

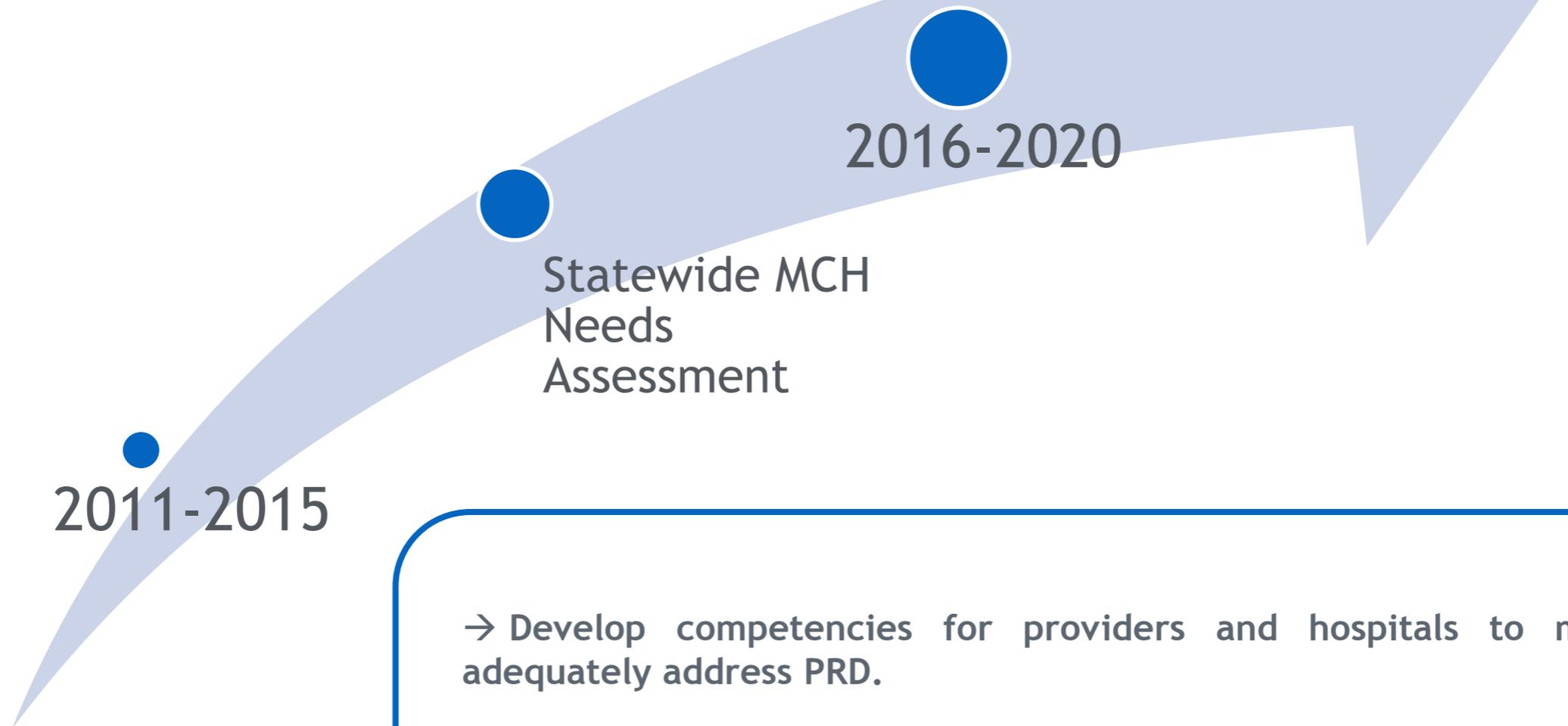


Pregnancy-Related Depression: Health Department Activities



COLORADO
Department of Public
Health & Environment

Pregnancy-Related Depression as a Priority Area



- Develop competencies for providers and hospitals to more adequately address PRD.
- Strengthen referral networks for providers to address PRD.
- Develop and implement a public awareness initiative to reduce stigma.



COLORADO
Department of Public
Health & Environment

CDPHE 2016-2020 DRAFT State-Level Strategies

Pregnancy-Related Depressive Symptoms Guidance

For anyone who works with women of childbearing age or their children

- Facts:**
- Depression is the most common complication of pregnancy
 - Maternal & paternal mental health affect child health & development

= See additional supplemental information

Background

Goals to reduce depression:

- Decrease risk factors
- Early identification
- Improve treatment

Protective Factors

- Balanced nutrition, physical activity and healthy sleep
- Family planning for an intended pregnancy
- Perceived & intact social and material support
- Parenting confidence
- Recognition of traditional postpartum cultural practices
- Positive parenting role models
- Support of breastfeeding decision
- Healthy co-parent involvement

Risk Factors

- **Personal history of major or postpartum depression**
- Family history of postpartum depression
- Teen pregnancy
- History of substance use or interpersonal violence
- Unplanned/unwanted pregnancy
- Complications of pregnancy, labor/delivery, or infant's health
- Fetal/Newborn loss
- Infant relinquishment
- Difficulty breastfeeding
- Sleep deprivation
- Major life stressors

Pregnancy-related depressive symptoms can occur during pregnancy through one year postpartum

- Anxiety symptoms commonly co-occur
- Mom may appear detached/hypervigilant
- May include intrusive/irrational thoughts
- Suicidal ideation may be present

Baby Blues: ~80% of women may experience

- Birth to 2 weeks postpartum
- Resolves in approx. 14 days
- Fluctuating emotions
- No suicidal ideation

Starting the Conversation

1. Address Stigma

- "Many women feel anxious or depressed during pregnancy or postpartum."
- "A woman deserves to feel well."
- "Many effective treatment options are available."

2. Explore Expectations

- Pregnancy and postpartum experiences and expectations vary.
- "How are you feeling about being pregnant/a new mother?"
 - "What has surprised you about being pregnant/a new mom?"
 - "What has it been like for you to take care of your baby?"
 - "What beliefs or practices related to pregnancy or soon after the baby is born are especially important to you?"

3. Explore Social Support

- "Who can you talk to that you trust?"
- "How have your relationships been going since becoming pregnant/a new mom?"
- "Who can you turn to for help?"

Screening

When implementing screening, consider other services & resources that may be needed:

- Medical providers to prescribe medication
- Mental health and psychiatry services
- A protocol to address suicide risk
- Community support programs
- Self-care and educational resources

When to Screen

- Preconception & interconception
- Each trimester throughout pregnancy
- At postpartum visits
- Well child visits up to 1 year postpartum

Who Could Screen

- Medical providers
- Mental health providers
- Community-based providers
- Early childhood practitioners

What Brief Screening Tool to Start With

Edinburgh-3 Brief Screen

In the past 7 days:

- I have blamed myself unnecessarily when things went wrong:
Yes, most of the time (3) Yes, some of the time (2) Not very often (1) No, never (0)
- I have been anxious or worried for no good reason:
No, not at all (0) Hardly ever (1) Yes, sometimes (2) Yes, very often (3)
- I have felt scared or panicky for no good reason:
Yes, quite a lot (3) Yes, sometimes (2) No, not much (1) No, not at all (0)

Total score x 10/3 = screen score
Score ≥ 10 should receive further screening and assessment

Source: Cox JL, Holden JM, and Sagovsky R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

Refer women with depressive symptoms to a medical or mental health provider for further assessment.

Well child visits are an ideal time to screen for pregnancy-related depression.

Other tools validated for pregnancy and postpartum

Further Assessment, Diagnosis and Treatment Planning

Consider medical causes, especially:

- Anemia
- Thyroid disorders

Assess for other psychiatric symptoms and conditions:

- Suicidal ideation
- Bipolar disorder
- Generalized anxiety disorder
- Obsessive Compulsive Disorder
- Psychotic symptoms
- Thoughts of harming the baby

There is an increased risk of new onset or recurrence of bipolar disorder during pregnancy/postpartum

Postpartum Psychosis

- A medical emergency: ensure safety of mother and infant immediately
- Infrequent (1-2/1,000)
- May include hallucinations, mania, delusions, disconnection from baby

Consider contributing factors:

- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

Treatment Recommendations Based On Depression Severity



Shared Decision-making: Talking Points

- "What things could be contributing to how you're feeling?"
- "Untreated depression may be harmful to mom and baby."
- "Treatment and recovery times vary."
- "All medications have benefit and risk considerations."
- "What challenges may make it difficult to follow this treatment plan?"

Medication Treatment Considerations

Pregnancy:

- Untreated depression is associated w/ greater risk for pre-term delivery, preeclampsia and intra-uterine growth restriction
- SSRIs may be associated with these same risks
- It is currently unknown whether treatment changes the risks associated with untreated depression
- Most SSRIs are not associated w/ increased risk of congenital malformations; however, paroxetine carries warnings for use during pregnancy
- Discontinuation of antidepressants during pregnancy may result in relapse

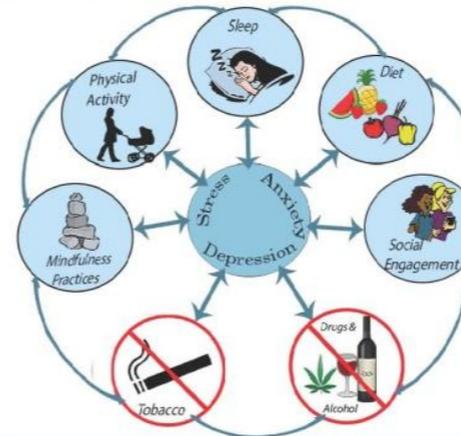
Postpartum:

- Treated depression improves health of mother and child
- SSRIs may be used during lactation; sertraline recommended

Helpful Lactation & Drug Exposure Resources:

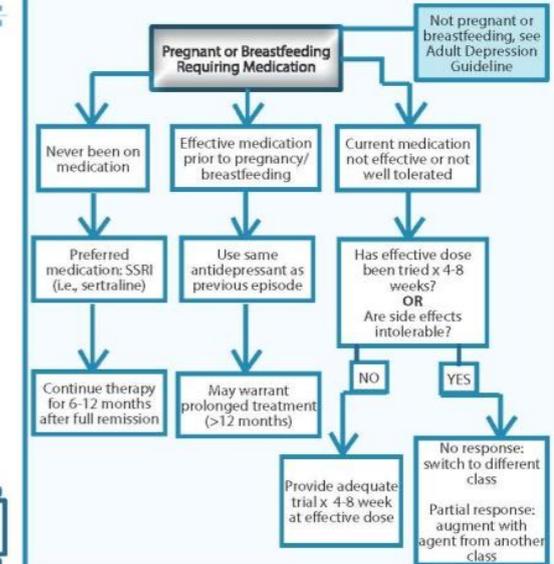
- LactMed: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
- Motherisk.org
- Infantrisk.org

Always address lifestyle for prevention and treatment.



Other Related HealthTeamWorks Guidelines:

- Adult Depression
- SBIRT
- Contraception
- Preconception/ Interconception
- Prevention
- Motivational Interviewing Resources



This guideline is designed to assist the clinician with the assessment and management of pregnancy-related depression. This guideline is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. For references, additional copies of the guideline, or patient documents go to www.healthteamworks.org or call (303) 446-7200 or 866-401-2092.

FINAL 9/30/13

Pregnancy-Related Depressive Symptoms Guidance

For anyone who works with women of childbearing age or their children

Facts:

- Depression is the most common complication of pregnancy
- Maternal & paternal mental health affect child health & development

= See additional supplemental information

Goals to reduce depression:

- Decrease risk factors
- Early identification
- Improve treatment

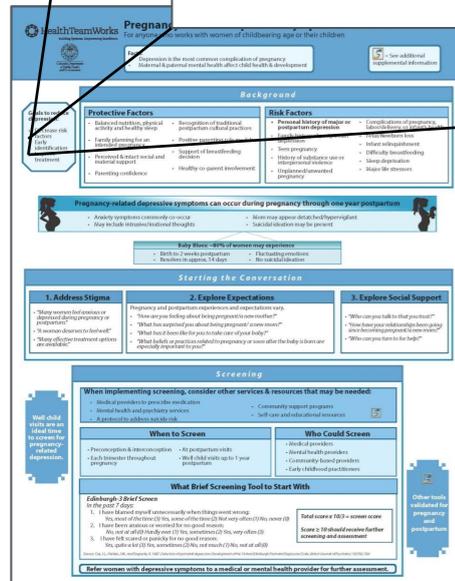
Background

Protective Factors

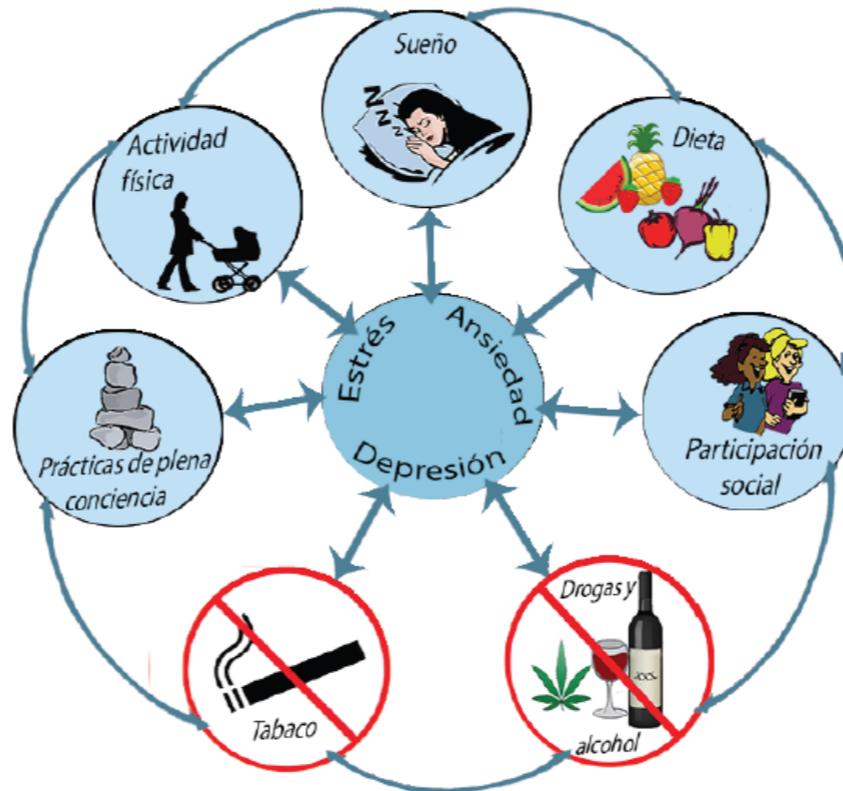
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Risk Factors

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- Major life stressors



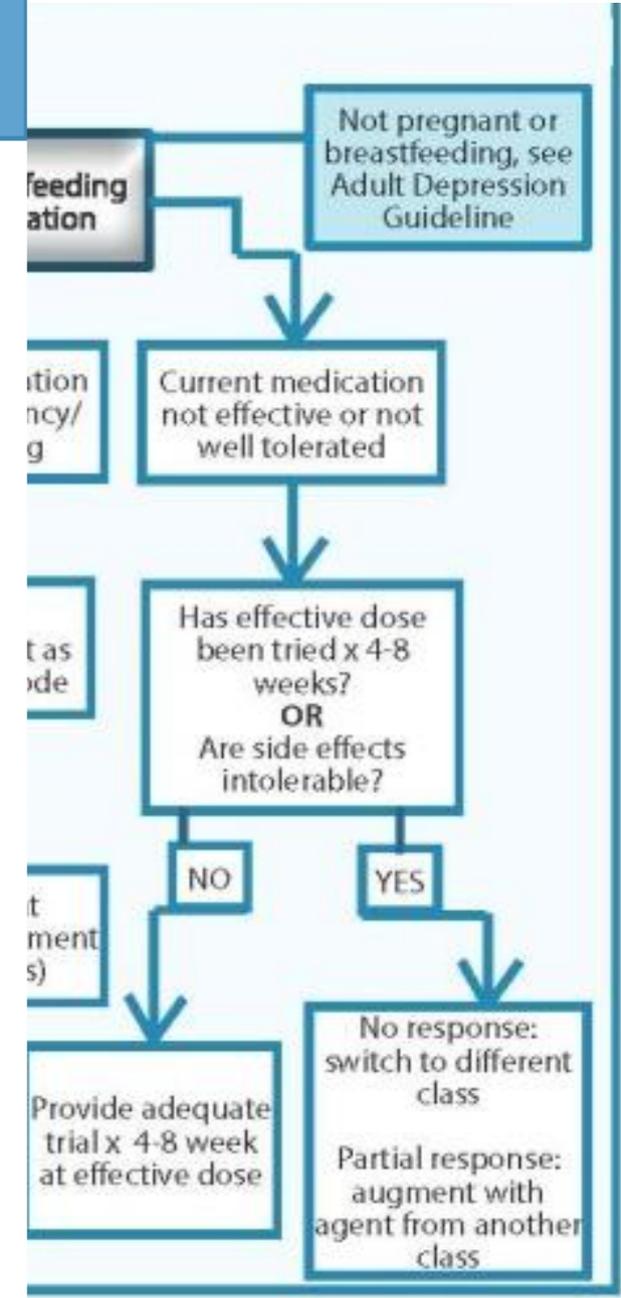
Prevención y tratamiento mediante el estilo de vida



Metas

1. _____
2. _____
3. _____
4. _____
5. _____

Esta guía tiene la finalidad de asistir al clínico. No pretende sustituir el criterio del clínico ni establecer un protocolo para todos los pacientes. Para obtener referencias y recursos digitales, visita www.healthteamworks.org o llame al (303) 446-7200. FINAL 9/30/13



...ian's judgment or establish a protocol or 866-401-2092.

FINAL 9/30/13

Consider medical causes, especially:

- Anemia
- Thyroid disorders

Pregnancy:

- Untreated depression is associated with intra-uterine growth restriction
- SSRIs may be associated with increased risk of miscarriage
- It is currently unknown whether untreated depression is associated with increased risk of miscarriage
- Most SSRIs are not associated with increased risk of miscarriage
- Discontinuation of antidepressants during pregnancy may result in relapse



Additional Guidelines Available

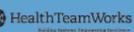
For Providers

- Medication Algorithm
- Lifestyle tool to use with patients (English/Spanish)

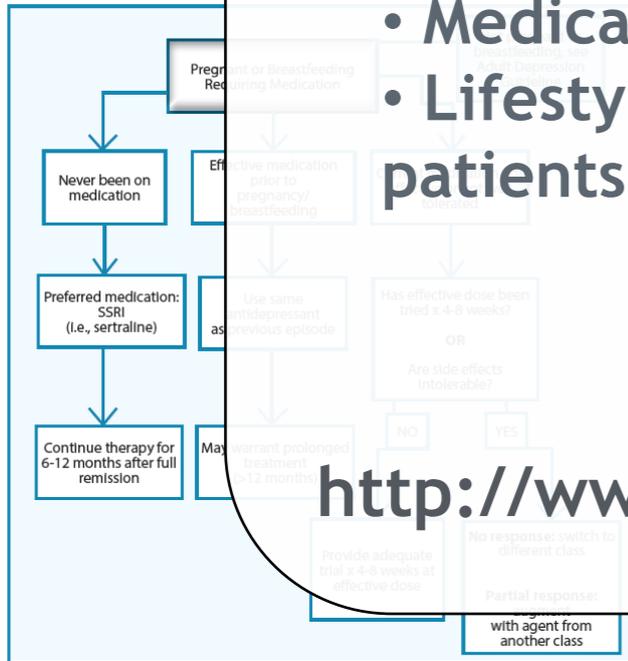
Resource Lists for

- Providers
- Dads and Partners
- Women and Families

Download PDF versions at <http://www.healthteamworks.org/guidelines/prd.html>



Pregnancy-Related Depressive Symptoms Guidance
Provider Resource
For anyone who



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Pregnancy-Related Depressive Symptoms Resources
For Women and their Families
LinkingCare.org
LinkingCare.org is an online resource that can help you find help for drug and mental health issues. You can be shared with your

Becoming Dad
www.becomingdad.com.au
Becoming Dad is an online resource that educates and helps you before and after the birth of your baby. You can read blogs with stories and meet other dads through a Dads Only Facebook group.

Mantherapy
www.mantherapy.org
Mantherapy is for men who are depressed or use drugs or alcohol. The website has a library of stories from other men who struggled with depression, a quiz to test yourself for depression, links to hotlines and information about support resources.

Postpartum Men
<http://www.postpartummen.com>
The website has information if you are concerned about being upset or depressed after the birth of your child. You can take a quiz about your depressive symptoms and talk with other dads online in a group chat. Information available in Spanish.

This resource is designed to assist the clinician with the assessment and management of pregnancy-related depression. This resource supplements the Pregnancy-Related Depressive Symptoms guideline and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. For reference and guidelines, go to www.healthteamworks.org or call (303) 446-7200 or 866-481-2092. FINAL 7/16/14



Pregnancy-Related Depressive Symptoms Resources
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Fussy Baby Network Colorado
1-877-6-CRYCARE (627-9227)
www.fussybabynetworkcolorado.org
The Fussy Baby Network Colorado helps new parents dealing with a fussy baby. The fussy baby line is open 10 a.m.

Crisis Line
1-888-7-223 (available 24/7)
www.crisisline.org
Crisis Line provides 24-hour free, private help and support for people struggling with a mental health problem.

Healthy Expectations Perinatal Mental Health Program (Denver Metro)
303.864.5252
www.thechildrenshospital.org/healthyexpectations
The Healthy Expectations Program is at The Children's Hospital Colorado and helps women with mood and anxiety disorders. The program can also help with counseling, group therapy, and combined therapy sessions with your infant. These services require private insurance or Denver Health Medicaid.

This resource is designed to assist the clinician with the assessment and management of pregnancy-related depression. This resource supplements the Pregnancy-Related Depressive Symptoms guideline and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. For reference and guidelines, go to www.healthteamworks.org or call (303) 446-7200 or 866-481-2092. FINAL 7/16/14



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Pregnancy-Related Depressive Symptoms Guidance

<http://www.healthteamworks.org/guidelines/prd.html>

New Medicaid Reimbursement for Adult Depression Screening

- Starting January 1, 2014 Colorado Medicaid has extended the existing depression reimbursement code (CPT code 99420) to include adults ages 19 and over. Pediatrics can bill under mom's Medicaid number.
- This code will be combined with the following diagnostic codes:
 - V40.9 (for a positive screen)
 - V79.8 (for a negative screen)
- As of August 1, 2014 pediatricians can now bill for a postpartum depression screening under the child's Medicaid number.



colorado.gov/hcpf

In this issue:

- All Providers 1
- Postpartum Depression Screening 1
- New HCPF Website Coming Soon 2
- Selecting Medicaid Health Plans and Providers Online 2
- Medicaid Members are Looking for Providers 2
- ColoradoPAR Program 3
- Dental Providers** 4
- DentaQuest Provider Portal Updates 4
- OMB and SLMB - Adult Dental 4
- General Billing Instruction Updates 4
- Qualified Medical Personnel 5
- Children Ages 0-2, 3 and 4 5
- Rules and Regulations 5
- Orthodontia Updates 6
- Hospital Providers** 7
- Correctional Facility Populations 7
- PT/OT Providers** 7
- Outpatient PT/OT Reminder 7
- EI PT/OT Reminder 7
- Transportation Providers** 7
- NEMT Transition 7
- Pharmacy Providers** 8
- Other Drug Coverage Updates 8
- Proton Pump Inhibitor Reminder 8
- Smoking Cessation Reminder 9
- P&T Committee Update 9
- Provider Contact Info Update 9
- DUR Board Update 9
- Aug & Sept Provider Workshops 10

Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202

Contacts

Billing and Bulletin Questions
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature Authorization and Claim Requisitions
P.O. Box 1100 Denver, CO 80201

ColoradoPAR Program PARs
www.coloradonar.com

Provider Bulletin

Reference: B1400355

August 2014



Did you know...?

As a result of the transition to the Department of Health Care Policy & Financing's (the Department) new financial reporting system, Providers can now expect to receive Electronic Funds Transfers (EFTs) on Thursdays rather than Fridays. Also, the detail of the EFT transaction identifies the payment as being from the Department instead of Medicaid.

All Providers

Supplement to Postpartum Depression Screening & Payment in the Pediatric Primary Care Office

The Colorado Medical Assistance Program encourages screening of new mothers for postpartum depression. To facilitate screening in more settings, the provider seeing an infant for a well-baby visit is allowed to bill for the service using the Medicaid ID of the infant. The procedure code for postpartum depression screening is 99420.

Postpartum depression screening counts as an annual depression screening and Medicaid primary care providers are encouraged to screen new mothers at a well-child visit using the mothers' Medicaid ID number.

For additional information on billing this service using the mother's ID, please refer to the March 2014 Provider Bulletin ([B1400349](#)) as this article supplements the article presented in March 2014.

Postpartum depression screening is limited to one screening per year.

Postpartum Depression Screening Example using Medicaid ID of the infant

Validated Screening Tools	CPT coding	Positive Diagnosis Code to Use	Negative Diagnosis Code to Use	Medicaid Identification Number to Use
Edinburgh Postnatal Depression Scale PHQ-9	99420 (with HD modifier)	V58.89	V79.8	Infant

If a behavioral health need is identified after screening, the pediatric provider should assist with referring the mother to a Behavioral Health Organization (BHO), or [Regional Care Collaborative Organization](#) (RCCO) provider. Contact information for the BHOs, referral information, and Health TeamWorks depression guideline information can be found on the Department's website (colorado.gov/hcpf) → Clients & Applicants → Healthy Living web page.

Further Information can be found at
<https://www.colorado.gov/pacific/hcpf/bulletins>



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Reimbursement for Adult Depression Screening

PURPOSE: To increase general awareness about PRD among women and their support systems, better understand help seeking behaviors, and ultimately increase the number of women seeking and receiving treatment.

GOALS:

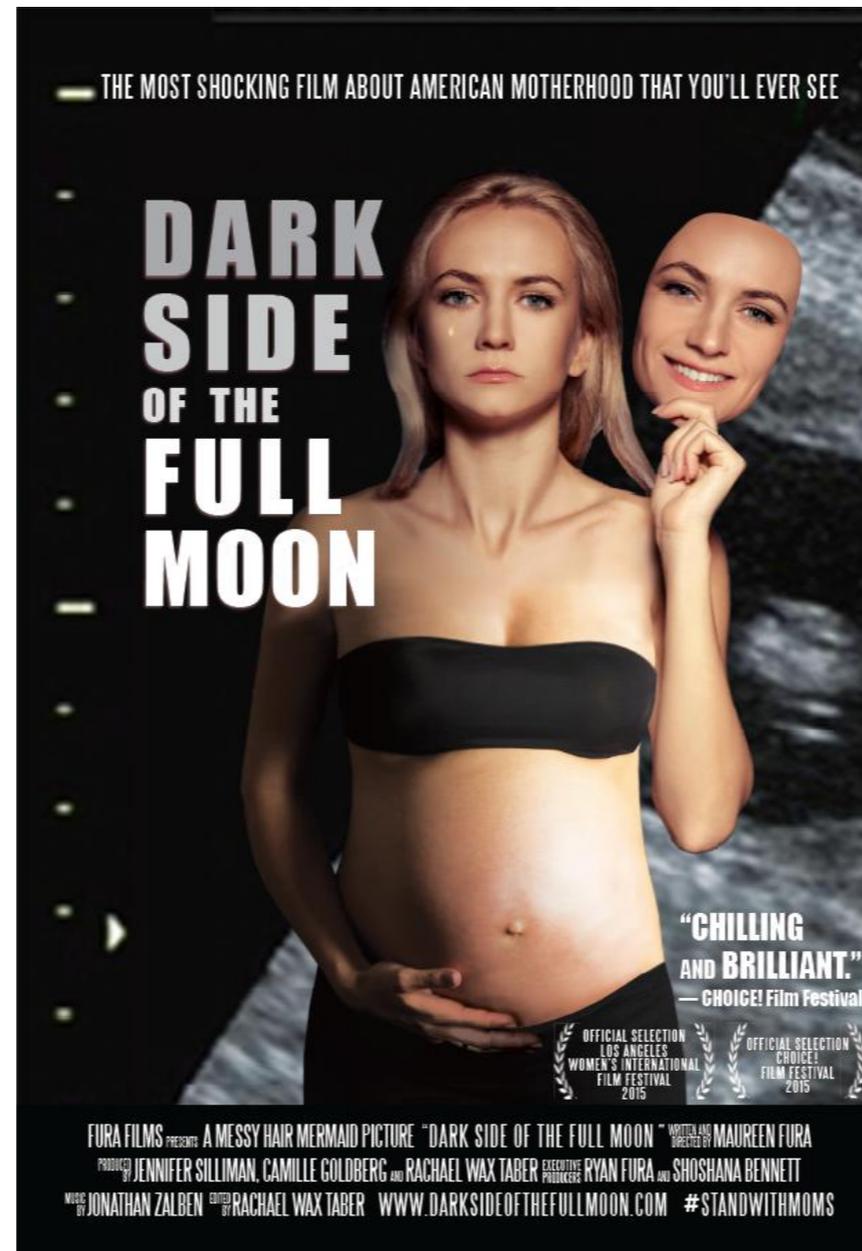
- 1) Develop PRD awareness messages based on state and national data, and stakeholder input.
- 2) Perform market research using various methodologies to test PRD messages, knowledge and attitudes among target audiences in Colorado.
- 3) Provide a written report of market research findings, recommended messages, and communication outlets to maximize campaign's reach and impact.

HOW:

- Key Informant Interviews
- Focus Group Discussions w/ Postpartum Women
- Provider-Focused Survey
- Semi-Structured Interviews w/ Support Systems



Public Awareness Initiative with Merritt+Grace



Contact any of the Maternal Wellness staff, if you would like to borrow it for a screening event.



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Additional Public Awareness Tools

- Depression (Screening for clinical depression, AND if positive, follow-up plan documented - ages 12 and up)
- Postpartum Depression (% of mothers screened at least once for depression between the time child was 0-6 months old)
- Developmental Screening (% of children screened for developmental, behavioral, social delays using a standardized tool in first 3 years of life - by 12, 24 and 36 months)

Advance policy and community approaches to improve social and emotional health of mothers, fathers, caregivers and children

- Support efforts designed to increase access to high quality mental and behavioral health care and develop and expand the behavioral health workforce to support healthy parenting
- Expand comprehensive social and emotional health screening of caregivers by increasing adoption of depression screening codes for caregivers at the child's visit
- Promote best practice mental health integration in all publicly funded primary care, and change the reimbursement structure for mental health services by increasing incentives

~ CO Public Health Improvement Plan

If you live in any of the following counties, we encourage you to contact...

Denver County

- **Kellie Teter** | Maternal Child Health Program Manager
Kellie.Teter@dhha.org
- **Kelly Stainback-Tracy** | Perinatal Infant Mental Health Specialist
kelly.stainback@dhha.org

Tri-County: *Adams, Arapahoe, Douglas*

- **Vicki Swarr** | Perinatal Program Manager
vswarr@tchd.org
- **Callie Preheim** | Maternal & Child Health Project Coordinator
cpreheim@tchd.org

Larimer County

- **Andrea Clement-Johnson** | Health Education Supervisor
clemenal@co.larimer.co.us
- **Linda Diede** | Nursing Supervisor
ldiede@larimer.org

Northeast Colorado: *Morgan, Logan, Washington, Yuma, Phillips, Sedgwick*

- **Sherri Yahn** | Prevention Services Manager
sherriy@nchd.org
- **Michelle Pemberton** | Health Promotion & Wellness Manager
michellep@nchd.org



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Department of Public
Health & Environment

Pregnancy-Related Depression at the Local Level

CDPHE Pregnancy-Related Depression Contacts

Mandy Bakulski, RD, MPH

Maternal Wellness & Early Childhood Unit Supervisor

Mandy.Bakulski@state.co.us

P. 303.692.2495

Lauren Bardin, MPH

Maternal Health Specialist

Lauren.Bardin@state.co.us

P. 303.692.6275

Phuonglan Nguyen, MSW

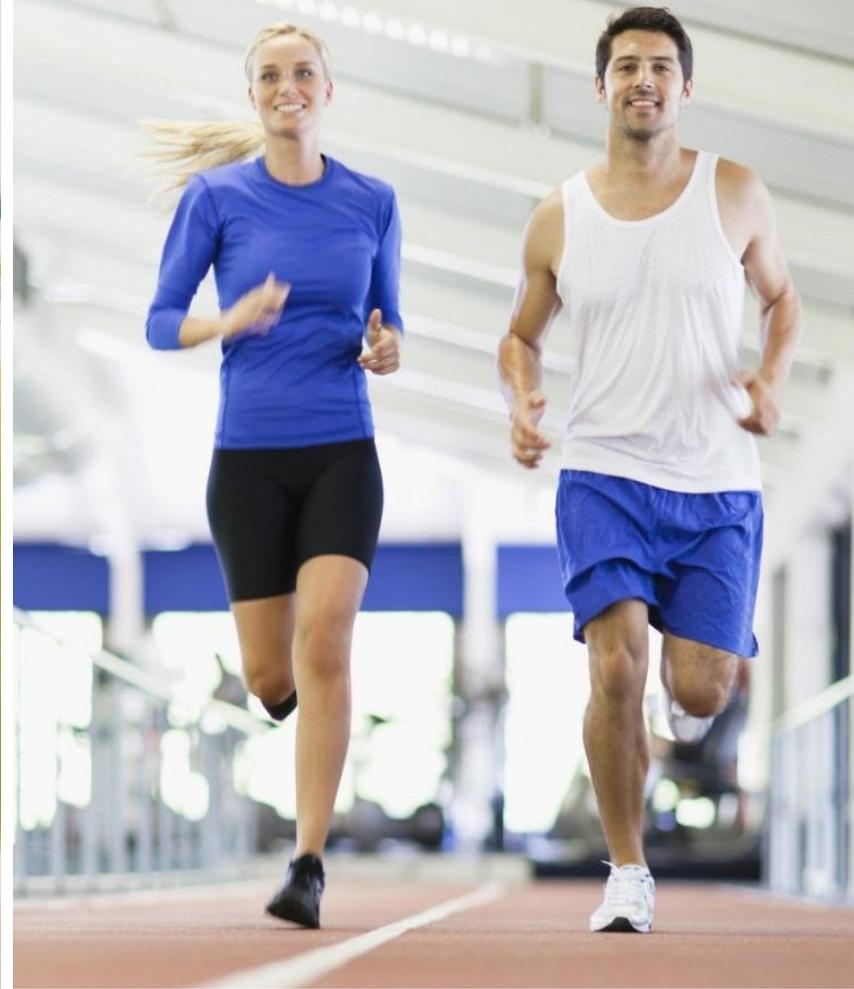
Young Child Wellness Specialist

Phuonglan.Nguyen@state.co.us

P. 303.691.7810



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Department of Public
Health & Environment



SIM

State Innovation
Model Office

*HEALTH TRANSFORMATION IN COLORADO: HOW SIM CAN LEVERAGE
AND SUPPORT COLORADO'S HEALTHY SPIRIT*

WHAT IS COLORADO SIM?



- SIM: State Innovation Model
- SIM is an initiative of the Center for Medicare & Medicaid Innovation (CMMI).
- Colorado was awarded a \$2 million planning grant and \$65 million implementation grant to strengthen Colorado's Triple AIM strategy.
- Encourages states to develop and test models for transforming health care payment and delivery systems.
- Colorado received the 4th largest award based on the State's population.

COLORADO'S SIM VISION

- To create a coordinated, accountable system of care that will provide Coloradans access to integrated primary care and behavioral health in the setting of the patient's medical home.

COLORADO'S SIM GOAL

- Improve the health of Coloradans by providing access to integrated physical & behavioral health care services in coordinated systems, with value-based payment structures, for 80% of Colorado residents by 2019.

REVIEW OF SIM POPULATION HEALTH EFFORTS

- Population Health Regional Collaboratives
- Consumer Engagement
- LPHA Funding
- Regional Health Connectors (to be renamed)

POPULATION HEALTH REGIONAL COLLABORATIVES

- Improve physical and behavioral health integration for Colorado communities
- Reduce stigma regarding behavioral health at both the individual and population levels in the State.
- Award 4-5 grants to communities using collaboration and evidence based best practices to improve awareness of integrated behavioral and physical health care in Colorado.
- Provide T.A. to grantees to monitor and evaluate programs.

CONSUMER ENGAGEMENT

- Create sustainability and cost reduction plans for Colorado communities.
- Determine how primary and behavioral health integration can help the consumers healthcare experience.
- Provide recommendations to other workgroups regarding the consumer aspect of their respective work.

THE ROLE OF PUBLIC HEALTH

- Two funding opportunities for Local Public Health Agencies:
 - Focus on Mental Health and Substance Use Disorder Outreach, Engagement and Community Training
 - Focus on Maximizing Access to Behavioral Health Preventive Services through Partnerships, Assessment, and Community-Clinical Linkages

MAXIMIZING ACCESS TO USPSTF A&B RECOMMENDED PREVENTIVE SERVICES

- Focus on Behavioral health:
 - Mental Health
 - Substance Use Disorders
 - Obesity
- Partner with Health Systems and RCCOs
- Community Assessment Resources and Gaps
- Create Linkages between Practices, Community Resources, and Public Health

QUALITY MEASURES

Hypertension	Obesity	Tobacco	Prevention
Asthma	Diabetes	Ischemic Vascular Disease (IVD)	Safety
Depression	Anxiety	Substance Use	
Postpartum Depression Screening	Developmental Screening		

DEPRESSION SCREENING AND REFERRAL

USPSTF A or B Preventive Service (HRSA/ACIP)	SIM Measure	Population Health Measure (may change during SIM)	Target Population	Opportunities to Expand
<ul style="list-style-type: none"> •Depression screening: adolescents: The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. •Depression screening: adults: The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. (Will be updated this year) 	<ul style="list-style-type: none"> •Screening for Clinical Depression and Follow-Up Plan - Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen. (NQF 0418) 	<ul style="list-style-type: none"> •BRFSS •Health Kids Colorado 	<ul style="list-style-type: none"> •Adult •Adolescent •Pregnancy-related depression •Co-Morbidities (Obesity) 	<ul style="list-style-type: none"> •Partner with RCCOs, Health Plans, providers and health systems •Data-sharing •Provider Education/training—tools and resources •Health Literacy •Create Linkages between Practices, Community Resources, and Public Health
N/A	<ul style="list-style-type: none"> •Maternal depression screening - The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life. (NQF 1401) 	•PRAMS	•Maternal and Post-Partum	•Align with MCH priority work

DEVELOPMENTAL SCREENING AND REFERRAL

USPSTF A or B Preventive Service (HRSA/ACIP)	SIM Measure	Population Health Measure (may change during SIM)	Target Population	Opportunities to Expand
EPSDT	<p>Developmental Screening in the First Three Years of Life: percent of children screened for risk of developmental, beh, social delays by using standardized tool in first 3 years of life. Includes 3 age specific indicators assessing whether children are screened by 12, 24 or 36 months (NQF 1448)</p>	<ul style="list-style-type: none"> •Winnable Battles 	<p>Early Childhood/Align with MCH work</p>	<ul style="list-style-type: none"> •Partner with RCCOs, Health Plans, providers and health systems •Data-sharing •Provider Education/training—tools and resources •Health Literacy •Create Linkages between Practices, Community Resources, and Public Health •Other PH progrmas

SUBSTANCE USE SCREENING AND REFERRAL

USPSTF A or B Preventive Service (HRSA/ACIP)	SIM Measure	Population Health Measure (may change during SIM)	Target Population	Opportunities to Expand
<p>Alcohol misuse: screening and counseling: USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.</p>	<p>Substance abuse disorder screening - AUDIT or equivalent to show change. A) Percentage of patients 18-75 screened annually for substance abuse using the AUDIT or equivalent. B) Of the patients w substance abuse disorder, percentage of patients w an improved AUDIT score.</p>	<ul style="list-style-type: none"> •BRFSS (alcohol Consumption not screening) •Winnable Battles 	<p>Adults</p>	<ul style="list-style-type: none"> •Partner with RCCOs, Health Plans, providers and health systems •Data-sharing •Provider Education/training—tools and resources •Health Literacy •Create Linkages between Practices, Community Resources, and Public Health

OBESITY PREVENTION AND MANAGEMENT

USPSTF A or B Preventive Service (HRSA/ACIP)	SIM Measure	Population Health Measure (may change during SIM)	Opportunities to Expand
<p>Obesity screening and counseling: adults: The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</p>	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (NQF 0421)</p>	<ul style="list-style-type: none"> •Winnable Battles •Governor’s State of Health 	<ul style="list-style-type: none"> •Partner with RCCOs, Health Plans, providers and health systems •Data-sharing •Provider Education/training—tools and resources •Health Literacy •Create Linkages between Practices, Community Resources, and Public Health
<p>Obesity screening and counseling: children: The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p>	<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents -Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN)and who had evidence of the following during the measurement period. (NQF 0024)</p>	<ul style="list-style-type: none"> •Winnable battles •Governor’s State of Health 	<ul style="list-style-type: none"> •See Above

WHAT ARE WE MISSING?

- Behavioral Health Preventive Programming that may not be covered under ACA regulations:
 - Depression
 - Developmental Screening
 - Substance use Disorders
 - Obesity:
 - Diabetes Prevention Program
- How do these align with your priorities?

DISCUSSION QUESTIONS

- What role do you see your agency playing in your community to increase access to and utilization of behavioral health preventive services? (Those services that should be provided without cost sharing per ACA.)
- What partnerships are already in place and which ones still need to be developed?
- Are there target populations that your agency has identified?
- Are you engaged in any evidence based preventive programs? Those programs that do not qualify as a preventive service as defined by ACA but support behavioral health prevention and treatment?

RCCO QUESTIONS

- What partnerships do you already have with LPHAs in your region?
- What role should or could LPHAs play in increasing access to BH preventive services?
- Are you interested in community-based preventive programming?
- What would you like to see in the SIM RFA?

QUESTIONS?



OPTIMIZING PREVENTION AND TREATMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS

- Community Education related to Mental Health and Substance Abuse
 - Mental Health First Aid
- Programs to reduce the Stigma of Mental health
- Community Assessment and Stakeholder Outreach to support Behavioral Health Integration
- Alignment with Public Health Improvement Plan Priorities