Pregnancy-Related Depression: Health Department Activities
Pregnancy-Related Depression as a Priority Area

2011-2015

→ 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.

2016-2020

Statewide MCH Needs Assessment
Pregnancy-Related Depressive Symptoms Guidance

For women who are pregnant or planning to become pregnant

**Background**

- Physical health and well-being
- Psychological health and well-being

**Protective Factors**

- Optimal prenatal care
- Strong social support network
- Positive coping strategies

**Risk Factors**

- Previous history of depression or anxiety
- Family history of depression or anxiety
- Recent life stressors

**Diagnosis**

- Identification of symptoms
- Prescription of medication
- Follow-up care

**Treatment Options**

- Pharmacological
- Behavioral
- Combination

**Medication Treatment Considerations**

- Antidepressants
- Mood stabilizers
- Psychostimulants

**Further Assessment, Diagnosis and Treatment Planning**

- Comprehensive assessment
- Tailored treatment plan
- Regular follow-up

**Consider contributing factors**

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

**Title Text**

MORE TITLE TEXT

Pregnancy-Related Depressive Symptoms Guidance

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

- Physical health and well-being
- Psychological health and well-being

**Factors**

- Depressive symptoms are the most common complication of pregnancy
- Maternal mental health: depression, anxiety, postpartum depression

**Background**

- Expectant mothers and partners
- Support for expectant mothers and partners
- Postpartum depression

**Protective Factors**

- Optimal prenatal care
- Strong social support network
- Positive coping strategies

**Risk Factors**

- Previous history of depression or anxiety
- Family history of depression or anxiety
- Recent life stressors

**Diagnosis**

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**http://www.healthteamworks.org/guidelines/prd.html**
# 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

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## 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

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**http://www.healthteamworks.org/guidelines/prd.html**
Pregnancy-Related Depressive Symptoms Guidance

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

Resource Lists for
- Providers
- Dads and Partners
- Women and Families

Additional Guidelines Available

Download PDF versions at
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.

Further Information can be found at
https://www.colorado.gov/pacific/hcpf/bulletins
**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
Contact any of the Maternal Wellness staff, if you would like to borrow it for a screening event.

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](mailto:Kellie.Teter@dhha.org)
- **Kelly Stainback-Tracy** | Perinatal Infant Mental Health Specialist  
  [kelly.stainback@dhha.org](mailto:kelly.stainback@dhha.org)

### Tri-County: Adams, Arapahoe, Douglas
- **Vicki Swarr** | Perinatal Program Manager  
  [vswarr@tchd.org](mailto:vswarr@tchd.org)
- **Callie Preheim** | Maternal & Child Health Project Coordinator  
  [cpreheim@tchd.org](mailto:cpreheim@tchd.org)

### Larimer County
- **Andrea Clement-Johnson** | Health Education Supervisor  
  [clemenal@co.larimer.co.us](mailto:clemenal@co.larimer.co.us)
- **Linda Diede** | Nursing Supervisor  
  [ldiede@larimer.org](mailto:ldiede@larimer.org)

### Northeast Colorado: Morgan, Logan, Washington, Yuma, Phillips, Sedgwick
- **Sherri Yahn** | Prevention Services Manager  
  [sherriy@nchd.org](mailto:sherriy@nchd.org)
- **Michelle Pemberton** | Health Promotion & Wellness Manager  
  [michellep@nchd.org](mailto:michellep@nchd.org)
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
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

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Obesity</th>
<th>Tobacco</th>
<th>Prevention</th>
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<tbody>
<tr>
<td>Asthma</td>
<td>Diabetes</td>
<td>Ischemic Vascular Disease (IVD)</td>
<td>Safety</td>
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<tr>
<td>Depression</td>
<td>Anxiety</td>
<td>Substance Use</td>
<td></td>
</tr>
<tr>
<td>Postpartum Depression Screening</td>
<td>Developmental Screening</td>
<td></td>
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</tbody>
</table>
## DEPRESSION SCREENING AND REFERRAL

<table>
<thead>
<tr>
<th>USPSTF A or B Preventive Service (HRSA/ACIP)</th>
<th>SIM Measure</th>
<th>Population Health Measure (may change during SIM)</th>
<th>Target Population</th>
<th>Opportunities to Expand</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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. (Will be updated this year)</td>
<td>• 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)</td>
<td>• BRFSS</td>
<td>• Adult</td>
<td>• Partner with RCCOs, Health Plans, providers and health systems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Health Kids Colorado</td>
<td>• Adolescent</td>
<td>• Data-sharing</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Pregnancy-related depression</td>
<td>• Provider Education/training—tools and resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Co-Morbidities (Obesity)</td>
<td>• Health Literacy</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Create Linkages between Practices, Community Resources, and Public Health</td>
</tr>
<tr>
<td>N/A</td>
<td>• 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)</td>
<td>• PRAMS</td>
<td>• Maternal and Post-Partum</td>
<td>• Align with MCH priority work</td>
</tr>
</tbody>
</table>
### DEVELOPMENTAL SCREENING AND REFERRAL

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</tr>
</thead>
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<tr>
<td>EPSDT</td>
<td>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)</td>
<td>• Winnable Battles  Early Childhood/Align with MCH work</td>
<td>• 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 programs</td>
<td></td>
</tr>
</tbody>
</table>
## Substance Use Screening and Referral

<table>
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</tr>
</thead>
</table>
| 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. | 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. | • BRFSS (alcohol Consumption not screening)  
• Winnable Battles | Adults | • 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

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</table>
| 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. | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (NQF 0421) | • Winnable Battles  
• Governor’s State of Health | • 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 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. | 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) | • Winnable battles  
• Governor’s State of Health | • 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