

Perinatal Depression Policy Roundtable Summary Report, Recommendations and Action Plan

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*Building sustainable policies to improve maternal
mental health screening practices and
treatment services in Los Angeles County*

LA Best Babies Network and the LA County Perinatal Mental Health Task Force acknowledge the following for their generous support of our work.



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On November 19, 2009 the LA Best Babies Network and the LA County Perinatal Mental Health Task Force hosted the first Los Angeles County Perinatal Depression Policy Roundtable. The goal of the policy roundtable and related activities is to build sustainable policies to improve maternal mental health screening practices and treatment services in Los Angeles County, with the objectives of:

- Identifying perinatal depression policy recommendations and solutions; and
- Developing a perinatal depression action plan and policy agenda for Los Angeles County based on the roundtable recommendations.

The policy roundtable brought together 35 perinatal health and mental health leaders and community stakeholders to identify specific policy recommendations to improve maternal mental health in Los Angeles County.

Dr. Lynn Yonekura, executive director of LA Best Babies Network, opened the roundtable by welcoming participants and providing a brief overview of the perinatal mental health project, a partnership between the Network and the Perinatal Mental Health Task force, funded by the First 5 LA Community Opportunities Fund Policy and Advocacy Grant. The project is aimed at identifying appropriate policy changes to increase education and training of providers, improve screening for depression and improve access to perinatal mental health care for women in the county.

The roundtable participants then viewed a video presentation of the compelling testimony of Kimberly Wong, Esq., Chair of the Los Angeles County Perinatal Mental Health Task Force, before the California State Assembly, in March 2009. In her testimony, in favor of AB 159 “The Healthy Mothers Act of 2009” authored by Assembly member Pedro Nava, Kimberly shared her personal experiences as a survivor of severe postpartum depression. She highlighted the need for more effective screening and increased access to treatment, as well as increased education for providers serving women of reproductive age.

The opening speaker, Cynthia Harding, MPH, Director of Maternal Child and Adolescent Health Programs for Los Angeles County, Department of Public Health, provided an overview of the landscape of perinatal mental health in Los Angeles County. Ms. Harding shared data from surveys in Los Angeles County which explored self reported perinatal depressive symptoms. Her presentation emphasized the prevalence and impact of maternal depression in Los Angeles County. She indicated that studies show 50% of women suffering from perinatal depression are never diagnosed while 34% of mothers reported feeling depressed during their pregnancy according to the 2005 LAMB (LA Mommy and Baby Project) survey. Ms. Harding also highlighted current screening and treatment programs in Los Angeles County.

Keynote speaker, Dr. Penny Knapp, medical director of the California Department of Mental Health, then provided a picture of the California perinatal mental health landscape. She also provided an overview of the effects of perinatal depression and the impacts on young children. Dr. Knapp’s presentation included a discussion of maternal depression, available screening tools, the effects of maternal depression on the child, treatment options and implications for prevention. Dr. Knapp acknowledged the considerable barriers and challenges encountered by women of reproductive age when seeking mental health services, highlighting that females under 40 are less likely to receive mental health services. On average, women with Medi-Cal access far fewer mental health services than men. In addition

women are also less likely to receive medication as part of their treatment. Dr. Knapp stressed the need to support the early parent-child dyad and the promotion of a woman's health agenda that addresses broader issues of preconception care for women of childbearing age.

After receiving a complete picture of the state and local landscape, roundtable participants then heard about a program that integrates depression screening and treatment. Katie Monarch, LCSW, program therapist from St. Joseph Hospital in Orange County, shared information about an innovative program at the hospital called Caring for Women with Maternal Depression. Ms. Monarch highlighted the many successes of the program, originally funded by UniHealth, that began in June 2006. To date the program has completed over 7,500 depression screenings and has trained almost 900 physicians, nurses, social workers, case managers and community members. Ms. Monarch highlighted other program successes, including training provided to 25 community partners/agencies, and the referral of 244 "at risk" women by St. Joseph affiliated physicians. Overall 600 mothers have received treatment through the program. Despite the success of the program Ms. Monarch also acknowledged some of the barriers and challenges encountered in the implementation, including securing third party payment for services, increasing public awareness of maternal depression, and limited community resources for treatment and referrals.

The challenges and barriers highlighted by Ms. Monarch and the other speakers point to the need for a coordinated effort in identifying perinatal mental health policy solutions. The information presented by the speakers provided community stakeholders with a clear understanding of the prevalence and the impact of perinatal depression on women and their newborns, and the importance of screening all women and providing them with effective and timely mental health services. The presentations provided the framework for an in-depth discussion on potential solutions.

The participants were charged with developing and prioritizing policy solutions. Each participant was asked to select from the following topic areas and participate in a facilitated discussion:

- Access, Financing and Standards of Care
- Education and Training of Health Care Providers
- Mental Health Workforce
- Public Awareness/Education and Social Support

Each group was given a menu of policy solutions to help launch the discussion. The following is a summary of each roundtable discussion and the policy recommendations that came out of it. The policy solutions and recommendations were used to guide the development of a strategic action plan. The action plans for each area is outlined below. The task force, roundtable partners and other key stakeholder will implement this strategic action plan over the next 36 months, commencing March 2010.

Access, Financing and Standards of Care

This discussion was intended to focus on issues of access, including insurance coverage, financing as it relates to reimbursement, and standards of care critical to the treatment of perinatal depression. A major barrier to treatment is lack of insurance coverage for women and the loss of coverage for those women receiving pregnancy-only Medi-Cal who lose their eligibility 60 days postpartum. Limited reimbursements for providers who screen women in

the perinatal period, and low reimbursement rates for mental health providers are barriers at the provider level. This group also considered issues related to standards of care for medical providers, which should include perinatal depression screening in each trimester and during the postpartum period.

The group recognized the need to approach perinatal mental health from a prevention standpoint and stressed the importance of screening and treatment services within a comprehensive framework of prevention. The group discussed the need to define preconception women's health services and to integrate them into the ongoing health reform discussions and primary prevention. They stressed the need for a coordinated system of care recognizing that the system involves many components and that barriers must be addressed at multiple levels. The group discussed the need to address financial barriers including insurance coverage and reimbursement and proposed the group's involvement in the current planning process of the 1115 waiver, to increase Medi-cal coverage for women in the postpartum period from 60 days to 12 months. The group also discussed current opportunities with AB 1445 by Assembly member Wesley Chesbro which seeks to allow select health clinics to be reimbursed by Medi-Cal for two healthcare services on the same day. The legislation would allow clinics to be eligible for reimbursement if a woman is seen by both a primary care provider and a mental health provider on the same day. Currently, in order to be reimbursed for both services, they must occur on separate days. This group stressed the need to examine the overall design of the delivery system, which they agreed should include different models such as case management model and mental health consultation model. The group also explored standards of care solutions to existing barriers such as gaps in knowledge and ways to organize and deliver a continuum of services in a coordinated and integrated fashion. To achieve an appropriate and effective continuum of services participants acknowledged that the consumer must be involved in the policy and advocacy process.

Recommendations:

The Standards of Care recommendations:

- Advocate for a delivery system that includes the following:
 - Training Ob-Gyns, primary care practitioners and pediatricians as “first responders” to carry out initial screenings and referrals for treatment;
 - Treatment services that include a wide range of treatment approaches, either alone or in combination includes individual psychotherapy, group therapy, social support, home visitation and medication. Treatment services should also include addressing the psychosocial needs of the family, dyadic therapy and case management services;
 - A mental health consultation model in which a pool of mental health specialists are available to non-mental health providers for referrals and follow-up evaluations;
 - A case management model in which a case manager within a clinic setting is responsible for coordination of the continuum of services from screening through treatment;
 - Third party reimbursement for case management services across public and private insurance plans.

- Adopting a best practices approach to screening that includes frequent and periodic screenings through the perinatal period using validated, high quality screening tools, as well as best practices for referrals, evaluation and continuing education for providers.

The Access and Financing related recommendations:

- Extend Medi-Cal insurance coverage for uninsured pregnant women beyond 60 days postpartum by expanding Medi-Cal coverage and advocating for the 1115 waiver to cover mental health treatment services for mothers during the entire first year after birth.
- Expand Medi-Cal fee for service insurance coverage for dyadic mental health screenings to reimburse pediatricians who screen for maternal depression during a pediatric visit.

Action Plan

The group also explored standards of care solutions to existing barriers such as gaps in knowledge and ways to organize and deliver a continuum of services in a coordinated and integrated fashion. The recommendations under standards of care include advocating for a delivery system described above. The task force will develop a pilot project and work with other organizations with best practice models in place and share these best practice models with policymakers in an effort to advocate for extended funding for the pilot project and funding for the implementation of best practice models throughout the county. The task force will also work with a legislative champion to commission a study on the standards of practice and the convening of an expert panel to explore current practice guidelines in obstetrics and pediatrics around maternal depression and recommend comprehensive practice guidelines.

The recommendations under Access and Financing address issues of insurance coverage for women and the children and examining reimbursement issues for providers. The long-term goal is to develop a plan of action to ensure that every woman has continuous health care coverage for up to two years after her baby is born. Pregnancy related Medi-Cal health insurance provides coverage for care only through 60 days following the birth of a baby. Thus, links to medical, and psychosocial support services that can address risk factors related maternal depression are limited for women who have no source for health insurance between pregnancies. The goal under this recommendation is to identify funding mechanisms to cover pre/interconception care. One possible mechanism is the 1115 waiver. The Perinatal Mental Health Task force and roundtable participants will identify partners such as the Preconception Health Council of California and other to explore the 1115 waiver or other federal waivers as an option for the expansion of Medi-Cal beyond 60 days postpartum. The group will advocate for legislation such as AB 1445 by Assembly member Wesley Chesbro which seeks to allow select health clinics to be reimbursed by Medi-Cal for two healthcare services on the same day. The legislation would allow clinics to be eligible for reimbursement if a woman is seen by both a primary care provider and a mental health provider on the same day. Currently, in order to be reimbursed for both services, they must occur on separate days.

The group will also examine reimbursement mechanisms for prenatal care providers, mental health providers and pediatricians. More specifically the task force will establish partnerships

with key stakeholders and professional associations like the American College of Obstetricians/Gynecologists and the Academy of Pediatrics to increase depression screening. The group will explore the expansion of Medi-cal fee for service insurance coverage for dyadic mental health screenings to reimburse pediatricians who screen for maternal depression during the pediatric visits during the first year of life. The group will advocate for this reimbursement under public insurance options like healthy kids and healthy families.

Education and Training of Health Care Providers

This group was designed to focus on issues related to the training and education of medical providers who serve women during the perinatal period. These providers include obstetricians-gynecologists, pediatricians, family practice doctors, psychiatrists, and other clinical staff. Providers who work with the perinatal population typically have limited knowledge of perinatal mood disorder topics such as the presentation and impact of these disorders, the importance of uniform screening and diagnosis, and the need for available resources for the women and her family. Training and educating providers to properly and routinely screen, refer and treat women with perinatal depression will result in women receiving timely and appropriate treatment services.

This group's discussion highlighted the need to train and educate all health care providers who come in contact with women during the perinatal period in order to improve depression awareness, screening, and treatment services. The goal is to create systems change within each clinic or medical setting so that perinatal mood disorders are destigmatized and each woman can receive the mental health care that she may need. The group discussed the critical issue of educating healthcare providers about the availability of resources for referrals, as well as treatment algorithms for safe and effective care, so that women can receive appropriate services after a positive depression screen. The group discussed developing a toolkit to achieve these goals. The toolkit should include educational information, valid screening tools, algorithms for treatment and referral, and up-to-date reimbursement strategies, as well as culturally competent and sensitive language for providers to use with perinatal patients. The toolkit could be packaged and marketed to providers. The group also recognized the need for ongoing support and follow-up for perinatal healthcare providers who implement the toolkit and begin providing these mental health services.

Recommendations:

- Educate providers through a perinatal depression toolkit that includes educational information, validated screening tools, treatment and referral algorithms, culturally competent language on maternal depression, and reimbursement strategies. Education should be provided for the entire health care team of those facilities serving women during the perinatal period.
- Support research on the physiological changes during pregnancy and the causes of perinatal depression and disseminate the findings through grand rounds and a speaker's bureau.

Action Plan

The Training Committee of the Perinatal Mental Health Task force will examine the existing perinatal depression toolkits, including that developed by the LA Best Babies Network and other partner organizations, and consolidate into one comprehensive toolkit to be used as a standard in Los Angeles County. This tool kit will contain nationally or locally established best practice clinical guidelines, including culturally competent language, screening, referral, treatment, and reimbursement strategies. The Task force will explore funding options for the production and dissemination of the toolkit, including establishing partnership with private foundations. The workgroup will partner with key stakeholders like the Community Clinic Association of Los Angeles County to disseminate the toolkit. The task force and the LA Best Babies Network through its Care Quality Initiative will seek funding for a care quality collaborative on the implementation of the toolkit and evaluate its effectiveness. The goal of the collaborative is to see a measurable difference in the delivery and quality of maternal depression screening and referral services in select clinics through implementing the practices outlined in the toolkit.

The task force will advocate for the support of research on perinatal depression to expand the knowledge base, with particular emphases on research examining the physiological changes during pregnancy and the causes of perinatal depression. The task force will serve as a clearinghouse for research, resources and information on perinatal depression and will seek to share the information to key stakeholders through such venues as grand rounds in hospitals. The task force will develop a formal speaker's bureau and provide training throughout the county.

Public Awareness / Education and Social Support

The influence of family, cultural beliefs and experiences greatly impact a woman's receptiveness to engaging in services that address mental health. This group focused on public awareness, education and social support. Public Awareness is considered an important first step in educating and empowering women, their families and community members about perinatal depression. Public awareness helps to decrease the stigma associated with perinatal mood disorders by offering sound information and encouraging support for women across all communities who are experiencing perinatal mental health concerns. The stigma and distrust of traditional modalities of mental health service delivery have created barriers for women seeking and utilizing these services. Increased social support services, is crucial in reaching out to and educating women, particularly among those in underserved communities and the uninsured.

The discussion in this group was centered on supporting a community based approach to services and education that offers social support services in a non-stigmatized environment providing a natural comfort zone for women and their families. They also highlighted the need for culturally competent screening and service delivery, with a focus on recognizing and supporting family strengths. This group stressed the need to support and develop programs that are designed by the community for the community. An example discussed by the group was that of the Harlem Children's Zone project, a community-based organization providing a holistic system of education, social-services, and community-building programs aimed at helping the children and families living in central Harlem. The group agreed that projects

such as the Harlem Children's Zone which utilizes a comprehensive and integrative approach work best.

Recommendations:

- Support community based organizations, including schools/parent centers, as informational and educational gathering sites for women, families and community members. Programs should utilize a community driven approach in a safe and trusted place-based setting. This concept is reinforced by providing trained community members as health navigators who by their very connections to the community and/or personal experiences with perinatal mental health issues can support acceptance of services. This "Women Helping Women" approach to community outreach and awareness has proven successful in other community campaigns.
- Support the development of a public awareness campaign that educates women, families and communities about perinatal depression. Messaging should take place in safe and trusted organizations with established relationships in the community. It should include identifying champions and celebrities who can broaden awareness as well as the use of technology to reach adolescents and young adults.

Action Plan

These recommendations aim to increase public and community awareness of perinatal depression and to increase social support services and programs. Under these recommendations the Task force will seek funding from private foundations to support a pilot project at Magnolia Place in which maternal mental health specialists are integrated into the services provided by the multiple partners in the Magnolia Place Community. The task force will advocate for the support of community based programs such as that offered by key partners such as WIC through the WIC Offers Wellness program, First 5 LA's Welcome Baby home visitation program and other programs that utilize the promotoras, sister friends and health navigators.

The committee will explore partnership s with the Los Angeles County Board of Supervisors, First 5 LA and the LA County Department of Mental Health to develop a public and community awareness campaign on perinatal depression. The campaign will include public service announcements and printed material made available to women and various community centers including businesses, faith based organizations and worksites. The task force will advocate for Assembly Concurrent Resolution 105 (ACR 105) introduced by Assembly member Pedro Nava January 20, 2010. The task force contributed to the writing of the resolution sponsored by task force member the Junior Leagues of California State Public Affairs Committee. The resolution would proclaim May 2010 Perinatal Mood Disorder Awareness Month.

Mental Health Workforce

This group was designed to address issues related to the scarcity of mental health services and the need for an increase in the mental health workforce. The specialized mental health workforce, i.e., mental health providers that are trained and have expertise in the treatment of the women with perinatal mood disorders, is extremely limited. Unfortunately for women with Medi-Cal and women, who require services in a language other than English, the mental

health services and mental health providers are even more limited, resulting in lengthy wait times for appointments. This group was coordinated on the premise that the current mental health workforce does not have the capacity to treat perinatal mood disorders.

The participants in this group challenged the concept of Los Angeles County having a limited capacity for treatment of women with perinatal mood disorders. They stressed that although the workforce in Los Angeles could and should be increased, an important step would be to train the existing mental health workforce so that they are knowledgeable about perinatal mental health. Participants agreed that the workforce exists and is greater than we perceive but that we need to expand linkages, by building better relationships with other professionals, making connections and increasing access and visibility. One example is utilizing existing expertise to train the current pool of mental health professionals. In addition we need to train the wide array of other professionals and paraprofessionals who serve at risk women so that they too can screen for depression, intervene appropriately and refer when necessary. The group highlighted one example of these types of linkages at Magnolia Place, a community initiative bringing together 40 nonprofit community organizations, which aims to create sustainable change for families, and build neighborhood resiliency. Support of these types of linkages and the creation of other similar community initiatives are needed to connect the perinatal health provider and stakeholders with the perinatal mental health workforce.

Recommendations:

- Expand linkages, raise visibility and increase access to the mental health workforce that currently exists and that is knowledgeable about perinatal mood disorders. Build and expand the “informed” mental health workforce by identifying places, services and organizations that serve the perinatal population.
- Support specialized training to the mental health workforce in particular those serving perinatal populations and communities in need. Resources and expertise can be increased through a train the trainer model and support for programs that train peer group leaders and support staff.

Action Plan

To expand linkages and increase visibility the Task force will establish a Training Committee and work through that committee to develop a speaker's bureau of mental health providers to educate organizations on the availability of services and resources and to increase knowledge on treatment options for this population. The task force will conduct targeted training in Los Angeles County including County hospitals and clinics and mental health clinics to improve the mental health services delivery specific to this population. The task force will also develop partnerships with professional organizations like California chapters of the National Association of Social Workers, (CA NASW), American Psychological Association and American Psychiatric Association and offer trainings on perinatal depression for mental health professionals. The Training Committee will conduct trainings at various county departments to increase awareness of perinatal depression among county staff, including Department of Children and Family Services, Department of Public Health, and the LA County Public Defender.

The task force has established a relationship with the USC School of Social work and will continue explore a Masters in Social Work internship placement at the pilot project at

Magnolia place. The task force also aims pilot a pre-professional training program at USC School of Social Work to sustain and grow the perinatal mental health workforce. The task force will also explore opportunities to conduct trainings through residency programs at the USC and UCLA schools of medicine with the goal of developing a specialty in the area of perinatal depression.

The task force will also examine existing resources, including those listed in the 211 LA County database, to determine knowledge level of perinatal depression. The task force will offer training to those mental health providers interested in increasing their knowledge about perinatal depression.

From the Policy Roundtable to Action

The Policy Roundtable was the culmination of the first phase in a strategic process to engage communities and key leaders and to identify perinatal depression policy recommendations and solutions for increasing perinatal depression screening and treatment services for women and their families. The second was the development of a perinatal depression action plan and policy agenda for Los Angeles County based on the roundtable recommendations. Under the First 5 LA Community Opportunity Funds Policy and Advocacy Grant, the Los Angeles County Perinatal Mental Health Task force and the LA Best Babies Network will lead the third phase, the implementation of the action plans outlined in this report. The implementation of the action plans requires continued partnership and collaboration with local and state level stakeholders. For more information on how you or your organization can participate in this initiative please visit the Task force website at www.lacountyperinatalmentalhealth.org or the Network's site at www.labestbabies.org or contact Tonya Gorham, MSW Director of Policy LA Best Babies Network 213-250-7273 or Caron Post, PhD Task force Coordinator 310-577-9122.

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