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MCH Innovations Database Practice Summary & Implementation Guidance

Improve Perinatal Access Coordination and Treatment: Behavioral Health (IMPACT BH)

IMPACT BH helps communities strengthen and integrate their local perinatal behavioral health services through training, technical assistance and resources—to make sure birthing women receive the best possible behavioral health care and support.



Location

Colorado (predominantly rural or frontier counties)



Topic Area

Access to Quality Healthcare; Care Coordination; Data Assessment & Evaluation; Health Screening; Mental Health & Substance Use; Primary & Preventative Care; Safe and Connected Communities; Workforce Development



Setting

Community, Clinical



Population Focus

Families & Caregivers; Infant; Medical & Public Health Professionals; Women & Maternal



Date Added

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Section 1: Practice Summary

PRACTICE DESCRIPTION

Preparing for and welcoming a new baby can be a whirlwind. Learning how to feed the baby, changing diapers around the clock, and operating on little sleep can strain even the most confident families. For pregnant and postpartum women who are struggling with their mental health or substance abuse, finding the treatment they need—on top of juggling the demands of caring for a child—can feel impossible.

Fortunately, there are steps communities can take to ensure pregnant and postpartum women can access treatment or support for their behavioral health – when and where they need it. The IMprove Perinatal Access, Coordination, and Treatment: Behavioral Health (IMPACT BH) program strengthens connections and collaboration among organizations serving pregnant and postpartum women—weaving a tight web of support to ensure no family in need of behavioral health services falls through the cracks. Successful behavioral health care doesn't happen in a vacuum. It's the product of a collaborative, integrated system that helps people access high-quality services in the places that are right for them. Throughout pregnancy and the postpartum period, parents may receive services from a hospital, a doctor's office, or other organizations based in the community. IMPACT BH supports these partners in working together—offering training and resources through a collective impact grant program—to make sure birthing women receive the best possible behavioral health care and support.

IMPACT BH is a short-term grant program and set of core strategies which aims to: decrease leading preventable causes of maternal morbidity and mortality, improve maternal and child health outcomes, and support communities in developing seamless transitions of care for their pregnant and newly parenting families. Strategies include comprehensive cross-sector behavioral health screening, increased workforce capacity to effectively respond to perinatal behavioral health, an array of perinatal navigation models, peer support services, and technical assistance and training around perinatal mental health, substance use, and program sustainability. The program aims to support rural or frontier communities who have less access to behavioral health resources, primarily serves under/uninsured individuals and/or serve a significant proportion of communities who experience poorer health outcomes due to various community health factors.

IMPACT BH is provided to Colorado counties by Colorado Perinatal Care Quality Collaborative (CPCQC) in partnership with Colorado's Behavioral Health Administration (BHA).

CORE COMPONENTS & PRACTICE ACTIVITIES

The goal of our program is to strengthen a community's perinatal behavioral health system to ensure that pregnant and postpartum women can access behavioral health care that is right for them; weaving a tight network of support across the continuum of care to ensure no perinatal woman falls through the cracks. The core components of IMPACT BH include:

- 1) Funding local community-based organizations to enhance perinatal navigation services
- 2) Helping health care providers and community-based organizations improve care for perinatal mental health and substance use
- 3) Promoting communication, coordination, and trust
- 4) Enhancing local perinatal behavioral health solutions
- 5) Efficiently and effectively plan, implement, assess, and sustain the IMPACT BH program



Core Components & Practice Activities

Core Component	Activities	Operational Details
<p>Funding local community-based organizations to enhance perinatal navigation services</p>	<p>Provide funding & support to community-based partners to enhance existing or new perinatal navigation services (Perinatal navigation includes but is not limited to; peers, home visitors, navigators, doulas, community health workers, etc.)</p>	<p>Meet regularly with community-based partners to identify areas of strengths, needs and opportunities. Support can include technical assistance, workforce development, support in data collection and processes and sustainability support that meets each partner’s needs.</p>
<p>Helping health care providers and community-based organizations improve care for perinatal mental health and substance use</p>	<p>Provide training, technical assistance or coaching on best practices for perinatal mood, anxiety, and substance use disorder screening, brief intervention, and referral to care (SBIRT) in clinical settings (outpatient & inpatient)</p>	<p>Provide training and technical assistance for clinical providers on the best ways to identify perinatal mood, anxiety or substance use disorders and refer birthing women to the type of care they need.</p> <p>Hospital-based support is provided through engagement in CPCQC’s perinatal substance use quality improvement program, Turning the Tide. Turning the Tide is our Alliance for Innovation on Maternal Health Patient Safety Bundle for perinatal patients with substance use. The Turning the Tide program has two elective components, 1) advanced perinatal medication for opioid use disorder and pharmaceutical order set technical assistance and 2) dyadic care quality improvement integration for substance exposed newborns.</p> <p>Outpatient clinic support is provided through University of Colorado’s Practice Innovation Program. They provide technical assistance through practice facilitation principles. While clinical settings may have different approaches to support, we meet monthly with the</p>



		<p>hospital and outpatient clinic technical assistance teams to ensure efforts remain aligned.</p> <p>Both hospital and outpatient clinic support can include, but is not limited to, workforce development (training around SBIRT practices, and training in general that the team is interested in) and technical assistance for workflows and referral practices.</p> <p>In addition, we provide support to community organizations who may be interested in incorporating evidence-based screening practices (i.e. EPDS or AUDIT screens) into their perinatal navigation services.</p>
<p>Promoting communication, coordination and trust</p>	<p>Convening local networks of community-based and clinical providers to improve referrals and care for birthing women within their communities.</p>	<p>Identify and recruit a community lead to facilitate local convenings; they are tasked with inviting individuals who support pregnant and postpartum women across the perinatal continuum of care, including clinical and community-based professionals, compensation is recommended. The community lead will be responsible for planning, coordinating and facilitating community meetings, also known as perinatal continuum of care (PCOC) groups.</p> <p>All partners directly involved in IMPACT BH attends their local PCOC, in addition to others who support the perinatal population. The PCOC group collaboratively decides how frequently to meet and what are the top priorities for improving their local perinatal behavioral health system and services.</p>
<p>Enhancing local perinatal behavioral health solutions</p>	<p>Lessons learned from IMPACT BH help lay the groundwork for policy change and</p>	<p>This can look like engaging with government, funders, foundations and other stakeholders to advocate for challenges and opportunities to support</p>



<p>enhances local perinatal behavioral health solutions</p>	<p>additional resources—ensuring that local perinatal behavioral health solutions have the support they need to continue making a difference for pregnant and postpartum women beyond the program.</p>	<p>surfacing in the community. These activities can also be applied to inform perinatal behavioral health policy on a statewide level. This component ensures that data and lessons learned from a community level are being brought up to the systems and individuals who have the opportunity to support sustainable efforts to supporting perinatal behavioral health.</p>
<p>Efficiently and effectively plan, implement, assess, and sustain the IMPACT BH program</p>	<p>IMPACT BH requires a strong, backbone organization to ensure the program remains efficient and supportive for those who are involved.</p>	<p>Activities include, but are not limited to, managing program contracts, billing, reporting, communications, program evaluation, data analysis, and shared learning.</p> <p>IMPACT BH is most successful when sustainability support is provided for partners to ensure a smooth transition to continue the work of IMPACT BH within their community. Sustainability needs vary among partners, but may include sharing grant opportunities, warm handoffs to other funders, or technical assistance for Medicaid billing.</p>

COMMUNITY WELLNESS

IMPACT BH is designed to serve pregnant women, postpartum women, and infants most impacted by negative health outcomes in Colorado. The program specifically invests in community-based organizations, outpatient clinics, and birthing hospitals serving uninsured or Medicaid-eligible perinatal women living in rural Colorado. IMPACT BH prioritizes partnering with organizations whose staff are best positioned to support populations with shared experiences. IMPACT BH partners serve populations facing disproportionate risk for developing perinatal substance use and/or mental health complications.

EVIDENCE OF EFFECTIVENESS

Success is measured differently based on the component. Overall, success should be identified in partnership with local community members to ensure IMPACT BH strengthened a community’s perinatal behavioral health system.



- 1) Enhance various community-based perinatal behavioral health navigation services: Community partners enhanced their perinatal navigation services through funding, training, technical assistance, and identified sustainable funding opportunities to continue navigation services beyond the grant period.
- 2) Expand effective perinatal mood, anxiety, and substance use disorder screening, brief intervention, and treatment (SBIRT): Clinical settings increased perinatal behavioral health screening and referral rates.
- 3) Strengthen local perinatal behavioral health systems through improved communication, coordination, and trust: Local PCOC groups established, meeting regularly and identified ongoing facilitator.
- 4) Advocate for systems-level change that enhances local perinatal behavioral health solutions: Local government, funders or other stakeholders are aware of IMPACT BH and are interested in supporting ongoing funding and prioritization of the perinatal population.
- 5) Efficiently and effectively plan, implement, assess, and sustain the IMPACT BH program: IMPACT BH partners and community members express value in the collective impact grant efforts and are set up to sustain continued efforts within their communities.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Practice Collaborators and Partners			
Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder come from a community impacted by the practice?
Community based partners and grassroots organizations that support pregnant and postpartum families in their communities (4 community partners right now)	Community partners are local trusted organizations that serve pregnant and postpartum families that have the capacity and interest to	Community partners meet with CPCQC and other IMPACT BH partners monthly for ongoing check-ins, support and technical assistance needs that arise during implementation. Community partners provide data and	Some community partners include the experience of individuals and families on their staff, but it is not required. Some community partners have a vested interest in supporting their local communities who typically share similar identities (i.e. preferred



	enhance their existing services	quarterly reports based on their individual statements of work.	language, ethnic background, etc.)
Technical Assistance (TA) partners	TA partners have different expertise in perinatal behavioral health or substance use care that overlap and collaborate to support the community	TA partners meet with CPCQC and other IMPACT BH partners monthly for ongoing check-ins, support and technical assistance needs that arise during implementation. TA partners provide data and quarterly reports based on their individual statements of work.	Some TA partners may have experts on their staff with experience with perinatal mental health and substance use disorder, but it is not required
Experts who have experience with perinatal mental health and substance use disorder	To learn from their experiences receiving services and use these perspectives to inform program design and local efforts to improve perinatal behavioral health	Integrating the experiences of families is a new component we are piloting. Current these experts undergo a patient family partner training to provide skills and guidance on utilizing their personal experiences to advocate for systems and policy change.	Yes, experts may have experienced perinatal mood, anxiety and/or substance use.
Colorado Behavioral Health Administration (BHA)	The BHA provides the funding and overall leadership to program implementation and evaluation	We meet bi-weekly to discuss ongoing progress and challenges. In addition, monthly, quarterly and annual reports are provided to the BHA	Not that we're aware of



REPLICATION

IMPACT BH was piloted in 3 Colorado counties and has expanded to 2 additional counties, for a total of 5 Colorado counties reached. Counties are predominantly rural (one county is part urban and rural). It has not been replicated in any other state or setting.

Colorado Behavioral Health Administration provides a large grant in order to make this program possible. We acknowledge that many organizations may not have the all of the resources, financial and staff, to implement the full program. However, IMPACT BH is nimble and can be implemented to enhance existing programs and services and focus on implementing one component at a time.

INTERNAL CAPACITY

- Program Manager – Manages day-day activities and partnerships including but not limited to: supporting and meeting with partners, managing program contracts, billing, reporting, communications, program evaluation, data collection and analysis, and shared learning.
- Program Director – supports program manager and their activities; oversees program planning, contracting, reporting and sustainability efforts
- Chief Executive Officer – provides program supervision and leadership, strategic connections and sustainability
- Data Analyst – support program manager through any clinical data received
- Clinical Quality Improvement Program Manager – collaborates with program manager through updates and touch points on clinical quality improvement efforts
- Director of Policy – provide policy and advocacy leadership and support, as needed. Keep program participants up to date on relevant policies at the state legislature
- Communications and Marketing Manager – support communications and design of materials for ongoing program dissemination

PRACTICE TIMELINE

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Recruitment	3-6 months	Program manager/director – outreach prospective counties through existing relationships or through informal assessments. Aim to connect with partners across CBOs, primary care clinics, birthing



		hospitals, public health organizations, local peers, etc.
Pre-Implementation Assessment	1 month	Program manager/director, Data Analyst (as needed) – review publicly available data sets within potential counties to assess maternal data and outcomes, including mental health and substance use rates, if available (i.e. Vital Statistics, MMRC, PRAMS, etc.)
Request for Proposals (RFP), provided funding is available	2-3 months	Program manager/director – release and disseminate a RFP for targeted counties. RFPs are primarily for CBOs to enhance perinatal navigation services. RFPs may also be open for specific technical assistance partners, as needed (i.e. TA for clinics, hospitals, etc.). Please reach out to Aly Boral for sample RFP materials. Review all applicants and confirm accepted proposals
Contracting	1 month	Begin contracting process with accepted proposals, including statement of works (SOW) and annual budget spend down

Phase: Implementation

Activity Description	Time Needed	Responsible Party
Program Implementation and Evaluation	12 months	Program manager/director – contracted partners begin services as outline in SOWs. Program manager and director provide ongoing check-ins and support for partners. Technical assistance partners provide support based on their specific programs and needs, in addition to checking in with program manager on progress, challenges and updates. Program manager collects data throughout the grant period, produces reports and adjusts program implementation based on contracted partner’s needs



Trainings	9 months	<p>Program manager - begins to assess potential training and sustainability needs for each partner.</p> <p>Trainings may include but is not limited to: perinatal mood and anxiety disorders, substance use disorders, certified peer support specialists, etc.</p>
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Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Sustainability Assessments	9 months	<p>Program manager/director, Director of policy – share IMPACT BH sustainability guide and begin to assess potential sustainability needs for each partner and community. Sustainability may include but is not limited to; Medicaid billing, other grant opportunities, meeting with local foundations and other funding entities, etc. In addition, IMPACT BH technical assistance may include supporting local entities to advocating for policy changes in support of perinatal behavioral health, provided community interest.</p> <p>Sustainability is ongoing throughout the program to ensure partner’s individual needs are identified and supported.</p>

PRACTICE COST

The budget drafted below is an average cost for program implementation, per county. Depending on the resources and capacity available, the cost may be more or less.



Budget

Activity/Item	Brief Description	Quantity	Total
Staff salaries	Annual salaries for internal staff capacities	7 employees; 2 full time and 5 part time, including fringe. (%of salary)	\$305,000 (totalled from the 7 rows below)
	Program Manager	FT	\$110,000
	Program Director	FT	\$94,000
	CEO	PT (10%)	\$20,000
	Data Analyst	PT (25%)	\$26,000
	Clinical QI Program Manger	PT (25%)	\$25,000
	Director of Policy	PT (10%)	\$15,000
	Communications & Marketing Manager	PT (15%)	\$15,000
Perinatal Navigation	Contracted to CBOs	per organization	\$120,000
Technical Assistance -Outpatient clinics	Contracted to TA partner	1	\$25,000
Trainings/ consultants	Based on contacted partner's needs, funding to support training or consultation to enhance	1	\$8,000



	perinatal behavioral health		
Technical assistance	TA for medication for opioid use disorder, withdrawal management, sustainability, etc.	2	\$25,000
Total Amount:			\$508,000

LESSONS LEARNED

An important lesson through IMPACT BH implementation is the importance of ensuring that a variety of different perspectives across the continuum of care are represented. Incorporating clinical and community-based professionals is key to ensuring collaborative efforts. However, that can surface challenges with different perspectives, so learning to manage those perspectives respectfully and equally is central to successful implementation.

In addition, community-based providers benefit from professional development opportunities focused on perinatal mental and behavioral health. Providers such as perinatal navigators, community health workers, and home visitors often encounter concerns about perinatal mental health or substance use disorders from their clients. However, they are typically not trained to offer clinical services and may not know how to support their clients' behavioral health care needs. Professional development opportunities focused on perinatal mood, anxiety, and substance use disorders can equip essential community-based providers with the knowledge and skills they need to help pregnant women and new parents thrive.

NEXT STEPS

In 2024, CPCQC worked to refine the program model and evaluation plan based on the lessons learned during the pilot period. Minor adaptations are made depending on partner's needs but we are pleased with how far this program has come so far and would not make any additional changes at this time.

RESOURCES PROVIDED

- [IMPACT BH Fact Sheet](#)
- [IMPACT BH Case Study](#) – Garfield County, CO
- [IMPACT BH Finance and Billing Sustainability Guide](#)

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