Collaboration for Community Change in Perinatal Mental Health

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2016 PSI Conference

AGENDA
- History and Format of our Community Collaboration
- Strategies:
  - Strengthen Screening and Referral Processes
  - Professional Development
  - Bridging Services and Supports Through Partnerships
  - Raise Awareness and Reduce Stigma

On-going work and next steps

Who we are
- Community Reach Center: The local community mental health center for Adams County providing a wide array of integrated mental and physical health services across the lifespan through a focus on recovery, wellness, and evidence-based and trauma-informed practices.
- Early Childhood Partnership of Adams County: An Early Childhood organization that is legislatively mandated to increase/improve community capacity to provide available, accessible, high quality Early Childhood family services and supports so all children enter school health and ready to learn.
- Tri-County Health Department: The Tri-County Health Department (TCHD) mission is to promote, protect, and improve the lifelong health of individuals and communities in Adams, Arapahoe and Douglas Counties through the effective use of data, evidence-based prevention strategies, leadership, advocacy, partnerships and the pursuit of health equity.

Partnerships and Collaboration
Identifying a problem to be solved and using a collective impact model

Maternal mental health - our collective focus

Getting Started

• Common Definition – mood disorder up to 1 year post-partum of birth or loss for reproductive age (15-44)
• Purpose – impact on women, families and children and prevalence (most common complication – more than 1 in 10 women)
• Engaging diverse partners and infusing PRD work into other initiatives
• Identify barriers - Setting Goals and Seeking/Blending-Brailing Funding
• Engaging in Continuous Quality Improvement
Why Partnerships?

- Align efforts
- Share Resources
- Increase Impact
- Sustain the Work

Our desired impact.....

- Increase early detection of pregnancy-related depression
  -- Increase community providers knowledge and ability to identify, refer, and support women
- Increase support and treatment among women who experience pregnancy-related depression
  -- Develop & implement a more comprehensive continuum of supports and services
- Decrease health disparities associated with pregnancy-related depression, especially among those who exhibit a higher risk
  -- Increase the # of women who engage in supportive services or a formal evaluation and services by decreasing barriers

Increasing the Conversation

[Image of two women with statistics: 78% and 87%]
Accomplishments to date

2011: Colorado determines PRD a priority area for Maternal Child Health (MCH) Title V funding
2012-2013: TCHD MCH team completes community scan to identify gaps and opportunities
2013: PRD Action Team created by ECPAC, TCHD, and CRC
2013: ECPAC - CO Trust funding – Referral Roadmap
2013: Support group design and evaluation planned with community partners; MamaTalk groups begin in two counties
2014: HealthTeamWorks Pregnancy-Related Depressive Symptoms Guidance is released and providers are trained
2014: Third MamaTalk group begins in TCHD county; MamaHabla is introduced
2015: ECPAC receives funding from Community First focused on mitigating Toxic Stress by focus on PRD
2016: OB/GYN Outreach; PRD QI Pilot is developed; Video

Professional Development and Quality Improvement

Support and Leverage Statewide Collaboration

- 2012 CDPHE & HealthTeamWorks convened stakeholders and experts to develop guide
- Guide is designed for a wide variety of users
Incorporating Wellness into our Work

Taking care of the mind and the body

Screening, Referral Best Practices and Community Resources

- Screening and Referral Best Practices
- Putting it into Practice

Early Detection is Important

- Monitoring and Surveillance
- Screening and Referral
- And Treatment or Support during...
  - Preconception
  - Prenatal
  - Postpartum
  - Interconception
What women have told us

For women with Pregnancy-Related Depression we know that stigma is a big barrier

- Women are more likely to follow through if:
  - They fully understand the reason for the referral
  - They agree with the need for the referral
  - They have someone who they can contact with questions
  - They understand the reason to prioritize the referral
  - They do not have additional barriers (transportation, language, time)

Adams County Referral Roadmap

The Adams County Provider Referral Roadmap is intended to efficiently and effectively guide providers and practices through the screening and referral process.

- To help families make informed decisions to follow through with an evaluation for services — the Roadmap and Guide Outlines common procedures and practices to ensure:
  - Referrals are received
  - Follow up and care coordination
  - Common messages so families/women are supported through the process
Best Practices

While we want to empower women to follow through on referrals, we understand that for many of our at-risk women, barriers exist. We want this process to ensure:

- Women do not feel stigmatized
- Women experience an easier process from start to finish
- Women hear common messages
- Professionals are working together to best support the woman
- Professionals experience an easier process from start to finish

Support and Education

1. Education – use of brochures
2. Support – use of common language and HealthTeamWorks Guideline
3. Engagement in services and supports – flexible supportive services
4. Community Resources
   - Local Supports and Services (MamaTalk, CRC)
   - Home Visitation
   - Web-based
PRD Quality Improvement (QI) Pilot

- OB/GYN practices are invited to participate in a highly facilitated, free quality improvement project to make meaningful practice change around PRD screening and referral processes.
- Target audience: Colorado OB/GYNs, physician assistants, nurse practitioners and nurse midwives.

QI for PRD: How it Works...

- Assists providers in implementing standardized PRD screening processes.
- Providers receive recommendations and screening options, including screening intervals and tools, and are asked to determine a screening policy for their practice.
- Providers learn about referral and treatment options in their community.
- We provide facilitation of plan-do-study-act cycles, data collection and reporting, and record keeping.
- Providers can earn Continuing Education and Maintenance of Certification (MOC) credits (i.e. the project meets ABOG annual improvement in Medical Practice (Part IV) MOC requirement).

Bridging Services & Supports through Partnership
**Mama Talk**
**Support before & after baby**

- Partnership between CRC and Tri-County Health Department
- Pregnancy/Postpartum support group
- Continuum of care & reduce stigma
- ECPAC’s role

**2015 Mama Talk Attendance**

**What made you come to group today?**

- "To get support I don’t have in my life"
- "Mom-mom talk"
- "I love group and wouldn’t miss it!"
- "I feel 100% better knowing I’m not the only one!"

**Lessons Learned & Replication**

**Lessons Learned**
- Collective impact of community partnerships
- Strengthen marketing reach
- Decrease barriers for access to services
- Improve community awareness

**Considerations for Replication**
- Assess community need
- Understand community opportunities & partnerships
- Identify referral and fiscal partners
- Data collection & evaluation
- Sustainability
Perinatal Wellness Classes

- Response to community need
- Data driven
- Local foundation grant to create wellness classes

Outcomes

What do you perceive the benefit of this class is on your overall health, wellness, and mental health?

Do you feel you are able to use the information you learned today?

Home Visitation

Consultation: capacity- and competency-building

- Children birth-5: Parenting support
- Perinatal Mood & Anxiety Disorders
2016

1. Increase use of Best Practices
2. Offer continuum of Supportive Services
3. Reduce Stigma and other barriers
   - OB/GYN Outreach and Engagement
   - PRD Quality Improvement Pilot
   - Video on Wellness with Talking Points
   - Dinner and Learn – June 15th
   - Alignment with Substance Abuse Prevention – Illuminate Colorado
   - Transition MamaTalk participants into other supportive services

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