Meeting summary for TI 2.0 Information Session: Adult- PMH Certifications and Depression Screening (04/04/2024)

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Quick recap

Cameron led a session on adult milestones related to PMHC, perinatal mental health certification, and postpartum depression screening and follow-up, with a focus on improving health outcomes for postpartum women and infants. The team discussed the importance of certifying more providers, particularly adult ph providers, to create referral coordination protocols and improve service delivery. Elizabeth, the board chair of Postpartum Support International, clarified the role of perinatal mental health providers and outlined the process for providers to become certified, emphasizing the need for greater representation among providers of color and those in rural areas.

Next steps

• Cameron will confirm the deadline for completing the training and certifications.

Summary

Adult Milestones and PMHC Certification

Cameron, the program administrator at AHCCCS for the Target Investments programs, led a session on adult milestones related to PMHC, perinatal mental health certification, and postpartum depression screening and follow-up. Jane, Vishal, Samantha, and Elizabeth, all members of the TI and ASU teams, introduced themselves. Cameron outlined the meeting's logistics, including muting participants upon entry, the use of a question slide, and the recording and subsequent summarization of the meeting for FAQ and additional milestone guidance. He encouraged participants to ask questions and forward the slides to those who did not register but wished to receive them.

Addressing Health Equity and Behavioral Health

Cameron highlighted the importance of addressing health equity, improving health outcomes for postpartum women and infants, and engaging caregivers to better support newborns and children. He also discussed the specific topics included in TI 2.0, emphasizing the need for culturally competent care and better communication within the care team. Cameron outlined the focus for year two of the adult primary care program, which included developing policies and procedures, maintaining a registry of behavioral health providers, and establishing coordination and referral protocols. Julie raised concerns about potential barriers in educating behavioral health staff and managing postpartum depression screenings, which Cameron acknowledged and assured would be addressed.

AHCCCS Staff Discussion and Timelines

Cameron agreed to take this idea back to the AHCCCS staff for further discussion. Concerns were raised by Robert about data flow regarding positive pregnancy screens, prompting Cameron to seek potential solutions. There was also a discussion about the timelines for patients referred for mental health support, with Cameron promising to look up the exact details. Additionally, the importance of a pediatric-specific review information session was emphasized, with an emphasis on avoiding duplicating depression screenings and referrals between adult and primary care providers.

Expanding Provider Certifications and Reimbursement

Cameron discussed the aim to increase the network of available providers through certification, particularly highlighting the potential for adult ph providers to earn certifications and create referral coordination protocols. A question from Mary Beth about whether nurse practitioners and PAs could count as prescribers was clarified by Elizabeth. Cameron also acknowledged Rachael's suggestion of improving reimbursement rates for certified providers. Additional questions were addressed, including one from Vicki about potential higher rates for certified providers and another from Jose about the eligibility of LMSWs. Elizabeth confirmed that LMSWs could qualify under the behavioral health certification, as long as they are licensed in Arizona.

Clarifying Perinatal Mental Health Provider Roles

Elizabeth, the board chair of Postpartum Support International, clarified the role of perinatal mental health (PMH) providers in response to team members' queries. She explained that PMH providers are licensed mental health professionals who undergo additional training to specialize in treating mental health conditions affecting mothers and babies. Elizabeth emphasized that PMH providers can help address pain points in the workforce and improve service delivery to clients. Cameron then invited further questions, and a request for clarification on the licensing requirements was raised by Jose. Elizabeth confirmed that behavioral health providers currently licensed in Arizona, who are in good standing and possess a perinatal mental health certification, are eligible to become PMH providers.

Provider Certification Process and Scholarships

Elizabeth outlined the process for providers to become certified, which includes initial training, advanced training, and passing a certification exam. She highlighted that the training is available both virtually and in-person, with upcoming options including a bipoc-only training in Phoenix. Elizabeth also discussed the cost of certification, which is $1,175 per provider, and mentioned that scholarships are available to promote greater representation among providers of color and those in rural areas. She emphasized the importance of addressing maternal mortality and mental health conditions, particularly among black and indigenous mothers.

Addressing Arizona's Mental Health Provider Shortage

Elizabeth emphasized the need for more providers in Arizona's mental health system due to a current provider shortage. She outlined the state's strategy to address this, which includes scholarships, peer support specialists, and community health workers, as well as efforts to certify dual care providers. Elizabeth also highlighted the availability of resources for those looking to get certified. Cameron then informed the group that more providers from other specialties would be joining the program to help with the issue. A question about Samhsa Fidelity standards was raised by Julie, which was confirmed to be addressed by Elizabeth or Rachael, not Cameron.

New Program Operationalization and Mental Health Support

Michael, Julie, Cameron, Elizabeth, and others discussed the operationalization of a new program, including the assignment of resources to teams and the training and certification requirements for staff. They agreed that one individual could be assigned to teams, and that certification should ideally be completed by September 30, 2024. Elizabeth emphasized the importance of providing resources for mental health support to new parents, as it can have a positive impact on the whole family and community. Cameron confirmed that the Edinburgh tool is the recommended screening tool for birthing parents.

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Q&A Session Takeaways

- Primary Care providers providing screening and not duplicating referrals.
  - Check: EMR, HIE
  - Best practices guides can be provided and we can work together to find streamlined ways to prevent duplication of services.
- Which providers are eligible to be certified?
  - If they have 2 years of experience working with the population. Associated and independent license.
- Can you elaborate what constitutes the 2 years experience? Specific requirements around hours, cases, etc?
  - The wording from our certification program manager is 2 years working with the population, my understanding working in any capacity - previously as a doula, internship / residency, etc.
- Do staff have to complete the certification by September 30, 2024 or can they be in process?
  - Yes, the certification is required by September 30, 2024.

Questions requiring more research
- Challenges: Educating Behavioral Health staff on Postpartum Depression Screening.
- Challenge: Not enough providers trained to meet demand due to workforce challenges.
- Suggestion: University of Arizona perinatal phone line. Can there be partner with them? Can they maintain the registry of providers?

- Suggestion: Providers are not always receiving data when third party providers are involved. Can AHCCCS create a data flow process that closes the data sharing loop?\
- Timeline: Referral vs follow up: Policy 417
  - What are different appointment standards?
  - How soon should patients get the appointments?