



Maternal Mental Health Advisory Committee

September 15, 2022

Maternal Mental Health Advisory Committee: Charge

- Recommend improvements for screening and treating maternal mental health disorders
- On or before December 31, 2022, the advisory committee shall submit a report with recommendations concerning improvements for screening and treating maternal mental health disorders
- Advisory Committee terminates on June 30, 2023

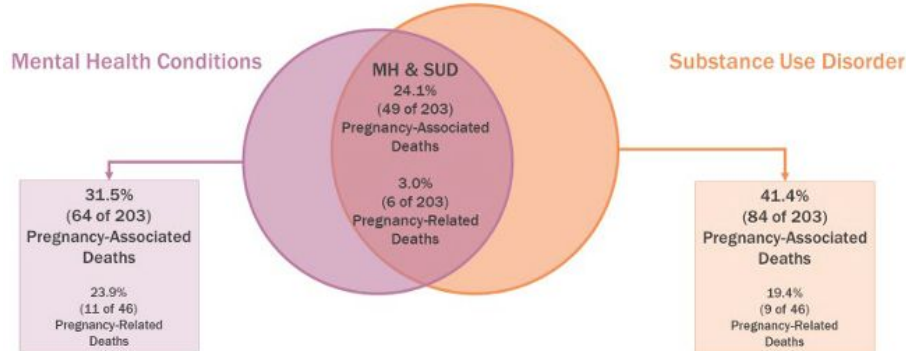
[Pursuant to SB1011](#)

Maternal Mortality Related to Mental Health and Substance Use Disorder in Arizona, 2016-2018

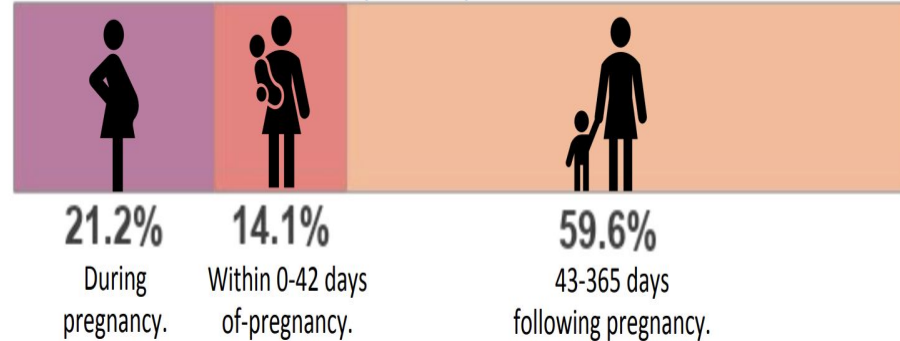
MMRC Reviewed Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

Mental Health Conditions and/or Substance Use Disorder

48.8% of all Pregnancy-Associated Deaths (99 of 203)
30.4% of all Pregnancy-Related Deaths (14 of 46)



Almost Two Thirds of Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Occurred between 42 and 365 Days Postpartum



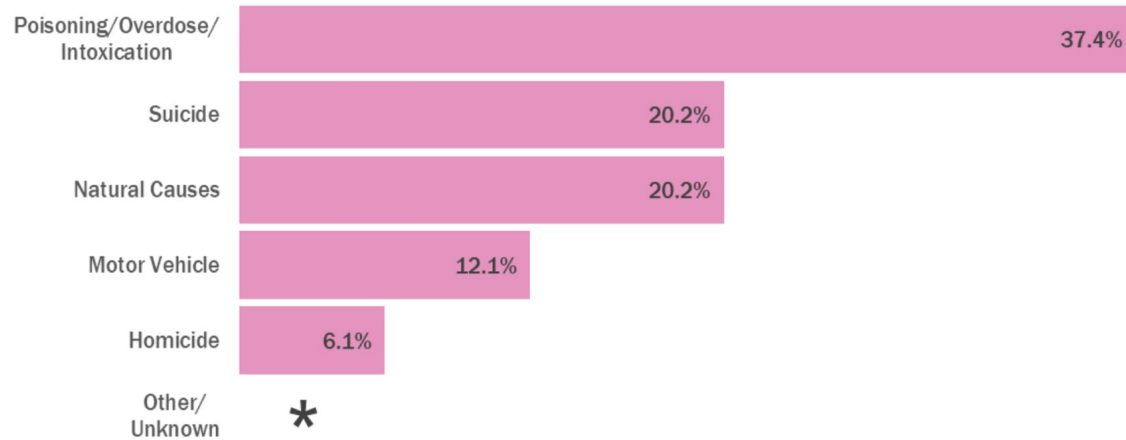
*Baer CE, Ramirez GM, Rubio V, Indatwa A, Tarango P, Bellucci L, Celaya MF. Maternal Mental Health and Substance Use-Related Deaths in Arizona. Phoenix, AZ: Arizona Department of Health Services; 2022.

Maternal Mortality Related to Mental Health and Substance Use Disorder in Arizona, 2016-2018

MMRC Reviewed Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

Over One Third of Pregnancy-Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Were Due to Poisoning, Overdose, or Intoxication

2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days



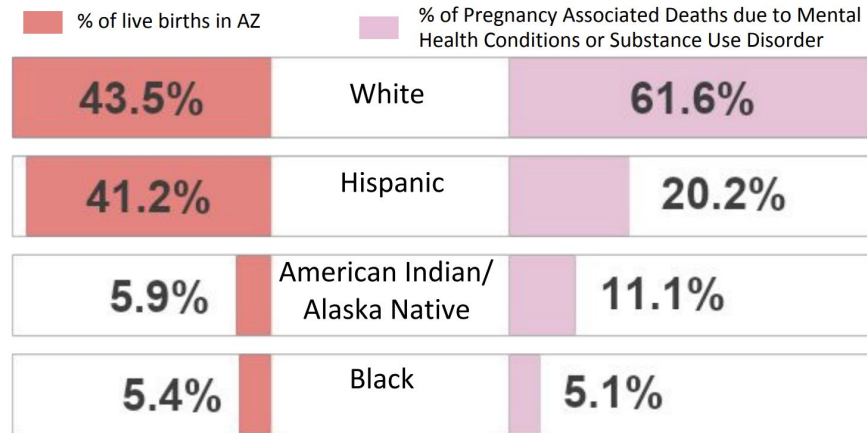
* Suppressed value <6

[*Baer CE, Ramirez GM, Rubio V, Indatwa A, Tarango P, Bellucci L, Celaya MF. Maternal Mental Health and Substance Use-Related Deaths in Arizona. Phoenix, AZ: Arizona Department of Health Services; 2022.](#)

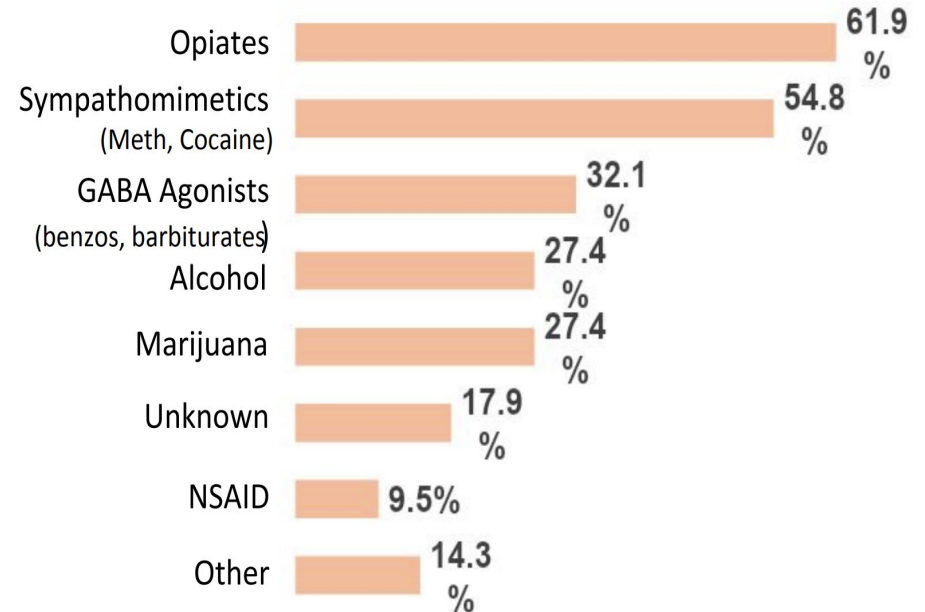
Maternal Mortality Related to Mental Health and Substance Use Disorder in Arizona, 2016-2018

MMRC Reviewed Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

American Indian/Alaska Native Women Experience the Greatest Disparity in Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use Disorder



Almost Two Thirds of Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Involved Opiates



*Baer CE, Ramirez GM, Rubio V, Indatwa A, Tarango P, Bellucci L, Celaya MF. Maternal Mental Health and Substance Use-Related Deaths in Arizona. Phoenix, AZ: Arizona Department of Health Services; 2022.

Emerging Trends for Recommendations

- Between the last committee meeting and today's, subcommittee meetings with members were held on the following identified categories:
 - Access to Care
 - Awareness Subcommittee
 - Coverage Subcommittee
 - Professional Subcommittee
- Recommendations through subcommittees were many of the same themes identified in ADHS [December 2020](#) report and [March 2022](#) update

ADHS Recommendations to Reduce Maternal Mortality Related to Mental Health Conditions and/or Substance Use Disorder

1. Arizona should expand AHCCCS coverage to 1 year postpartum.
2. Arizona should establish a fully funded Perinatal Psychiatric Access Program that would provide consultation services and training to front line providers for assessment and treatment of maternal mental health and substance use disorders.
3. Arizona should expand loan reimbursement and incentives (e.g., free certifications) for the range of behavioral health providers (prescribers and non-prescribers), particularly incentivizing service in rural areas.

ADHS Recommendations to Reduce Maternal Mortality Related to Mental Health Conditions and/or Substance Use Disorder

4. Payers should ensure collaborative care codes allow behavioral health medical practitioners and perinatal mental health providers to be reimbursed regardless of where and when care is delivered (e.g., eliminate the same-day limitation for psychiatric reimbursement).
5. Payers should recognize perinatal behavioral health specialists as a contracted medical specialty with health plans.
6. Payers should establish quality metrics to improve accountability and utilization of case management, care navigation, social work, peer support, and doula services to ensure continuity of care for high-risk patients.

ADHS Recommendations to Reduce Maternal Mortality Related to Mental Health Conditions and/or Substance Use Disorder

7. First responders and law enforcement agencies should dispatch behavioral health providers on all calls involving domestic violence, substance use, mental health challenges, or social/economic instabilities and require all first responders and law enforcement staff are trained in a trauma-informed approach.
8. All agencies and organizations impacting maternal and infant health should adopt outreach and education practices to reduce stigma of maternal mental health and substance use disorder to increase help-seeking behaviors, including universal screening and referral practices.

Emerging Recommendations Through Maternal Mental Health Subcommittees

1. Increase diversity of the workforce—specifically more black, indigenous, and people of color (BIPOC providers) (Healthcare system)
2. Expand traditional practitioner services coverage (Commercial insurers, Medicaid)
3. Provide Peer Support Coverage (Commercial insurers)
4. Provide Home Visitor Coverage (Medicaid)
 - o AZ Health Start Home Visiting program
 - o Nurse Family Partnership
5. Expand Doula Coverage (Commercial insurers, Medicaid)
6. Provide Community Health Worker (CHW) Coverage (Medicaid)
7. Create and maintain an AZ centralized resource repository for pregnant and postpartum services (Healthcare system)
8. Create cultural humility courses within OB residency programs and nursing schools (Healthcare system)

Figure 3. Barriers to Improving Access for Maternal Mental Health Services



[Baer CE, Ramirez GM, Rubio V, Indatwa A, Tarango P, Bellucci L, Celaya MF. Maternal Mental Health and Substance Use-Related Deaths in Arizona. Phoenix, AZ: Arizona Department of Health Services; 2022.](#)







Recommendation: Arizona should expand AHCCCS coverage to 1 year postpartum.

Rationale: 59.3% of maternal MH/SUD-related deaths occur between 43-365 days postpartum, the time period when many postpartum women covered by AHCCCS lose their coverage.

Implementation Status:

- On June 23, 2022, the Arizona State Legislature passed HB 2863, which included a postpartum coverage extension for Medicaid members.
- AHCCCS Submitted State Plan Amendment (SPA) to CMS on September 12, 2022
- Benefit Description: 12-months of continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility).
- Benefit Effective Dates: This will be effective upon CMS approval AND the completion of all AHCCCS operational/system modifications. The coverage extension ends on March 31, 2027.

Figure 3. Barriers to Improving Access for Maternal Mental Health Services

	Provider pipeline: There is a lack of trained and skilled providers, particularly behavioral health medical practitioners/prescribers and therapists/counselors, who are able to diagnose and treat mental health and substance use conditions, leading to Mental Health Professional Shortage Areas in all 15 counties in Arizona. ⁷⁷ This becomes exacerbated as even fewer have subspecialty training to work with this population.
	Provider training: Many providers who care for women before, during, and after pregnancy lack the training or workflow processes to know when and how to assess and refer for a mental health condition or substance use disorder, ultimately limiting the number of women who are diagnosed and linked to treatment. ⁷⁸ Providers who are informed of or make a diagnosis are often not trained in perinatal psychopharmacology (ability to prescribe behavioral health medications) or in providing non-judgmental, culturally appropriate care, resulting in patients not feeling supported and subsequently avoiding care. ⁷⁹ ⁸⁰
	Access to universal screening and higher level treatment: Even when a diagnosis of a mental health or substance use disorder is identified, referral and linkage to the appropriate level of behavioral healthcare is often limited by the shortage of highly skilled behavioral health medical practitioners, available outpatient appointments, and/or open inpatient beds (particularly those that accept mothers and infants/children). ⁸¹ Access to higher-level behavioral treatment is even more limited in Arizona's rural and indigenous communities, which greatly limits referral options to telehealth or situations where the patient must travel to seek care. ⁸² ⁸³
	Payment for services: Unfortunately, each of these barriers is exacerbated by challenges in paying for behavioral health services. Providers experience numerous delays and challenges in being reimbursed for behavioral health services, limiting behavioral health provider networks available to some of the most vulnerable populations. ⁸⁴ This leaves many patients who are uninsured or underinsured often being required to pay for services out of pocket.
	Inadequate education and awareness efforts: Patients report not knowing the symptoms of maternal mental health conditions and how they can be distinguished from significant but less serious prenatal and postpartum mood changes, which can be a barrier to them seeking care. ⁸⁵ ⁸⁶ A lack of understanding about maternal mental health was also identified as contributing to why family members and friends often do not aid patients in need of care. ⁸⁷
	Stigma and cultural appropriateness: Patients with mental health conditions and substance use disorders often face significant stigma. The stigma is even greater for mothers, as these conditions contribute to ideas of being weak and a "bad mom". ⁸⁸ ⁸⁹ The fear of being judged as an unfit mother causes women to avoid discussing their experiences with others, including medical professionals, leading to underdiagnosis and undertreatment. ⁹⁰ ⁹¹ This is further exacerbated by the fear of being separated from their children by departments of child safety. Different cultures have different norms about discussing mental health, many of which are not conducive to asking for support and treatment, leaving many women to cope alone, undiagnosed and untreated. ⁹²

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Recommendation: Arizona should establish a fully funded Perinatal Psychiatric Access Program that would provide consultation services and training to front line providers for assessment and treatment of maternal mental health and substance use disorders.

Rationale: Many providers do not have adequate training to treat pregnant and postpartum women for maternal mental health and/or substance use disorders.

Implementation Status:

- AHCCCS received SAMHSA approval to utilize MHBG ARPA to start up psychiatric access program
- AHCCCS finalizing ISA with UA-COM Tucson to start the Arizona Perinatal Access Program (A-PAL)
- Sustainability of program contingent upon insurance reimbursement and legislative appropriation as seen in other States

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Recommendation: Arizona should expand loan reimbursement and incentives (e.g., free certifications) for the range of behavioral health providers (prescribers and non-prescribers), particularly incentivizing service in rural areas.

Rationale: Almost all of Arizona falls within a Mental Health Professional Shortage Area, indicating limited access to mental healthcare throughout the state.

Implementation Status:






In progress

Question for Committee:

What policy change is required to make this recommendation happen? In other words, how do we operationalize this recommendation?

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Recommendation: Payers should ensure collaborative care codes allow behavioral health medical practitioners and perinatal mental health providers to be reimbursed regardless of where and when care is delivered (e.g., eliminate the same-day limitation for psychiatric reimbursement).

Rationale: A primary observation in Maternal Mortality Reviews is that perinatal women are screened for MH and SUD, but are not effectively referred and linked to the appropriate providers.






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In progress

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Recommendation: Payers should recognize perinatal behavioral health specialists as a contracted medical specialty with health plans.

Rationale: Many payers, including AHCCCS, do not recognize perinatal behavioral health specialists as a contracted medical specialty, limiting access to risk-appropriate, reimbursable services for pregnant and postpartum women.

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Recommendation: Payers should establish quality metrics to improve accountability and utilization of case management, care navigation, social work, peer support, and doula services to ensure continuity of care for high-risk patients.

Rationale: A primary observation in Maternal Mortality Reviews is that pregnant and postpartum women are not connected to culturally appropriate support services such as case management, care navigation, social work, and doula services that would improve critical continuity of care between obstetric, behavioral health, and other services.

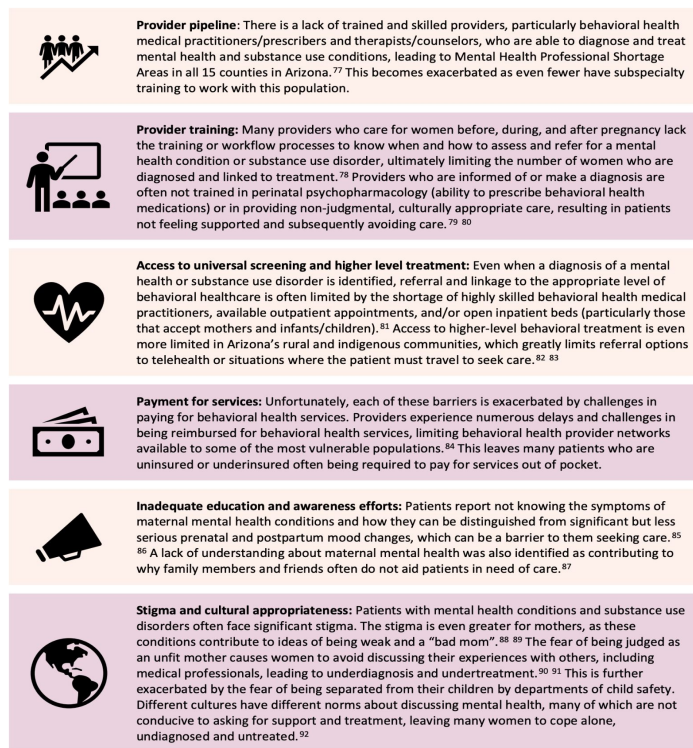
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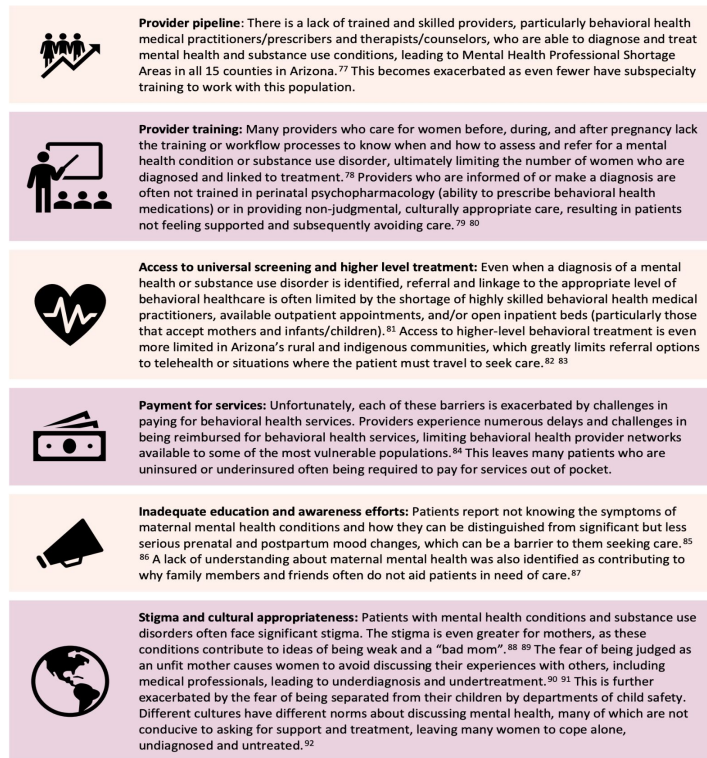
Recommendation: First responders and law enforcement agencies should dispatch behavioral health providers on all calls involving domestic violence, substance use, mental health challenges, or social/economic instabilities and require all first responders and law enforcement staff are trained in a trauma-informed approach.

Rationale: A primary observation in Maternal Mortality Reviews is that many women who interact with first responders are not linked to support services during or after these interactions, leaving critical gaps in access to needed services.

Additional Information/Implementation Status:

- Dispatch determinations are made at the Public Safety Answering Points (PSAPs).
- Arizona has 81 PSAPs and each has the authority to create dispatch protocols independently.
- PSAPs incorporate crisis in partnership with RBHAs
- 911 administration at ADOA, the RBHAs, and Solari are engaging with each PSAP as part of the 988 implementation plan, including incorporating crisis responders as fourth option for dispatch
- ADOA has published several [tools](#) for PSAPs

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Recommendation: All agencies and organizations impacting maternal and infant health should adopt outreach and education practices to reduce stigma of maternal mental health and substance use disorder to increase help-seeking behaviors, including universal screening and referral practices.

Rationale: Many pregnant and postpartum women either avoid healthcare or do not report MH conditions or SUD due to stigma and fear and repercussions.

Implementation Status:

- ADHS statewide stigma reduction campaign funded by AHCCCS (SOR) to reduce stigma of substance use in pregnancy and encourage help-seeking behavior including social media and radio. This campaign was aimed at both mothers (There's Hope So You Can Heal) and providers (She is a Good Mother).

How to operationalize emerging recommendations?

1. Increase diversity of the workforce—specifically more black, indigenous, and people of color (BIPOC providers) (Healthcare system)
2. Expand traditional practitioner services coverage (Commercial insurers, Medicaid)
3. Provide Peer Support Coverage (Commercial insurers)
4. Provide Home Visitor Coverage (Medicaid)
 - o AZ Health Start Home Visiting program
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7. Create and maintain an AZ centralized resource repository for pregnant and postpartum services (Healthcare system)
8. Create cultural humility courses within OB residency programs and nursing schools (Healthcare system)

Additional Recommendation Consideration

- Expanded insurance coverage of Certified International Board Certified Lactation Consultants (IBCLCs)

“Early, effective postnatal treatment of maternal health and breastfeeding problems could reduce women’s risk for poor mental health.”

-Archives of Women's Mental Health (2018) 21:365–374

<https://doi.org/10.1007/s00737-017-0805-y>

“Our results highlight the importance of providing targeted breastfeeding support to women with PPD symptoms, because they are at risk of early breastfeeding cessation. Given the cross-sectional nature of these data, women with early breastfeeding cessation may also be at risk for PPD, requiring screening and treatment.”

-Matern Child Health J (2017) 21:636–647 DOI 10.1007/s10995-016-2150-6

Celebrating Progress

- Passage of HB 2863 during 2022 legislative session, which included a postpartum coverage extension for Medicaid members.
- Medicaid coverage of separate postpartum depression screening by pediatrician (96160 and 96161 as separately billable for the screen at the 1, 2, 4, and 6 month EPSDT visit) starting 10/1/22.
- Global OB codes (59400, 59510, 59610, 59618) on the Medicaid Physician Fee Schedule will see an 88.0% increase in rates starting 10/1/22.
- ARPA funding approval and soon to launch A-PAL
- Almost a year since the launching of the [Opioid Services Locator](#) which includes programs that serve pregnant members

AHCCCS FFS OB Rates

Procedure Code	Description	2022	2023
		Effective 10/1/2021	Effective 10/1/2022
59400	VAGINAL DELIVERY WITH CARE BEFORE AND AFTER DELIVERY	\$2,027.48	\$3,811.89
59510	CESAREAN DELIVERY WITH CARE BEFORE AND AFTER DELIVERY	\$2,236.69	\$4,204.21
59610	VAGINAL DELIVERY AND CARE BEFORE AND AFTER DELIVERY AFTER PREVIOUS CESAREAN DELI	\$2,116.97	\$3,981.05
59618	CESAREAN DELIVERY AND CARE BEFORE AND AFTER DELIVERY FOLLOWING ATTEMPTED VAGINAL	\$2,260.93	\$4,248.16

Discussion