Perinatal Mental Health Learning Community

Group Office Hours Sept 17, 2020 12 – 1 p.m.
Housekeeping

- Everyone is automatically muted upon entry. You can unmute yourself when you wish to speak.
- We’d like to see you on video!
- Use “Chat” to make comments or ask questions.

Speaker View: large view of the person currently speaking.
Gallery View: images of all attendees in smaller individual squares.
Our Team

Julia Slininger  
Program Manager,  
PMH Learning Community  
Hospital Quality Institute

Staci Grabill  
Program Coordinator  
PMH Learning Community  
Hospital Quality Institute

Barbara Sheehy  
System Director, Perinatal Behavioral Health  
CommonSpirit Health

Kelly O’Connor-Kay  
Executive Director,  
Maternal Mental Health NOW

Gabrielle Kaufman  
Clinical Director,  
Maternal Mental Health NOW

Anna King  
Clinical Training Specialist,  
Maternal Mental Health NOW

Boris Kalanj  
Director of Programs,  
Hospital Quality Institute
Timeline – *Perinatal Mental Health Learning Community*

**2020**
- Jan
- Apr
- Jul
- Dec

**2021**
- Jan
- Jul
- Dec

### Education and Technical Assistance (Feb ‘20 - Dec ‘21)
- **Group Office Hours** (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
  - 1:1 Technical Assistance (on demand)
  - In-Person Regional Events (Nov ‘20)

### Training Tools and Resources (Apr ‘20 – Dec ‘21)
- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

**TODAY**

**Case Studies Developed**

**Case Studies Available**

*Hospital Quality Institute*
Perinatal Mental Health Learning Community

The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

To share your materials on the program website, e-mail Julia at jslininger@hqinstitute.org

Peer Sharing

Peer-to-peer sharing is valuable and highly encouraged. Below are various documents, templates and other materials that member hospitals have generously shared for the benefit of the Learning Community. If you’d like to share materials developed by your organization, please contact Julia Slininger at jslininger@hqinstitute.org.

Community Resources List (Dignity Health, Bakersfield Memorial Hospital)

Community Resources List (Dignity Health, Dominican Hospital, Santa Cruz)
It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.

All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.

Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.
Additional Speakers Today

Melissa Bentley, LPC, PMH-C
Manager
PSI Support Coordinator Program
Postpartum Support International

Hoda Shawky, MSN, CPNP, PMHS, IBCLC
Pritzker Fellow, First 5 Orange County
Today’s Agenda

Aim: Following up on the August 20 webinar, deepen the learning and discussion about how hospitals can develop awareness of, and linkages to, community resources for patient referral.

- Summary of resources available through Postpartum Support International (Gabrielle & Melissa)
- Exemplars from our Learning Community (Julia)
- What does it mean to give a “warm handoff”? Referrals with underserved patients (Anna)
- Orange County Perinatal Mental Health Toolkit (Hoda)
- Discussion & wrap-up (Julia)
REVIEW FROM AUGUST

Gabrielle Kaufman, MA, LPCC, BC-DMT, NCC, PMH-C

* Materials from Melissa Bentley/PSI
You are not alone.
You are not to blame.
With help, you will be well.

www.postpartum.net
PSI OFFERINGS FOR PARENTS

PSI volunteers (information, support, resources, referrals)

- 375 Coordinators across the US - 45 of them in the state of California!
- 70 Helpline volunteers, working in 3-hour shifts.
- 17 languages
- Help find local resources
- Specific populations (adoption, NICU, miscarriage, military etc.)

Virtual Support Groups (special topics)
FIND YOUR PSI SUPPORT COORDINATOR:
HTTPS://PSICHAPITERS.COM/CA
Person Reaches out Call / Text / Email

- PSI Helpline
- PSI Support Coordinator
- PSI Specialized Coordinator
PSI OFFERINGS FOR PROFESSIONALS

- Resource Directory
- Trainings and webinars
- Psychiatric consultation
- Conferences
- Information
We can help you find resources and providers that are not yet on the directory, even if your search came up empty.

Please contact the PSI HelpLine for assistance finding help near you. Call 1-800-944-4773 or text 503-894-9453

If you need more immediate help, CLICK HERE to find emergency services.

Results in California

Showing 10 of 302 results

Categories

- Accepting New Patients
- Additional Training/Certification

Gabrielle Kaufman, LPCC, BC-DMT, NCC, PMH-C

3102892202

VISIT WEBSITE

In Spanish, Anxiety, Depression, Adolescents / Teenagers (14 to 19), Adults, Cognitive Behavioral (CBT), PayFor, Yes - Accepting New Patients, Family Provider, Cash, Credit Card, Other - Perinatal Mental Health Training, Support Group, Psychotherapy, Art Therapy, Stress or Zoloft, Postpartum Depression, LGBTQIA+, Infertility, Perinatal Loss.
Reminder: Postpartum Support International (PSI), California Chapter:
https://psichapters.com/ca/
Warm Hand-Off

• Continuity of care
  • Bridge to treatment
• Communication
  • Follow through
• Build rapport
• Reduce stigma
  • Patient feels acknowledged and cared for with compassion
• Just do your best!

“People will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

–Maya Angelou
How do we care for and refer those with decreased access to services and/or a requirement to access services only funded by state and local government?
Special Considerations: Referrals for underserved patients

Things to consider once you’ve identified a need:

• **Psychoeducation**
  – Explore readiness/willingness
  – Provide options
  – Review expectations

• **Consider barriers to care**
  – Comprehensive referral packet
  – Cultural humility
    • Language

• **Make use of county MH referral lines**
  – Medi-Cal

• **Connect with local PSI coordinator(s)**
  • Help to make initial phone calls

• **Warm hand-off can be accomplished**
  • Tangible follow-up details
    • (e.g. date, time, location, name of referral)
  • Ensure referral is open for new clients and offers the service required

• **Safety plan and encouragement**
  • Coping skills
  • Other referrals to supplement
  • Depression and anxiety as a barrier

• **Empowerment**
  • Follow-up on referrals
  • Self-advocacy – encourage therapist, if not trained in perinatal mental health, to consult as part of their ethical responsibility
Orange County Strategies to Addressing Perinatal Mental Health

Hoda Shawky, MSN, CPNP, PMHS, IBCLC

September 17, 2020
This work has been made possible by the Pritzker Children’s Initiative, funder of the National Collaborative for Infants and Toddlers. Through their generous support, this toolkit was compiled by First 5 Orange County’s Pritzker Fellow, Hoda Shawky, MSN, PCNP, PHN, PMHCS, IBCLC, in collaboration with members of the Orange County Perinatal Mood and Anxiety Disorder Collaborative Steering Committee.

http://occhildrenandfamilies.com/orange-county-perinatal-mental-health-toolkit/
Maternal Screening and Care Pathway for Perinatal Mood and Anxiety Disorders

The following algorithm and referral guide will help direct practitioners to local resources available for at risk clients as well as those with scores suggesting mild to severe symptoms. Updated versions can be found at https://www.ochealthinfo.com/civicax/file-bank/blobdload.aspx?BlobID=47188

Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway

[Diagram showing a flowchart for screening and care pathway]

- **Screening Score**
  - **≤ 4**
    - No apparent depression
    - Re-screen at next routine visit
  - **5-9**
    - Increased Risk
      - Educate on perinatal depression & treatment options and benefits
      - Engage patient’s family
      - Re-screen in two to four weeks
  - **≥ 10**
    - Probable Depression
      - Risk Assessment & Treatment Plan
      - Offer Mental Health Referral
      - Engage Family Support
      - Give Resource Information
      - Evaluate again in 1-2 weeks

- **Positive Result**
  - EPDS Question #10 or PHQ9 Question #9 (Risk for self-harm or suicidal ideation)
  - Immediate danger to self or others?
    - Assess further for suicidality
    - Implement Agency/Practice Guidelines
    - Refer to emergency services for psychiatric treatment

- **Routine visit:** Pregnancy or Postpartum
  - Risk factors indicating importance of screening:
    - Current or history of depression
    - Anxiety
    - Substance use
    - IPV
    - Stressful life events
    - Financial hardship
    - Low social support
    - NICU birth
    - Breast feeding problems

- **Suspect:**
  - Depression
  - Anxiety
  - Substance Abuse
  - Intimate Partner Violence

- **Clinical Assessment:**
  1) Affect, Coping, Social Support, Maternal-Infant interactions, Depression/Anxiety Symptoms
  2) Validated Depression Screening Tool: EPDS or PHQ9
  3) Substance Abuse Screen: National Institute on Drug Abuse (NIDA) Quick Screen and NIDA-MODIFIED ASSIST

- **Orange County Crisis Services**
  - Centralized Assessment Team
    - (24 hours—7 days/week)
    - [Phone number]
  - CALL 9-1-1

- **Referral Process:**
  - See information on Orange County Services for Perinatal Mood and Anxiety Disorders
  - Provide referrals based upon clinical judgment

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The American College of Obstetricians and Gynecologists recommends that obstetrician-gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. It is recommended that all obstetrician-gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. This care pathway was designed to assist the clinician and is not intended to replace the clinician’s judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health provider.

Rev. 12.11.19
<table>
<thead>
<tr>
<th>Program/Contact Info</th>
<th>Symptoms</th>
<th>Services</th>
<th>Patient Cost/Insurance Type</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Guidance Center</strong></td>
<td></td>
<td></td>
<td></td>
<td>• Provides services to clients up to age 20</td>
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<tr>
<td>Santa Ana: (714) 953-4455</td>
<td></td>
<td></td>
<td></td>
<td>• No sliding scale, no co-pays</td>
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<tr>
<td>Fullerton/Buena Park: (714) 971-9264</td>
<td></td>
<td></td>
<td></td>
<td>• Fee for service for uninsured ($150 per session)</td>
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<tr>
<td>San Clemente: (949) 272-4444</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>Hoag Mental Health Center</strong></td>
<td></td>
<td>Family Therapy</td>
<td></td>
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<tr>
<td>Newport Beach: (949) 764-6542</td>
<td>✓</td>
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<tr>
<td><strong>Hoag Maternal Mental Health Clinic</strong></td>
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<td></td>
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<tr>
<td>Newport Beach: (949) 764-5333</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>Mission Hospital’s Maternal Mental Health and Wellness Intensive Outpatient Program</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Mission Viejo: (949) 499-7504</td>
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<td><strong>OC Parent Wellness Program (OCPWP)</strong></td>
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<tr>
<td>Orange: (714) 480-5160</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No cost</td>
</tr>
<tr>
<td><strong>St. Joseph Hospital (Mother Baby Assessment)</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Orange: (714) 744-8764 or (714) 771-8101</td>
<td></td>
<td>Breastfeeding Support Services</td>
<td>✓</td>
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<tr>
<td><strong>Western Youth Services</strong></td>
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<tr>
<td>Santa Ana: (714) 704-5900</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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This document is available at: [http://www.ochcahealtnfo.com/ochca/files/Parental_Psychotherapy.pdf](http://www.ochcahealtnfo.com/ochca/files/Parental_Psychotherapy.pdf). Orange County also has a network of private medical providers offering treatment. Consult your local provider network directory. The ACOG Postpartum Toolkit includes resources on the key components of postpartum care, including postpartum depression and substance use: [https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Postpartum-Toolkit](https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Postpartum-Toolkit).

### Additional Information on Accessing Services for Perinatal Mood and Anxiety Disorders Including Depression in Orange County

<table>
<thead>
<tr>
<th>Program Name</th>
<th>To enroll or obtain more information</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC Links</td>
<td>1-855-OC-LINKS (1-855-625-4657)</td>
<td>Call between 8 a.m. and 6 p.m. to be connected to a Behavioral Health Navigator</td>
</tr>
<tr>
<td>211 Orange County</td>
<td>211</td>
<td>To find local services and get help</td>
</tr>
<tr>
<td>CalOptima Behavioral Health</td>
<td>1-855-877-3885</td>
<td>CalOptima members may call to obtain a referral to appropriate services</td>
</tr>
<tr>
<td>Orange County Health Care Agency- Beneficiary Access Line</td>
<td>(800) 723-8641</td>
<td>24/7 access line for Medi-Cal beneficiaries accessing SUD services</td>
</tr>
<tr>
<td>Postpartum Support International- Perinatal Psychiatric Consult Line</td>
<td>(800) 944-4773, ext. 4</td>
<td>No-cost consultation line for medical professionals</td>
</tr>
<tr>
<td>EveryWomanOC.org</td>
<td><a href="https://everywomanoc.org">https://everywomanoc.org</a></td>
<td>A resource for anyone who is thinking of becoming pregnant, is pregnant or has a new baby</td>
</tr>
</tbody>
</table>

[https://everywomanoc.org](https://everywomanoc.org) [https://sp.everywomanoc.org](https://sp.everywomanoc.org) (Spanish)
Community Based Support

• Two evidence-based preventive interventions:
  o Mothers and Babies Program
  o ROSE (Reach Out, Stay Strong Essentials)
Together We Will Make a Difference

Thank you!

Hoda.Shawky@cfcoc.ocgov.com
References


• MIHA Data Brief: Symptoms of Depression During and After Pregnancy. California Department of Public Health Maternal, Child, and Adolescent Health Division. April, 2018
Comments & Questions
Online Resources for Your Use!

- “Maternal Mental Health in the Hospital Setting” Online Training for Staff and Providers
  - 55 minutes
  - Provider approved by the California Board of Registered Nursing, CEP #16793 for 1 contact hour
- “Quick Reference Guide” for Staff and Providers
  - Designed to accompany online training
- “Speak Up When You’re Down” Brochure for Patients and Families
  - 4 languages: English, Spanish, Chinese & Vietnamese
  - Customizable so that hospitals can include local resources
- “Emotional Wellness Self-Help Tool” App for patients and Families
  - For those preparing for pregnancy (including loss), pregnant and postpartum
  - Provides mindfulness and other self-care exercises
  - Ability to make and save a care plan
  - Available in English & Spanish

Access through HQI’s Perinatal Mental Health Learning Community website:
Coming Up

Webinar: October 15, 12 – 1 p.m.

*Topic: Disparities in Perinatal Mental Health Care*

Our October webinar will discuss the disproportionate effects of perinatal mood and anxiety disorders on women of color – and Black women in particular – within the context of broader pervasive racial disparities that exist in maternal care quality and outcomes. The speakers will highlight promising efforts currently underway in California hospitals to address these disparities, as well as review clinical practices and communication skills likely to increase equity in care.

Group Office Hours: November 19, 12 – 1 p.m.
Webinar Evaluation

Polling question: “Attending today's Group Office Hours was a good use of my time.”

- Agree
- Disagree
- Unsure

Open Text feedback – type into Chat: “What could we have done better or differently?”