NATIONAL COUNCIL for Mental Wellbeing

Delivering Comprehensive, Integrated Care for Pregnant and Postpartum People

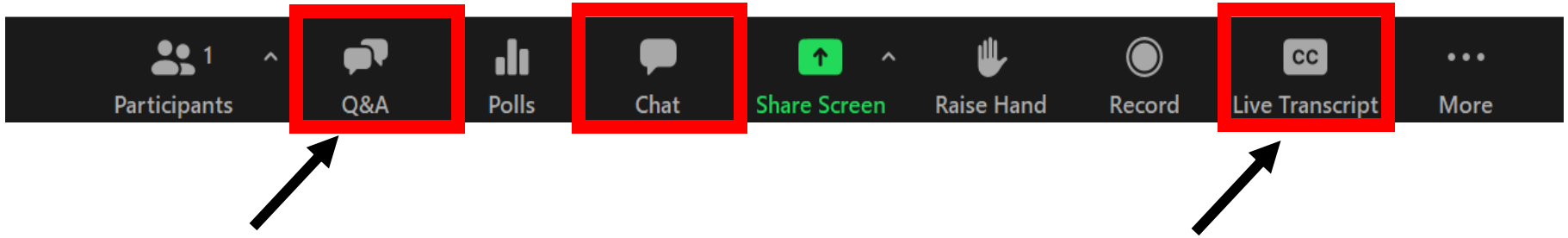
Thursday, June 27, 2024
11:30am-1:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

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Disclaimer

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SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Welcome from the National Council!

3,300+ health care organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
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Advancing Integrated Care Through Training and Technical Assistance

- To advance the implementation of **high quality, evidence-based treatment** for individuals with co-occurring physical and mental health conditions, including substance use disorders.
- **Provide training, resources, and technical assistance** to health practitioners and other stakeholders addressing the needs of individuals with co-occurring physical and mental health conditions, including substance use disorders.

Introductions

Joan King, RN, MSN, CS, *Senior Consultant,* National Council for Mental Wellbeing

Laura Line, MS, *Principal,* Bowling Business Strategies

Amritha Bhat, MBBS, MD, MPH, *Associate Professor and Co-Director,* Perinatal Mental Health & Substance Use Education, Research & Clinical (PERC) Center

Lindsay Calveri, *Parent Leader, Safe Babies,* Zero to Three

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Learning Objectives

- Identify challenges for pregnant and postpartum women with mental health conditions and/or substance use disorders.
- Understand how integrated care can improve access to care for pregnant and postpartum people.
- Identify existing approaches and models that support comprehensive, integrated care for pregnant and postpartum people.
- Recognize opportunities to advocate for comprehensive, integrated care for pregnant and postpartum people.

Key Definitions

Perinatal period

- Defined as pregnancy through the postpartum period

Postpartum period

- Defined as the first year following birth.

Providers

- Defined here as including physical health, behavioral health and specialty women's health providers, unless specified

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Our Plan for Today

- Describe the process of writing the paper *Advancing Perinatal Health Care Integration (coming soon!)* and our supports.
- Share challenges for pregnant and postpartum people with mental health and substance use conditions to get the care they need.
- Share stories of people facing barriers and challenges.
- Describe what integrated care is, why it matters and how the Comprehensive Health Integration Framework can provide a roadmap.
- Share innovative approaches in the U.S. and how they incorporate integration.
- Describe how we can make integrated care work so that pregnant and postpartum people get the care they need.
- Hear and respond to your questions and comments.

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Advisors for the Paper

Subject Matter Experts

- LaDeana Artis, LCSW, PMH-C , CarePlus New Jersey
- Amritha Bhat, MBBS, MD, MPH, University of Washington
- Joy Burkhard, MBA, Policy Center for Maternal Mental Health
- Adrienne Griffen, MPP, Maternal Mental Health Leadership Alliance
- Maria Manriquez, MD, Banner Health
- Lisa McGarrie, MSW, LCSW, ZERO TO THREE
- Laurel Sisler, MSW, LCAS, Independent Consultant
- Tara Sundem, MS, APRN, NNP-BC, Hushabye Nursery
- Tressie White, Montana Healthcare Foundation

Lived Experience Advisors

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- Megan Dobbs
- Jesseca Hindemith
- Claire Larson
- Tisha West

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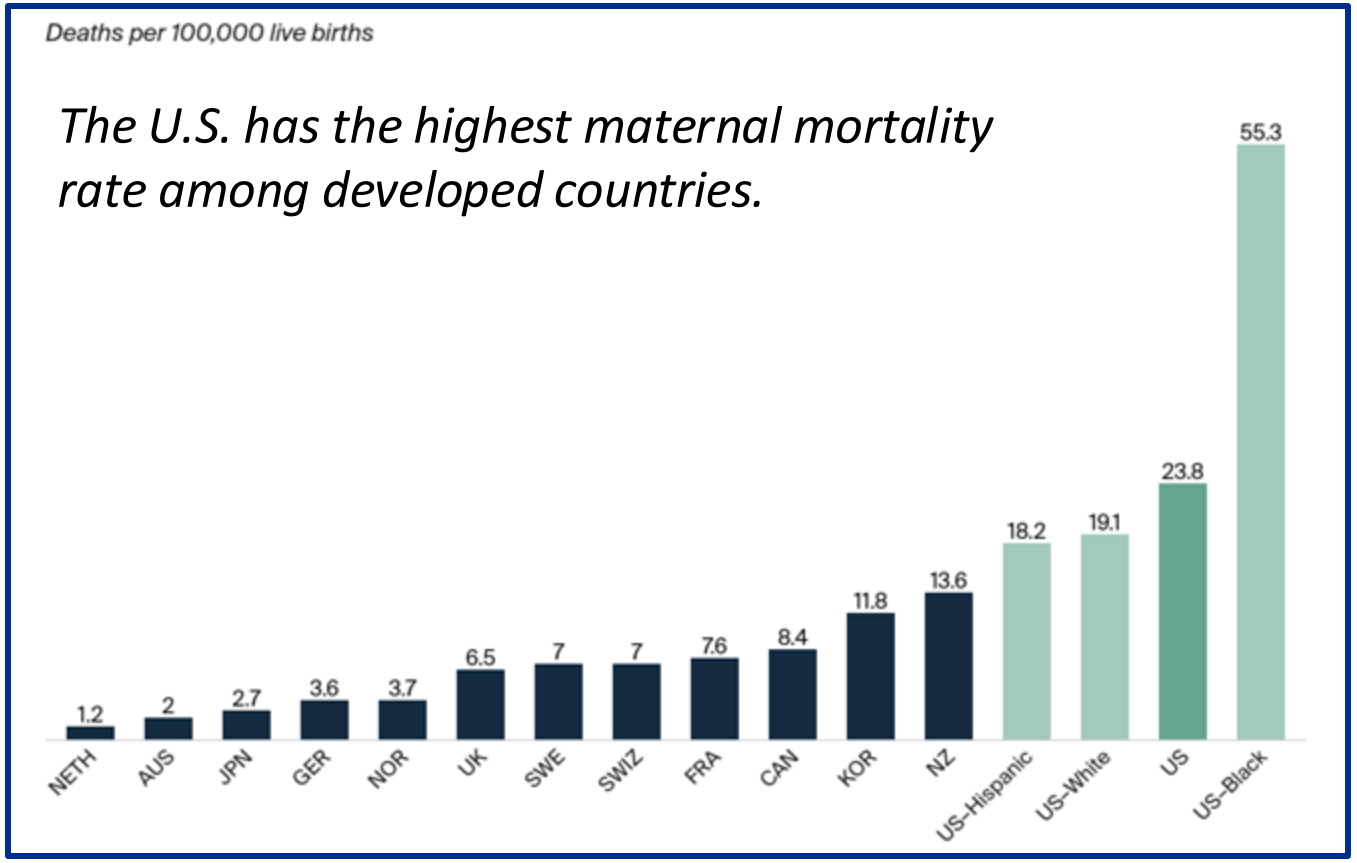
Current Challenges in the Perinatal Period

Care for Pregnant and Postpartum People is in Crisis



Source: Tikkanen, R. et al., (2020). Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries.

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Core Challenges: Mental Health Conditions and Substance Use Disorders

Most common complications of pregnancy and childbirth
Mental health conditions

Leading cause of death for new birth parents
Suicide and overdose combined

Source: Griffen et al. (2021). Perinatal Mental Health Care In The United States: An Overview Of Policies And Programs.

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Perinatal Care in an Ideal World

- Comprehensive: addresses physical health, behavioral health, social drivers of health
- Integrated
- Culturally responsive
- Trauma informed and resilience oriented
- Family focused
- Coordinated and connected across care settings

Challenges for Pregnant and Postpartum People

- Mental health conditions and SUD[1]
- Co−occurring physical health conditions[2]
- Social drivers of health[3]
- Trauma: e.g., childhood experiences, exposure to trauma, pregnancy & infant loss, sexual assault, abuse, child removals[4]
- Toxic stress[4]
- Racism[5,6]
- Geography[7]

[1] Griffen, A., McIntyre, L., Belsito, J. Z., Burkhard, J., Davis, W., Kimmel, M., Steube, A., Clark, C., & Meltzer-Brody, S. (2021). Perinatal mental health care in the United States: An overview of policies and programs. *Health Affairs, 40*(10), 1543-1550. https://doi.org/10.1377/hlthaff.2021.00796

[2] Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, *19*(3), 313–327. https://doi.org/10.1002/wps.20769

[3] Girardi, G., Longo, M., & Bremer, A. A. (2023). Social determinants of health in pregnant individuals from underrepresented, understudied, and underreported populations in the United States. *International Journal for Equity in Health, 22*, Article 186. https://doi.org/10.1186/s12939-023-01963-x

[4] Trauma-Informed Care Research Center. (n.d.). *What is trauma?* Center for Health Care Strategies. https://www.traumainformedcare.chcs.org/what-is-trauma/

[5] Hoyert, D. (2023). *Maternal mortality rates in the United States, 2021*. National Center for Health Statistics, Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm

[6] Hill, L., Artiga, S., & Ranji, U. (2022). *Racial disparities in maternal and infant health: Current status and efforts to address them*. KFF. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/

[7] Harrington, K. A., Cameron, N. A., Culler, K., Grobman, W. A., & Khan, S. S. (2023). Rural-urban disparities in adverse maternal outcomes in the United States, 2016-2019. *American Journal of Public Health, 113*(2), 224-227. https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307134

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Disproportionate Impact on BIPOC

- Black people experience higher rates of maternal mental health challenges: e.g., postpartum depression and anxiety[1]
- Black people are less likely to receive maternal mental health care[2]
- Coverage and access are more challenging, i.e., health insurance coverage, childcare, transportation[3]
- Greater child welfare involvement[4]

[1] Hoyert, D. (2023). *Maternal mortality rates in the United States, 2021*. National Center for Health Statistics, Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm
[2] Estriplet, T., Morgan, I., Davis, K., Perry, J. C., & Matthews, K. (2022). Black perinatal mental health: Prioritizing maternal mental health to optimize infant health and wellness. *Frontiers in Psychiatry, 13*, Article 807235. https://doi.org/10.3389/fpsyt.2022.807235
[3] Hill, L., Artiga, S., & Ranji, U. (2022). *Racial disparities in maternal and infant health: Current status and efforts to address them*. KFF. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/
[4] Szrom, J., Silloway, T., & McGarrie, L. (2023). *What the data on infants and toddlers tell us: Disproportionality in child welfare*. ZERO TO THREE. https://www.zerotothree.org/wp-content/uploads/2023/03/Policy-Brief-Disproportionality-in-Child-Welfare-Final-508.pdf

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Current Care Realities: Providers

- Limitations in provider awareness, education, and training
- Lack of cultural humility practices and cultural responsiveness
- Knowledge and training on the role of trauma and implicit bias
- Shortages in key positions, e.g., behavioral health, care coordination, psychiatrists

Current Care Realities: Systems

- Workforce shortages among all providers, especially behavioral health
- Reduced access to perinatal care overall
- Siloed systems
- Range of care settings for perinatal: No explicit perinatal system of care lead to challenges
  - Sharing information across systems
  - Coordinating care
  - Continuity of care
  - Separate care for mother and baby
- Innovative integrated models struggle for sustainability

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Impact on Birth Parent, Infant, and Family

- Poor health outcomes for the birth parent and infant[1]
- Low birthweight[2]
- Preterm birth[2]
- Child removal[3]
- Pregnancy or infant loss[4]
- Suicide and overdose[5]
- Individual and family intergenerational trauma[6]

[1] Scarff, J. R. (2019). Postpartum depression in men. *Innovations in Clinical Neuroscience, 16*(5-6), 11-14. https://pubmed.ncbi.nlm.nih.gov/31440396/
[2] Centers for Disease Control and Prevention. (2023). *Preterm birth*. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm
[3] Szrom, J., Silloway, T., & McGarrie, L. (2023). *What the data on infants and toddlers tell us: Disproportionality in child welfare*. ZERO TO THREE. https://www.zerotothree.org/wp-content/uploads/2023/03/Policy-Brief-Disproportionality-in-Child-Welfare-Final-508.pdf
[4] Centers for Disease Control and Prevention. (2023). *Infant mortality*. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
[5] National Institutes of Health. (2023). *Overdose deaths increased in pregnant and postpartum women from early 2018 to late 2021*. https://www.nih.gov/news-events/news-releases/overdose-deaths-increased-pregnant-postpartum-women-early-2018-late-2021
[6] Horsch, A., & Stuijfzand, S. (2019). Intergenerational transfer of perinatal trauma-related consequences. *Journal of Reproductive and Infant Psychology*, *37*(3), 221–223. https://doi.org/10.1080/02646838.2019.1629190

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Lindsay’s Story

What Happens When People with MH and SUD Conditions Seek Perinatal Care?

Their conditions may not be discovered

They may not be screened for MH or SUD

Their condition may not be recognized by providers and staff due to lack of training and understanding of MH/SUD

People may avoid perinatal care entirely for fear of judgement and punishment

People may not share their MH/SUD challenges

Providers may choose to not recognize their MH or SUD condition, due to:

Misperceptions about MH and SUD

Bias

Not knowing how to ask

Not knowing what to do about these conditions; how to treat or who to refer to treatment

Not considering that addressing MH and SUD is part of their role

How Can We Meet the Needs of Pregnant and Postpartum People?

Crucial Approaches

You're not alone

Pregnant or just had a baby? The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7.

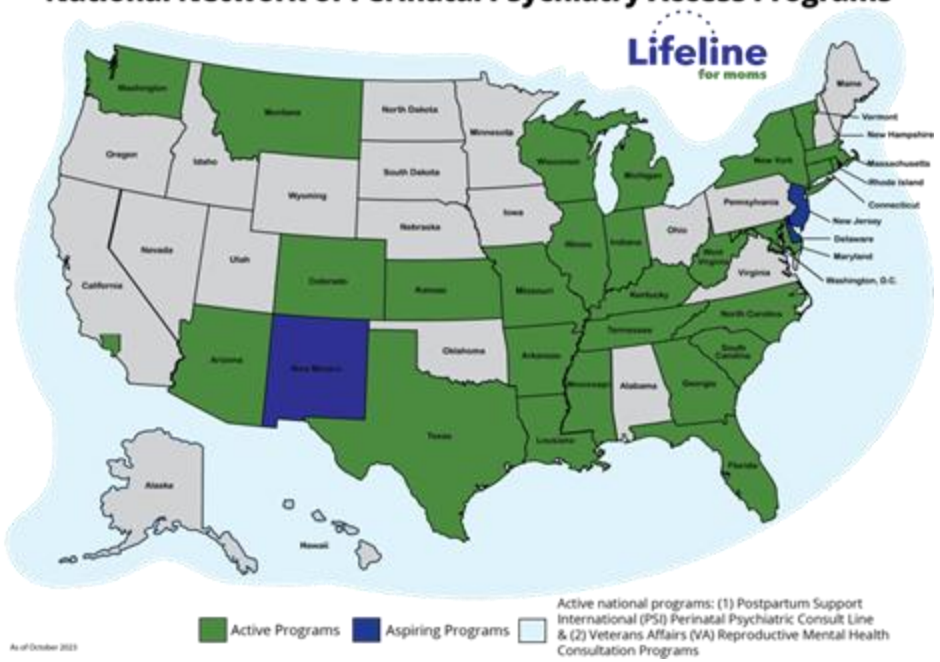
1-833-TLC-MAMA

Text | Call

National Maternal Mental Health Hotline

HRSA

National Network of Perinatal Psychiatry Access Programs



Medicaid Postpartum Coverage Extensions: Approved and Pending State Action as of May 10, 2024

Postpartum Coverage Tracker Map

- 12-month extension implemented (47 states including DC)
- Planning to implement a 12-month extension (2 states)
- Limited coverage extension proposed (1 states)

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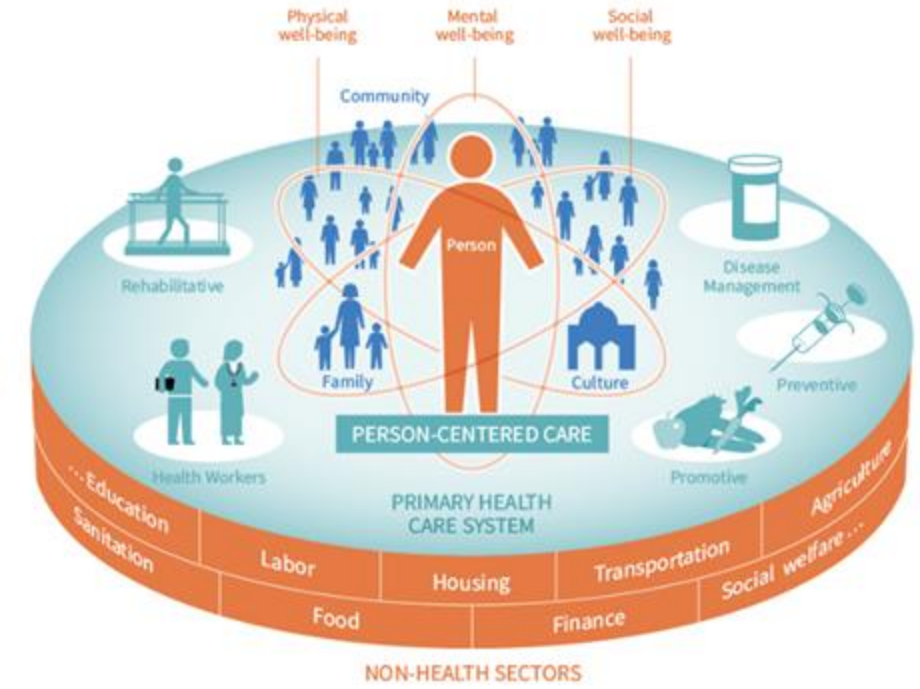
How Integration of Care Can Help

Using the Comprehensive Health Integration Framework as a roadmap

What is Integrated Care?

The provision and coordination of appropriately matched interventions for both physical health and behavioral health conditions, along with attention to the social determinants of health, in the setting in which the person is most naturally engaged, meaning where a person is seen most frequently or prefers to be the practice responsible for integrating their care.

All people served receive a comprehensive array of integrated services and interventions including primary and secondary prevention for their needs.



Sources: Primary Health Care Performance Initiative (PHCPI). (2022). Primary Care Functions [infographic]., National Council for Mental Wellbeing. (2022). The Comprehensive Healthcare Integration Framework.

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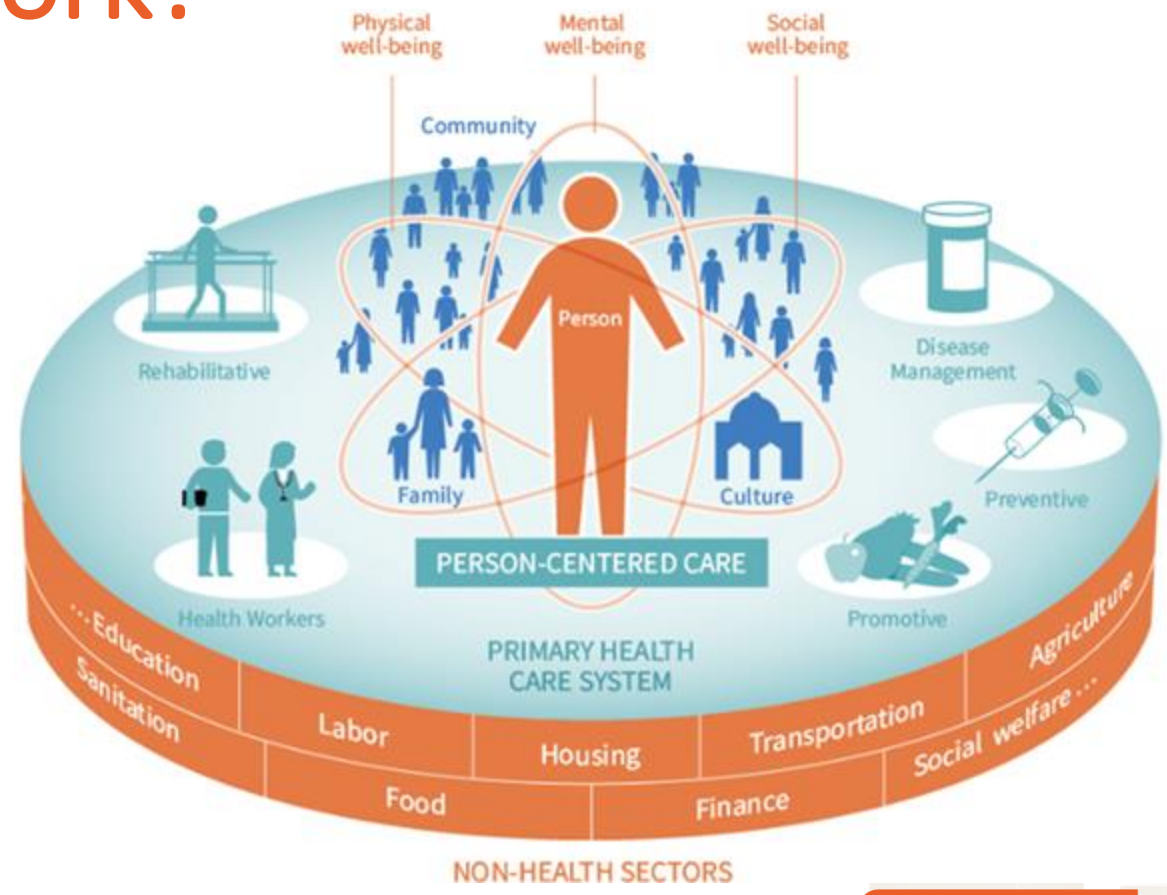
What is the CHI Framework?

The CHI Framework provides guidance on implementing the integration of physical health and behavioral health to help providers, payers and population managers:

- Measure progress in organizing delivery of integrated services (“integratedness”)
- Demonstrate the value produced by progress in integrated service delivery
- Provide initial and sustainable financing for integration



Source: *National Council for Mental Wellbeing. (2022). The Comprehensive Healthcare Integration Framework.*

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Components of the CHI Framework

Eight Domains – Care processes related specifically to addressing physical health and behavioral health issues in an integrated manner.

- **Three Levels** - Each Integration Level describes an organized approach that has several evidence-based or consensus supported core service elements for "integratedness" tied to the indicators on the Eight Domains, each of which can be implemented flexibly depending on the capabilities of a provider organization and the priority needs of the population served.
- **Integration Metrics** – Measuring the degree of integratedness in care delivery and the improvement in outcomes from implementing integration that ties each Integration Level to Value.

Integration Payment Methods – Demonstrating how to cover costs of implementing and sustaining integration for each Domain and Level, incentivizing creating value through financing integration

Eight Domains of Integration

Screening, Referral, and Follow-up

Prevention and Treatment of Common Conditions

Continuing Care Management

Self-Management Support

Multi-Disciplinary Teamwork

Systematic Measurement and Quality Improvement

Linkage with Community and Social Services

Sustainability

The Three Integration Constructs

Integration Level 1:
Screening and Enhanced Referral

- **Optimizes screening and "enhanced" referral processes**
- **Does not require significant investment**
- **Best practice for smaller practices/programs with fewer resources**

Integration Level 2:
Care Management and Consultation

- **Includes robust program commitment to a set of screening and tracking processes with associated on-site care coordination and care management**

Integration Level 3:
Comprehensive Treatment and Population Management

- **Typically requires comprehensive PH and BH staffing in a single organization (hospital, independent clinical practice, FQHC, etc.)**
- **Measures improved health outcomes along the Domains**

Applying the CHI roadmap to perinatal integration: examples

CHI Domain 1:

Integrated screening, referral to care, and follow-up

Example: **Project Nurture**

The program: an integrated pregnancy care and SUD treatment program in Oregon

Characteristics:

- Universal screening
- Nurses and social work case managers deeply involved in screening, care management and coordination.
- Peer supports
- Supports for accessing housing assistance, financial assistance, job training programs, childcare and medical transportation

Applying the CHI roadmap to perinatal integration: examples

CHI Domain 2:

Evidence-based care for prevention/intervention for common physical health and behavioral health conditions

Example: **Families Actively Improving Relationships (FAIR)**

The program: A proactive approach in Oregon to families at risk, referred by the child welfare agency.

5 Core Characteristics:

- Teaching supportive parenting skills
- Providing mental health and SUD treatment
- Build parent resources and connect with supports
- Uses contingency management
- Actively engages parents in treatment through flexible scheduling, nontraditional treatment locations, and 24/7 availability

Applying the CHI roadmap to perinatal integration: examples

CHI Domain 3:
Ongoing Care Coordination and Management

Example: **Meadowlark Initiative**

The program: a provider-based approach in Montana with the care coordinator as linchpin to connecting people with other providers and critical services

Characteristics:

The care coordinator:

- Meets with the person face to face to facilitate engagement, introduce the team and review screenings
- Identifies community resources
- Bridges gaps with behavioral health providers
- Provides ongoing follow-up and support

Applying the CHI roadmap to perinatal integration: examples

CHI Domain 4:
Self-management support adapted to culture, socioeconomic and life experiences of patients

Example: **Hushabye Nursery and the SHIFT Collaborative**

The program: An integrated care setting for babies with substance-involved symptoms who are provided with care in the context of their families.

Characteristics:

- Empowering parents to actively learn and participate in care of their infant
- Engage birth parent(s) in recovery
- Addresses social drivers of health, e.g., housing
- Provides ongoing follow-up and support

Applying the CHI roadmap to perinatal integration: examples

CHI Domain 7:
Linkages with community and social services that improve behavioral health and physical health and/or mitigate environmental risk factors.

Example: **CarePlus, a Certified Community Behavioral Health Clinic** (CCBHC) that provides integrated, recovery-focused primary care, mental health care and substance use rehabilitation services at over 50 sites in northern New Jersey, established the Maternal Family Center (MFC) for pregnant and postpartum people.

Characteristics:

- Community training and education to increase awareness of perinatal mood and anxiety disorders among anyone who engages with the perinatal population
- Sharing information about MFC services and referral pathways
- Developing partnerships with primary care and social service providers, child welfare and criminal justice systems, faith-based communities, hospitals, and housing service providers

Questions and Discussion:

Recommendations for Advancing Perinatal Healthcare Integration

Calls to Action

- ***State decision-makers***
  - Executive level
  - Leaders of the Medicaid program
  - Child welfare agency (or agencies),
  - Mental health and behavioral health agency
  - Public health and similar agencies
- ***Public* at the national, state and local levels**
- ***Funders***

Recommendation

Make trauma-informed care the standard approach to perinatal care

Providers:

- Hire people with lived experience with a mental health and/or substance use condition to support patients and consistently contribute this perspective to the care team.

Providers, state decision-makers and the public:

- Build awareness of the trauma-informed approach across health systems, insurers, and providers in health care, behavioral health and social services.
- Ensure cost-related reimbursement for a varied workforce (e.g., through CCBHCs).

On Peer Supports as a Game Changer…

"There's a big disconnect between the patient and the doctor. It makes it easier knowing I have someone on my side who can understand and even explain my point of view."

"[It's] really scary – moms may know they need the help but won't get it. Having someone to walk along beside them can enable them to seek help."

"I constantly felt [staff] knew my struggles and were judging me. Because I was on methadone during pregnancy – nurses and others made comments. [I think] peer support is the tool to bridge that gap."

"When I saw someone else who was in my position, that had their children – that made all the difference for me – it literally changed my world."

Recommendations for Perinatal Care Integration

Build provider capacity for a fully integrated approach in perinatal care and in care settings for postpartum people

Establish:

- Integrated protocols and practices with ongoing training
- Organization-wide education on perinatal mental health conditions
- A safe and nonjudgmental space to complete screens
- Robust care coordination and pathways for MH/SUD and SDOH
- Connections with community resources

Use the CHI as a roadmap

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Recommendations for CCBHCs

Engage Certified Community Behavioral Health Centers (CCBHCs) as an important part of the continuum of care for pregnant people and their key supporters.

CCBHCs provide comprehensive care, including physical health screening and monitoring, mental health and substance use treatment, as well as the supportive services of case management, peer/recovery support and other specialized services. With this comprehensive approach to care, they are ideally situated to partner with OB providers in their community to provide specialty and comprehensive mental health and substance use care as well as to support community engagement to address the social drivers of health.

Recommendation for CCBHCs (cont'd)

- **Do assertive outreach and engagement** with OB providers in your community to explain your services and develop referral relationships for at-risk pregnant people.
- **Create partnerships** with OB providers of all types in their community that include ease of referral, communication agreements and potential on-site warm handoffs (depending on the capacity of both providers).
- **Train key staff** in perinatal mood disorders and interventions so that specialized care can be delivered.
- **Implement group interventions** for pregnant people and their key supporters to support initiating and maintaining recovery.
- **Provide medication consultation** to OB providers to support use of safe medications (including medication-assisted treatment) during pregnancy. As part of this consultation, assist OB providers with diagnostic questions.
- **Deliver case management services** to support engagement in community settings.

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Recommendations for State-Level Decisions

Acknowledge and implement system & provider-level strategies to address bias and discrimination that impact pregnant and parenting Black, Indigenous & people of color.

State decision-makers:

Educate providers on systemic racism, provider bias, cultural humility and other topics to build awareness and skills to address health disparities	Require use of the National CLAS Standards in Health and Health Care	Develop and/or require the collection and monitoring of equity-focused quality measures at the state and provider levels	Enhance Maternal Mortality Review Committee membership and processes to focus on BIPOC communities	Develop new, or enhance current, workforce development initiatives to grow and diversify the Perinatal workforce

**Note: There are provider calls to action for this recommendation in the paper*

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Recommendations for Sustainability

Recommendations for sustainable approaches include, but are not limited to:

- Use **Medicaid incentives and requirements** to advance integration
- Maximize **existing reimbursement** and **funding opportunities**
- Educate–through professional associations and similar state-level organizations–for state Medicaid and private payers to **develop a payment methodology** covering the interdisciplinary team and its activities
- Urge engagement by **philanthropy/private foundations**
- Urge states and payors to provide **enhanced payment for integration** for primary care and pediatric providers

Recommendation

Involve the child welfare system as part of the system of perinatal care

Providers, state decision-makers and the public:

- Support families in the child welfare system to get needed resources to build on their strengths and address their challenges (e.g., through intensive in-home)
- Use the plan of safe care as a supportive approach
- Assign a liaison between perinatal care providers and child welfare agencies
- Utilize parent partner programs

State decision-makers:

- Consider activating Medicaid codes to reimburse for health care services in residential pediatric facilities for infants suffering from withdrawal
- Build understanding between systems of perinatal care and the child welfare system

“The nurse was required to report that I had been using drugs even though my baby had no drugs in their system. Child Family Services (CFS) came to me. The care coordinator had helped me get everything done: get SUD treatment, see a psychiatrist, a therapist and a medical doctor. I had a home for the baby, a way to take care of her, transportation. CFS called my care coordinator first. She showed up when CFS showed up and kept me calm, explained what was going on. I was able to take my baby home.”

Questions and Discussion:

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Our Ask of You

- Read the paper
- Share it widely
- Support the recommendations

New Resource

(coming soon!)

Thank you to our partners at the Bowling Business Strategies for their collaboration in the development of this new resource!

Advancing Perinatal Health Care Integration

Available Late Summer 2024!

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Resources

- *Alliance for Innovation on Maternal Health: Perinatal Mental Health Conditions*
- *American Academy of Pediatrics*
- *American Hospital Association: Better Health for Mothers and Babies*
- *Bipartisan Policy Center:* Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration task force report
- *California Maternal Quality Care Collaborative: Toolkits*
- *Centers for Disease Control and Prevention:* Substance Use During Pregnancy
- *Centers for Disease Control and Prevention:* Medicine and Pregnancy
- *Doing Right By Birth*
- *Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau*
- *HRSA:* National Maternal Mental Health Hotline
- *Healthy People 2030*: Pregnancy and Childbirth

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Resources (continued)

- *National Center on Substance Abuse and Child Welfare*: A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders
- *National Institutes of Health*: *Development of the Practice Readiness to Evaluate and Address Perinatal Depression (PREPD) Assessment (Psychiatry Research Journal)*
- *US DHHS Office of the Assistant Secretary for Planning and Evaluation*: *Integrating Substance Use Disorder and OB/GYN Care*
- *SAMHSA:* Working With Child Protective Services to Support Pregnant and Parenting People, Their Infants and Families Affected by Substance Use Disorders: A Factsheet for Health Care Providers
- *Postpartum Support International*: Perinatal Mental Health Alliance for People of Color
- *Robert Wood Johnson Foundation*: Practicing Cultural Humility to Transform Health Care (blog by Jennifer McGee-Avila)
- *Policy Center for Maternal Mental Health*: Menu of Treatment Options
- Maternal Mental Health Screening Guidelines

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Resources (continued)

- *SAMHSA*: Clinical Guidance For Treating Pregnant and Parenting People with Opioid Use Disorder and Their Infants
- *SAMHSA Advisory:* Evidence-based, Whole-person Care of Pregnant People Who Have Opioid Use Disorder advisory
- *The National Academies of Sciences, Engineering and Medicine*: Birth Settings in America: Outcomes, Quality, Access and Choice
- *National Harm Reduction Coalition:* Pregnancy and Substance Use: A Harm Reduction Toolkit
- *The Ohio State University Kirwan Institute:* Understanding Implicit Bias
- *Western New York (WNY) Postpartum Connection Inc*: directory of mental health and support services for pregnant and postpartum people of color
- U.S. Department of Health and Human Services, ASPE Office of Health Policy: Issue Brief December 13, 2022, Doula Care and Maternal Health: An Evidence Review

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End of Session Polls

Poll questions will pop up on your screen to complete.

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Upcoming Events

July 18
from 12-1pm ET

CoE-IHS Webinar:
Financing the Future of Integrated Care: 2024 Updates

Click Here to Register!

July 25
from 12-1pm ET

CoE-IHS IA:
Financing the Future of Integrated Care: 2024 Updates Q&A

Click Here to Register!

Updated Financing Billing Modules: SDoH & Tobacco Cessation

Relias On-Demand Training

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Thank You

Questions?

Email FarrenK@thenationalcouncil.org

Or RobinM@thenationalcouncil.org

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www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) | 1-800-487-4889 (TDD)

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