

Welcome



RI MomsPRN Practices

Maternal Psychiatry Resource Network

June 11, 2024 Kickoff Meeting



Lifespan Physician Group, Inc.

Obstetrics & Gynecology

Delivering health with care®



Tri-County
Community Action Agency

Helping people. Changing lives.



Care New England

Family Care Center

Agenda

Topic <i>Presenter</i>	Timing
Welcome and Introductions <i>Jim Beasley, MPA, RIDOH Program Manager</i>	20 minutes
Select Screening Tools and Available Resources <i>Zobeida Diaz, MD, Interim Division Director, Center for Women’s Behavioral Health at Women and Infants Hospital</i>	20 minutes
Program logistics, expectations and next steps <i>Susanne Campbell, RN, MS, PCMH CCE, CTC-RI Senior Program Administrator</i>	20 minutes



RIDOH Team



Deb Garneau, MA
MCH/Project Director



Jennifer Levy, MD
Consultant Medical Director



Jordan White, MD
Consultant Medical Director



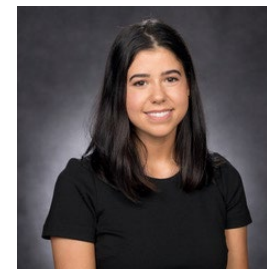
Jim Beasley, MPA
Program Manager



Kyana Martins, MPH
Program Evaluator

CTC-RI Team

- **Susanne Campbell, RN, MS, PCMH CCE**
 - Senior Program Administrator
- **Pano Yeracaris, MD, MPH**
 - Chief Clinical Strategist
- **Pat Flanagan, MD, FAAP**
 - Clinical Director and PCMH Kids co-chair
- **Carolyn Karner, MBA**
 - Project Management and Evaluation
- **Jade Arruda, OD, BS**
 - Program Administrator



CTC Practice Facilitators

Jody Vieira, LICSW

- PF: Family Care Center & VICTA



Susan Dettling, BS, PCMH CCE

- PF: Tri-County



Liz Cantor, PhD

- PF: Lifespan Obstetrics and Gynecology





Care New England
Family Care Center

Name	Role
Kira Neel	Key Contact & Provider Champion
Nicole Quindazzi	Practice Manager
Stephanie Czech	Behavioral Health Clinician
Deb Moorehead	Social Worker
Alicia Monroy	MA
Jalyn Alzate	

Intended area of improvement:

- Increased referrals to treatment,
- Increased screening rates,
- Increased staff competency and staff capacity in responding to patient/family psycho-social stressors,
- Referrals to community resources (such as Doulas, Family Visiting, Lactation Counseling, etc.),
- Increased identification of and resource allocation toward addressing social isolation of parenting young children and the impact on mental health, particularly for families that are linguistically or geographically isolated

Interesting fact/story: As a family medicine practice, our clinical site is unique in that we care for pregnant parents, their children, and entire families. We have stories of attendings who have delivered children, cared for those children administering pediatric and adolescent care, and then have offered prenatal care to those now grown adults, and then delivered their children - the grandchildren of their original patients. The depth of Family Physicians' longitudinal relationships with families and communities cannot be understated in working to address generational trauma and cyclical relationships to mental health issues and substance use disorder.



Name	Role
Meghan Sharp, PhD	Key Contact and Behavioral Health Clinician
Nwamaka Onwugbenu, MD	Provider Champion
Laurie Sousa	Practice Manager
Deb Paolino	Social Worker
Beth Laurence	MA
Jenn Pickering, RN	Nursing Supervisor

- Intended area of improvement:**
- Increased referrals to treatment,
 - Increased screening rates,
 - Increased utilization of the RI MomsPRN teleconsultation line,
 - Increased staff competency and staff capacity in meeting patients' behavioral health needs,
 - Increased staff competency and staff capacity in responding to patient/family psycho-social stressors,
 - Increased use of the integrated behavioral health team for warm handoffs at the point of care

How to address cultural and linguistic considerations: Two major growth potentials for our current mental health services is improving: 1) availability of screening and educational materials in languages other than English, and 2) a standardized referral process for mental health services that are culturally relevant to the patient. This funding will give us the resources to intentionally explore the needs of our diverse patient population, provide education for staff and providers to increase cultural competency in care provision, and create standardized systems to allow us to better care for the mental and social health needs of our patients.



Name	Role
Brenda Dowlatshahi, COO	Key Contact
Suzanne Lowe, CNM	Provider Champion and Director of Women's Health Services
Jessica Gormley	Practice Manager
Jennifer Caffrey, LICSW	Behavioral Health Clinician
Hafida Zerouali, LICSW	Social Worker
Luisana Alejo, RN	Nurse
Ann-Marie Barone	Director of Health Information Management
Belinda Soares, CHW	Family Specialist CHW

Interesting fact/story: I have been with Tri-County delivering prenatal and women's health care for 23 years. I've seen and learned so much about humanity from many different cultures that have come through our doors.

Intended area of improvement:

- Increased referrals to treatment,
- Increased screening rates,
- Increased utilization of the RI MomsPRN teleconsultation line,
- Increased staff competency and staff capacity in meeting patients' behavioral health needs,
- Improved medication management,
- Enhanced EHR for more streamlined referral to treatment,
- Increased staff competency and staff capacity in responding to patient/family psycho-social stressors, Referrals to community resources (such as Doulas, Family Visiting, Lactation Counseling, etc.).
- We want to update our trainings, screening, referrals to clinicians and community resources to take a closer look at how trauma effects SDOH, medical and behavioral health care.



Name	Role
Lisa Peterson	Key Contact

Intended area of improvement:

- Referrals to community resources (such as Doulas, Family Visiting, Lactation Counseling, etc.).
- Increase capacity for comprehensive care coordination for persons served who are, may become, or have recently been pregnant.

Interesting fact/story: VICTA started as an Opioid Treatment Program with ancillary services, but rapidly adapted to the needs of our persons served to become a truly integrated treatment program. In addition to our work at the flagship clinic, we are expanding into the upcoming (and historic) Harm Reduction Center, as well as launching a Peer-led respite program, further opening doors to the comprehensive care we deliver.

Select Screening Tools and Available Resources by



Zobeida Diaz, MD



RI MomsPRN Quality Improvement Initiative Kickoff Meeting: 6/11/24

Zobeida “Zee” Diaz, MD MS
Assistant Professor of Psychiatry & Human Behavior
The Albert School of Medicine at Brown University

Attending Psychiatrist and Interim Division Director of
The Center for Women’s Behavioral Health and Day Hospital



Quality Improvement Goals

- Increase screening rates and advanced screenings
- Increase referral to services
 - Services available at WIH Women's Behavioral Health (WBH)
 - Community Resources (ex doulas, home visiting, lactation consultants)
- Increase staff competency in responding to psychosocial stressors and/or cultural beliefs and barriers

Screening

- Your past work with CTC-RI has led to a significant increase in screening for depression, anxiety, and substance use disorders in your practices – **THANK YOU!**
- Additional screening tools if current treatments are not effective, are causing adverse effects, or you suspect comorbidities are at play
 - **When/where to refer**

Additional Screening Tools

- **MDQ:** Mood Disorder Questionnaire
- **ASRS-v1.1:** Adult ADHD Screening Scale
- **ACEs:** Adverse Childhood Experiences Questionnaire
- **NSESSS:** National Stressful Events Survey PTSD Short Scale
- **Y-BOCS:** Yale-Brown Obsessive Compulsive Scale

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.

Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family in trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		

MDQ:
High sensitivity for
Bipolar I Disorder

ASRS-v1.1

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date						
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.				Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?								
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?								
3. How often do you have problems remembering appointments or obligations?								
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?								
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?								
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?								

Part A

ACE

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ...			If yes enter 1
Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?	Yes	No	
2. Did a parent or other adult in the household often ...			
Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?	Yes	No	
3. Did an adult or person at least 5 years older than you ever ...			
Touch or fondle you or have you touch their body in a sexual way? OR Try to or actually have oral, anal, or vaginal sex with you?	Yes	No	
4. Did you often feel that ...			
No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?	Yes	No	
5. Did you often feel that ...			
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	Yes	No	
6. Were your parents ever separated or divorced?	Yes	No	
7. Was your mother or stepmother:			
Often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	Yes	No	
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	Yes	No	
9. Was a household member depressed or mentally ill or did a household member attempt suicide?	Yes	No	
10. Did a household member go to prison?	Yes	No	

PTSD Severity Scale

Severity of Posttraumatic Stress Symptoms—Adult^{*} National Stressful Events Survey PTSD Short Scale (NSESSS)

Name: _____ Age: _____ Sex: Male Female Date: _____

Please list the traumatic event that you experienced: _____

Date of the traumatic event: _____

Instructions: People sometimes have problems after extremely stressful events or experiences. How much have you been bothered during the PAST SEVEN (7) DAYS by each of the following problems that occurred or became worse after an extremely stressful event/experience? **Please respond to each item by marking (✓ or x) one box per row.**

						Clinician Use	
		Not at all	A little bit	Moderately	Quite a bit	Extremely	Item score
1.	Having "flashbacks," that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2.	Feeling very emotionally upset when something reminded you of a stressful experience?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3.	Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4.	Thinking that a stressful event happened because you or someone else (who didn't directly harm you) did something wrong or didn't do everything possible to prevent it, or because of something about you?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5.	Having a very negative emotional state (for example, you were experiencing lots of fear, anger, guilt, shame, or horror) after a stressful experience?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6.	Losing interest in activities you used to enjoy before having a stressful experience?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	Being "super alert," on guard, or constantly on the lookout for danger?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	Feeling jumpy or easily startled when you hear an unexpected noise?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9.	Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Total/Partial Raw Score:							
Prorated Total Raw Score: (if 1-2 items left unanswered)							
Average Total Score:							

Y-BOCS

Obsession Rating Scale (circle appropriate score)

Item	Range of Severity				
1. Time Spent on Obsessions Score:	0 hr/day 0	0-1 hr/day 1	1-3 hr/day 2	3-8 hr/day 3	> 8 hr/day 4
2. Interference From Obsessions Score:	None 0	Mild 1	Definite but manageable 2	Substantial impairment 3	Incapacitating 4
3. Distress From Obsessions Score:	None 0	Little 1	Moderate but manageable 2	Severe 3	Near constant, disabling 4
4. Resistance to Obsessions Score:	Always resists 0	Much resistance 1	Some resistance 2	Often yields 3	Completely yields 4
5. Control Over Obsessions Score:	Complete control 0	Much control 1	Some control 2	Little control 3	No control 4

Obsession subtotal (add items 1-5) _____

Compulsion Rating Scale (circle appropriate score)

Item	Range of Severity				
6. Time Spent on Compulsions Score:	0 hr/day 0	0-1 hr/day 1	1-3 hr/day 2	3-8 hr/day 3	> 8 hr/day 4
7. Interference From Compulsions Score:	None 0	Mild 1	Definite but manageable 2	Substantial impairment 3	Incapacitating 4
8. Distress From Compulsions Score:	None 0	Mild 1	Moderate but manageable 2	Severe 3	Near constant, disabling 4
9. Resistance to Compulsions Score:	Always resists 0	Much resistance 1	Some resistance 2	Often yields 3	Completely yields 4
10. Control Over Compulsions Score:	Complete control 0	Much control 1	Some control 2	Little control 3	No control 4

Compulsion subtotal (add items 6-10) _____

Y-BOCS total (add items 1-10)

Total Y-BOCS score range of severity for patients who have both obsessions and compulsions:

0-7 Subclinical 8-15 Mild 16-23 Moderate 24-31 Severe 32-40 Extreme

Cultural Considerations

- Individuals from racial/ethnic minority populations have higher prevalence rates of mental health conditions in the perinatal period
 - Yet, they are less likely to seek treatment
- We need to better understand our patients' beliefs about mental illness and understand their needs/concerns when it comes to treatment
- Do they perceive available treatment options as helpful?
- If they do, what are the barriers?

Barriers

- Language
- Access
- Mistrust
- Situational vs medical condition vs “personal weakness”
- Culturally different ways of describing symptoms (somatization)
- Models of illness/treatment don’t always resonate with non-White women
- Non-white women are more likely to perceive that psychiatric medications are addictive
- African American women express greater confidence in religious settings vs professional MH settings than white women

Screening Tools Available in Spanish

- EPDS
- GAD7
- MDQ
- ASRS-v1.1
- Y-BOCS
- AUDIT

Addressing Barriers

- In the office:
 - Normalize
 - Address their fears
 - Explore beliefs about mental health
 - Provide psychoeducation
 - Present multiple treatment options
- Systems-wide:
 - Location of services
 - Increasing diversity of clinicians

Services at WIH Women's Behavioral Health

- Day Hospital Program (Partial Hospital Program)
- OCD IOP – started in Sept 2021
- Outpatient Psychiatry
- Psychiatry Consult Service
- MOMS Matter Clinic – substance use
- Brexanolone IV Infusions
- Zuranolone
- RI MomsPRN
- Coming later this year....SUD PHP!

WIH Day Hospital

- Partial Hospital Program
- Monday-Friday
- 8:45 am—2:15 pm
- Postpartum and pregnant women admitted
- Average length of stay: 2-3 weeks
- Multi-disciplinary treatment team
- Only exclusion is florid psychosis, imminent danger
- Discharged to intensive or traditional outpatient level of care
- High patient satisfaction



Here's what we heard from past RI MomsPRN programs

What clinical or operational topics should be covered with the next practice cohort to ensure success?

- MULTIPLE - Education about MOMS PRN and what services are available.**
- MULTIPLE - Substance use disorder management, referral with specific topics on cannabis use (now that it is legal in RI, best ways to approach this, reporting etc.) and alcohol use in pregnancy.**
- MULTIPLE – bipolar disorder/PTSD/trauma informed care topics**
- MULTIPLE - More on motivational interviewing!**
- Drug dependency, depression, anxiety, etc.**
- Increased support for substance abuse screening and treatment since there are 2 delays**
- Improving referral workflows and tracking referrals, increased interval data analysis to show process improvements rather than only summary data.**
- psychiatric drugs used in pregnant women**
- Access to therapy services**
- More info on non-medical alternatives to depression anxiety and substance use**
- Expanding access for telemed, especially for postpartum/medically underserved**
- Updates on the Epic build for Social Work and community-based referrals.**
- accessibility**
- DCYF involvement noted above**
- best clinical practice techniques, evidence based treatments**
- I think we should walk through a referral process from beginning to end, and what happens on the other end of the line**
- medications review, how to coordinate btwn the many resources in the state**
- In house substance abuse support**
- where to refer patients in community**
- continued ed about psych meds and esp the new meds**
- domestic violence, stimulant use, h/o eating disorders**
- Billing**

Quality Improvement Initiative

- Ten-month QI collaboration
- Monthly meetings with CTC practice facilitation staff and other RI MomsPRN program experts for ongoing clinical guidance and assistance
- RI MomsPRN statewide teleconsultation services
- Three (including the Kickoff meeting) peer learning and best sharing sessions
- 6 ECHO Learning Sessions
- Infrastructure payment (in 2 allotments) to off-set costs associated with staff time, and participation in quality improvement activities
- Additional payment for practices that also selected improving screening results

Rhode Island MomsPRN Milestone Document

Deliverable	Due Dates	Notes
10-month Practice Team Expectations – June 2024 to March 2025		
Utilize the RI Moms PRN provider teleconsultation line as needed- (401) 430-2800 (Mon-Fri 8 am–4 pm) Quality improvement team meets monthly with practice facilitator with additions of WIH/RIDOH staff (as needed)	On-going Practice Team Responsibilities	RI MomsPRN WIH Website
Quality Improvement (QI) team to attend Orientation meeting	June 11, 2024 Noon – 1:00PM	Meeting is recommended for Practice Lead and Provider Champion
PDSA #1: Submit baseline performance and area of focus using the Plan-Do- Study-Act approach that will optimize clinical workflow on topics such as: improving maternal behavioral health screenings, brief intervention, treatment, referral to care, follow up support and linkages to community resources.	August 5, 2024	Submit baseline Plan-Do-Study-Act (PDSA) to: RIDOH@ctc-ri.org Practices that elect to focus on improving screening results are eligible for \$1500 supplemental payment.
PDSA #2 (for practices that selected supplemental funding to improve screenings): submit a 2 nd PDSA outlining measures to be improved, plan and baseline data (including definition of inclusion/exclusions).	August 5, 2024	Baseline data should consist of numerator of patients screened looking 12 months back (July 1, 2023 – June 30, 2024 / total number of perinatal patients. Compass+ practice should use their measurement specification.
Attend as a full or flexible participant 6-month ECHO Learning Sessions	September 17, 2024 October 15, 2024 November 19, 2024 December 17, 2024 January 21, 2025 February 18, 2025 Noon – 1:00PM	As full participant, attendance is required at 4 out of 6 sessions plus a case presentation for \$250 stipend.

Rhode Island MomsPRN Milestone Document (continued)

Deliverable	Due Dates	Notes
10-month Practice Team Expectations – June 2024 to March 2025		
Submit mid-point performance PDSA updates.	November 5, 2024	Submit mid-point PDSA to: RIDOH@ctc-ri.org Data: (July 1 – September 30 th)
Quality Improvement (QI) team to attend mid-point meeting and report out on PDSA results: Data Key learnings (successes/challenges)	November 26, 2024 Noon – 1:00PM	Provider Champion and QI team lead is required.
Submit final PDSA results with key learnings and patient story.	February 25, 2025	Submit final PDSA and PPT to: RIDOH@ctc-ri.org Data: (October 1 – January 31st)
Quality Improvement (QI) team to attend Final meeting and report out on PDSA results: Final PDSA Results Screening Results for those practices that chose the supplemental payment option. Key learnings (successes/challenges) Patient story	March 11, 2025 Noon – 1:00PM	Provider Champion and QI team lead is required.

What is ECHO®?

ECHO® is an innovative tele-mentoring program designed to create virtual communities of learners by bringing together healthcare providers, team members and subject matter experts using videoconference technology. This **all-teach, all-learn model** includes a **brief presentation from a subject-matter expert followed by a case study** to elicit discussion and recommendations. Participants exchange information, experiences, cases, and ideas and receive feedback from other participants and the multidisciplinary hub team of content experts.

- Six-month ECHO® Learning Series
- 1 hour long: 20-minute didactic + 20-minute case presentation + time for questions and discussion.
- Key focus areas include:
 - recommended screening tools for maternal mental health
 - addressing cultural and linguistic considerations
 - evidence-based treatments
 - care coordination and prevention related parent child supports
- Continuing education credit will be offered
- \$250 Stipends offered for practices that selected full participation. As full participant, attendance is required at 4 out of 6 sessions plus a case presentation

ECHO Focus: Evidence based trauma informed, culturally and linguistically appropriate professional education on maternal behavioral health screening, brief intervention treatment, referral to care, follow up support and linkages to community resources.

Date	Topic	Speaker
Sept 17 Noon-1PM	Understanding the needs of birth people with substance use disorder	Margo Katz
Oct 15 Noon-1PM	Trauma informed care (including cultural considerations and implicit bias)	Dr. Carrie Griffin
Nov 19 Noon-1PM	Behavioral Health Screening conversations and referral to treatment (including cultural considerations)	Wilmaris Sotoramos, MSW, LICSW
Dec 17 Noon-1PM	Perinatal Anxiety and Obsessive-Compulsive Disorder (OCD)	Dr. Diaz and Jody Vieira, LICSW
Jan 21, 2025 Noon-1PM	Cannabis- what's the evidence and having the conversation	Dr. Mara Coyle
Feb 18, 2025 Noon-1PM	Engaging with Doulas-Empowering birthing people	Quatia Osorio, BS-HSM, BSBA, SPM (may change)

Two additional optional ECHO Sessions will be offered in March & April. More to come.

- *DCYF*
- *Using Interpreter Services*

Next Steps

- Please return signed participative agreements, ASAP (if not already done so)
- Baseline PDSAs due: August 5, 2024
- Next Meetings:

Practice Facilitators will reach out to schedule monthly meetings (if not already done so)

ECHO Learning Session: Tuesday, September 17, 2024, noon - 1:00PM

Understanding the needs of birth people with substance use disorder by Margo Katz

Mid-Point Learning Collaborative Meeting: November 26, 2024, noon – 1:00PM

