on community resources available to patients, the group added increase access to these programs

OVERVIEW: WORKGROUP SURVEY

Emily Nudelman, DNP, RN reviewed next week Bree staff will send out a workgroup survey to receive feedback on participants experience as a workgroup member and to inform our next steps to promote implementation of the report in practice settings.

Dr. Nudelman provided an overview of remaining steps to finalize the Perinatal Behavioral Health Report. In December, the group will work on developing tools for implementation and review metrics for evaluation.

PUBLIC COMMENT AND GOOD OF THE ORDER

At the next workgroup meeting, the workgroup will review information on implementation and evaluation of the report. The workgroup's next meeting will be on **Monday, December 11th from 8:00 – 9:30 AM.**

DRAFT