



Maternal Health Leadership Council

Meeting Minutes:

March 23, 2021:

3:30-5:00 PM:

Location: Zoom only

Members Present

Chair, Dr. Tersh McCracken, MOMS Medical Director & Ob-Gyn at Billings Clinic

Tami Schoen, RN, BAN, WIC/CPA at Hill County Public Health Department

Karen Cantrell, American Indian Health Director at DPHHS

Janie Quilici, LAC, LCSW, Perinatal Behavioral Health Counselor at Community Physicians Group

Olivia Riutta (for Cindy Stergar), Outreach & Engagement Manager at Montana Primary Care Association (MPCA)

Lisa Troyer, Wellness Consultant at PacificSource

Mary LeMieux, Member Health Management Bureau Chief at Medicaid, and Perinatal Behavioral Health/Meadowlark Initiative Project Director

Vicki Birkeland, MSN, RN, NEA-BC, Nursing Director, Women's Services at SCL Health-St. Vincent Healthcare and Chair of the Montana Perinatal Quality Collaborative

Judge Mary Jane Knisely, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)

Brie MacLaurin, RN, Executive Director of Healthy Mothers, Healthy Babies

Dr. Christina Marchion, Family Medicine/OB at Central Montana Medical Center

Dr. Jean-Pierre Pujol, Medical Director at Blue Cross Blue Shield of Montana

Dina Kuchynka, RN, BSN, Maternal & Newborn Health Manager at SCL Health – Holy Rosary

Dr. Bardett Fausett, Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health

Dr. Malcom Horn, Director of Mental Health Services at Rimrock

Dr. Steve Williamson, Chief Medical Officer, Billings Area Indian Health Service

Jennifer Wagner, Rural Hospital Improvement Coordinator at Montana Hospital Association

Members Absent

Dina Kuchynka, RN, BSN Maternal & Newborn Health Manager at SCL Health – Holy Rosary

Vice-Chair, Judge Mary Jane Knisely, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)

Dr. Drew Malany, Ob-Gyn at Women's Health Care Center, PLLC and Chair of Montana American College of Obstetrics & Gynecology (ACOG)

Jude McTaggart, Certified Nurse Midwife at Northeast Montana Health Services

Ann Buss, Title V Director/Maternal & Child Health Supervisor at DPHHS

Program Staff Present

Amanda Eby, MOMS Program Coordinator at DPHHS

Brenna Richardson, Program Assistant at DPHHS

Stephanie Fitch, Project Coordinator for MOMS at Billings Clinic

Dr. Annie Glover, Lead evaluator and PI for MOMS at University of Montana

Public Attendees

Dr. Eric Arzubi, Frontier Psychiatry

Stacy Anderson, Montana Primary Care Association

Kari Tutwiler, FICMMR Program Coordinator at DPHHS



Welcome and introductions

Dr. Tersh McCracken opened the meeting and lead roll call. Meeting minutes were approved. Dr. McCracken announced the vice-chair position is currently open and Amanda will solicit nominations and a vote via email. They announced new members that included Dr. JP Pujol replacing Tim Wetherill of BCBS; Dr. Steve Williamson, Chief Medical Officer of IHS; and Jennifer Wagner, Rural Improvement Coordinator of the Montana Hospital Association (MHA).

Maternal health partner initiative presentation Perinatal Behavioral Health Initiative Program (PBHI)– Meadowlark and PRISM for Moms

Sarabeth Upson, Medicaid Program Officer for the PBHI and Dr. Eric Arzubi of Frontier Psychiatry gave a presentation on the Meadowlark Initiative and “PRISM,” which stands for Psychiatric Referrals, Intervention, and Support in Montana. Sarabeth explained this project is supported by the Health Resources and Services Administration (HRSA) as part of an award totaling \$650,000 annually for five years, which ends in September 2023. Services available include care coordination of perinatal patients (pregnant women and women one to three years postpartum) and screening, brief intervention, referral to treatment and integrated behavioral health. Frontier Psychiatry is a private practice that partners with the state on a teleconsultation line. The PRISM for Moms program offers psychiatric teleconsultation in medication management, treatment plans, follow-up consultation as needed and community resource and referrals for patients organized through Healthy Mothers, Health Babies. PRISM for Moms has upcoming educational events such as an ECHO clinic on perinatal mood disorders and mental health issues. For the complete presentation of the Meadowlark and PRISM programs, please click [here](#).

Q & A opportunity with guest presenter

Dr. McCracken asked if this service is only available to Meadowlark Hospitals. Dr. Arzubi stated this service is available to any clinician, of any kind that’s wanting support on a perinatal mental health question. Currently, this is not a direct care service, it’s a clinician or healthcare provider service.

Legislative/policy update from Montana Primary Care Association (MPCA)

Stacy Anderson, Policy Director for MPCA, presented on House Bill 632 which implements and appropriates federal stimulus money in the American Rescue Plan Act. One of those pieces having to do with Medicaid is the opportunity for states to expand coverage for pregnant and postpartum women. There is a strong possibility of extending Medicaid postpartum coverage up to a year after delivery, even a in subcommittee format to collect data. Montana Pregnancy Medicaid currently only covers the mother until 48 days past delivery. Stacy explained how council members could provide public comment in the hearing on HB 632. Click [here](#) to view Stacy’s full presentation.

Reports from subcommittees

The payer group met for a second time and the education subcommittee has met just once thus far.

Payer Subcommittee: The Payer Group is still learning more about what the payers are doing: what kind of data they collect, how they identify populations. Mary LeMieux reported the meeting covered an overview of the Medicaid targeted case management program and how it works for high-risk pregnancies. Questions came up about what payers would potentially be able to provide in claims data on pregnancy care.

Education Subcommittee: This group was initially formed so MOMS could have a more specific strategizing approach on what the program could address from the priority areas the council identified in the December survey and also how to address the specific priorities of health equity/implicit bias and trauma informed care. The challenge of this subcommittee is how to make decisions on education when



there isn't enough data to identify the barriers, challenges, and needs. The education subcommittee is paused for now and while the program staff strategizes how to best organize the group and plan to use them effectively before convening them again.

Discuss and approve application for mini-grant program (council vote needed)

Amanda explained the background on the mini-grant program that was funded by carryover money from year one that was not spent so DPHHS proposed this program as one of the ways to spend the funds in year two of the grant. This is an opportunity for clinics, hospitals and community partners to implement innovative maternal health interventions at the local level, as long as they are in line with the original MOMS work plan objectives. Preference will be given to Health Professional Shortage Areas with a score greater than 16 and to organizations serving tribal populations. DPHHS and UM will disseminate the grant application April 1 with them being due April 30. Amanda requested volunteers to participate on a selection committee that will review the grant applications and determine the awardees. Vicki Birkeland and Lisa Troyer volunteered, and Amanda asked for others to email her if interested as she would like one more person from the council on the selection committee.

Plan Maternal Mortality Review Committee (MMRC) composition and development

Tersh provided background on the progress made so far in establishing a Montana MMRC – such as research and a decision brief. He explained that it is owned by the state at DPHHS and should be statewide. Contrary to his prior beliefs that it would be a small clinical committee, he now understood that we need a large multidisciplinary committee. He asked for recommendations from the council on people from across the state from different organizations to serve that DPHHS staff will consider and then make the final decision on who to appoint. Amanda shared a spreadsheet of organizations, core disciplines and specialty disciplines recommended by the CDC to consider including on a MMRC. Amanda and Tersh explained that not all the members would necessarily have to attend all the meetings, but specialties would be called on when the MMRC is reviewing a death related to their specialty. Tersh asked Dr. Steve Williamson about IHS serving on the committee. Staff and members also discussed including representatives from non-IHS facilities that largely serve Native American populations.

Public comment/roundtable questions and discussion

Brie commented on the importance for the MMRC to have measures in place to prevent secondary trauma in the members from reviewing the deaths and she asked about if the Education Subcommittee would be leading or advising work and if a budget for the education activities could be shared.