



TI 2.0 Program Milestones

April 5, 2024 Information Session Topics:

- Onsite Dental Varnish
- Postpartum Depression Screening- Screening New Caregivers at EPSDT Visit and Referrals

Hosts

AHCCCS

- Cameron Adams (Cam), MPP
Program Administrator
- Jane Otenyo, MPH
Project Manager
- Vishal Etikala, MS
Research & Statistical Analyst Senior

ASU

- Samantha Basch, Project
Coordinator
- Kailey Love, MBA, MS
Project Manager

Postpartum Support International - AZ Chapter

- Elizabeth Wood, BS, MEM, Board
Chair

Format - Open Q&A

- All lines are open upon entry- you will be muted
- This meeting will be recorded
 - Summary notes will be made available on the TI website in a few weeks
- Questions will be First-Come, First-Served
 - Verbal questions will be prioritized for verbal response- raise hand to queue
 - Chat questions will be addressed via chat or verbally

Agenda

- Peds PCP Postpartum BH Screening Milestone- AHCCCS
 - Intent
 - Milestone
 - Questions
- PMH Certification- PSI
- Peds PCP Dental Varnish Milestone- AHCCCS
 - Intent
 - Milestone
 - Questions
- Takeaways

Postpartum Screening Milestone

AHCCCS

General Intent

- Address Whole Person Care Needs to Improve Quality of Life
- Culturally Competent Care:
 - Connect to providers sensitive and familiar
- Health Equity:
 - Gender neutral- all new caregivers
 - Maternal Mortality/Morbidity disparities
 - Related to MH or SUD,
 - By Race

General Intent- Health Equity

Almost Half of all Pregnancy-Associated Deaths in Arizona Were Related to Mental Health Conditions or Substance Use Disorder

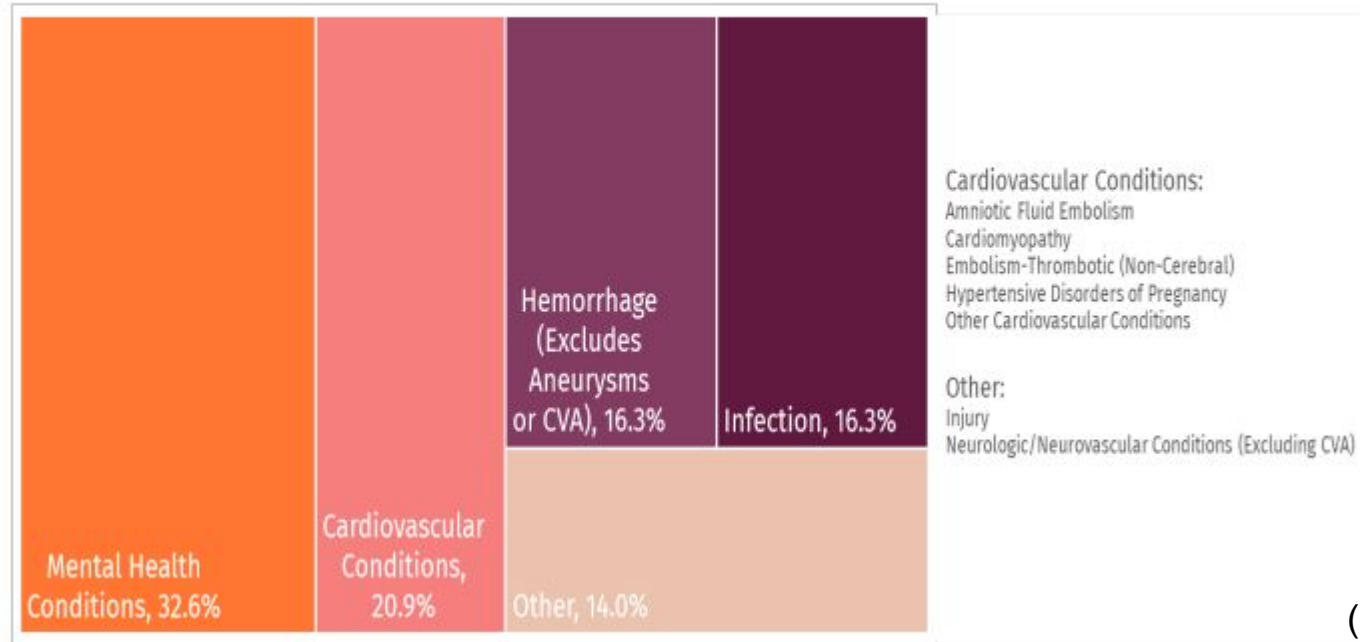


98% of Pregnancy-Associated deaths related to Mental Health Conditions and or Substance Use Disorder were **preventable**.

[2016-2018, ADHS MMRC Fact Sheet](#)

Mental health conditions were the primary underlying cause of nearly **one third** of maternal deaths in 2018-2019.

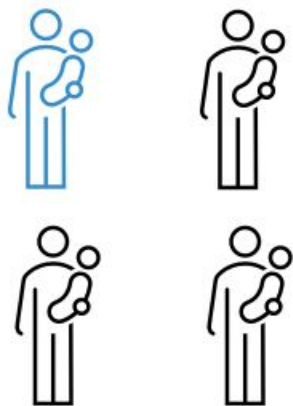
MM by Primary Underlying Cause of Death



(Ramirez et al., 2024)

Why screen the parent at baby's appointment?

*Up to 1 in 4 low-income parents experience **postpartum depression**



- Recommended by the American Academy of Pediatrics:
- “Left untreated, depression can hurt parents’ ability to bond with and care for their baby and lead to discontinued breastfeeding, family dysfunction and an increased risk of child abuse and neglect. Untreated depression also can affect a baby’s brain development by increasing the risk of toxic stress, which delays the infant’s language, cognitive and social-emotional development.”*

*“Integrating Postpartum Depression Screening in Your Practice in 4 Steps.” *American Academy of Pediatrics*, 22 June 2022, <https://www.aap.org/en/patient-care/perinatal-mental-health-and-social-support/integrating-postpartum-depression-screening-in-your-practice-in-4-steps>

Postpartum Depression Screening

Educate and screen caregiver(s) and guardian(s) of a newborn for anxiety and depression and coordinate with appropriate behavioral health provider(s) and/or case manager(s) to follow-up. Policies and procedures shall include:

- **Educating the present caregiver(s) and guardian(s) about depression, including postpartum depression, as appropriate.**
- **Screening present caregiver(s) and guardian(s) for anxiety and depression, including postpartum depression, using appropriate evidence-based tools and documenting the results and discussion.**
- **Maintaining a registry of behavioral health providers that can be given to the caregiver(s) and guardian(s) at time of appointment.**
- **Coordinating with behavioral health provider(s), care managers and/or case managers for follow-up.**

Postpartum Depression Screening

Milestone Measurement Program Year 2

(October 1, 2023 – September 30, 2024)

By September 30, 2024:

A. Develop policies and procedures related to depression screening after childbirth, including:

- a. Educating the present caregiver(s) and guardian(s) about the prevalence of anxiety and depression after childbirth and the importance of seeking appropriate services.
- b. Using norm or criterion-referenced screening tools to assess anxiety and depression for caregivers that are present at the one-, two-, four- and six-month EPSDT visits. Criterion-referenced screening tools specific to PPD, such as the Edinburgh, should only be administered to the birthing parent. Practices should use other depression screening tools (e.g., PHQ-9) for non-birthing parent(s)/ caregivers.
- c. Documenting, in the member's electronic health record, which caregiver(s) and guardian(s) are present, the screening tool(s) used, discussion of the screening result(s) with the caregiver(s) and guardian(s) and referral details as appropriate.

Postpartum Depression Screening

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 - c. Documenting, in the member's electronic health record, which caregiver(s) and guardian(s) are present, the screening tool(s) used, discussion of the screening result(s) with the caregiver(s) and guardian(s) and referral details as appropriate.
- B. Develop, maintain, and provide the caregiver a copy of a registry of behavioral health providers that can meet the identified need, including:**
- a. Current status of Perinatal Mental Health Certification, and
 - b. Current contracted health plans.

Postpartum Depression Screening

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 - c. Documenting, in the member's electronic health record, which caregiver(s) and guardian(s) are present, the screening tool(s) used, discussion of the screening result(s) with the caregiver(s) and guardian(s) and referral details as appropriate.
- B. Develop, maintain, and provide the caregiver a copy of a registry of behavioral health providers that can meet the identified need, including:
 - a. Current status of Perinatal Mental Health Certification, and
 - b. Current contracted health plans.
- C. Develop coordination and referral protocols with AHCCCS Health Plans (when caregiver is an AHCCCS member), behavioral health providers, care managers, and/or appropriate case managers to document follow-up with caregiver(s) and guardian(s) that screen positive for anxiety and/or depression in accordance with the timelines specified in ACOM 417. Documentation must include all of the following:**
 - a. Prioritizing referrals to a practitioner who is qualified to diagnose and treat depression with PMH certification,
 - b. Prioritizing referrals to a prescriber certified in PMH for Pharmacological interventions, and
 - c. Other interventions or follow-up for the diagnosis or treatment of depression.

FAQs

- Peds PCP can bill for caregiver screening under the child's AHCCCS ID number
- AHCCCS, MCOs, and PSI exploring opportunities to create centralized registry
- TI 2.0 Adult BH participants incentivized to certify staff in PMH- connect with your peers!

Questions?

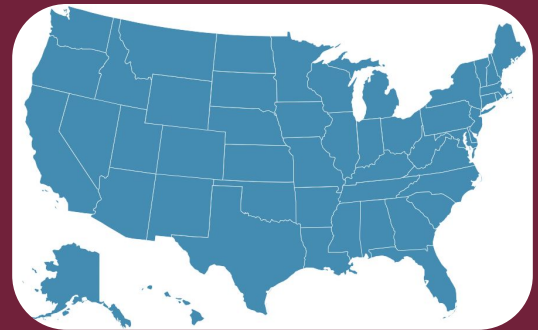
Perinatal Mental Health Certification

PSI- Elizabeth Wood



www.postpartum.net

Chapters in every state
& internationally



2 FOCUS AREAS

- 1: Help Seeker Free Resources
- 2: Provider Training & Certification

You are not alone. You are not to blame. With help, you will be well.



Postpartum Support International
Arizona Chapter

www.psiarizona.org



OB-GYN vs MFM



OB-GYN

+



Additional training

=



**Maternal Fetal
Medicine (MFM)**

Sub-specialist for high-risk pregnancies, including problems in both the mother & the baby

Therapist vs PMH-C



Mental Health
Therapist

+



Additional training

=



**Perinatal Mental
Health (PMH-C)**

Sub-specialist for perinatal people, including problems affecting both the mother & the baby

Perinatal Mental Health Certification (PMH-C) Process

Track	Target Audience	STEP 1 (both in any order)		STEP 2	STEP 3
		Experience	Initial Training		
MENTAL / BEHAVIORAL HEALTH PROVIDERS	Licensed Therapists: Social Workers LCSWs Family Therapists LMFTs Counselors LACs / LPCs	2 years experience <i>(with the perinatal population)</i>	<u>Components of Care 2-Day Training</u> online -or- in-person [\$425, 14.5 CEU]	<u>Advanced Psychotherapy</u> virtual -or- in-person [\$250, 6 CEUs] (or approved alternative*)	Certification Exam [\$500]
	Licensed Psychologists		-OR- <u>PSI / 2020 Mom MMH Online Certificate Course</u> online [\$480, 16 CEU]		

***Got questions? Email: certification@postpartum.net (last updated: 4/2024)**



Postpartum Support International
Arizona Chapter

WHERE TO GET STARTED: <https://psiarizona.org/certification-training>

- Virtual Trainings | Offered Quarterly
- In Person | April 24 - 26, BIPOC-only (*registration deadline: April 12*)

WHY ACT NOW? SCHOLARSHIPS! <https://psiarizona.org/scholarships>

Funds for training & exams, prioritizing:

- Providers of Color
- Providers in Rural Areas
- Providers who accept **AHCCCS**



Exam Support is Available!

Leverage Our Exam Study Support: <https://psiarizona.org/pmh-c-exam-prep>

- Monthly Live Q&A
- On-demand Exam FAQs
- PMH-C Study Group on Facebook
- and more...

Questions?

Training & Scholarship Questions: psiaz.training@gmail.com

General Questions: Elizabeth Wood, Board Chair - psi.arizona1@gmail.com

www.psiarizona.org

Questions?

Takeaways

Key Dates

- **Document Validation (Milestones Rubric)**
 - Available in April 2024
- **TI Year 2 Application and Attestation**
 - Available in Fall 2024 via [AHCCCS Online TI 2.0 Application Portal](#)
- **TI 2.0 Year 1 Payment**
 - December 2024
- **Virtual QIC Sessions**
 - May 9, 2024 from 11:30 AM to 1:00 PM ([Register](#))
 - August 8, 2024 from 11:30 AM to 1:00 PM ([Register](#))

Resources

Year 2 & Year 3 TI 2.0 Milestones by Area of Concentration:

- [Adult Primary Care](#)
- [Pediatric Primary Care](#)
- [Adult Behavioral Health](#)
- [Pediatric Behavioral Health](#)
- [Justice](#)

TI 2.0 Welcome Packet

- Overview of TI program
- Annual requirements
- Payment methodology
- Checklist of Year 2 action items

Additional Resources

- PSI Website: <https://psiarizona.org/certification-training>

Year 2 TI 2.0 Milestones

Deadlines for Core Components and Corresponding Elements

Core Component	Area of Concentration (AOC)	Year 2 Deadlines (Oct. 2023 - Sept. 2024)
Participate in the Targeted Investment Program Quality Improvement Collaborative(QIC) offered by the Arizona State University	All	<ul style="list-style-type: none"> • Complete Elements A - C by Sept. 30 • Attend QIC Sessions: Feb. 5 (TI Kick off), May 9, Aug. 8
Culturally and Linguistically Appropriate Services Standards (CLAS)	All	<ul style="list-style-type: none"> • Complete Elements A-B by Sept. 30
Implement a process for screening for health-related social needs (HRSN) and connecting members seen to CBOs to address individual social needs	All	<ul style="list-style-type: none"> • Complete Elements A-D by Sept. 30
CommunityCares	All	<ul style="list-style-type: none"> • Complete Elements A-D by Sept. 30
Identify Health Inequities and Health-related social needs(HRSNs) prevalent within the population attributed to the practice and implement plans to reduce inequities	All	<ul style="list-style-type: none"> • Complete Elements A-B by May 30 • Complete Elements C-D by Sept. 30
Postpartum Depression Screening- PMH Certifications	Adult BH	<ul style="list-style-type: none"> • Complete Elements A-F by Sept. 30
Postpartum Depression Screening- Screening New Caregivers at Well Visit and Referrals	Adult PCP	<ul style="list-style-type: none"> • Complete Elements A-E by Sept. 30
Postpartum Depression Screening- Screening New Caregivers at EPSDT Visit and Referrals	Peds PCP	<ul style="list-style-type: none"> • Complete Elements A-C by Sept. 30
Onsite Dental Varnish	Peds PCP	<ul style="list-style-type: none"> • Complete Elements A-D by Sept. 30
Early Reach-In	Justice	<ul style="list-style-type: none"> • Complete Elements A-B by Sept. 30
Tobacco Cessation	Justice	<ul style="list-style-type: none"> • Complete Elements A-B by Sept. 30

Questions?

Thank You.

targetedinvestments@azahcccs.gov