MARYLAND
Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

March 13, 2018

The Hon. Thomas M. Middleton, Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

The Hon. Shane E. Pendergrass, Chair
House Health and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

Re: Section 2 of House Bill 775, Chapter 221 of the Acts of 2017, Senate Bill 600, Chapter 222 of the Acts of 2017—Public Health—Maternal Mental Health

Dear Chairs Middleton and Pendergrass:

Pursuant to Section 2 of House Bill 775, Chapter 221 of the Acts of 2017, Senate Bill 600, Chapter 222 of the Acts of 2017, the Maryland Department of Health respectfully submits the attached statewide plan to expand the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) program for maternal mental health.

If you have any questions regarding this report, please contact Webster Ye, Deputy Chief of Staff, at (410) 767–6480 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

Enclosure

cc: Webster Ye, Director, MDH Deputy Chief of Staff
Dr. Barbara J. Bazron, MDH Deputy Secretary for BHA
Sarah Albert, MSAR# 11060

Behavioral Health Administration
Public Health—Maternal Mental Health
Section 2 of House Bill 775, Chapter 221, Senate Bill 600, Chapter 222 (2017)

Background

Section 2 of House Bill 775, Chapter 221, Senate Bill 600, Chapter 222 (2017), requires the Maryland Department of Health (Department) to develop and then submit to the Senate Finance Committee and the House Health and Government Operations Committee a statewide plan to expand the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) program. Currently, the BHIPP program provides consultation services to primary care physicians treating children and youth. The objective of this statewide plan required by HB 775 (Ch. 221), SB 600 (Ch. 222), is to provide the same services to the broader primary care, obstetric and other medical communities to address the emotional and mental health needs of pregnant and postpartum women.

Current BHIPP Program

The University of Maryland, School of Medicine, Department of Psychiatry, operates the current BHIPP program. The current BHIPP program attempts to strengthen the capacity of Primary Care Professionals (PCPs) in Maryland to deliver and appropriately refer children and youth to behavioral health services. The current program has four components: (1) phone consultation service, (2) social worker co-location, (3) outreach and education, and (4) resource and referral networking. A total of 1090 PCPs across the State have enrolled in and/or called the phone consultation program since its inception. The unduplicated count of PCPs who called the line in 2017 totaled 472. The numbers of PCPs enrolled has increased by over 100 in each of the three past fiscal years as the program has gained momentum. The total number of unduplicated young people getting case consultations in 2017 was 778, an increase of 58% from the prior year.

The current program's outreach and education efforts included 60 outreach events during the past year, 21 training presentations, including site visits to offices, grand rounds, conferences, and resource fairs. In addition, BHIPP hosted three continuing medical education events drawing 63 attendees from the primary care sector. The outreach components involve a regional strategy designed to increase provider representation in underutilizing areas, thus boosting enrollments. The current BHIPP referral database, which is continually kept up to date, includes 1600 providers with key data elements designed to improve match of client needs with provider specialty and skill set.

BHIPP Expansion Plan

The statutorily required expansion plan seeks to offer a similar service to medical professionals serving pregnant and postpartum women by offering a similar consultation line to speak with experts in the behavioral health issues that might be encountered by these women.

Section 2(c) of HB 775 (Ch. 221), SB 600 (Ch. 222), requires the Department to identify and address the following in developing the plan: (1) the scope of emotional and mental health conditions to be included in the plan; (2) methods to accomplish provider outreach and education; (3) staffing requirements; (4) consultation standards; (5) clinical resources; and (6) funding requirements and mechanisms. This plan will address the aforementioned requirements in turn.

I. Scope of Emotional and Mental Health Conditions

The emotional and mental health conditions to be addressed in this plan were determined in earlier work on this topic and laid out in the above referenced report of the Task Force to Study Maternal Mental Health, see pp. 4–6. In summary, these conditions include perinatal mood and anxiety disorders which have been identified in women of every culture, age, income level, race, and ethnicity. The term "perinatal" generally refers to the time period of pregnancy through the first year postpartum.

Research has shown that pregnancy is not protective against the development of psychiatric illness. This is especially true for women with a history of psychiatric illness, including mood and anxiety disorders. As many as 50% of women with a previous diagnosis of a mood disorder report significant mood symptoms during the perinatal period. Further, the risk for psychiatric relapse during pregnancy increases in the setting of psychiatric medication discontinuation. Approximately 68% of women with major depression who discontinued their medications for pregnancy relapsed in one study, while in another, more than 80% of women with bipolar disorder who stopped their medications relapsed. During pregnancy and the postpartum, anxiety and related disorders are extremely common—and also under-recognized.

Current research indicates that anxiety disorders are common in the perinatal period, and may even have their onset at this time. Phobias and generalized anxiety disorders are the most common, and up to 27% of perinatal women report some form of anxiety. In addition, pregnancy-specific anxiety is experienced by about 14% of women and consists of specific worries about the baby or the pregnancy. Additionally, untreated mood disorders are associated with higher incidence of substance use disorders, an association often recognized as self-medication for untreated psychiatric illness. During the postpartum period, about 80% of women experience some type of mood disturbance. For most, the symptoms are mild and short-lived.

However, 10 to 15% of women in the general population develop more significant symptoms of depression or anxiety. Perinatal psychiatric illness is typically divided into three categories along a continuum: (1) postpartum blues, (2) postpartum depression and anxiety, and (3) postpartum psychosis.

II. Methods to Accomplish Provider Outreach and Education

University of Maryland BHIPP or the selected partner's staff would need to conduct a needs assessment to (1) determine the readiness of selected medical practices to utilize behavioral health consultation services, (2) identify pilot practice groups to test initial implementation, and (3) begin developing relationships with providers and key stakeholders. These activities would support the success of uptake and implementation of the proposed maternal behavioral health consultation telephone line, based on lessons learned concerning the early adoption process described above during implementation of the pediatric line. The needs assessment would include activities such as meeting with practice managers or key staff at identified practices, phone interviews, and other outreach activities.

Face-to-face outreach and education increase use of the behavioral health consultation service as well as provider knowledge. As with the initial pediatric program, the expansion maternal health program would target early adopters in the maternal health focused practice community and use a similar strategy to grow organically through planned outreach to statewide reach. A similar focus on rural workforce shortage areas and other special needs is anticipated. The goal would be to achieve similar statewide presence in the maternal health sector.

III. Staffing Requirements

Should funding become available, the Behavioral Health Administration (BHA) would develop a request for procurement and engage through the standard procurement process a vendor or academic partner to run the proposed maternal mental health BHIPP program.

IV. Consultation Standards

Consultation regarding the maternal mental health expansion of the BHIPP program should be in line with guidelines set forth by the American Psychiatric Association, American Congress of Obstetricians and Gynecologists, and other bodies as applicable to clinical content areas.

V. Clinical Resources

Various clinical resources would be envisioned, including setting up a telephone consultation center, a resource and referral database, and the possible telepsychiatry services.

VI. Funding Requirements and Mechanisms

The Department does not currently possess funding to support an expansion of the BHIPP program to maternal mental health. As such, the Department will develop a plan for staffing needs as part of the normal procurement process to accommodate the funds made available.

Stakeholder Collaboration

Section 2(b) of HB 775 (Ch. 221), SB 600 (Ch. 222), requires the Department to collaborate with affected stakeholders when developing the plan. These stakeholders shall include: (1) the directors of the BHIPP program; and (2) any other public or private institution or organization with links to the targeted populations of providers and patients that the Department considers appropriate.

A stakeholder group, composed of members of the original task force created in 2016, convened on November 7, 2017. In addition to the expansion plan for BHIPP, the group discussed gathering informational materials on maternal mental health for placement on the Department website and the development of continuing education training on maternal mental health for those professionals involved in caring for and supporting mothers through pregnancy and the perinatal period. The stakeholder group agreed to continue to meet.