



# Improving Systems of Care for Perinatal Mental Health and Substance Use Disorders

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# Overview

- Background
- Screening and Referral to Treatment
  - Listening to Women & Pregnant & Postpartum People (LTWP)
- Building Workforce and Access to Treatment
  - Moms IMPACTT: IMProving Access to maternal mental health & substance use disorder Care through Telemedicine and Tele-mentoring
- Questions



# Maternal Mortality in the US is higher than any other developed country

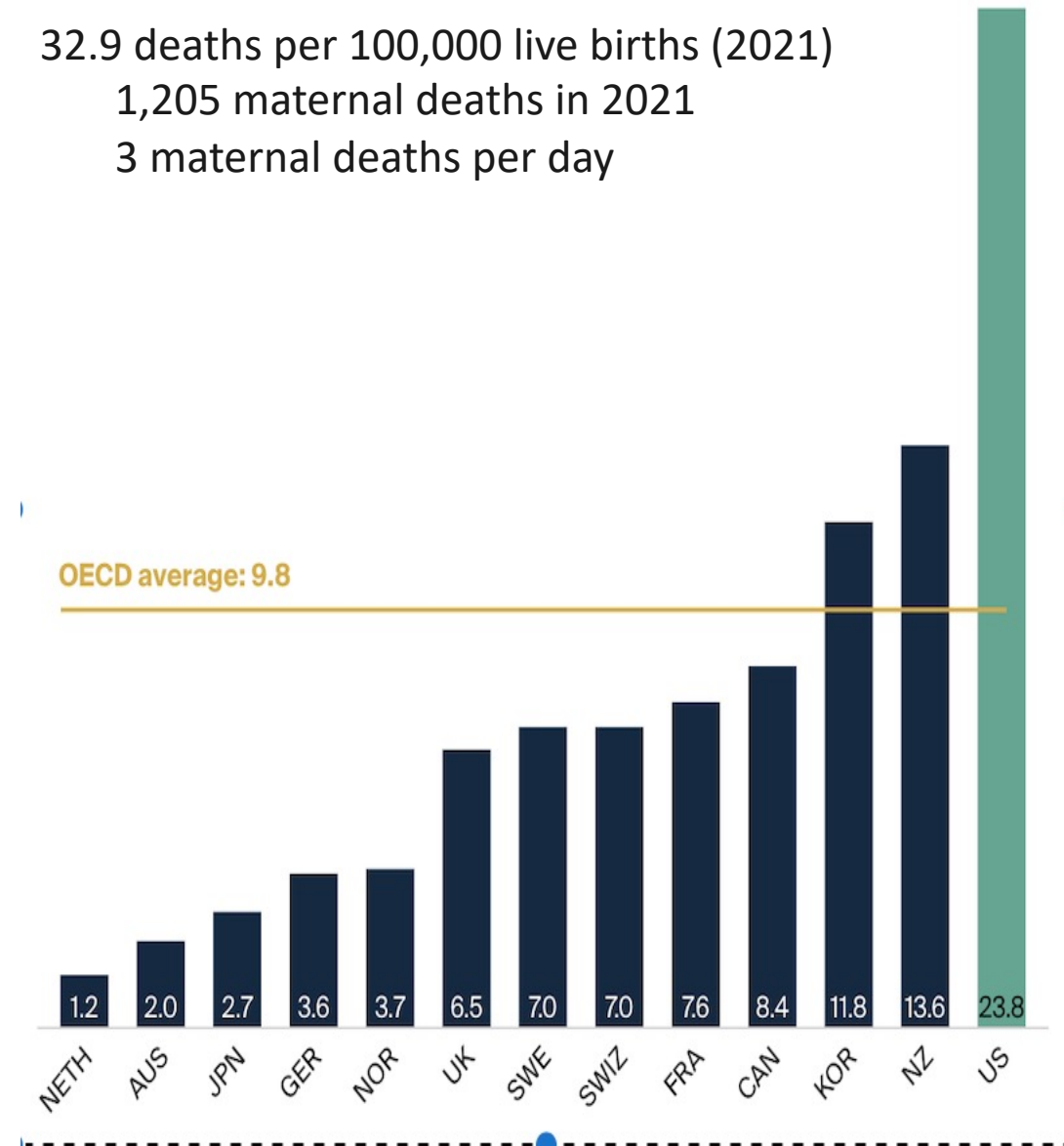
High Income Countries 2020:  
12 per 100,000 live births

United States 2020:  
23.8 per 100,000 live births

United States 2021:  
32.9 per 100,000 live births

Maternal mortality, deaths per 100,000 live births

32.9 deaths per 100,000 live births (2021)  
1,205 maternal deaths in 2021  
3 maternal deaths per day



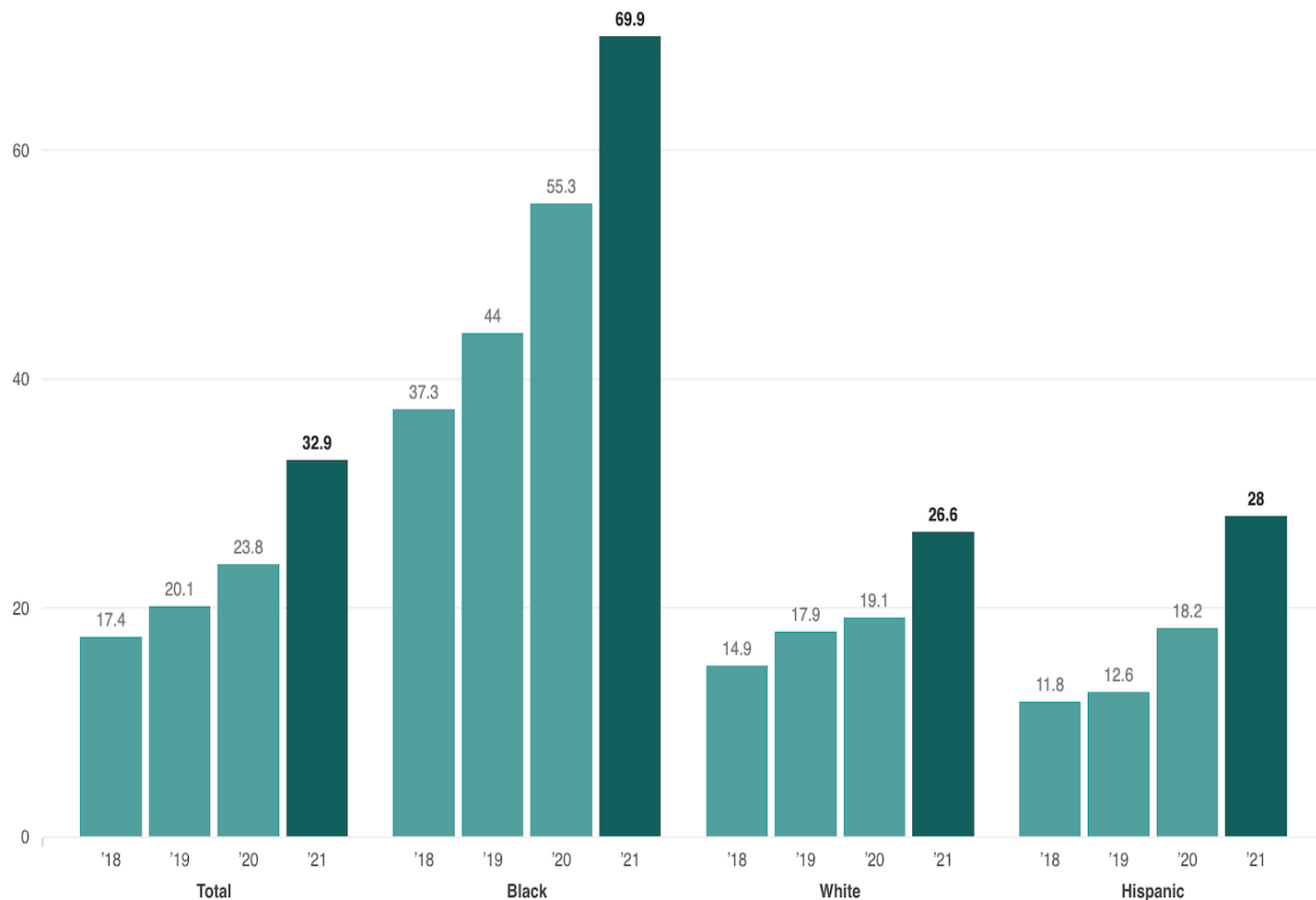
# Racial Disparities in Maternal Mortality

White 2021:  
26.6 per 100,000 live births

Black 2021:  
69.9 per 100,00 live birth

American Indian 2021:  
49.2 per 100,000 live births

## Maternal Mortality By Race 2018-2021



### Notes

The World Health Organization defines a maternal death as the death of a woman "from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy."

Source: National Center for Health Statistics, Centers for Disease Control and Prevention

# Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019

Most frequent underlying causes of pregnancy-related death:

- Mental health conditions (22.7%)
- Hemorrhage (13.7%)
- Cardiac and coronary conditions (12.8%)
- Infection (9.2%)
- Thrombotic embolism (8.7%)
- Cardiomyopathy (8.5%)

**84.2% deaths  
determined  
to be preventable**

# Maternal Mental Health and Substance Use Disorders are...

**...the Most Common  
Complication of  
Pregnancy &  
Childbirth**

**1 in 5**

women around the world will suffer from a  
maternal mental health complication

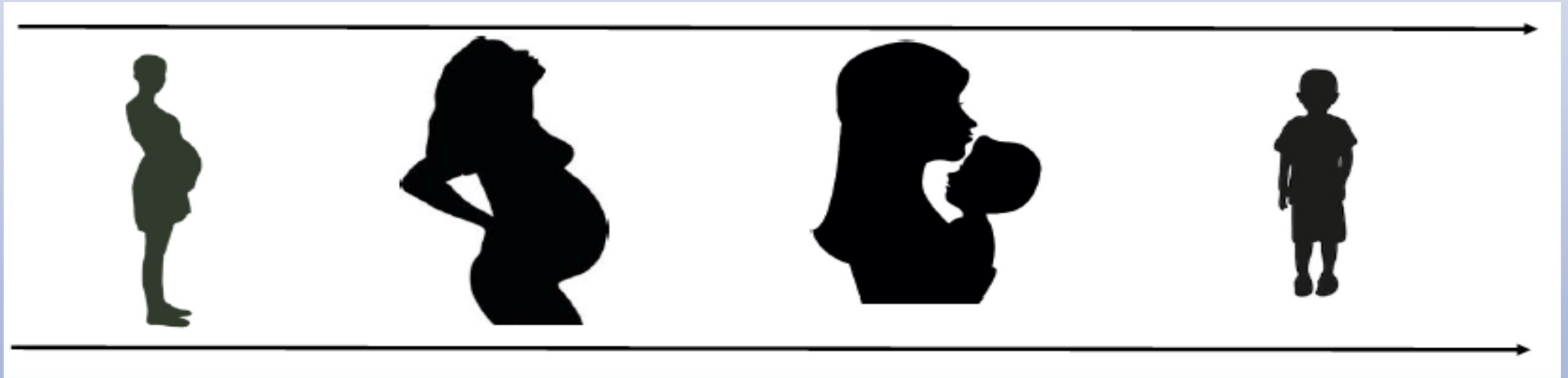




# MATERNAL MENTAL HEALTH AFFECTS WOMEN & CHILDREN

Low Birth Weight  
Preterm Birth  
NICU Admissions  
C-sections

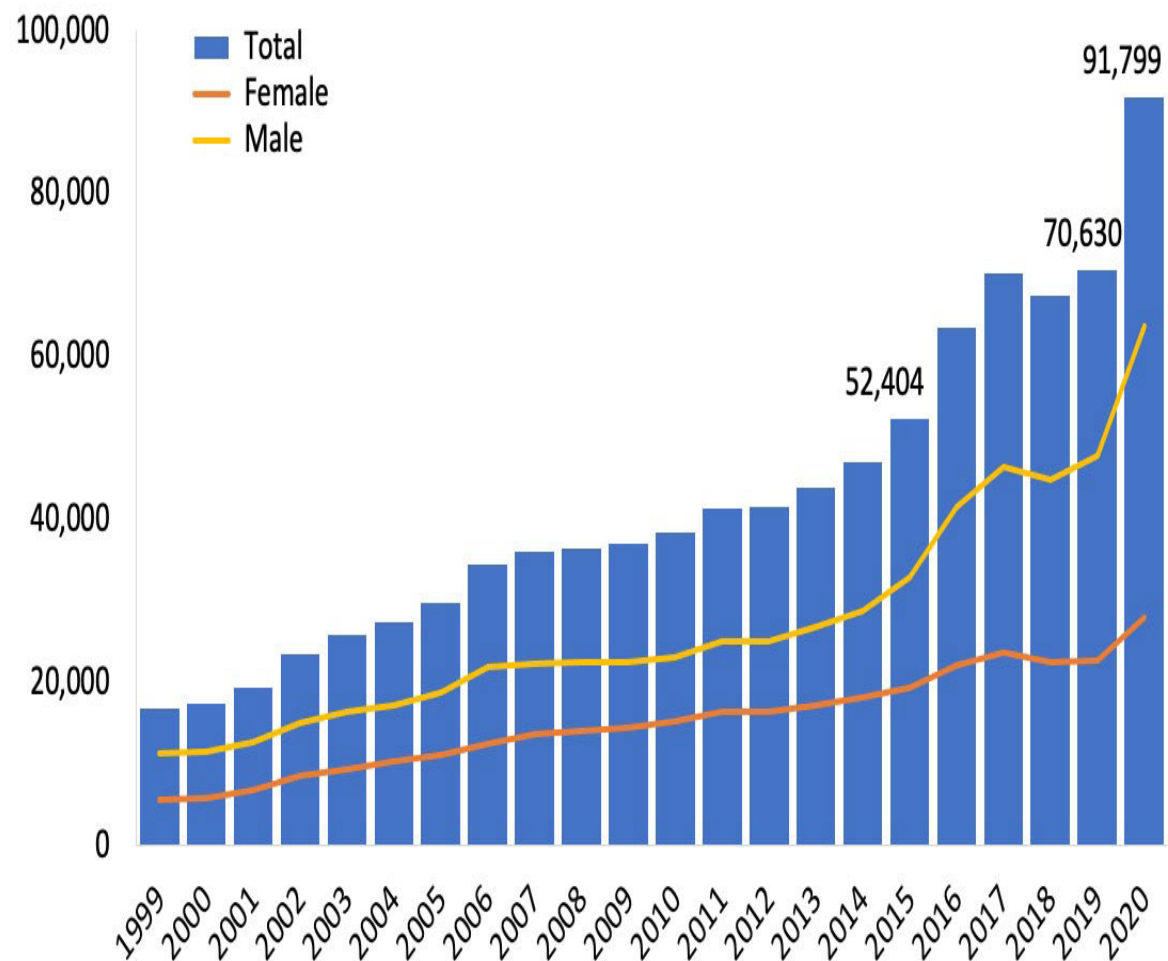
Cognitive, Motor, Growth  
Delays.  
Behavioral, Academic, Mental  
Health Problems



Poor Prenatal Care  
Smoking  
Substance Use

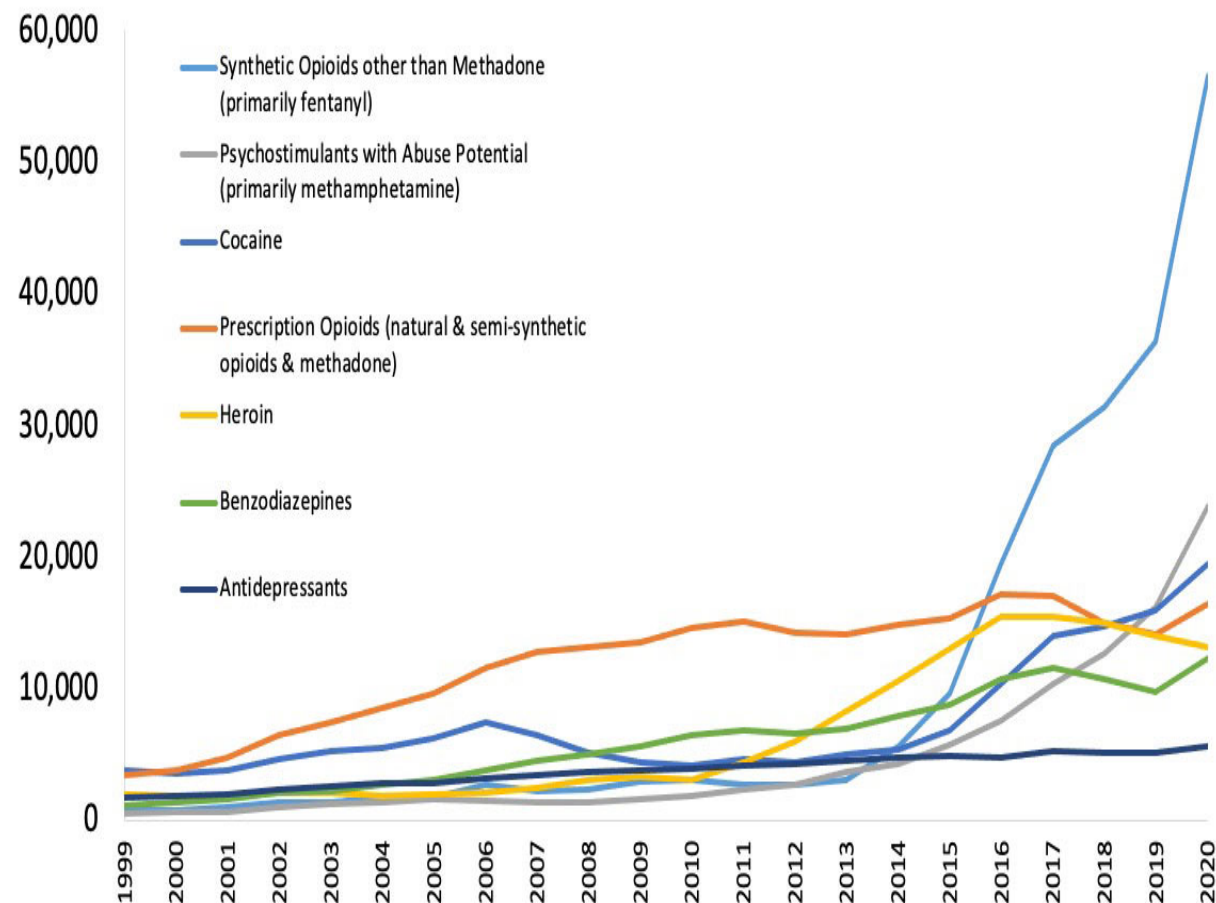
Difficulty Bonding  
Less Breastfeeding  
More Divorce

**Figure 1. National Drug-Involved Overdose Deaths\*  
Number Among All Ages, by Gender, 1999-2020**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

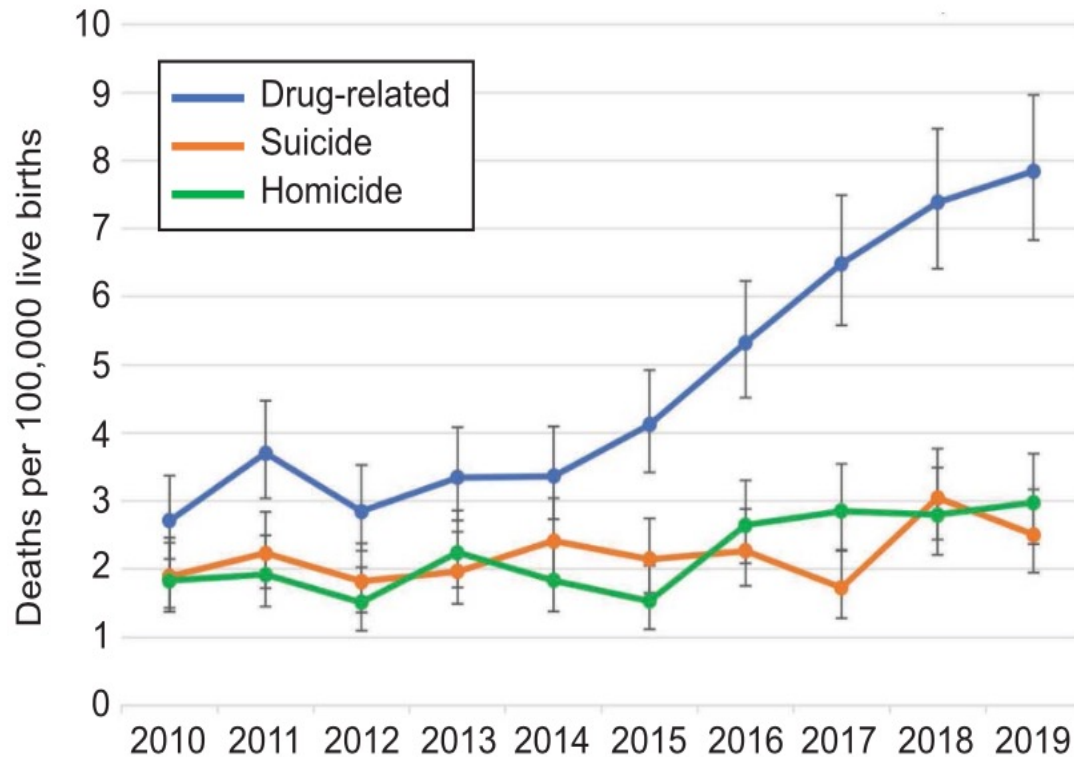
**Figure 2. National Drug-Involved Overdose Deaths\*,  
Number Among All Ages, 1999-2020**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.



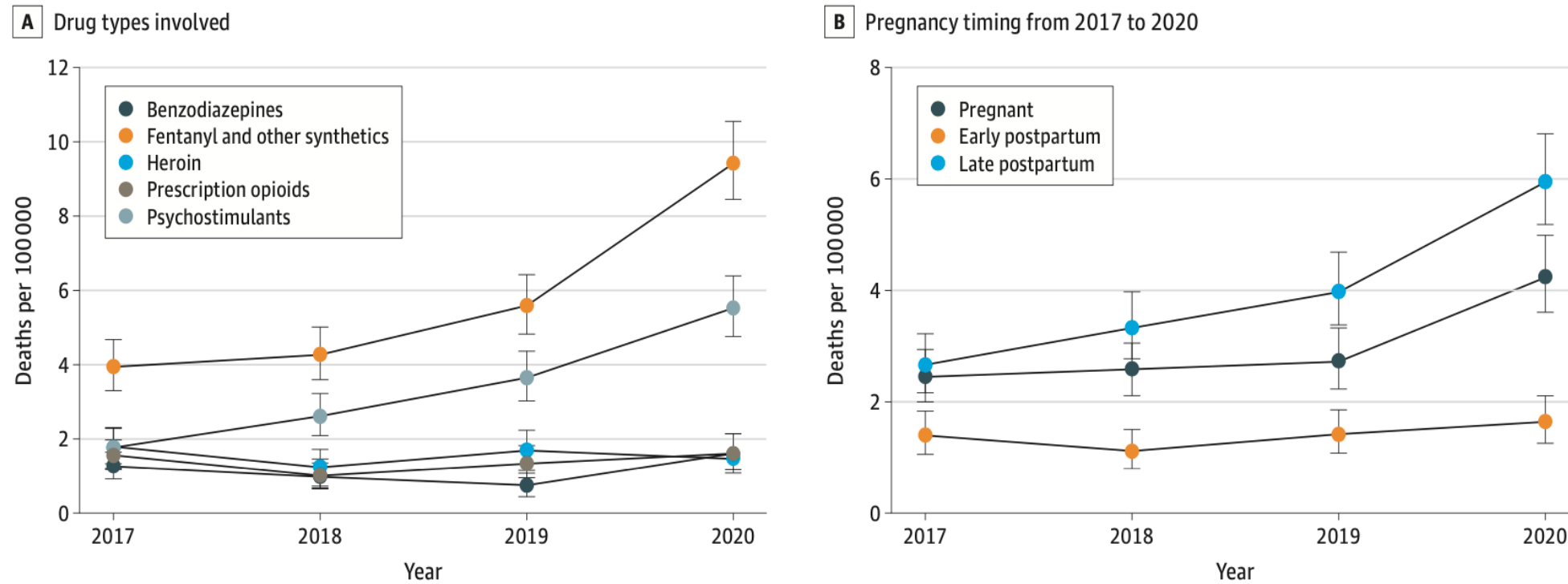
# Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019 (n=11,792)



- 22.2% of all Maternal Deaths are due to:
  - Drugs (11.4%)
  - Suicide (5.4%)
  - Homicide (5.4%)
- 2010-2019
  - Drug-related deaths increased 190%
  - Suicide increased 30%
  - Homicide increased 63%

# US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020

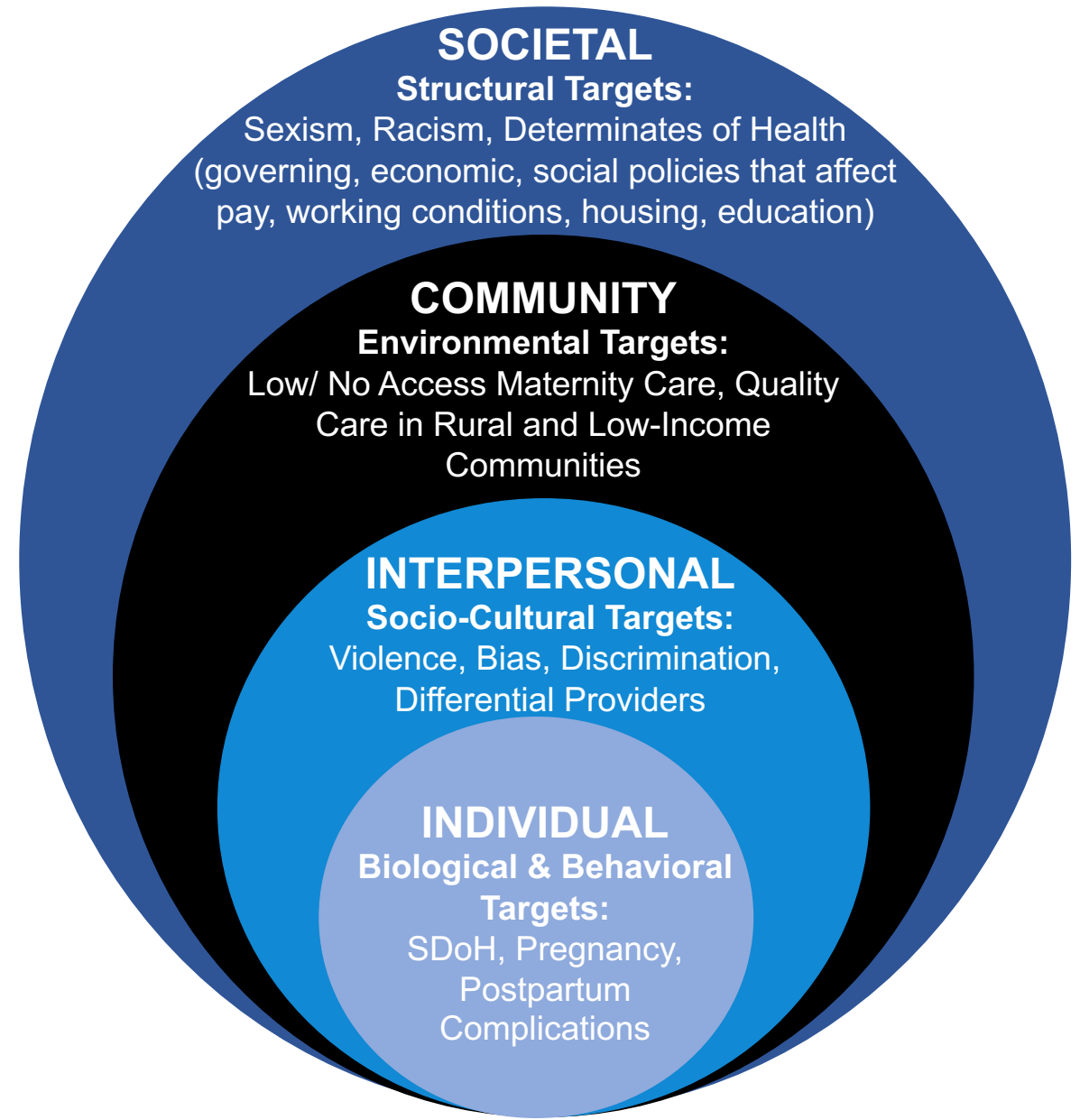
Figure. Pregnancy-Associated Drug Overdose Mortality



Bruzelius E, Martins SS. US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020. *JAMA*. 2022;328(21):2159–2161. doi:10.1001/jama.2022.17045

Maternal Mortality is  
a Complex  
Multifaceted Problem  
Requiring  
Targeted, Multi-level  
Interventions

## Ecological Systems Theory



# Many Maternal Deaths due to Mental Health Conditions are Preventable

## MATERNAL HEALTH

By Susanna L. Trost, Jennifer L. Beauregard, Ashley N. Smoots, Jean Y. Ko, Sarah C. Haight, Tiffany A. Moore Simas, Nancy Byatt, Sabrina A. Madni, and David Goodman

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# Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008–17

Trost, SL, Beaurard, JL, Smoots, AN, Ko, JY, Haight SC, Moore Simas AS, Byatt N, Madni SA, Goodman, D. Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008–17. Health Affairs Vo. 40, No. 10.

# Screen & Referral to Treatment [Standard of Care]

1 in 8 women  
will be screened

Black individuals < likely to be  
screened than White individuals



AMERICAN  
PSYCHIATRIC  
ASSOCIATION

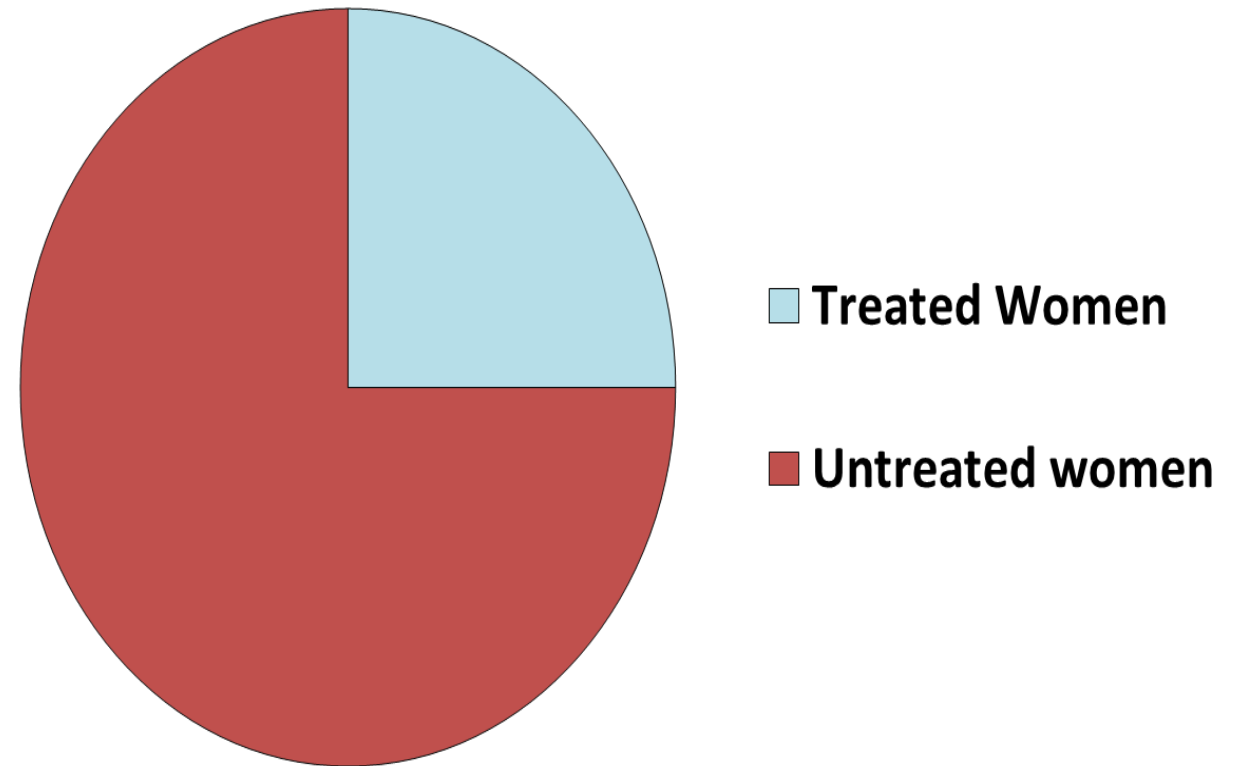


The majority of mental health problems are unrecognized and untreated.

1 in 4 women receive treatment

Black women < receive treatment compared to White women

Rural residence < likely to attend treatment than urban residence

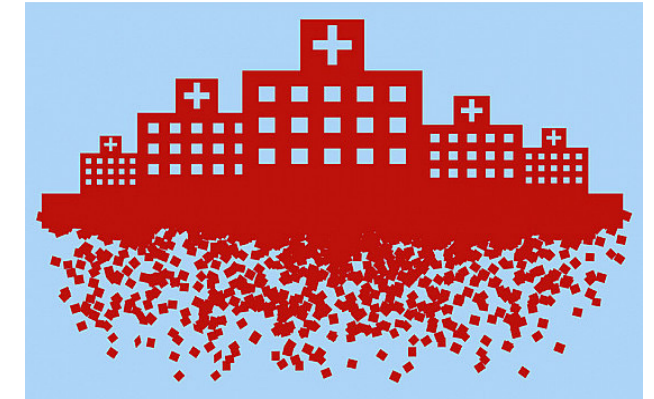


Haight SC, Byatt N, Moore Simas TA, Robbins CL, Ko JY. Recorded Diagnoses of Depression During Delivery Hospitalizations in the United States, 2000-2015. *Obstet Gynecol.* 2019 Jun; 133(6):1216-1223.

Bauman BL, Ko JY, Cox S, et al. *Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018.* *MMWR Morb Mortal Wkly Rep* 2020;69:575–581.



# Barriers to Successful Screening & Effective Referral to Treatment



Patient	Provider	Healthcare System
Bias, Discrimination, Stigma, Racism	Bias, Discrimination, Racism	Structural Racism
Social Determinants of Health	Insufficient time	Cost: Time & Re/Training
Fear of social/legal consequences	Lack of MH/SUD knowledge	Separation of MH/SUD care
Lack of available or accessible *MH/SUD treatment providers	Lack of available or accessible *MH/SUD treatment providers	Lack of available or accessible *MH/SUD treatment providers

\*MH: Mental Health; SUD: Substance Use Disorder

# Listening to Women and Pregnant and Postpartum People (Text/Phone Screening & Referral Program)

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# Listening to Women & Pregnant & Postpartum People



**Text Message Based Screening**



**Brief Intervention**

Remote Care Coordinator (MSW)



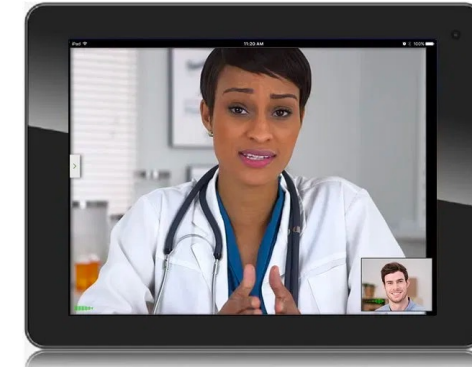
**Referral to Treatment**

Telemedicine/ Office or Home  
Follow up



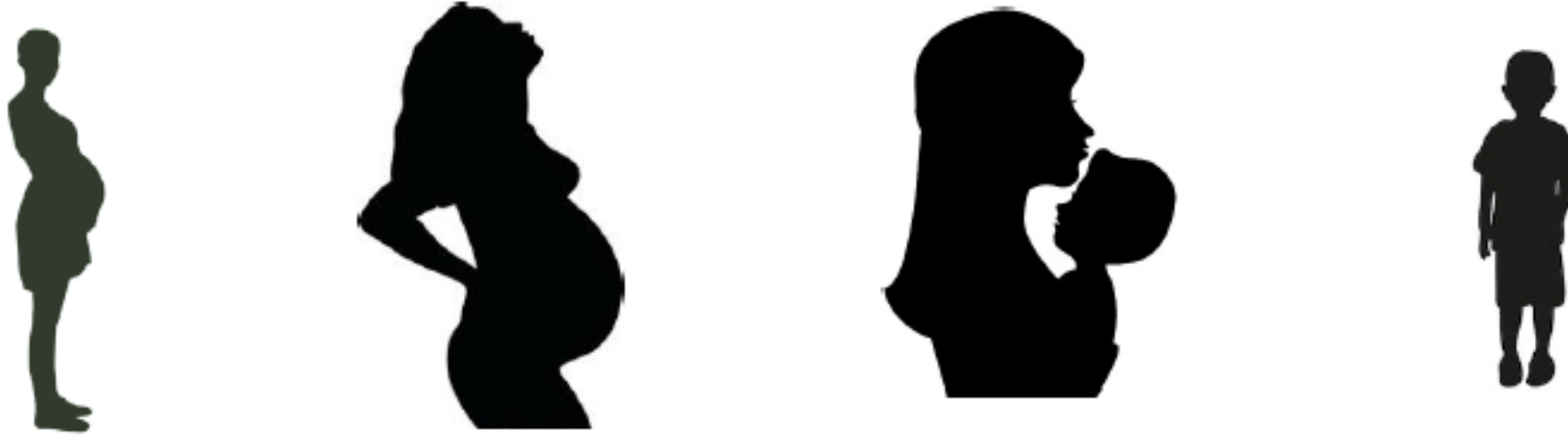
**Communicate with Ob/Peds Team**

Screening information  
Referral and Tx Progress



# Listening to Women & Pregnant & Postpartum People

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## Screening During Pregnancy and the Year Postpartum

- Pregnancy Screens:
  - 1<sup>st</sup> Prenatal Care Visit or Anytime After
  - Each Trimester of Pregnancy
- Postpartum Screens:
  - 1 Month Postpartum
  - Every 3 Months After Delivery Until 12 Months Postpartum

# Case example

## Patient 1- Perinatal Mood and Anxiety

### LTWP Screening

*What we knew*

- 25 y/o, G1P1: 30 days postpartum
- Symptoms of depression and anxiety
- Rural location

### Care Coordinator Intervention

*What we learned*

- Sx started in pregnancy, increased postpartum
- No psych history, no medications
- Passive SI, no intent or plan
- Mentioned only some symptoms to family
- Shame, guilt and fear of social consequences

### Shared Decision Making

*Creating a care plan together*

- Validation of symptoms
- Home-based telemedicine services
- Linkage to resources

# Randomized Clinical Trial

January 2021 to April 2023  
Large Healthcare System in Southeast  
Electronic Health Record (EHR)

## LTWP (Text/Phone) (n=224)

## Usual Care (n=191)

### Screened

- Text validated questionnaires (phone/email)

### Screened Positive

- Brief assessment, intervention and referral to treatment, if appropriate (MSW)

### Referred to Treatment

- Co-located in Ob/Gyn Practice

### Attended Treatment

- Psychiatrist, psychologist, or therapist in Ob/Gyn practice

### Screened

- Verbal validated questionnaires (RN)

### Screened Positive

- Brief assessment, intervention and referral to treatment, if appropriate (CNM, Ob/Gyn)

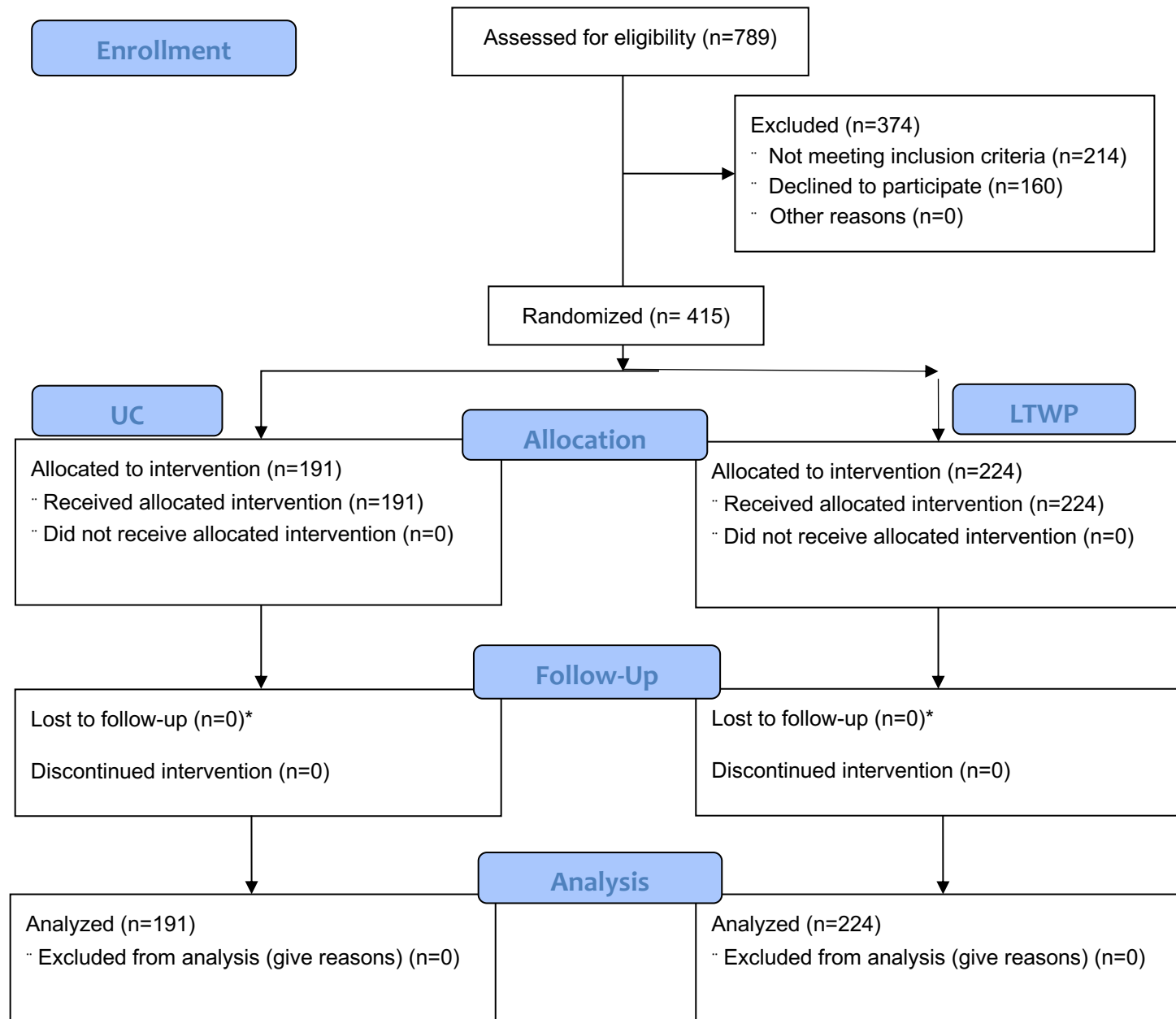
### Referred to Treatment

- Co-located in Ob/Gyn Practice

### Attended Treatment

- Psychiatrist, psychologist, or therapist in Ob/Gyn practice





\*Note: Follow-up data was extracted from the EHR and may not capture all participants that did not continue prenatal care in the study healthcare system.

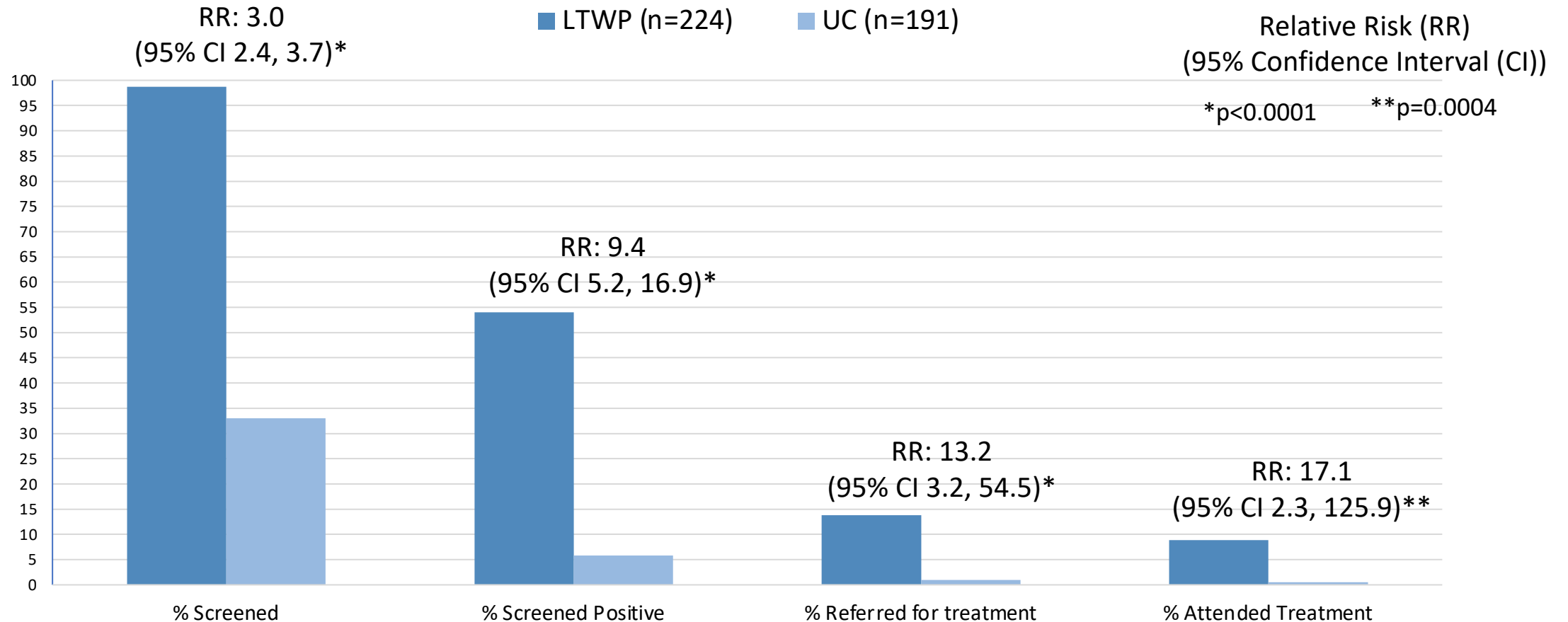
# Demographics (No Group Differences)

Characteristic	Statistics	LTWP (n=224)	UC (n=191)	P-value	Characteristic	Statistics	LTWP (n=224)	UC (n=191)	P-value
Age, years	median	31	31	0.55	Currently pregnant	n (%)	102 (45.5%)	85 (44.5%)	0.83
	[IQR]	[27.0 - 34.0]	[26.0 - 34.0]		Number of week pregnant <sup>†</sup>	median [IQR]	28 [20.0 - 33.0]	28 [23.0 - 32.0]	0.86
Annual household income				0.26	Months postpartum <sup>‡</sup>	median [IQR]	2 [1.0 - 4.5]	2 [1.0 - 8.0]	0.99
< \$25,000/year	n (%)	46 (20.5%)	31 (16.2%)		Depressive Symptoms (EPDS)	median [IQR]	5 [2.0 - 8.0]	6 [3.0 - 9.0]	0.11
≥ \$25,000/year	n (%)	178 (79.5%)	160 (83.8%)		Anxiety Symptoms (GAD-7)	median [IQR]	3 [1.0 - 6.0]	3 [1.0 - 7.0]	
Number of living children	median [IQR]	1 [1.0 - 2.0]	1 [0.0 - 2.0]	0.89					
Number of pregnancies	median [IQR]	2 [1.0 - 3.0]	2 [1.0 - 3.0]	0.37					

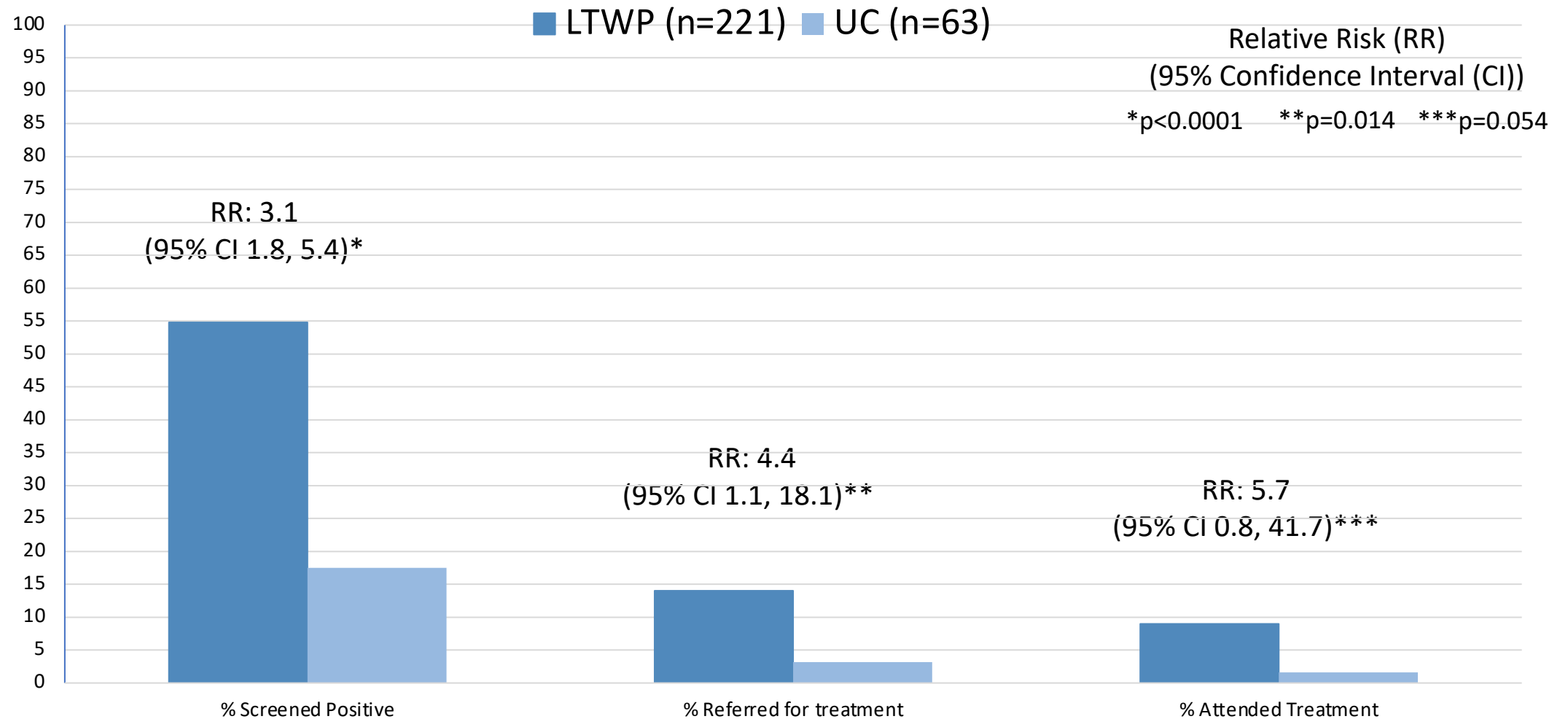
# Demographics (No Group Differences)

Characteristic	Statistics	LTWP (n=224)	UC (n=191)	P-value	Characteristic	Statistics	LTWP (n=224)	UC (n=191)	P-value
Race/Ethnicity				0.32	Self-reported psychiatric diagnoses				
Black, non-Hispanic	n (%)	70 (31.3%)	71 (37.2%)		Mood disorder	n (%)	35 (15.6%)	27 (14.1%)	0.67
Hispanic	n (%)	12 (5.4%)	8 (4.2%)		Anxiety disorder	n (%)	67 (29.9%)	52 (27.2%)	0.55
White, non-Hispanic	n (%)	135 (60.3%)	110 (57.6%)		Substance use disorder	n (%)	21 (9.4%)	9 (4.7%)	0.07
Other	n (%)	7 (3.1%)	2 (1.0%)		Psychotic disorder	n (%)	0 (0.0%)	0 (0.0%)	0.99
Rurality of residence				0.28	None	n (%)	141 (63.0%)	129 (67.5%)	0.33
Rural	n (%)	14 (6.7%)	18 (9.6%)						
Partially rural	n (%)	154 (73.3%)	141 (75.4%)						
Non-rural	n (%)	42 (20.0%)	28 (15.0%)						

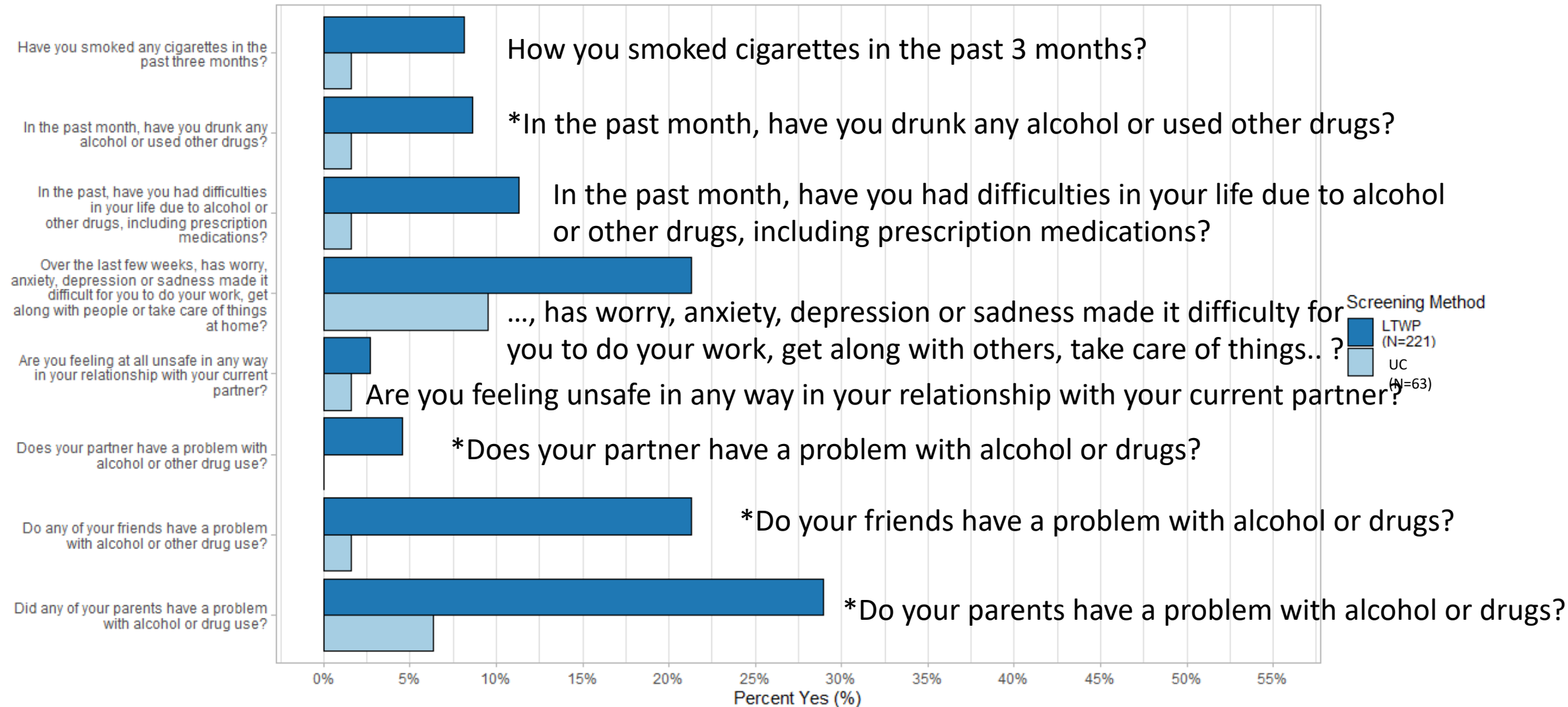
# Primary Outcomes: % of LTWP vs. UC Screened, Screened Positive, Referred to Treatment & Attended Treatment



# Secondary Outcomes [Participants Completing a Screen]: % of LTWP vs. UC Participants Screened Positive, Referred to Treatment & Attended Treatment



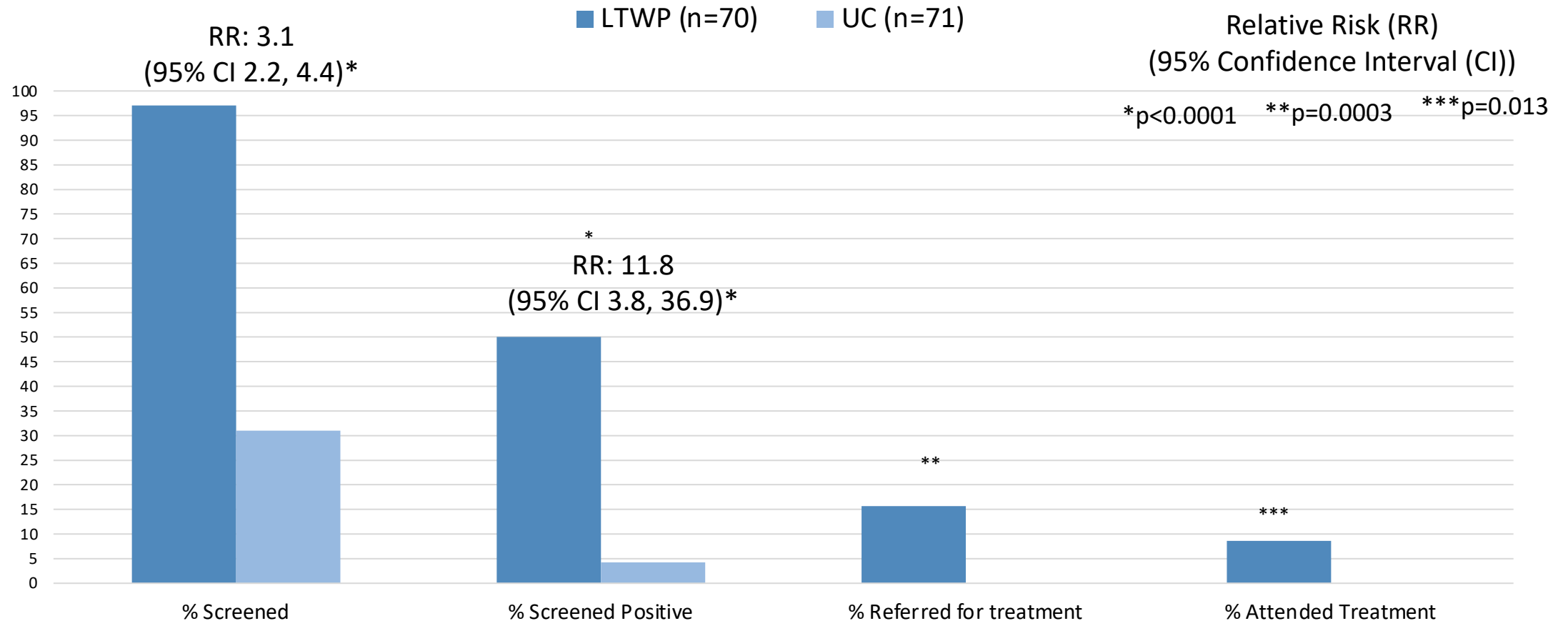
## Percent of LTWP vs. UC Responding “Yes” to Each Screening Question



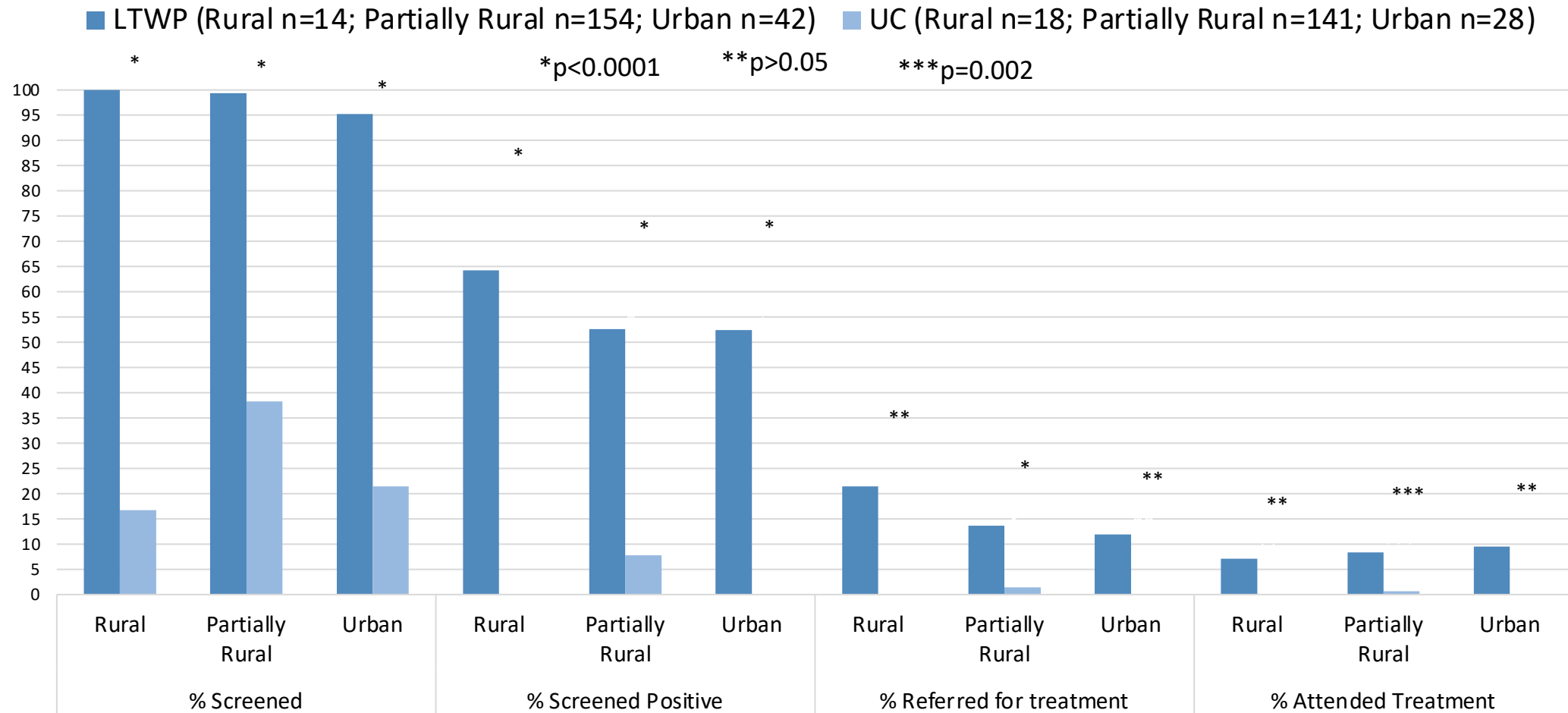
\*4Ps: Substance use screening in pregnancy



# Subgroup Analyses [Black, Non-Hispanic]: % of LTWP vs. UC Participants Screened, Screened Positive, Referred to Treatment & Attended Treatment



# Subgroup Analyses [by Rural, Partially Rural and Urban Residence]: % LTWP vs. UC Participants Screened, Screened Positive, Referred to Treatment & Attended Treatment



# Summary & Next Steps

## Listening to Women and Pregnant and Postpartum People

### Summary

Compared to UC, LTWP participants were:

- **3X more likely to be screened**

Among those that are screened, compared to UC, LTWP participants were:

- **3X more likely to screen positive**
- **4.4X more likely to be referred to Tx**
- **5.7X more likely to attend Tx**

Findings consistent in Black, Non-Hispanic & Rural and Partially Rural Populations

### Next Steps

#### Qualitative Research

- Hispanic & Spanish Speaking Populations
- American Indian Populations

#### Advocacy

- Healthcare system level changes, insurance payments, and policies to support adoption of text/phone screening and referral
- Support digital literacy, affordable internet service plans, access to broadband and devices with A/V capabilities

Current & Future Directions  
Listening to Women and Pregnant and  
Postpartum People  
(Text/Phone Screening & Referral Program)

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# Study Overview

- **Study Goals:** To improve **Screening, and Attendance and Retention** in Perinatal Mental Health and Substance Use Disorder treatment among pregnant and postpartum women (12 mo. postpartum).
- **Study Aims:** Compare LTWP Vs. UC to determine differences in rates of:
- Primary Outcome: Treatment attendance and treatment retention
  - EHR/Medicaid n=9,000
- Secondary Outcome: Patient Reported Outcomes (PROs) [n=4,500]
  - Patient Reported Outcomes: Pregnancy and 2, 5, 8, 11 mo postpartum (depression, substance use, maternal functioning/bonding)
- Process Evaluation
  - Barriers & Facilitators to Implementation of LTWP in trial and non-trial clinics

# Study Design

- Stepped Wedge Randomized Trial
- 13 Outpatient OB/GYN Clinics
- 3-4 Clinics Per Cluster, 4 Total “Wedges” Randomized to a LTWP Start Date

Clinics	1-6	7-12	13-18	19-24	25-30	31-36	37-42	43-48	49-54	55-60	Active	Control
dates	Oct 22	April 23	Oct 23	April 24	Oct 24	April 25	Oct 25	April 26	Oct 26	April 2027		
1-4		450	450	450	450	450	FU	FU	FU		1,800	450
5-7		450	450	450	450	450	FU	FU	FU		1,350	900
8-10		450	450	450	450	450	FU	FU	FU		900	1,350
11-13		450	450	450	450	450	FU	FU	FU		450	1,800
Total											4,500	4,500

- Orange(control/usual care); Dark Blue (active/LTWP); Light Blue (participants in follow-up)



# Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019

Most frequent underlying causes of pregnancy-related death:

- Mental health conditions (22.7%)
- Hemorrhage (13.7%)
- Cardiac and coronary conditions (12.8%)
- Infection (9.2%)
- Thrombotic embolism (8.7%)
- Cardiomyopathy (8.5%)

**84.2% deaths  
determined  
to be preventable**

Current & Future Directions  
Listening to Women and Pregnant and Postpartum  
People  
(Text/Phone Screening & Referral Program)

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Add other evidence-based screening & referral  
H.E.A.R. 4 Mamas  
Healing, Equity, Advocacy and Respect for Mamas

# Alliance for Innovation on Maternal Health (AIM) Safety Bundles

## **Postpartum Discharge Transitions**

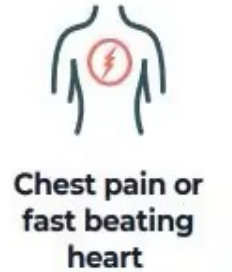
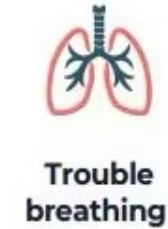
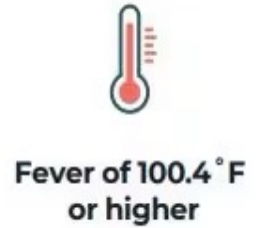
- Summary of birth events
- Emergent/Urgent warning signs/symptoms & who to call
- Attending postpartum care visit
- Birth spacing & contraception
- Breastfeeding
- Well-being, mental health, substance use
- Social determinants of health
- Physical recovery, sleep/fatigue, sexual health, activity
- Medications & chronic conditions

## **Reduction in Racial and Ethnicity Disparities**



# CDC Early Warning Signs of Potential Postpartum Complications

## PLUS Screening for Mistreatment & Disrespectful Care





## H.E.A.R 4 Mamas



**Daily Text Message Screening  
Postpartum Complications & Preventative Care**



**Brief Evaluation**

Remote Advanced Practice Provider (FNP)



**Education, Treatment & Referrals to  
Treatment & Resources**



**Communicate with Ob/Peds Team**

Screening, Tx information  
Referral and Tx Progress



### **AIMs Safety Bundles**

- Emergent/Urgent warning signs/symptoms & who to call
- Postpartum care visit
- Birth spacing, contraception
- Breastfeeding
- Well-being, mental health, SUD
- Social determinants of health
- Physical recovery, sleep/fatigue, sexual health, activity
- Medications & chronic conditions
- Racial and Ethnicity Disparities

# Study Overview

- **Study Goals:** To improve **detection of and timely care for complications** during the first 6-weeks and 12-months postpartum for individuals experiencing significant health disparities.
- **Study Aims:** Compare H.E.A.R 4 Mamas Vs. Usual Care to determine differences in rates of:
  - Avoidable Emergency Department (ED) visits, and attendance to preventative visits (i.e., postpartum care visit, primary or specialty care)
  - Patient Reported Outcomes (PROs) (e.g., discrimination, well-being, functioning)

# H.E.A.R. 4 MAMAS Recruitment Flyer

Patient Centered Outcomes Research Institute (PCORI)

## H.E.A.R. 4 Mamas

Healing, Equity,  
Advocacy, and Respect

**Participate in a study to  
learn if a new program  
can help keep mamas  
safe and healthy.**

- ✓ Mamas ages 18-49
- ✓ Insured by Medicaid
- ✓ Delivering a baby at Roper  
St. Francis Health System
- ✓ Up to \$120 provided for time  
in completing surveys



**Connect with us!**

Call/Text: 843-998-5635

HEAR4Mamas@musc.edu



Research





Current & Future Directions  
Listening to Women and Pregnant and  
Postpartum People  
(Text/Phone Screening & Referral Program)

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Add other evidence-based screening & referral  
Newborn Health

# Listening to Women: Connecting Mom's & Baby's To Resources



**Text Message Screening & Education**



**Brief Evaluation**

Remote Nurse Navigator (RN)



**Education, Referral to Treatment & Resources**



**Communicate with Ob/Peds Team**

Screening information  
Referral and Tx Progress



**Newborn Visitation Program**

- Infant Feeding and Breastfeeding
- Infant Home and Safety
- Safe Sleep
- Crying, Colic, Soothing
- Bonding, Child Development
- Pediatric Visits
- Early Intervention
- Health Insurance
- Immunizations
- SDoH, MH/SUD/IPV concerns

sc Thrive



Mom's IMPACTT:  
IMProving Access to maternal mental health  
and substance use disorder Care  
through Telemedicine and Tele-Mentoring

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## Goal 1: Provider *Building Frontline Provider Capacity*

## Goal 2: Patient *Access to MH/SUD Care*

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- Mom's IMPACTT has 3 components and provides:
  - **Real-time psychiatric consultation for providers** to support them in effectively managing maternal mental health and substance use disorders.
  - **Mental health and substance use disorder trainings** tailored to the needs of the hospital and/or outpatient practice's providers and staff.
  - **Brief Phone assessment by Care Coordinator** to provide appropriate referral to treatment and community-based resources.

Every  
Mother  
Deserves  
Support.



### Mom's IMPACTT

IMProving Access to Maternal Mental Health and Substance  
UseDisorder Care Through Telemedicine and Tele-Mentoring





# How Mom's **IMPACTT** Works

## [Building Provider Capacity: Training & Consultation]

843-792-MOMS  
(843)-792-6667



Doulas  
Midwives  
Obstetricians  
Pediatricians  
Psychiatrists  
Community Health Workers  
Advance Practice Providers  
Primary Care/Family Practice



- Assessment
- Referrals & Resources
- Care Coordination
- Referrals & Resources



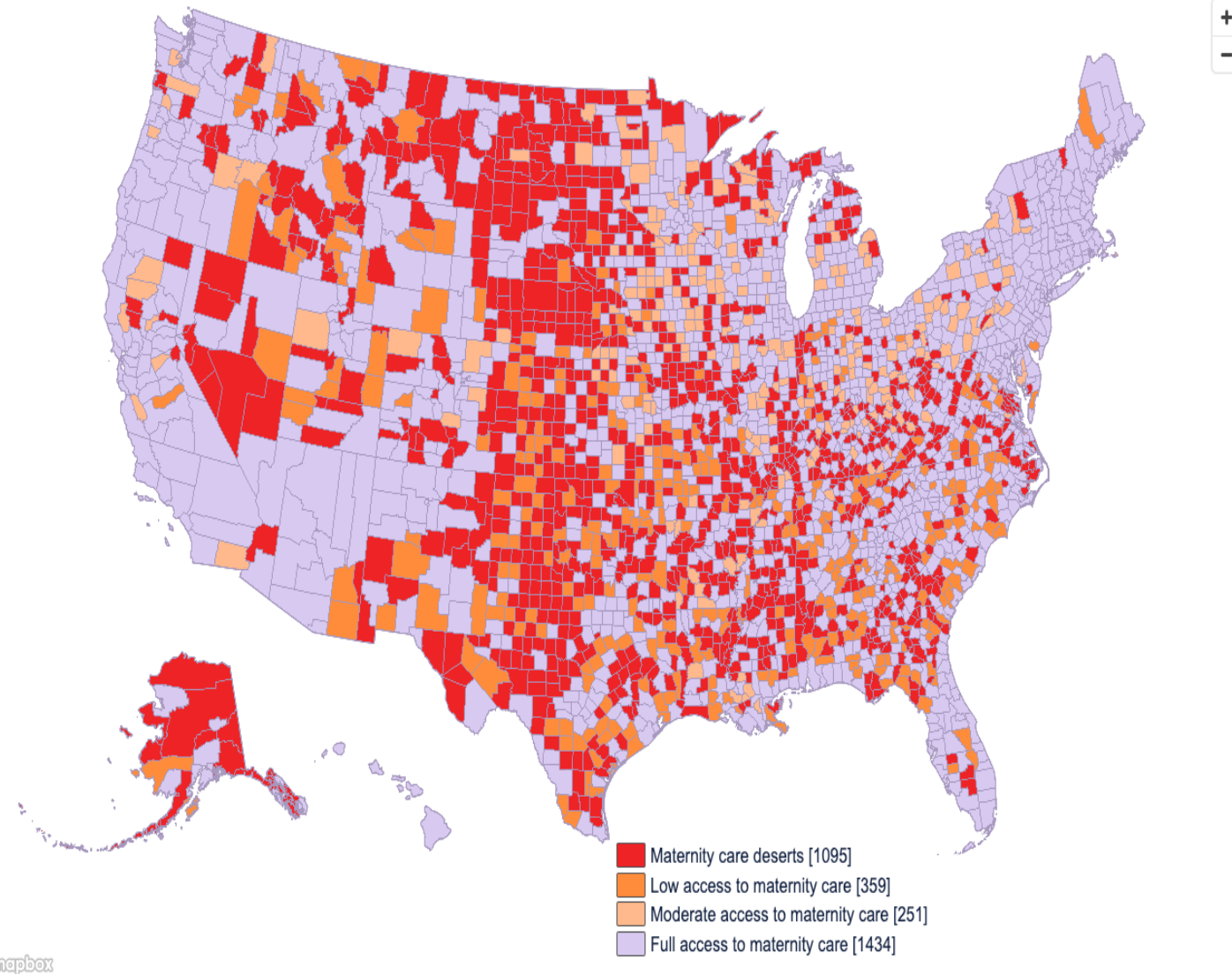
Provider-Provider Consultation



Provider Trainings

47.8% of SC counties have Low or No Access to Maternity Care.

## Low/No Access to Maternity Care



Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019

# How Mom's **IMPACTT** Works [Patients]



Pregnant



0-12 Months Postpartum



Patient-Provider Treatment

- Assessment
- Referrals to Resources
- Permission to Communicate with Provider for Care Coordination



# Case example

## Patient 2- Perinatal Opioid Use Disorder

### Self Referral to Moms IMPACTT

*Concern: medication questions*

- 35 y/o, white woman
- G1PO, 14 weeks
- Birth control failure
- 5 years sustained recovery with MOUD
- Provider stopped prescribing in pregnancy
- Experiencing withdrawal with craving
- No longer connected to recovery community support

### Care Coordinator Intervention

*Understanding stigma*

- Home-based telemedicine services
  - Risk/benefits of options during pregnancy
  - Stabilized on MOUD
- OB Provider with adequate POUD training
- Delivery hospital with NOWS experience
- Coordination across health care systems
  - Training and education
- Linkage to community & recovery support services

# Moms IMPACTT

## Outcomes: May 2022- April 2024

- **Goal 1: Provider**  
***Building Frontline Provider Capacity***

### Provider Trainings



MH/SUD trainings for  
1,205 front-line providers

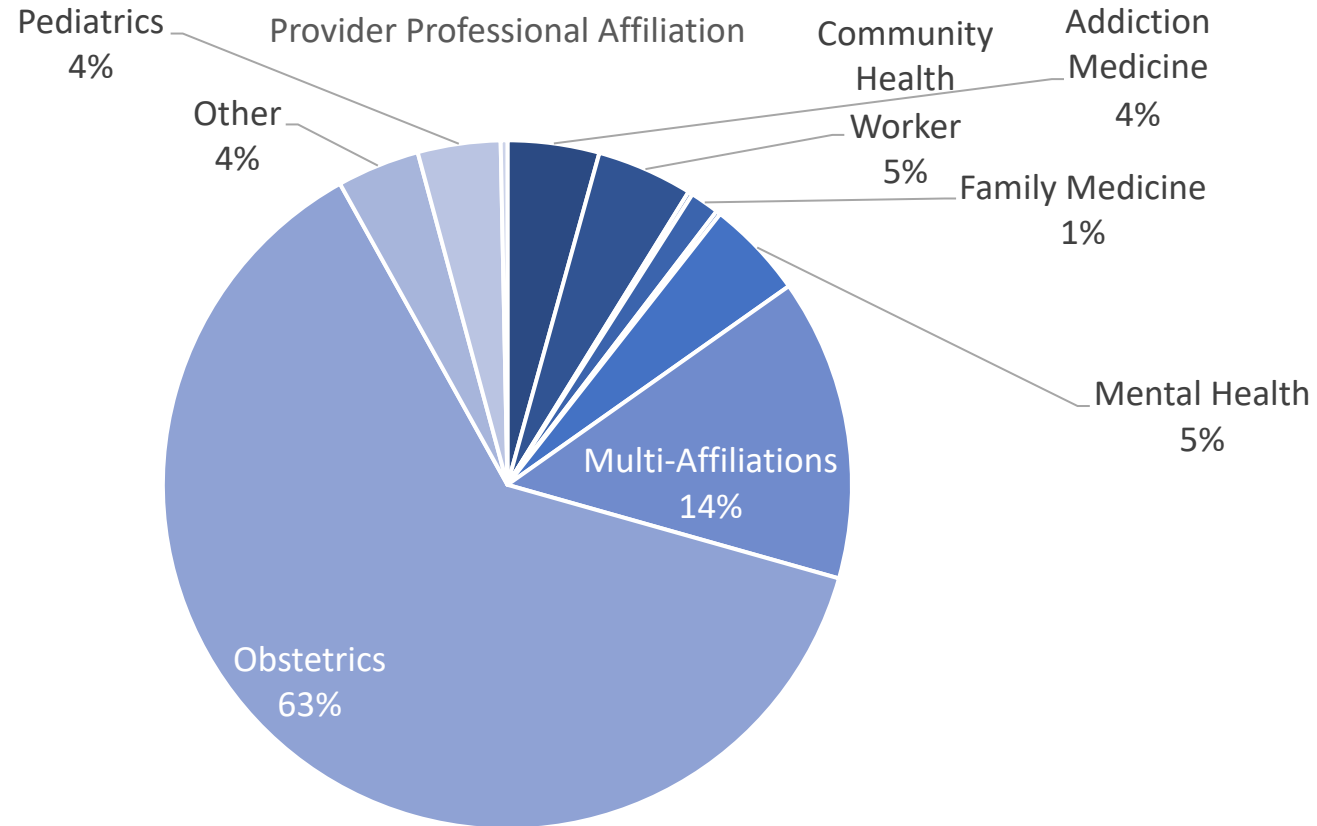
### Provider-Provider Consultation



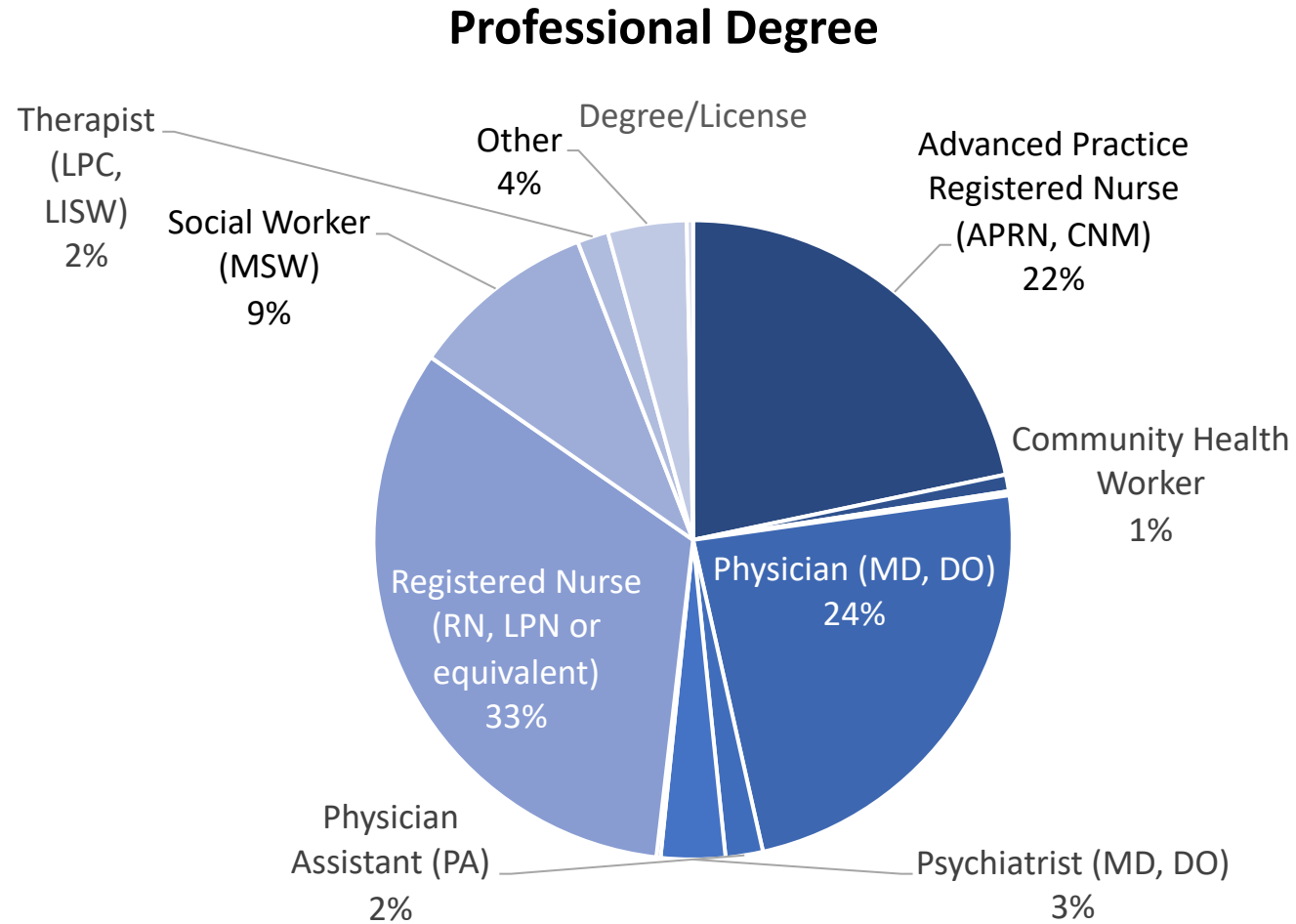
70 provider-to-provider  
consultations

# Specialties of Providers Contacting Moms IMPACTT

## Professional Affiliation



# Professional Degree of Providers Contacting Moms IMPACTT



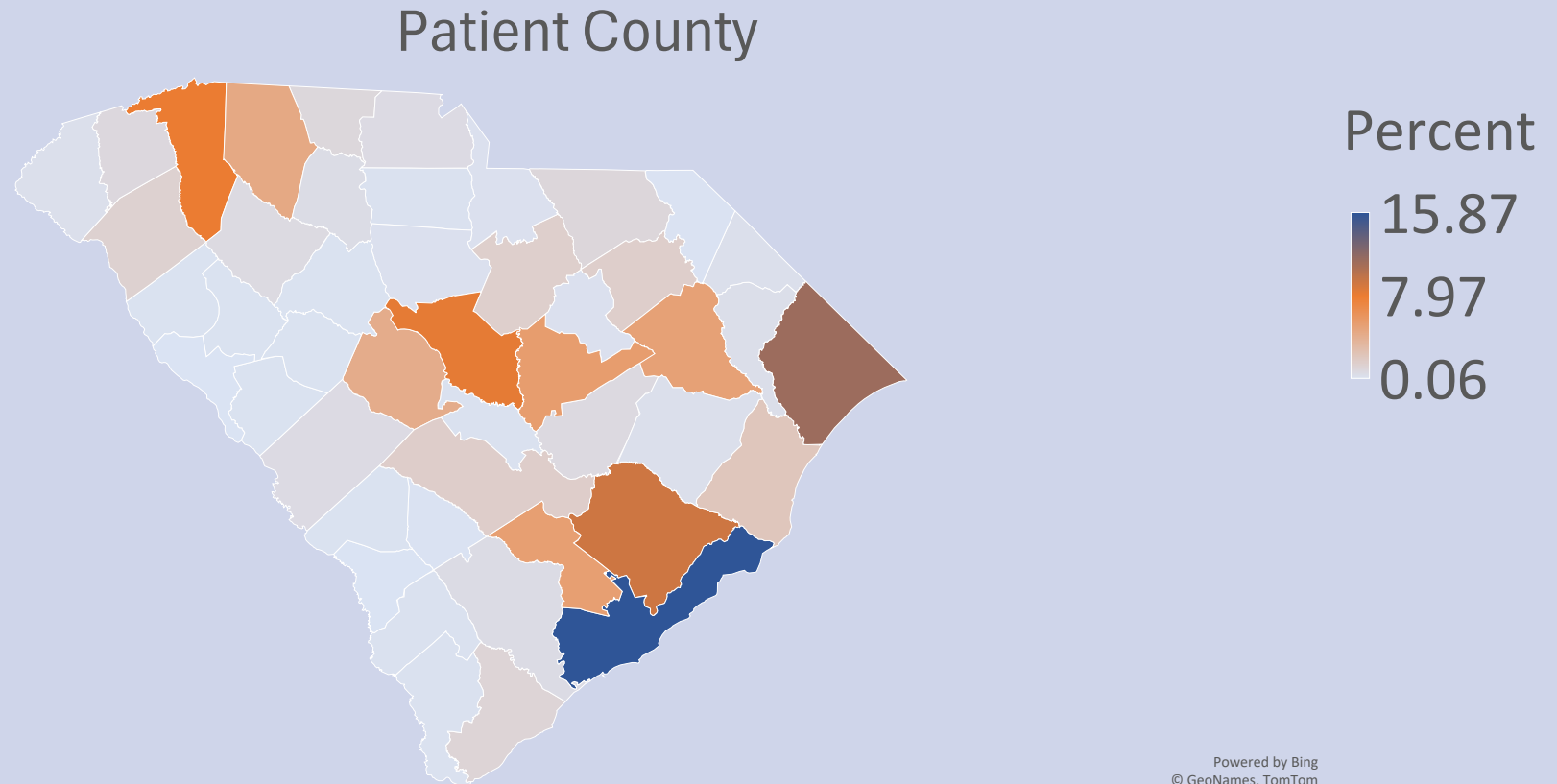
# Moms IMPACTT

## Patient (Self or Provider) Referrals by County

### May 2022- April 2024

- **Goal 2: Patient  
Access to *MH/SUD Care***

Access to care for 2,055 pregnant and postpartum people from 100% of Counties in SC



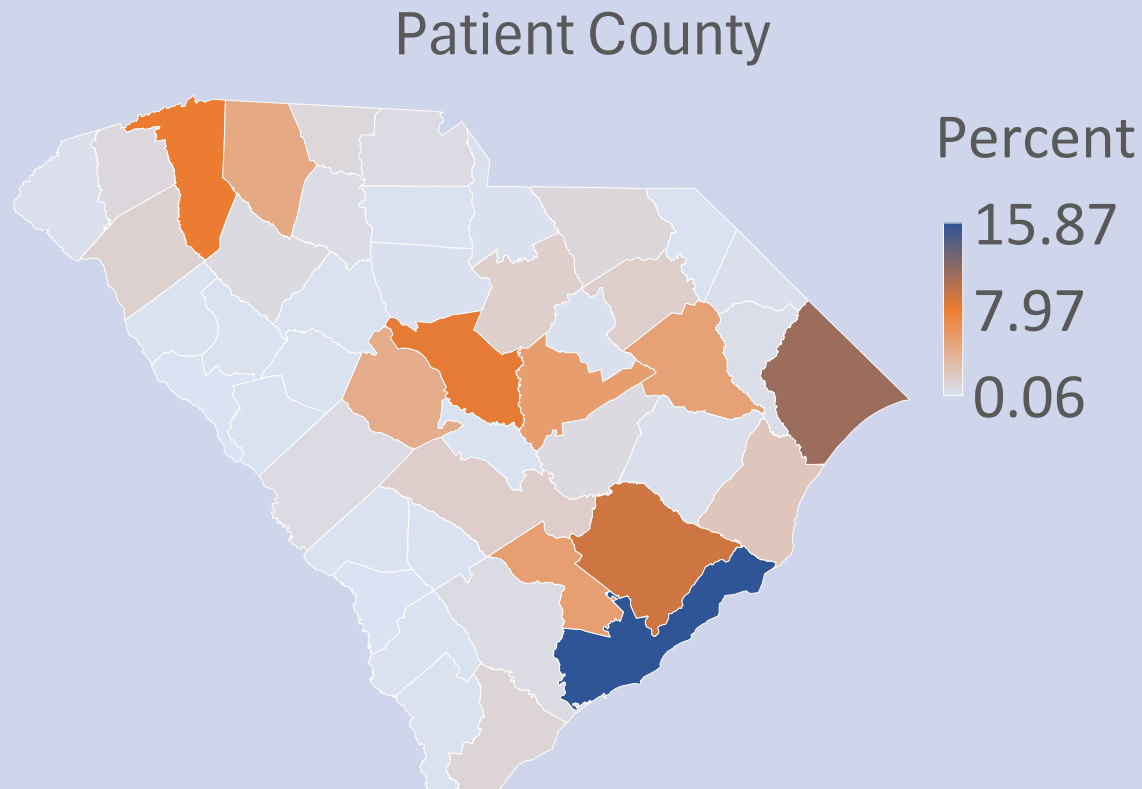
# Moms IMPACTT

## Patient (Self or Provider) Referrals by County

### May 2022- Present

- **Goal 2: Patient  
Access to *MH/SUD Care***

Access to care for 2,055 pregnant and postpartum people from 100% of Counties in SC



Of the 2,055 people:

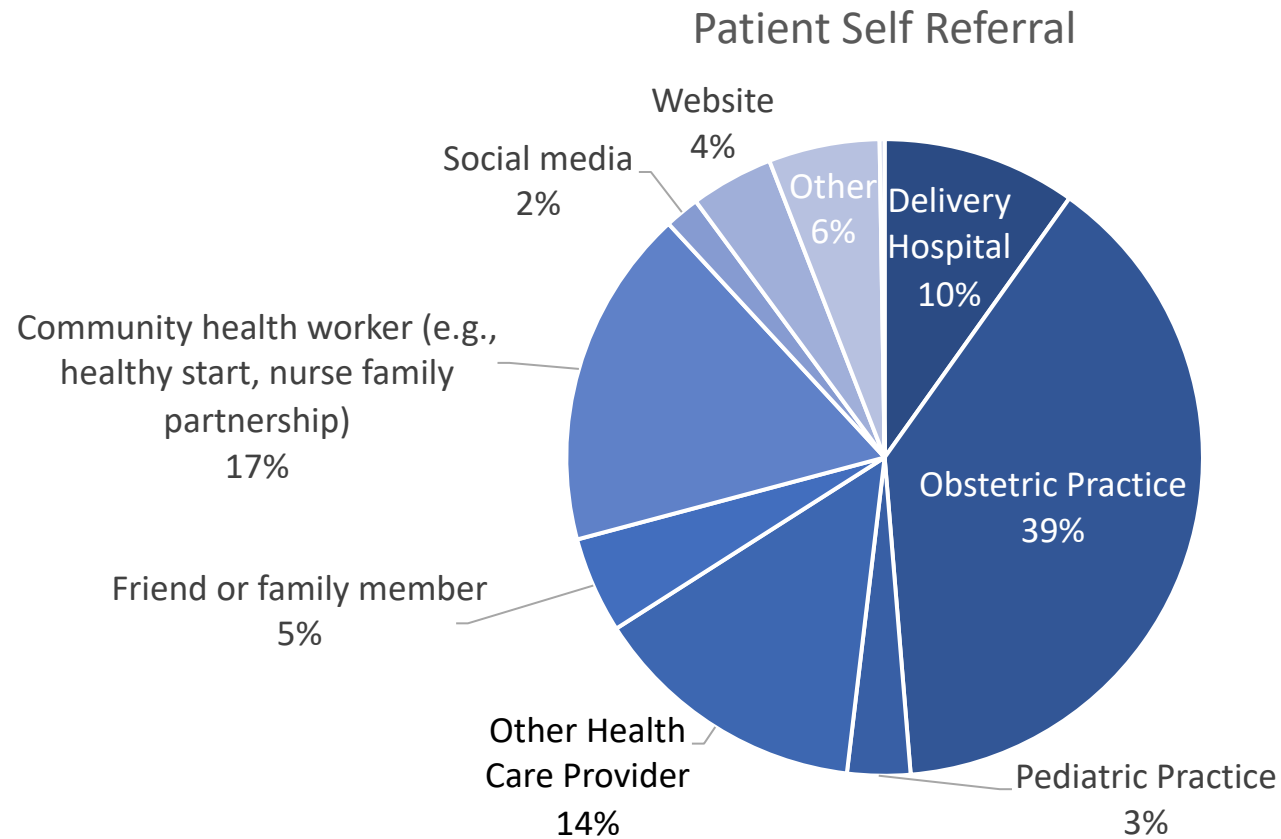
- 56.5% Patient Self-Referral
- 46.5% Provider Referral

Of the 2,055 people:

- 31% Referred to community
- 69.0% Received treatment in our outpatient clinic

# How Patients Hear about Moms IMPACTT

**How did you hear about MOM's IMPACTT?**

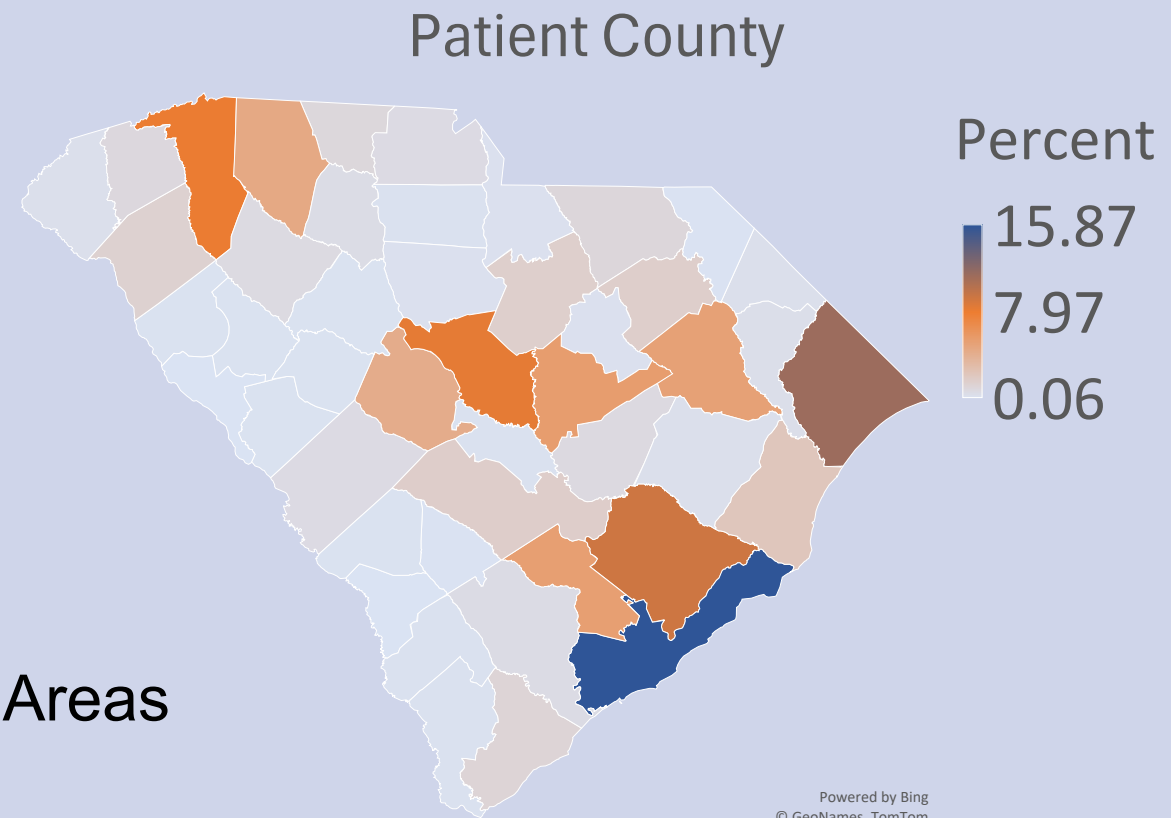




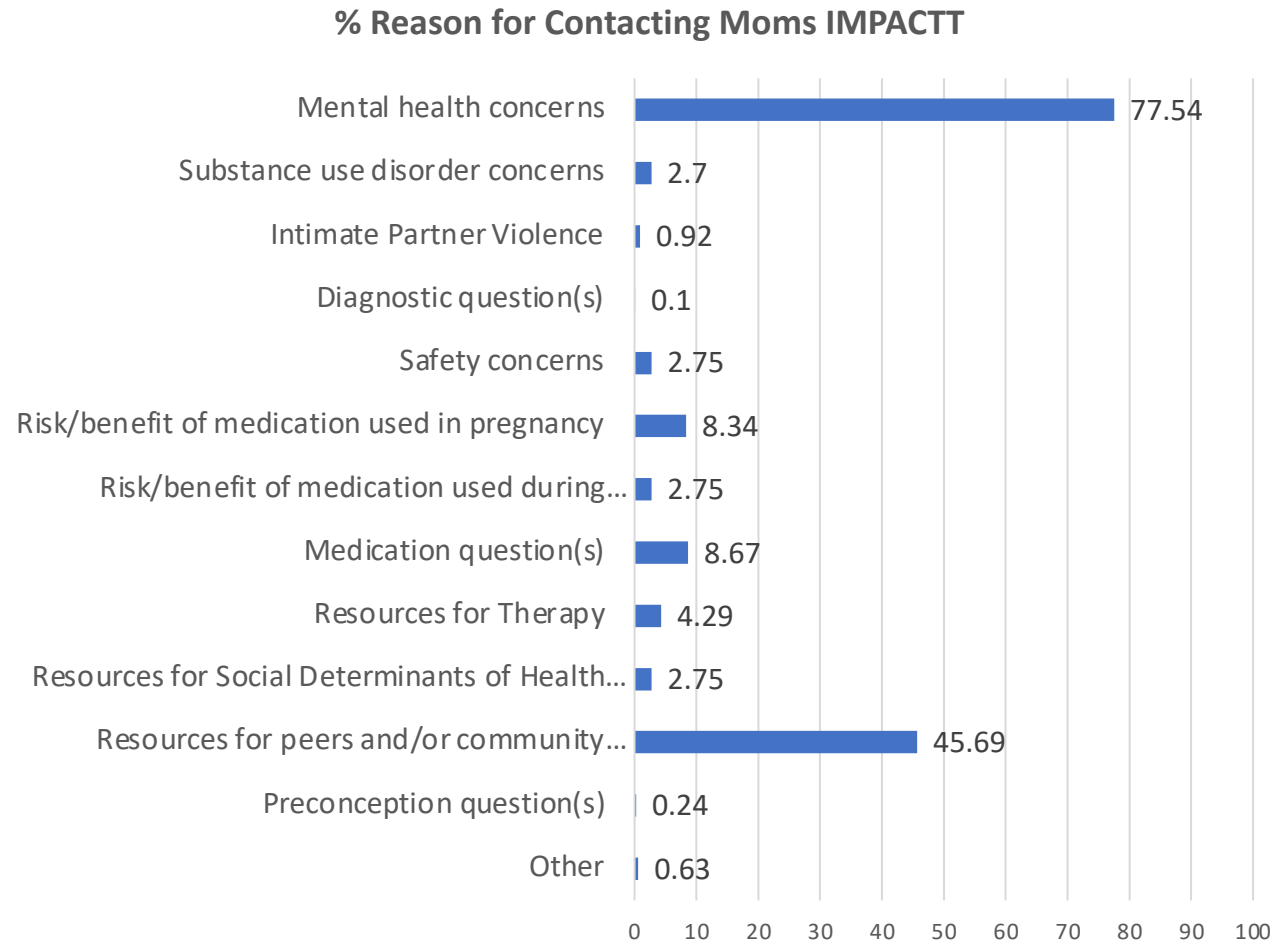
# Moms IMPACTT

## Outcomes: May 2022- April 2024

- Access to care for 2055 pregnant/postpartum people from 100% of Counties in SC
  - Average Age: 28.5 (range 14-45 years old)
  - Race/Ethnicity
    - 61.1% White
    - 32.6% Black
    - 2% Native American
    - 8.0% Hispanic
  - Insurance
    - 55.8% with Medicaid
  - Location
    - 96.2% Fully Medically Underserved Areas
    - 51.5% Rural Counties



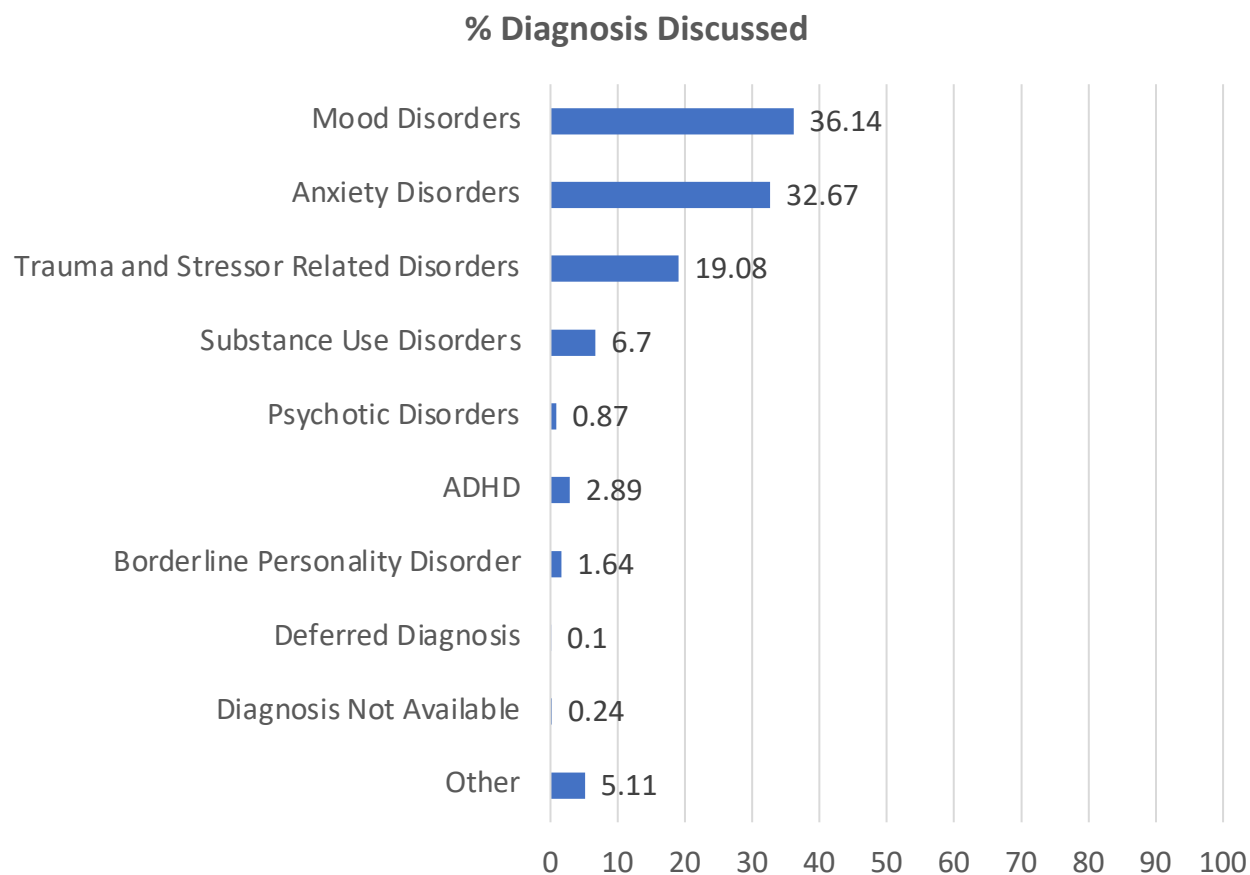
# Patient (Self or Provider) Referral Reason for Contacting Moms IMPACTT



Reason for Contacting Moms IMPACTT	N	%
Mental health concerns	1609	77.54
Substance use disorder concerns	56	2.7
Intimate Partner Violence	19	0.92
Diagnostic question(s)	2	0.1
Safety concerns	57	2.75
Risk/benefit of medication used in pregnancy	173	8.34
Risk/benefit of medication used during lactation	57	2.75
Medication question(s)	180	8.67
Resources for Therapy	89	4.29
Resources for Social Determinants of Health - Community access	57	2.75
Resources for peers and/or community events or supports	948	45.69
Preconception question(s)	5	0.24
Other	13	0.63

# Patient (Self or Provider) Referral

## Diagnoses Discussed During Appointment with Psychiatrist



Diagnoses Discussed	N	%
Mood Disorders	750	36.14
Anxiety Disorders	678	32.67
Trauma and Stressor Related Disorders	396	19.08
Substance Use Disorders	139	6.7
Psychotic Disorders	18	0.87
ADHD	60	2.89
Borderline Personality Disorder	34	1.64
Deferred Diagnosis	2	0.1
Diagnosis Not Available	5	0.24
Other	106	5.11

# Summary & Next Steps

## Moms IMPACTT

### Summary

Effective doorway into maternal MH/SUD Tx

Support Front-line Providers

- Specialties
- Affiliations
- Geographic Locations

Treatment and Access to Resources for Patients

- Race/Ethnicity
- Geographic Location
- Insurance Status

### Next Steps

#### Targeted Outreach

- Referring practices
- Support Provider Trainings/Consultations

#### Advocacy

Healthcare system level changes, insurance payments, and policies to support adoption of access programs.

Support digital literacy, affordable internet service plans, access to broadband and devices with A/V capabilities

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Questions?