

2020mom™

Closing Gaps in Maternal Mental Health Care

Maternal Mental Health the First ACE



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MENTAL HEALTH SERVICES



Healing the “first” ACEs
for generations

June 3, 2021

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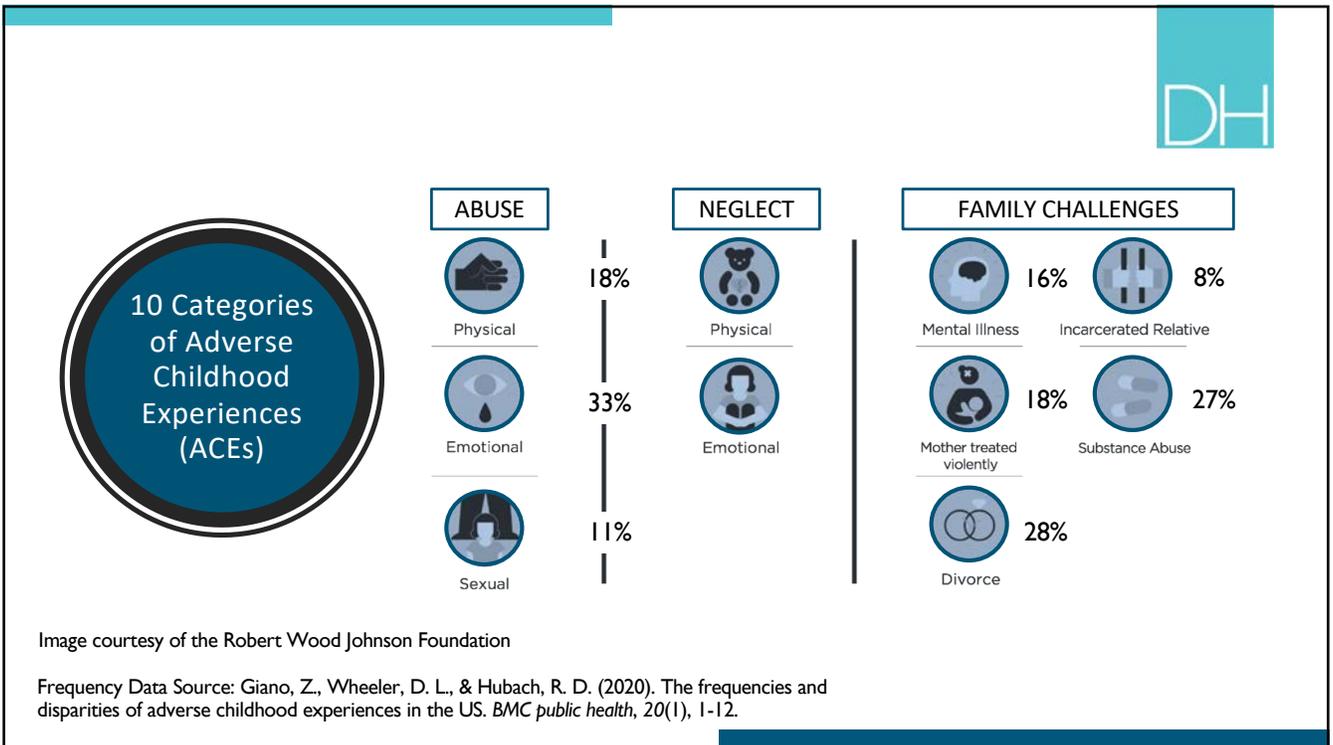


c/o Lorie Shaul

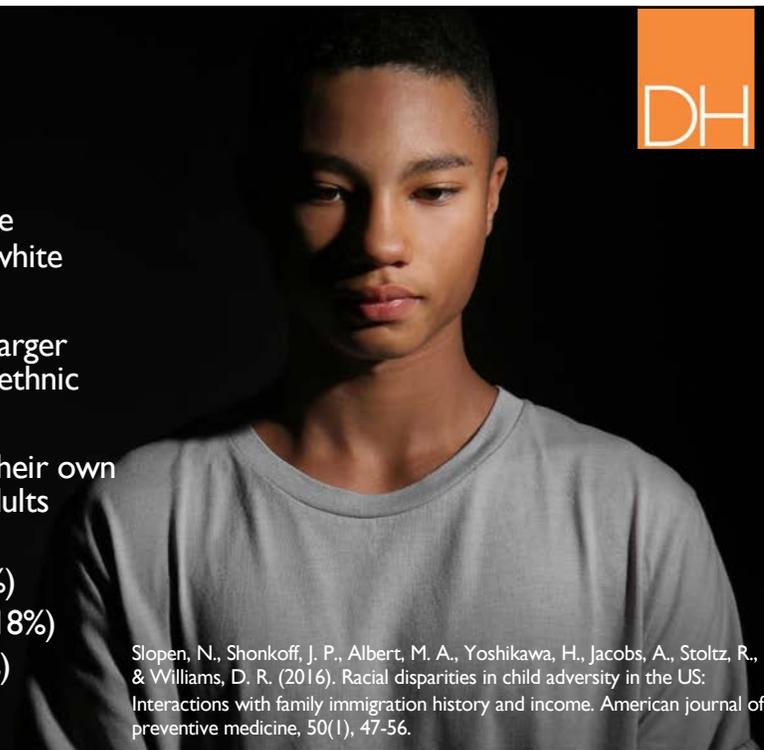
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ACE DISPARITIES

- Black and Hispanic children are exposed to more ACEs than white children
- Income disparities yield even larger doses of exposure than racial/ethnic disparities
- Parent-reported rates about their own kids differ significantly from adults recalling childhood
 - substance use (12% vs 27%)
 - domestic violence (9% vs 18%)
 - mental illness (10% vs 16%)

Slopen, N., Shonkoff, J. P., Albert, M. A., Yoshikawa, H., Jacobs, A., Stoltz, R., & Williams, D. R. (2016). Racial disparities in child adversity in the US: Interactions with family immigration history and income. *American journal of preventive medicine*, 50(1), 47-56.

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ACES INCREASE 9 OF 10 LEADING CAUSES OF US DEATH

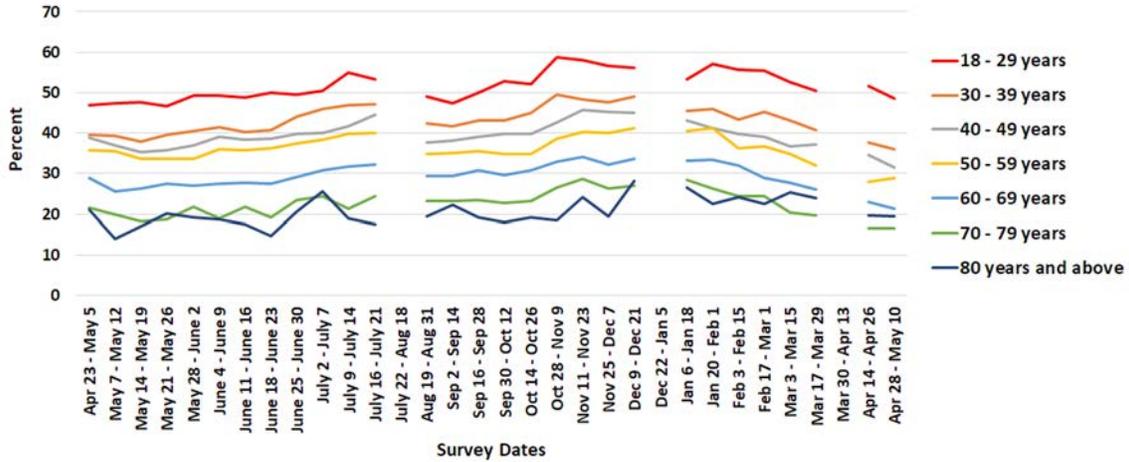
	Leading Causes of Death US, 2017	Odds Ratio with ≥ 4 ACEs
1	Heart Disease	2.1
2	Cancer	2.3
3	Accidents	2.6
4	Chronic Lower Respiratory Disease	3.1
5	Stroke	2.0
6	Alzheimer's	4.2
7	Diabetes	1.4
8	Influenza and Pneumonia	
9	Kidney Disease	1.7
10	Suicide	37.5

Source of causes of death: CDC, 2017
 Sources for odds ratios: Hughes *et al.*, 2017 for 1, 2, 4, 7, 10;
 Petrucelli *et al.*, 2019 for 3 (injuries with fracture), 5; Center for Youth Wellness, 2014 for 6 (dementia or Alzheimer's disease); Center for Youth Wellness, 2014 and Merrick *et al.*, 2019 for 9

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ANXIETY & DEPRESSION SYMPTOMS ACROSS THE US (CDC PULSE)

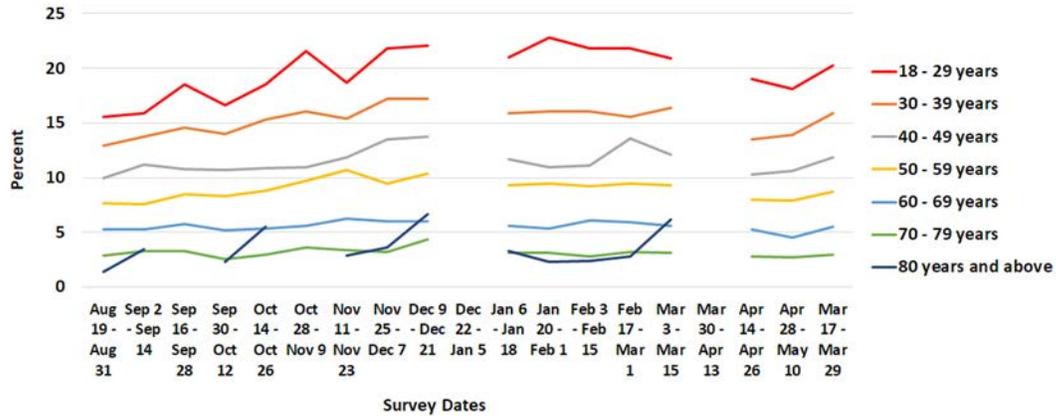


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MANY NEED COUNSELING BUT HAVE NOT RECEIVED IT RECENTLY (CDC PULSE)

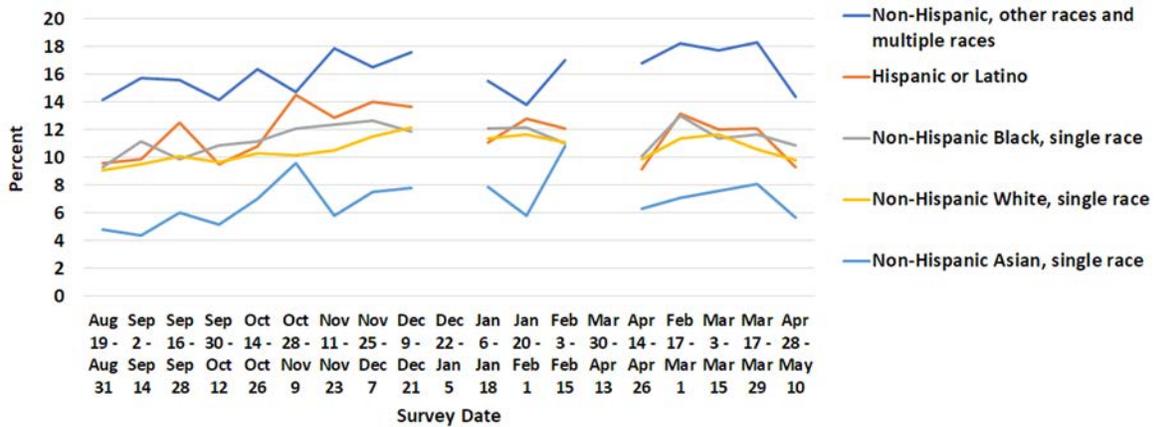


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MANY NEED COUNSELING BUT HAVE NOT RECEIVED IT RECENTLY (CDC PULSE)



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STIGMA & INEQUITY PERVADE CRISIS CARE

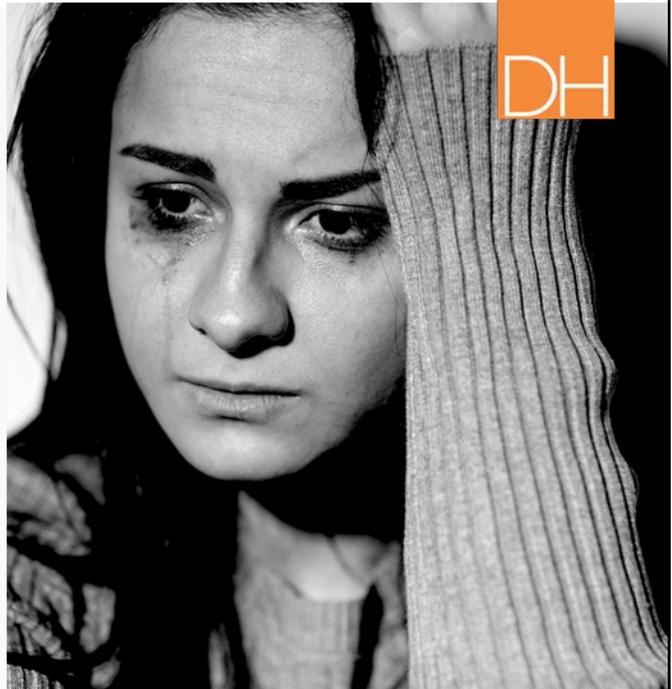
Pandemic trauma increased substances, suicide, and overdose in young people and BIPOC and LGBTQ+ communities, but decreased in older White people

42% of our 2020 Lifeline callers were under 25

The poorest and the wealthiest areas in Los Angeles have the highest call rates (Skidrow to Beverly Hills)

African-Americans are most likely to have attempted suicide

29% of callers are missing race/ethnicity data



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ACE-ASSOCIATED HEALTH CONDITIONS COST CALIFORNIA (AND YOU) A LOT

DH

**\$10.5 billion in excess personal healthcare
spending**
**\$102 billion in 434,000 Disability-Adjusted-Life-
Years**

Asthma
Depression
Drinking
Smoking

Obesity
Arthritis
Chronic Obstructive
Pulmonary Disease
Cardiovascular Disease

Miller TR, Waehrer GM, Oh DL, Purewal Boparai S, Ohlsson Walker S, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLOS ONE 15(1): e0228019. <https://doi.org/10.1371/journal.pone.0228019>
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0228019>

 PLOS ONE

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CHANGE IS COMING

We envision a future where everyone can thrive with access to high-quality care that treats mental and physical health as inseparable. There will be a day where no family or friend suffers the tragic, preventable loss of suicide.

**Our bodies and
minds are
inseparable.**

inseparable

#WeAreInseparable

DH

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Understanding health in terms of our lifecourse is crucial

The infographic illustrates the life course from pregnancy to later adulthood. It features a central callout box that reads: **BIRTH TO CHILDBIRTH: Poverty-ACEs focus with leverage**. The phases shown are: Pregnancy, childbirth and neonatal (<28 days); Early childhood (0-5 years); Later childhood (6-12 years); Early adolescence (13-17 years); Later adolescence (18-24 years); Later youth (25-49 years); Early adulthood (50-64 years); Middle adulthood (65 to 79 years); and Later adulthood (80+ years). The infographic also includes sections for GOALS, LIFE PHASES, and EVIDENCE-BASED, RIGHTS-BASED STRATEGIES.

**BIRTH TO CHILDBIRTH:
Poverty-ACEs focus with leverage**

World Health Organization, 2019, Promoting health through the life course: www.who.int/life-course

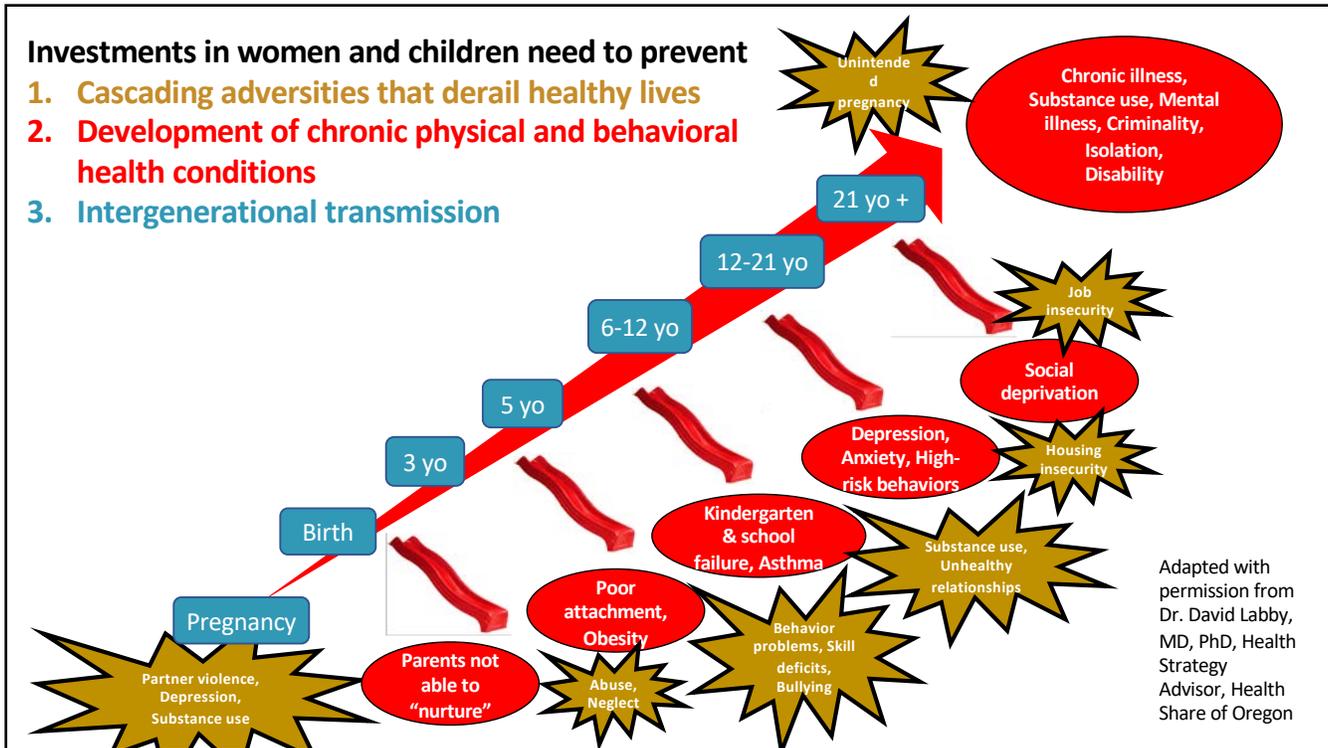
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Health Share of Oregon: hard lives research

- Among 55% of members with costly, complex health conditions, **frequent, sequential adversities** suggest an intergenerational cascade of risk multipliers
 - Stressed, emotionally unstable and/or addicted parent(s) (poverty, racism)
 - Food, housing insecurity, high Adverse Childhood Experiences (abuse, neglect)
 - Poor child development, social-emotional and learning skills
 - School struggles, poor learning, “bad” behavior
 - Dropping out, alcohol/drug use with peers, high-risk sexual behavior
 - High school non graduation, few employment options
 - Involvement with shadow economy, homelessness, addiction
 - Arrest / incarceration
 - **Poor health and wellbeing**

Adapted with permission from Dr. David Labby, MD, PhD, Health Strategy Advisor, Health Share of Oregon

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HEALTHCARE IS BROKEN

- Care for health and wellbeing doesn't follow the circle of life
 - preconception, prenatal, neonatal (NICU), and pediatric care are **siloed**
- Fragmented care → poor quality & outcomes
- Innovations/QI in each segment lack:
 - upstream intervention** sufficient to prevent cascading risk
 - downstream measurement** sufficient to show value to funders and payers
 - coordination, data, and financing**

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INJUSTICE FROM THE START

Black mothers & babies die at 2-4x the rate of white mothers & babies

- Lifelong exposure to racism in every health, justice and social service
- Fragmented equity initiatives
 - Preterm birth and maternal MH efforts **don't always address preconception ACEs and BH**
 - They also **struggle to measure downstream impact on babies who survive** – is she abused, neglected, unready for school? Does she become a mother at high-risk?

DH

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Perinatal/Maternal Mental Health Disorders

- Depression
- Persisting dysthymia
- Anxiety
- OCD
- Birth trauma and PTSD



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ACES, ALCOHOL & DEATH

- 10.4M underage drinkers in U.S.
 - leading substance of abuse in youth
 - **leading cause of teen and young adult death:** drunk driving, homicide, and suicide
- AAP and ACOG recommend screening and brief intervention
- Brief motivational interviewing works!
 - RCT: as little as 1-4 visits, 15- to 45-minutes each



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EGG AND SPERM TRAUMA

- Congenital heart defect increases from preconception drinking
 - ☐ 16% from mothers
 - ☐ 44% from fathers
- Dose–response relationship
- *The study didn't factor in upstream or downstream ACEs and BH*

Source: Zhang, S., Wang, L., Yang, T., Chen, L., Zhao, L., Wang, T., ... & Qin, J. (2019). Parental alcohol consumption and the risk of congenital heart diseases in offspring: An updated systematic review and meta-analysis. *European Journal of Preventive Cardiology*, 2047487319874530.

brain disease
BEER family
 HEALTH *fatigue* DRUG
 social nausea
 ALCOHOL
 COST LIFE
 shots ANXIETY
 addiction
 memory
 ALE
 e
 r

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ACEs-Associated Health Conditions: Pediatrics				ACEs-Associated Health Conditions: Adults	
Symptom or Health Condition	For X ≥ ACEs (compared to 0)	Odds Rat	Symptom or Health Condition	Odds Ratio (excluding outlier)	
Asthma ^{20,23}	4	1.73 - 2.71	Cardiovascular disease ²¹ (CAD, MI, ischemic heart disease)	2.1	
Allergies ²	4	2.47	Tachycardia ²²	≥ 1 ACE: 1.4	
Dermatitis and eczema ²⁴	3*	1.96	Stroke ²³	3.1	
Urticaria ²⁵	3*	2.19	Chronic obstructive pulmonary disease (emphysema, bronchitis) ²¹	2.2	
Increased incidence of chronic disease, impaired management ²⁵	3	2.25	Asthma ²¹	1.5	
Any unexplained somatic symptoms ²⁵ (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.25	Diabetes ²¹	2.1	
Headaches ²⁶	4	3.03	Obesity ²²	2.4	
Enuresis; encopresis ⁴	-	-	Hepatitis or jaundice ¹	2.3	
Overweight and obesity ³	4	1.99	Cancer, any ²¹	3 ACEs, HR: 1.5	
Failure to thrive; poor growth; psychosocial dwarfism ^{2, 41}	-	-	Arthritis ^{23, 2} (self-reported)	≥ 1 ACE: 1.3	
Poor dental health ^{16, 22}	4	2.70	Memory impairment ²³ (all causes, including dementias)	4.9	
Increased infections ²⁸ (viral, URIs, LRTI, UTIs, conjunctivitis, intestinal)	-	-	Kidney disease ²²	1.7	
Later menarche ²⁹ (> 14 years)	-	-		≥ 5 ACEs: 2.1	
Sleep disturbances ^{3, 21}	-	-		1.2	
Developmental delay ²⁸	-	-		≥ 1 ACE: 1.8	
Learning and/or behavior problems ³	-	-		1.3	
Repeating a grade ¹³	-	-		2.0 - 2.7	
Not completing homework ¹⁵	-	-		1.6	
High school absenteeism ³⁰	-	-		1.8	
Graduating from high school ¹⁸	4	0.37		4.7	
Aggression; physical fighting ²⁸	For each additional ACE	1.85 - 1.81	Suicidal ideation ²⁹	10.5	
Depression ²⁸	4	3.9	Sleep disturbance ²³	1.6	
ADHD ⁴²	4	4.97	Anxiety ²⁹	3.7	
Any of: ADHD, depression, anxiety, conduct/behavior disorder ²⁸	3	4.47	Panic and anxiety ²⁴	6.8	
Suicidal ideation ²⁸	-	-	Post-traumatic stress disorder ²⁷	4.5	
Suicide attempts ²⁸	For each additional ACE	1.85 - 1.81	Illicit drug use ²¹ (any)	5.2	
Self-harm ²⁸	-	-	Injected drug, crack cocaine, or heroin use ²¹	10.2	
First use of alcohol at < 14 years ²	4	6.2	Alcohol use ²¹	6.9	
First use of illicit drugs at < 14 years ¹³	5	9.1	Cigarettes or e-cigarettes use ²¹	6.1	
Early sexual debut ¹¹ (<15-17 y)	4	3.72	Cannabis use ²¹	11.0	
Teenage pregnancy ²¹	4	4.20	Teen pregnancy ²¹	4.2	
			Sexually transmitted infections, lifetime ²¹	5.9	
			Violence victimization ²¹ (intimate partner violence, sexual assault)	7.5	
			Violence perpetration ²¹	8.1	

ACEs are NOT destiny!
 With lifecourse care, we can significantly improve outcomes and avert costs

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PERINATAL LIFECOURSE CARE

Children whose mothers have very good or excellent health are less likely to experience ACEs

- Treat mental illness, substance abuse, and IPV in kids, teens, young adults, and parents
- Teen pregnancy prevention
- Home visits & dyad care pregnancy to infancy
- Parenting education and social supports
- High quality affordable child care
- Sufficient income support for low-income families

Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017.

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- A leader in whole-person mental health care, stigma reduction and suicide prevention for 80 years
- Welcoming, culturally sensitive services that put children, adults, and families at the center
- Best-in-class outpatient and residential care helping those with mental illness or substance use heal with dignity
- Via Avanta is one of the nation’s first homes where mothers recover and get job training, while living with their babies and young children – a whole-family approach keeping kids out of foster care and ensuring generations thrive
- 160,000 children, adults, and families in 10 locations and 120 schools across LA and OC

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BEHAVIORAL HEALTH PAYMENT REFORM

1. Move from HCPCS Level II Codes to CPT Codes
2. Peer Group Rate Setting done by DHCS
3. Shift from CPE to IGT

In Lieu of Services (ILOS)
DHCS identified Services with an intentional focus on SDOH

ENHANCED CARE MANAGEMENT (ECM)

Highest Level of Care Management (CM) informed by Population Health Management (PHM) focused on seven (7) Target Populations. Will include WPC ISR, KTP and RBC.

MEDICAL NECESSITY CRITERIA (MNC)

1. Criteria more inclusive and permits treatment prior to assignment of diagnosis.
2. Clarifies that co-occurring SUD may be addressed as part of Mental Health Treatment.

CalAIM

SMI/SED DEMONSTRATION OPPORTUNITY

Allows CA to receive Federal Matching Funds for services provided to Medi-Cal Beneficiaries (21y/o-64y/o) during short acute psychiatric and residential stays in facilities considered IMDs.

POPULATION HEALTH MANAGEMENT (PHM)

MCPs responsible for analyzing DATA that includes but not limited to Claims to inform risk stratification and risk segmentation of Medi-Cal enrollees to inform *Right Care, Right Time, Right Place*, including ECM and ILOS



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KEY CONGRESSIONAL & CA LEGISLATION



- Suicide Prevention Lifeline Improvement Act (Katko, [HR 2981](#)) – \$50 million per year FY 2022-2024, of which at least 80% would be for crisis center capacity and quality assurance
- Campaign to Prevent Suicide Act (Beyer, [HR 4585](#)) – national media campaign to raise awareness for 988 and suicide prevention
- Mental Health Justice Act (Porter, [HR 1368](#)) – grants for states and local governments to train and dispatch mental health professionals, rather than law enforcement, for behavioral health needs
- Pursuing Equity in Mental Health Act (Watson Coleman, [HR 1475](#)) – focuses on mental health in youth, particularly youth of color, through grants for interprofessional health care teams that provide behavioral health care, research on mental health disparities, education for health professionals, and outreach and education
- The Miles Hall Lifeline Act (Bauer-Kahan, [AB 988](#)) – funds California’s 13 crisis centers and other services in the behavioral health crisis care continuum

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LANDMARK CA GOVERNOR MAY REVISE: MEDI-CAL DYADIC SERVICES BENEFIT



- A new statewide benefit would provide integrated physical and behavioral health screening and services to the whole family.
- This model of care has been proven to improve access to preventive care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health.
- \$200M annually starting 2022-23

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WE ERASE STIGMA & INJUSTICE SAVING & TRANSFORMING LIVES

911 transferred Lauren, a mother with a diagnosis of schizophrenia, who called feeling unsafe at home. She noted anxiety, stopping her medication due to side effects, and concern someone was tampering with her meds. By the end of the call, she felt calm and agreed to follow-up.

Next day, Lauren tried to get medication but couldn't access care, leaving her "hopeless, sad, and broken." She shared intense thoughts of suicide and the stigma of living with schizophrenia, especially with police.

With our support, Lauren engaged in safety planning, including a support group. Appreciative of our care, she plans to give the Lifeline number to her 20-year old son **to have someone support him** through her condition.



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Adverse Babyhood Experiences (ABEs)

What are they?

Negative events for parents before they conceive, and for parents and babies from conception until a child's third birthday

Why do they matter? ABEs identify **preventable** and **reducible non-genetic factors** that increase risk for infant morbidity and mortality, chronic illness, mental health conditions, and other symptoms in a child's life; morbidity and mortality in mothers; PTSD and depression in mothers and fathers, and more.

Typically ABEs fall into 10 categories:

- 1. Maternal loss or trauma:** Events in a mother's life from before she conceives until her child's third birthday. Include adverse childhood experiences; discrimination based on race, religion, sexual orientation, gender and for other reasons; adverse events from previous pregnancies, etc.
- 2. Maternal Lack of/Low support** beginning two years before conception until the baby's third birthday reduces resiliency and the ability to cope with adversity.



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3. Maternal physical stress is a risk factor for low birth weight, premature birth, chronic illness and other effects in the baby; and for complications and other ABEs in the mother. Examples include being sick throughout the pregnancy, gestational diabetes, worrisome bleeding, etc.

4. Maternal emotional stress: Anxiety depression, feeling unsafe, marital problems, conflict, financial worries, etc.

5. Complications in mothers during pregnancy, labor or delivery or postpartum- Maternal near misses, vacuum or forceps extraction, hemorrhage, preeclampsia, etc.

6. Complications in babies from conception until the 3rd birthday. Poor growth in utero, cord around the neck, shoulder dystocia, premature or breech birth, needing resuscitation, oxygen, a blood transfusion, or intensive care; jaundice, and Infant “near misses”

7. Separation of baby from mother in particular, or of baby from either parent

8. Baby’s Birth weight: Below 5.5 lbs or above 10 lbs.

9. Breastfeeding Concerns

10. Early signs and symptoms in mother, baby or father indicate a need for more support and repair.



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 A circular photograph showing three children smiling joyfully. On the left is a young boy in a blue and orange striped shirt. In the center is a girl with blonde hair in a teal shirt. On the right is a girl with dark hair in a denim jacket. They are all looking towards the camera.

HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

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Our Mission

Develop approaches, GROUNDED IN SCIENCE, that build from the formative role of positive experiences in human development to inspire fundamental changes in how we advance health and well-being for our children, families, and communities.

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ACEs

- 1998 study of employed people in Southern California
- Patients answered questions about their childhood
- Correlated with mental and physical health

PCEs



- 2015 population study in Wisconsin
- Part of the BRFSS
- Asked about ACEs
- Asked about Positive Childhood experiences
- Correlated with mental health



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Positive Childhood Experiences (PCEs) questions asked how often respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home



- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 (“felt safe/home”) to 0.72 (“family stood by/difficult times”)



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Research

JAMA Pediatrics | Original Investigation

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample

Associations Across Adverse Childhood Experiences Levels

Christina Bethell, PhD, MBA, MPH; Jennifer Jones, MSW; Narangerel Gombojav, MD, PhD; Jeff Linkenbach, EdD; Robert Sege, MD, PhD

[Supplemental content](#)

IMPORTANCE Associations between adverse childhood experiences (ACEs) and risks for adult depression, poor mental health, and insufficient social and emotional support have been documented. Less is known about how positive childhood experiences (PCEs) co-occur with and may modulate the effect of ACEs on adult mental and relational health.

OBJECTIVE To evaluate associations between adult-reported PCEs and (1) adult depression and/or poor mental health (D/PMH) and (2) adult-reported social and emotional support (ARSES) across ACEs exposure levels.

DESIGN, SETTING, AND PARTICIPANTS Data were from the cross-sectional 2015 Wisconsin Behavioral Risk Factor Survey, a random digit-dial telephone survey of noninstitutionalized Wisconsin adults 18 years and older (n = 6188). Data were weighted to be representative of the entire population of Wisconsin adults in 2015. Data were analyzed between September 2016 and January 2019.

MAIN RESULTS AND CONCLUSIONS The definition of D/PMH includes adults with depression

Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019:e193007.



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Positive Childhood Experiences (PCEs) Protect Adult Mental Health

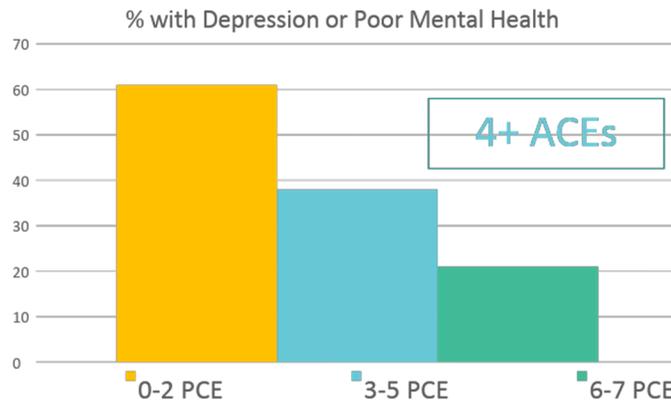
- 6-7 vs. 0-2 PCEs: 72% lower odds of depression or poor mental health
- 3-5 PCEs v 0-2 PCEs: 52% lower odds of depression or poor mental health
- 48% v. 12.6%, OR 0.28; 95% CI 0.21-0.39. 3.8x higher rate for 0-2 vs. 6-7 PCEs.



Bethell C, Jones J, Gombojav N, Sege R, Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels, *JAMA Pediatr.* 2019; e193007

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Positive Childhood Experiences (PCEs) Mitigate ACEs Effects



Bethell C, Jones J, Gombojav N, Sege R, Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels, *JAMA Pediatr.* 2019; e193007

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The Four Building Blocks of HOPE

- RELATIONSHIPS**
Relationships with other children and with other adults through interpersonal activities.
- ENVIRONMENT**
Safe, equitable, stable environments for living, playing, learning at home and in school.
- ENGAGEMENT**
Social and civic engagement to develop a sense of belonging and connectedness.
- EMOTIONAL GROWTH**
Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:S79-S85

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Join us in the HOPE transformation

LEARN

- Visit our website
- Download our material
- Watch our videos
- Complete our online modules

SHARE

- Tell your colleagues
- Encourage your agency to sign up for a workshop about implementing HOPE

ACT

- Sign up for a Train the Trainer
- Use the Anti-racism Toolkit to increase access to the 4 Building Blocks in your community
- Revise your intake and assessment forms to be HOPE-informed

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Spreading HOPE

EMAIL: HOPE@tuftsmedicalcenter.org WEBSITE: positiveexperience.org

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2020mom™

Closing Gaps in Maternal Mental Health Care

Fireside Chat Q&A

Contact us:
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Email: Info@2020mom.org



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