

MDRBD Program Success Stories: Psychiatric Consultation Line



The Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) Program supports seven states to integrate behavioral health into maternal health care via telehealth. These telehealth access programs offer real-time psychiatric consultation, care coordination support, and training to frontline maternity care providers, to expand provider capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression and related behavioral disorders, such as anxiety and substance use disorder (SUD). Success stories from two MDRBD awardees are highlighted below.



Expanding Access to Behavioral Health Care Through Provider Training and Consultation

Awardee State and Program:

North Carolina (NC): North Carolina Making Access to Treatment, Evaluation, Resources and Screening Better (NC Maternal Mental Health MATTERS)



Program Background:

NC MATTERS strives to improve providers' knowledge, capacity, and self-efficacy around screening, treating, and referring pregnant and postpartum patients experiencing perinatal mood and anxiety and/or SUDs.

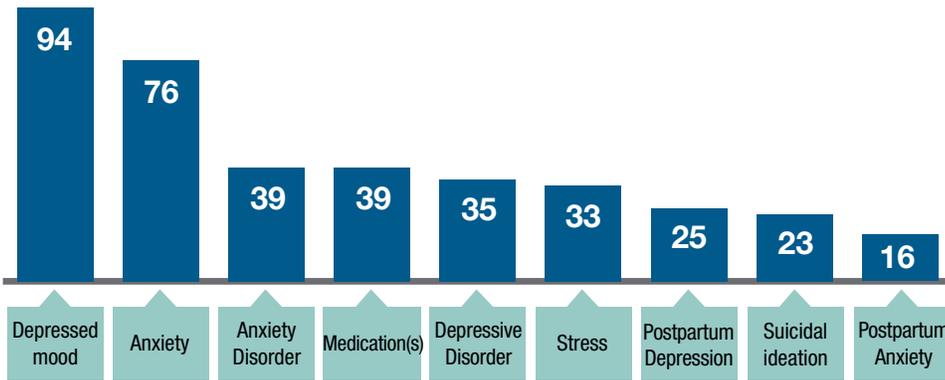
Providers receive ongoing education and technical assistance, with an emphasis on perinatal mood and anxiety disorders, SUDs, and screening recommendations. NC MATTERS provides support for primary care providers to respond to mental health proactively, resulting in patients receiving appropriate behavioral health care sooner.

The NC Psychiatry Access Line (NC-PAL) offers real-time consultation services to providers, who can discuss case-specific questions with a perinatal mental health specialist, receive support with care coordination, and refer patients for a psychiatric assessment.



Awardee Highlights:

Common Reasons for Provider Contact With Consultation Line



Consultation Line Start Date

September 2019



Average Calls per Month

27

Types of Care Coordination Support

- Behavioral health services (e.g., individual, family, or group psychotherapy; psychological/neuropsychological testing; parent management training)
- Inpatient and outpatient treatment programs (e.g., specific inpatient, SUD treatment, eating disorders, partial hospitalization, and residential programs)
- Inpatient hospitalization or emergency department
- Patient educational materials (e.g., perinatal toolkit, psychotherapy options, disorder specific, pregnancy)
- Housing support
- Parenting support
- Support groups
- Case management/coordination among providers



COVID-19 Adaptations:

Once the COVID-19 pandemic started, NC MATTERS moved swiftly to onboard the telepsychiatry services to offer one-time psychiatric assessments for patients who may not have otherwise received care. In addition, a telepsychiatry protocol agreement was created to inform providers of NC MATTERS’ scope and capacity in co-managing a patient’s care. As mental health referrals have increased in the wake of the pandemic, NC MATTERS has been able to serve patients who would otherwise be turned away from full clinics.

Successes and Challenges:

Success: 401 providers were enrolled into the program in Year 2, including family medicine, pediatric, OB-GYN, and mental health clinicians.

Challenge: As primary care practices shifted to telehealth in response to the pandemic, there was a decline in interest in quality improvement projects around perinatal mental health screening and treatment. NC MATTERS encouraged providers to use NC-PAL for consultation and support and has been successful in individual outreach efforts.



Program Contact Information	www.ncmatters.org	919-681-2909
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Leveraging Partnerships to Expand Perinatal Behavioral Health Care in Rhode Island

Awardee State and Program:

Rhode Island (RI): Rhode Island Maternal Psychiatry Resource Network Program (RI MomsPRN)



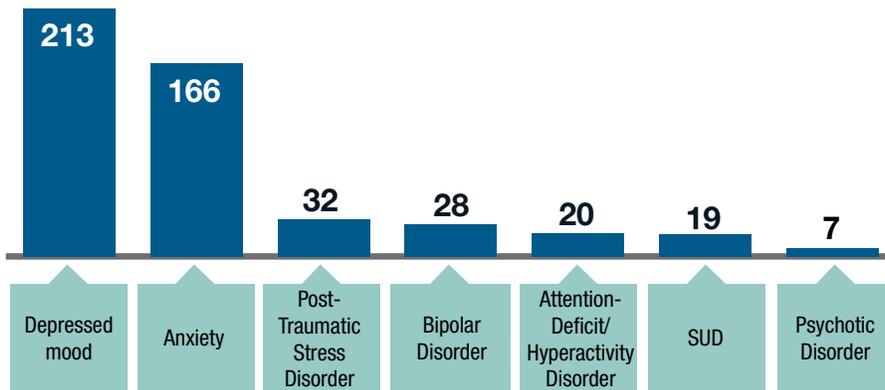
Program Background:

To help providers address the mental health and SUD concerns of their perinatal patients, the RI Department of Health and Center for Women’s Behavioral Health at Women & Infants Hospital have partnered to create the **RI MomsPRN Program**. This new, statewide, teleconsultation service is modeled after RI’s successful Pediatric Psychiatry Resource Network (PediPRN) Program. RI MomsPRN offers real-time resource and referral support and/or same-day clinical consultation with a perinatal psychiatrist. Providers treating pregnant and postpartum patients are encouraged to contact RI MomsPRN to initiate real-time behavioral health teleconsultation.



Awardee Highlights:

Common Reasons for Provider Contact With Consultation Line



Consultation Line Start Date

September 2019



Average Calls per Month

31

Types of Care Coordination Support

- Individual Psychotherapy
- Medication Consultation
- Support Groups
- Partial Hospital Program



- Family Therapy
- Community Mental Health Clinic
- Options Counseling

COVID-19 Adaptations:

Given new telehealth executive orders, the RI MomsPRN Program has been able to identify new telehealth supports and to verify telehealth availability of existing community resources, providers, and support groups included in our resource and referral directory. The RI MomsPRN teleconsultation line also implemented a secure email and electronic health record communication option to increase ways a provider can initiate a teleconsultation.



Successes and Challenges:

Success: A recent, successful innovation has been extending resource and referral teleconsultation support to family visitor staff. Initially, only select agencies receiving maternal depression training developed by HRSA's Home Visiting Collaborative Improvement and Innovation Network (COIIN) were allowed to call, but this has since been expanded to all family visitor staff. This willingness to support a wide variety of providers, in addition to leveraging the Center for Women's Behavioral Health at Women & Infants Hospital's longstanding and ongoing clinical collaborations with many perinatal providers over the past 20 years, have been key factors in driving teleconsultation utilization.



Challenge: Provider outreach and engagement was greatly impacted due to COVID-19, as scheduled, in-person site visits and outreach events in the spring and early summer were canceled. The program has since pivoted to virtual visits and is now exploring different digital and mailing strategies to promote the teleconsultation service going forward.

Program Contact Information

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Summary and Conclusion:

Regarding **use of their consultation lines**, both MDRBD awardees reported an average of about 30 calls per month, with the most **common reasons for provider contact with the consultation line** being depressed mood and anxiety. The awardees mentioned providing **care coordination support** for behavioral health services (e.g., psychotherapy), medication consultation/management, and support groups. They were successful in making program **adaptations related to COVID-19**, by exploring new provider outreach methods, including individual outreach, digital, and mailing strategies. In addition, they shifted to telepsychiatry services and new teleconsultation communication methods (e.g., secure email and electronic health record communication), leading to increased provider engagement and provision of mental health services. As awardees have shown, adapting to include virtual formats within programs can be successful for provider engagement, as well as for both consultation and care coordination support, even after in-person restrictions due to COVID-19 are lifted.

For more information about these programs, go to <https://mchb.hrsa.gov/maternal-child-health-initiatives/mental-behavioral-health/mdrbd>

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