



Comment:

**California Task Force on the Status of Maternal Mental Health Care – Meeting Minutes**

**DATE/TIME:** Thursday, April 28, 2016 9-11:15 am (Webinar)

**PRESENT:** Connie Mitchell, Stephanie Teleki, Marisol Avina, Lauren Lessard, , Emily C. Dossett, Genevieve Thomas Colvin, Angelica Alvarez, Beth Stephens-Hennessy, Justin Garrett, Anna Sutton, Athena Chapman, Erik Fernandez y Garcia, Elliott Main, Gretchen Mallios, Bruce Spurlock, Brynn Rubinstein, Carol Berkowitz, Stephanie Chandler, Laura Sirott,

**PLANNING COMMITTEE PRESENT:**

Joy Burkhard, Bruce Spurlock, Lauren Lessard, John Capitman, Amanda Conley, September Hill, Marisol Avina

**ABSENT:**

Diana Lynn Barnes, Sheree Kruckenber, Janice LeRoux., Elizabeth Fuller, Sandra Naylor Goodwin, Tracy Flannagan, Neal D. Kohatsu,



AGENDA ITEMS	DISCUSSION	ACTION ITEMS
WELCOME, AGENDA	<p>Joy Burkhard, Founder and Director of 2020 Mom and a key leader of the Task Force work, welcomes the California Task Force members and reviews the meeting's agenda.</p> <p>Agenda</p> <ul style="list-style-type: none"> <li>• Welcome &amp; Updates</li> <li>• CSU Survey Results with Lauren Lessard, PhD</li> <li>• Goals for the State with Bruce Spurlock, MD</li> <li>• Training &amp; Core Competencies with Joy Burkhard</li> <li>• Partners' Strategies with Bruce Spurlock, MD</li> </ul>	<p>Meeting Materials found here:  <a href="http://www.2020mom.org/ca-task-force/">http://www.2020mom.org/ca-task-force/</a></p>



	<ul style="list-style-type: none"> <li>• Roundtable on Overarching Recommendations with Bruce Spurlock, MD</li> </ul>	
<p><b>WELCOME &amp; UPDATES</b> JOY BURKHARD</p>	<p>Joy Burkard reviews the work completed thus far and items that are in progress.</p> <p><b>Timeline</b></p> <ul style="list-style-type: none"> <li>• April 29: Final consensus on document             <ul style="list-style-type: none"> <li>○ Summary</li> <li>○ Document</li> <li>○ Major Concepts</li> <li>○ Overarching Recommendations</li> </ul> </li> <li>• May 13: Report to Task Force via Email</li> <li>• May 19: Task Force in-person meeting             <ul style="list-style-type: none"> <li>○ The California Endowment – Sacramento, CA</li> <li>○ 10:30 AM – 3:30 PM</li> </ul> </li> <li>• June 1: Finalize document, editing</li> <li>• Late Summer / Early Fall: Unveil White Paper (via webinar)             <ul style="list-style-type: none"> <li>○ Panel presentation at The California Endowment –Sacramento, CA (under negotiation)</li> </ul> </li> </ul>	
<p><b>CALIFORNIA MMH SERVICES AND BARRIERS SURVEY</b> LAUREN LESSARD, PHD CENTRAL VALLEY HEALTH POLICY INSTITUTE, CSU FRESNO</p>	<p>Dr. Lauren Lessard presents on the statewide survey administered by the Central Valley Health Policy Institute exploring topics such as:</p> <ul style="list-style-type: none"> <li>• Availability &amp; accessibility of services</li> <li>• Lists of clinical strategies</li> <li>• Barriers to care</li> </ul> <p>White Paper will include annotated resource list. TF members are encouraged to include notes / contact information for listed programs</p> <p>Responding organizations and professionals: <u>Scope of Services provided</u></p> <ul style="list-style-type: none"> <li>• Treatment through licensed therapists</li> <li>• Support groups</li> <li>• Training of clinical MMH professionals (mid-level, MD, Psychiatry)</li> <li>• Peer support</li> <li>• Maintain qualified MMH professional list</li> <li>• Some public policy advocacy</li> </ul> <p><u>Underserved Populations</u></p> <ul style="list-style-type: none"> <li>• Explore how to support clinicians and mid-level practitioners to serve women who are non- English speakers</li> <li>• Undocumented immigrants are a concern</li> </ul>	<p>Share slides with TF members, include information on participating organizations</p>



- Clinicians are uncertain how to bill for women who require care that do not have a formal mental health diagnosis
- Practitioners are not accepting MediCal insurance citing difficult reimbursement procedures, offer sliding scale or fee-for-service rates
- Women who are uninsured post-partum do not have access to treatment.
- Seek funding to incorporate and include fathers, support partners in therapy, other MMH therapy systems of care
- Logistical barriers, especially in rural communities, include transportation, childcare

MMH Access Issues

- Chart compares urban and rural communities
- Larger percentage of rural communities cite MediCal/other forms of insurance are not accepted by practitioners, clinics/doctor are not located in the same town, long waiting lists, lack of transportation
- Urban communities are reporting a lack of income to pay for therapy and lack of educational resources for practitioners more frequently compared to rural areas

Perceived Barriers

- Barriers are experienced in both communities should be addressed throughout the recommendations of the White Paper.
- ALL respondents identified logistical issues were an issue, screening (funding, when to screen) was a concern. Scope of benefits needs further clarification (who and when to contact, education). Program and treatment options for MMH should be diversified to meet women where they are. Training more providers in MMH services.

Direct MMH care

- Future TF conversation should take into account there is a fragment in problems among providers who do and do not provide direct Maternal Health Care (MHC).

Perceived Barriers

- DO: insurance coverage (reimbursement, acceptance), clients do not have emergency funds
- DO NOT: insurance coverage (non-medical services), waiting lists, educational materials and awareness

**Discussion**



	<p>Joy highlights the need for training. Opens discussion to TF members.</p> <p><b>Q.</b> How much of the work of the TF has linked to home-visiting?  <b>A.</b> Responses are inclusive of home-visiting providers and agencies; their views are included in the results.</p> <p><b>Q.</b> Are differences highlighted between urban and rural providers statistically significant?  <b>A.</b> Barriers highlighted during presentation were selected if the difference was &gt;10% between proportion of respondents</p> <p><b>Q.</b> What is the White Paper saying about the piece around insurance as a universal barrier?  <b>A.</b> We can discuss when we get to Insurance Partner recommendations.  <b>Q.</b> How does this affect Behavioral Health treatments?  <b>A.</b> Let's bring this up later in our discussion</p>	
<p>GOALS FOR CALIFORNIA          BRUCE SPURLOCK, MD</p>	<p><u>Big Picture</u></p> <ul style="list-style-type: none"> <li>• Improve maternal and newborn wellness</li> <li>• TF supports USPSTF recommendations to screen women during perinatal period, make timely referrals</li> <li>• TF recommends measurable and explicit goals for screening and treatment measures be developed and implemented</li> </ul> <p><u>Maternal &amp; Newborn Measures</u></p> <ul style="list-style-type: none"> <li>• Current measures are not available, evaluated</li> <li>• Develop wellness measures, include disparities</li> <li>• Support statewide topics to move agenda forward</li> </ul> <p><u>Universal Screening &amp; Treatment</u></p> <ul style="list-style-type: none"> <li>• Endorse national organizations to finalize screening and symptom score measures</li> <li>• Recommend all perinatal women be screened for depression, use validated tools, once consensus about where, when, and by whom screening is performed has been achieved and reflected in national guidelines.</li> <li>• MMH diagnosis, criteria met recommend referral and treatment</li> </ul> <p><u>Setting Measureable Goals</u></p> <ul style="list-style-type: none"> <li>• Set targets now, using symptom score, validated tool</li> </ul>	



- Set numerical targets, allow national guidelines to set measures and measurement process.

**Discussion**

**Q.** How will goals be measured?

**A.** Develop a validated tool. Stakeholders will include hospitals, health plans and others (TF recommendations are welcomed)

**C.** MMH “wellness” broadens scope to include primary, secondary, tertiary care and prevention. Comprehensive term.

**C.** “Wellness” term is met with approval with many TF members

**C.** MCH indicators to evaluate: root causes of how mothers develop PMADs – social determinates of health/mental health. Unresolved issues of trauma. Should be investigating these indicators within TF.

**Q.** Should we set numerical targets now? How?

**A.** Screening can be administered at many points in time during pregnancy/postpartum, what is not available is a way to collect these data at once. Challenges and barriers are present; how will measurement be collected accurately?

**A.** MIHA may be one realistic possibility to collect data.

**A.** Billing code may be a way to track data

**A.** Possibly use HEDIS measures to track, collect data Encourage providers to adopt HEDIS measure

**C.** Questions, addition of new measures is subject to long-term processing

**C.** Retrospective questions asking if a woman was screened may present its own set of issues

Consensus has yet to be reached concerning this topic, narrowing the scope and goals would support ‘wellness’ measures”.....There was consensus in the group that:

- 1) The goal overall is that all California women should have access to MMH prevention. screening and treatment.
- 2) National standards and measures should be adopted by national organizations and California goals set in relation to these standards.
- 3) If no national consensus standards are developed in the next year or so, California should consider developing its own measures and standards.



<p>TRAINING &amp; CORE COMPETENCIES + OWNER JOY BURKHARD</p>	<p>Gap in understanding among providers that need to be helping women, certification and training programs exist to address this concern.</p> <p>Have learned this approach is not favorable, creating integration is the goal instead of creating a new sub-specialty.</p> <p><u>PCPs and OBGYNs</u></p> <ul style="list-style-type: none"> <li>• Mothers should be screened; a certification is not a necessary/required goal</li> <li>• Core competencies should be recommended for PCPs/OBGYNs</li> <li>• Move training upstream to medical schools/accreditation</li> <li>• Recommend ACOG/ABOG to consider developing competencies among OBGYNs</li> </ul> <p><u>Psychiatrists</u></p> <ul style="list-style-type: none"> <li>• Core competencies that would apply across the board. Reproductive Psychiatrists have additional competencies available</li> <li>• Core competency education recommended to be included in medical school curriculum/accreditation</li> <li>• Unknown how existing psychiatrists should gain training</li> </ul> <p><u>Other Behavioral Health Providers</u></p> <ul style="list-style-type: none"> <li>• Core Competencies and training programs recommended for BH providers</li> <li>• Currently no test to confirm provider's mastery of core competencies</li> <li>• Recommend PSI to develop test, allow special designation upon completion</li> </ul> <p><b>Q.</b> Does the TF agree PSI, other similar entity, should create testing to help BH specialists to gain core competencies?</p> <p><b>C.</b> Concerned shortage among mental health providers, perpetuates accessibility, availability barriers</p> <p><b>C.</b> Conflicted, uncertain about need for 'MMH' designation. Has this been accomplished before successfully?</p> <p><b>A.</b> Lactation specialists</p> <p>-Discussion moves offline in the interest of time</p> <p><u>Wish list for BH Psychiatrists (example)</u></p> <ul style="list-style-type: none"> <li>• Know which screening tools are valid for depression, anxiety</li> </ul>	<p>Discussion will be held offline due to time constraints</p>
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	<ul style="list-style-type: none"> <li>• Where to locate and how to use screening tool</li> <li>• Menu of treatment options</li> <li>• MMH evidenced-based psychotherapy</li> <li>• When to refer to psychiatry, which psychiatrists to refer to locally</li> </ul> <p>The Task Force concluded that there was no consensus on requiring MMH certification for physician or non-physician clinicians. The Task Force acknowledged the value of training and certification programs across many disciplines in terms of helping consumers and payers identify trained providers, yet there was also concern that such a certification system could increase rather than decrease the number of accessible providers.</p>	
<p>PARTNERS' STRATEGIES JOY BURKHARD</p>	<p>States that have addressed MMH in robust ways (5 states included)</p> <p>Universal component: 1 lead agency to help drive change. Driving change that each state/group had jurisdiction over.</p> <p>Massachusetts legislation required DPH to be a leading agency, formation of standing legislative commission that reports to CDPH, Governor</p> <p>HHS may be state agency to consider for California.</p> <p><b>Discussion</b></p> <p><b>C.</b> Highly recommend you (Joy) work with your caucus to learn how to politically introduce the recommendation, gain consensus about approach. Avoid surprises.</p> <p>Document sent to TF members before webinar, reactions and comments are sought.</p> <p>Dr. John Capitman of CSU Fresno reviews changes made to the document that reflect some changes from the document sent to TF members prior to the webinar.</p> <ul style="list-style-type: none"> <li>• Some recommendations by CDPH would require new resources, new funding (statewide public awareness campaign)</li> <li>• Some tasks allocated to CDPH would be better addressed through DHS, Dept. Managed Care</li> <li>• Recognize that LPH agencies operate independently from CDPH</li> </ul> <p>CDPH responds to above points</p> <ul style="list-style-type: none"> <li>• Statewide public awareness campaigns on average require \$1-3</li> </ul>	<p>Joy will send slide of presentation to TF members</p>



	<p>Million, DPH coordinates a competitive RFA</p> <ul style="list-style-type: none"> <li>• Well-defined evidenced-based tools will be disseminated, promoted as Public Health practice</li> <li>• CDPH does not monitor existing programs, responsibility falls to other agencies             <ul style="list-style-type: none"> <li>➢ Recommend resources be sent to CAL Consult to evaluate measures, tools on 2020 MOM project</li> <li>➢ Funding at CDPH is categorical, 2020 MOM project would require separate funding</li> </ul> </li> </ul> <p>RE: Local DPH</p> <ul style="list-style-type: none"> <li>• Departments have some autonomy surrounding Title V funding. Choices cannot be mandated; menu of options are available</li> </ul> <p><b>Q.</b> Why does this need to be a part of the White Paper?</p> <p><b>A.</b> Aim is to capture robust conversations, unique ideas, barriers and recommendations.</p> <p><b>Q.</b> Do they appear elsewhere in the White Paper?</p> <p><b>A.</b> These are comments in addition to comments, suggestions around ways strategies can be implemented. Stimulate conversation within various sectors, not just within state government, but include LPH agencies, health systems, insurance systems</p> <p>RE: Hospitals</p> <ul style="list-style-type: none"> <li>• Routine medical care is distressing, becomes a barrier to getting beyond birth process and return to balance and health</li> <li>• PTSD-like stories of families after leaving the medical setting</li> <li>• Hospitals can utilize best-practices for MMH</li> <li>• Encourage hospital screening, not an optimal time –however presents relay to referrals</li> </ul> <p>RE: Insurers</p> <ul style="list-style-type: none"> <li>• Clarify some Managed Care Plans in California would like to contribute to this scope of work</li> <li>• Care coordinators utilizing community benefits, case management programs already exist, encourage insurers to continue to provide these services</li> <li>• FQHC discussion, requires policy change at the state level</li> </ul> <p>RE: Community Organizations</p> <ul style="list-style-type: none"> <li>• TF member feels group is slightly vague for people not participating in the discussion, group. Discussion of topics covered are not reflected in the written report.</li> </ul>	
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	Separate from consensus document, missing background information. Dr. Lauren Lessard welcomes comments, feedback from community organization group	
ROUNDTABLE ON OVERARCHING RECOMMENDATIONS BRUCE SPURLOCK, MD	Not discussed due to time constraints	
NEXT STEPS	Thursday, May 19, 2016 Sacramento, CA	
ADJOURNMENT	Joy Burkhard thanked everyone for their participation. The meeting ended at 11:15 AM.	