



Maternal Health Network of San Bernardino County

Behavioral Health & Substance Use Intervention Sector Strengths & Opportunities Brief

July 2019

Maternal Health Network of San Bernardino County

The Maternal Health Network (MHN) of San Bernardino County is a collective of various service providers that support the maternal health system throughout San Bernardino County.

Membership includes:

- Prenatal & Post-Partum Primary Care Providers
- Community Clinics & Birthing Hospitals
- Oral Health Providers & Advocates
- San Bernardino County Public Health
- Midwives & Doulas
- Family Resource & Support Service Organizations
- Breastfeeding Support Services & Coalitions
- Behavioral Health & Substance Abuse Providers
- Law Enforcement & Detentions
- School-based Services
- Health Plans

Vision

The Maternal Health Network of San Bernardino County empowers, respects and supports families before, during and after pregnancy to optimize health and wellbeing for babies and mothers.

The MHN operates utilizing the following principles:

Equity • Integrated • Access • High-Quality • Support

Strengths & Opportunities Analysis

The MHN commissioned a strengths and opportunities analysis to understand and document the broad landscape of existing maternal health components within the County.

Areas of exploration included:



Maternal Health Status

Maternal health status indicators and data were gathered and analyzed to understand the current reality facing families in the county.



Maternal Health Resources

Maternal health resources were mapped to help identify where resources are located and where gaps exist. Information on barriers to access and service satisfaction was also collected.



Systems Issues

Maternal health systems issues were explored to understand the strengths and weaknesses of how services are delivered.

Value of Behavioral Health and Substance Use Intervention for Maternal Health

Maternal behavioral health and substance misuse are two factors that have the potential not only to negatively impact the mother and developing child during pregnancy, but to have long-term and long-lasting negative consequences for the emotional and physical health of both mother and child. With internal and external stigmas attached to the disclosure of either a behavioral health or substance misuse issue, it can be very difficult to provide families with the help they need to overcome these challenges to a successful pregnancy.

Perinatal mental health is concerned with providing support and treatment for mental health issues before, during, and after pregnancy. Post-partum depression, anxiety, and psychosis are the behavioral health issues most associated with pregnancy, but an effective continuum of care will also take into account preexisting conditions and mood disorders that may be exacerbated by the chemical, hormonal, and physical changes that accompany pregnancy, childbirth, and childrearing. Unfortunately, pregnant women and new mothers may not always seek professional help out of the fear of “feeling like a “bad” or “failed” mother” and may be “worried that if they disclosed their symptoms to a health care provider they would be stigmatized”.¹

As with perinatal mental health, perinatal substance misuse may bring to mind a limited set of issues, namely the use of illegal substances during pregnancy. However, since both legal (e.g. alcohol, smoking, prescription drugs) and illegal substances can have adverse effects on developing fetuses, remedying this issue is quite complex. As with mental health, individuals with a substance abuse disorder may be afraid to disclose out of fear of stigma or criminal prosecution. And although individuals who are pregnant that are detained for illegal substance use may be forced to abstain or enter rehab, preventing them from using harmful legal substances during pregnancy requires more of an educational approach.

Providing pregnant and recently delivered individuals with the resources they need to overcome challenges related to mental health and substance misuse first requires that the broad scope and availability of these resources is understood. The following sections briefly outline areas of strength as well as areas for improvement, resource availability, and systems issues related to this topic. For the purposes of this brief, behavioral health providers encompass counselors, psychiatrists, psychologists, and mental health support groups. Substance use intervention providers comprise “alcohol and other drug” (AOD) counselors, general counseling services, medication assisted treatment programs, substance abuse intervention services, and substance abuse support groups.

¹Moore, D., Ayers, S., & Drey, N. (2016). A Thematic Analysis of Stigma and Disclosure for Perinatal Depression on an Online Forum. *JMIR Mental Health*, 3(2).

This brief provides an overview of the strengths and opportunities relative to the behavioral health and substance abuse intervention services components of the maternal health system.

Maternal Health Status

Methods

To understand the maternal health status of families in San Bernardino County, maternal health indicators and other data were gathered. The primary data sources for this component of the strengths and opportunities analysis included:

- *San Bernardino Family Health Outcomes Project (FHOP) Indicators.*²
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014.*³
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015.*⁴

A workgroup was established with representatives from the behavioral health and substance abuse services provider base in San Bernardino County. That workgroup reviewed data regarding the maternal health status of San Bernardino County. Following this review, areas of strength and potential areas for improvement were identified. Additionally, workgroups explored their unique role in impacting potential areas for improvement.

Areas of Strength

San Bernardino County families are faring well within the following indicators when compared to state and national data:



Mental Health Diagnoses of Pregnant Women

San Bernardino has significantly less mental health diagnoses of pregnant women than the state average. That said, there is an upward trend within this indicator.²



Post-partum Depressive Symptoms

In San Bernardino County, the rate for post-partum depressive symptoms is 11%, which is lower than the state rate of 13%.^{3,4} While data regarding post-partum office visits is not available at a county level, 91% of women who recently delivered in California received a post-partum office visit.⁵



Smoking During Pregnancy

Only 2.8% of San Bernardino women reported smoking during the third trimester of pregnancy, lower than the state average of 2.9%.^{3,4}

Areas for Improvement

Areas identified as opportunities for improvement for families within San Bernardino County include:



Substance Misuse

San Bernardino has significantly more substance use diagnoses of pregnant women than the state average, with African-Americans suffering the worse amongst all subpopulations.²



Prenatal Depressive Symptoms

In San Bernardino County, the rate for prenatal depressive symptoms is 15.3%, higher than the state rate of 14.1%.^{3,4}



Substance-affected Infants

San Bernardino is trending up on rates of substance-affected infant births. African-Americans have experienced an extreme upward trend from 2008-2013, and a short decrease from 2013-2015.²

System stakeholders identified that the data contained in this brief only captures information from women who deliver in a hospital setting. Women who delivery in other settings are not getting screened and tend to suffer from behavioral health and substance use issues.

Behavioral Health and Substance Use Intervention Provider Impact on Areas for Improvement

Workgroups identified areas where the mental health and substance providers could assist with improvements around indicators associated with maternal health.



Starting July 1st, depression screenings will be mandatory, once during pregnancy and once during post-partum. Providers should be trained to appropriately respond when a woman presents with a positive screen and educated about resources available.

Mental Health and Substance use providers can partner with home visiting programs to support families in accessing services either during or directly following pregnancy. Home visiting facilitates the building of trusting relationships and may be able to counter the stigma and reluctance amongst families to disclose their need for supports specifically during this time.

Children and Family Services (CFS) can provide a more direct portal to behavioral health care services specifically for families that are expecting.

Additional information should be provided to women about the use of legal drugs during pregnancy and implications for their health.

²Family Health Outcomes Project. (2018, December). Retrieved from <https://fhop.ucsf.edu/san-bernardino-county-databooks>.

³Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014. California Department of Public Health. 2016.

⁴Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015. California Department of Public Health; 2018.

⁵Listening to Mothers: Results from a Population-Based Survey of Women's Childbearing Experiences. California Health Care Foundation; 2018.

Maternal Health Resources

Methods

To understand what supports are available throughout San Bernardino County related to maternal health, resources were mapped according to their type and location. The primary data sources for this component of the strengths and opportunities analysis included:

- *Inland Empire Breastfeeding, Childbirth and Community Resource Guide*
- *San Bernardino County 2-1-1*
- *San Bernardino County Behavioral Health Directory of Services*
- *San Bernardino County Public Health Breastfeeding Resources Flyer*

Additional data was collected directly from key stakeholders to include the Inland Empire Health Plan, the Community Health Association, the Center for Oral Health, the Inland Empire Breastfeeding Coalition, and the Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PAC/LAC).

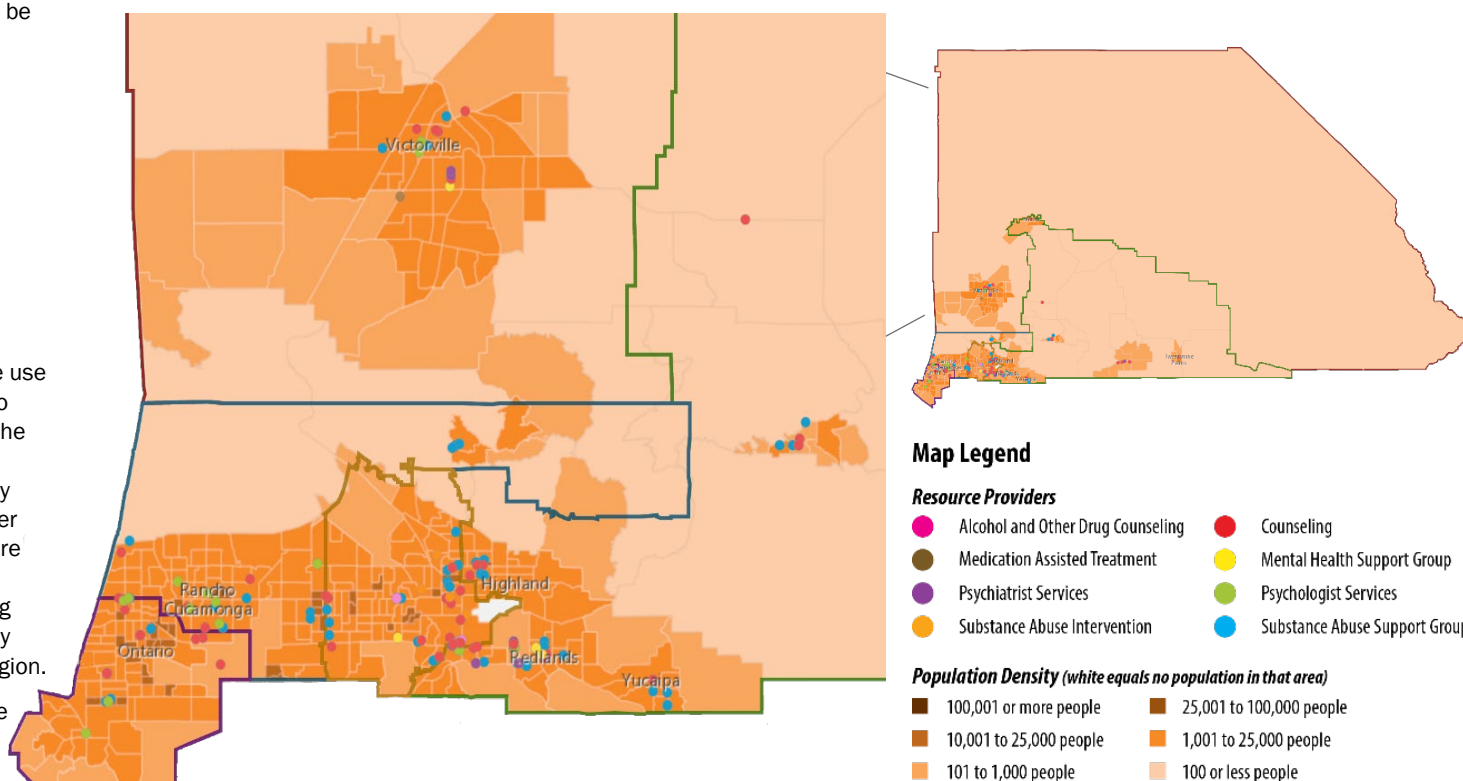
Behavioral Health and Substance Use Intervention Services Resources

San Bernardino County is host to the following types of behavioral health and substance use intervention resources (note that not all may be visible on the map due to overlap and dot density):

- 7 Alcohol & Drug Counseling Services
- 75 Counseling Service Providers
- 5 Medication Assisted Treatment
- 4 Mental Health Support Groups
- 28 Psychiatrist Services
- 69 Psychologist Services
- 10 Substance Use Interventions
- 55 Substance Abuse Support Groups

The majority of mental health and substance use intervention resources within San Bernardino County are located in the southwest part of the county, as illustrated by the map inset. Not surprisingly, resource distribution is positively correlated with population density, with higher numbers of resources being found in the more populated areas. It should be noted that resources may be utilized by individuals living outside of San Bernardino County, which may exacerbate any shortages seen within the region.

All residents within San Bernardino also have access to help- and hot-lines that may assist with mental health and substance misuse issues, such as Postpartum Support International, the National Suicide Prevention Lifeline, National Alliance on Mental Illness, and San Bernardino Department of Behavioral Health Access Line.



An interactive version of this map is available at:
<https://rebrand.ly/first5maternalhealth>

Maternal Health Resources

Barriers to Access

There are a variety of reasons that families may not be able to access the resources they need through the maternal health system. Barriers to access were identified through information provided by behavioral health and substance use providers as well as through the consumer survey referenced below.

Stigma and/or Fear Associated with Accessing Support

System stakeholders identified that families are reluctant to disclose or access support for behavioral health or substance use intervention services due to stigma or fear of being thrust into the system. System stakeholders identify an opportunity to reach families who are in need of services through outreach to family members and caregivers who can request information about treatment without fear of criminalization.

Travel/Transportation

System stakeholders identified that travel times and lack of transportation can prevent consumers from getting the birthing supports they need if they reside in areas where there are no resources easily available. Additionally, stakeholders noted that transportation for individuals who are pregnant is difficult even when bus vouchers are offered as walking several blocks to a bus stop can be difficult in the latter part of pregnancy.

Insufficient Resources

System stakeholders identified that the entire county suffers from a lack of sufficient services to meet community need, with the issue being exacerbated in rural areas. Specific services that were identified as insufficient included transitional housing and intensive outpatient substance misuse programs for perinatal mood disorders.

Lack of Knowledge about Available Resources

System stakeholders identified that there is a general lack of knowledge by both providers as well as consumers about the resources that are available.

Cost Prohibitive

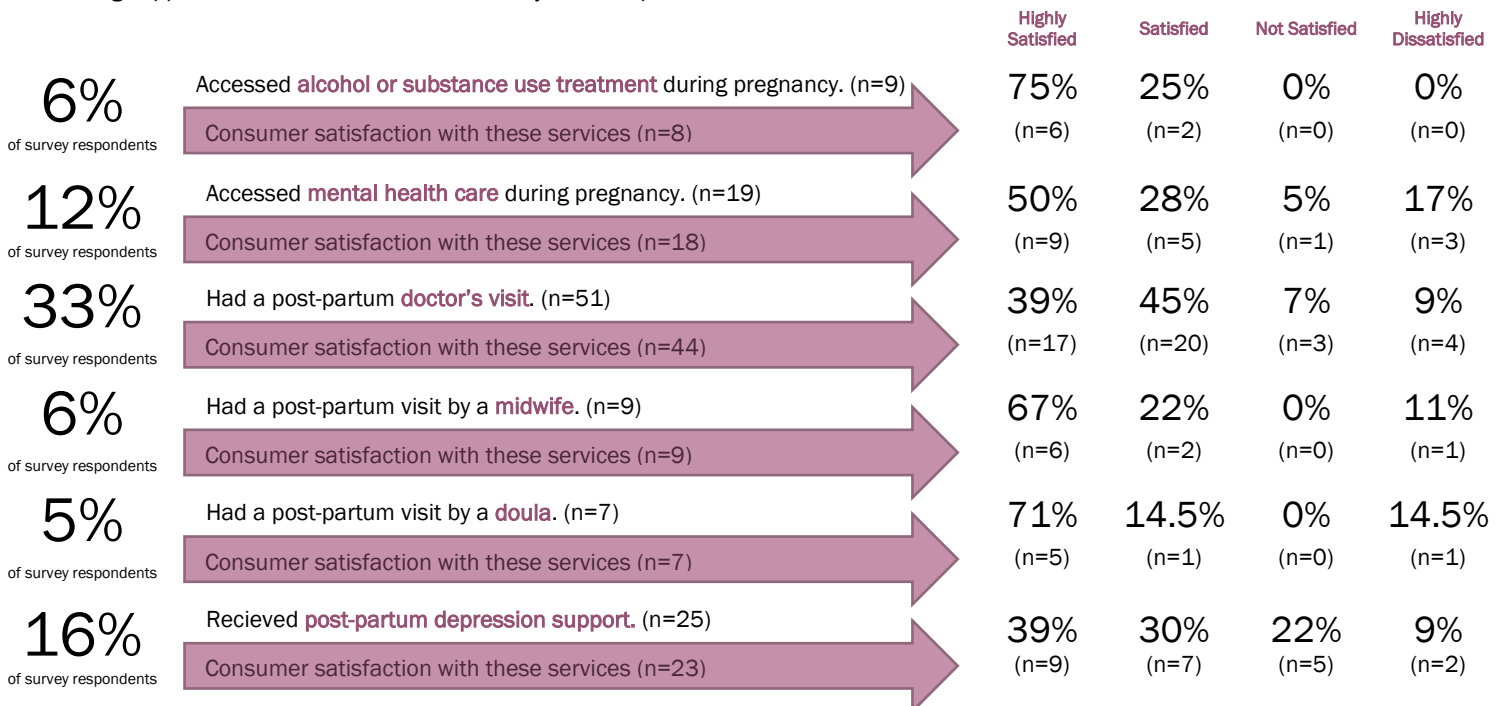
System stakeholders described a system in which not all services are covered under typical insurance products, making it cost prohibitive for consumers to access care.

Policy Barriers

Age restrictions related to accessing services can prevent teenagers who are pregnant from accessing care. Requirements that caretakers support and/or approve of access to care can sometimes prevent access.

Satisfaction with Services

To determine how well resources are being deployed, a consumer survey was collected from families who are either currently pregnant or who recently delivered a child (within the last year). A total of 154 surveys were collected between June 19th and July 8th, 2019. Results particular to the birthing supports sector of the maternal health system are provided below.



*Some survey respondents indicated they had received services, but did not indicate their satisfaction of the services received, which accounts for the gap between number of respondents and satisfaction.

Maternal Health Systems Issues

Methods

To understand systems issues associated with maternal health services through San Bernardino County, stakeholders were engaged through community gatherings as well as at the workgroup level.

Systems Issues Related to Behavioral Health and Substance Use Intervention Services

Systems issues identified specific to the behavioral health and substance misuse component of the Maternal Health Network include:

Inadequate Screening or Referral Mechanisms

Stakeholders describe a system that does not sufficiently screen or identify maternal behavioral health concerns either before or after birth. While there are tools that can be used for this purpose, not enough providers are trained or equipped to use these tools and there is not a widespread referral system to get families connected to care.

Social Determinants of Health

Many social determinants of health were identified as impacting maternal and neonatal outcomes for families in San Bernardino County. These include poverty, a lack of housing or employment opportunities for families. In addition, access to healthcare, specifically around insurance coverage to treat behavioral health and substance use issues were raised as significantly affecting families.

Workforce Shortage

There is an insufficient workforce to meet the community need for behavioral health and substance use services.

Disconnect within Healthcare System

Stakeholders describe a system that doesn't acknowledge behavioral health or substance misuse as a component of an individual's "whole health" or a necessary partner within the healthcare system. This negatively impacts understanding, knowledge and cross-coordination of services before, during and after pregnancy.

Beyond identifying system deficiencies, stakeholders also identified system strengths and areas where the service sector was adapting to meet the needs of families in San Bernardino County.

High Quality Models of Care

Stakeholders described the existence of high quality care providers in the county that can be used as a model for duplication.

Service Integration

Stakeholders described the co-location of providers within the Children and Family Services offices as well as service integration at ARMC as options that support seamless access to care for consumers.

Summary

Strengths

San Bernardino County families have access to a variety of resources to support behavioral health and substance use intervention services. Some strengths within this particular service sector of the maternal health system include:

- There are some high quality services providers and service integration models that can be replicated to serve families throughout San Bernardino County.
- Beginning July 1st 2019, it will be mandatory that women receive prenatal and post-partum depression screenings. Such efforts could lead to an increased awareness and appreciation for maternal mental health.

Improvements

Needed improvements particular to the behavioral health and substance use intervention service sector of the maternal health system include:

- Some families continue to struggle to get the support they need following the birth of a child. Specific racial/ethnic groups and individuals who are on Medi-Cal are more at risk for not getting the post-partum services and support needed.
- While universal screenings for maternal mental health will be taking place, there are an insufficient number of mental health providers, especially those that accept Medi-Cal.
- There are major barriers to accessing services such as stigma, lack of cross-coordination and medical coverage gaps.

Opportunities

Opportunities identified include:

Provision of training to providers on how to appropriately respond to positive maternal mental health screenings and positive substance use screenings. Additionally, cultural competency trainings may support better care to specific subpopulations.

Home Visiting was identified as a model that could support optimal service delivery, allowing programs to build trust, reduce stigma, and provide culturally competent care in a comfortable setting.

Provision of additional information to families regarding about alcohol and substance use, as well as mental health care services during pregnancy.

Telemedicine is a mechanism to increase access to care, especially in rural areas of the county.