



"Research & Training to Improve Clinical Care"



**Harborview Medical Center
CHAMMP**

Toni Krupski, PhD
Jutta M. Joesch, PhD
Imara I. West, MPH
Rebecca Morton, MFA
Allison Waddell, BA
Zandra Grissom, BA
Peter Roy-Byrne, MD

IN COLLABORATION WITH

University of Washington

Jürgen Unützer, MD, MPH, MA
Richard Veith, MD

Community Health Plan

AND

**Public Health –
Seattle & King County**

**Mental Health Integration Program: High-Risk Pregnant & Parenting Women
Implementation Status Report**

HIGHLIGHTS for the period JULY 1, 2008 to December 31, 2010

Noteworthy Progress:

- By the end of the fourth quarter of 2010, 1,263 high-risk mothers had been enrolled in the program. *(pages 1-2)*
- During the fourth quarter of 2010, 419 high-risk mothers were in active status. *(pages 3-4)*
- Ninety-eight percent of the high-risk mothers who were active in the program in the last two quarters of 2010 were screened with one or more standard instruments. *(pages 6-7)*
- Psychiatric consultation was sought for 54% of high-risk mothers, whose cases were active during the fourth quarter of 2010, continuing an increasing trend since the third quarter of 2008. *(pages 14-15)*
- Of the high-risk mothers active during the last two quarters of 2010 who had at least 2 depression and/or anxiety screening scores, 59% showed clinical improvement in depression and 65% showed clinical improvement in either anxiety or depression, as reflected in a 5-point or greater decrease in the PHQ-9 or GAD-7. *(pages 16-20)*

Indicators to Watch:

- Since July 2008, 97 high-risk mothers have been referred to housing assistance, with 56 completing the referral. *(page 8)*
- Because of the potential for significant danger to high-risk mothers and their children, monitoring whether high-risk mothers followed through on referrals to domestic violence services is important. So far, 71 high-risk mothers have been referred to domestic violence services and 40 have followed through. *(page 9)*
- Since July 2008, a total of 114 high-risk mothers have been referred to an Eligibility Specialist, with 86 completing the referral. *(page 12)*

Room for Improvement:

- Of the 1,012 high-risk mothers who have been disenrolled from the program since July 2008, 46% were disenrolled because they did not participate in treatment. Because program participation is important to improved mental health, this observation deserves further exploration. *(page 5)*
- Few referrals have been made to chemical dependency treatment—only eleven high-risk mothers have been referred since July 2008. *(page 10)*
- Since July 2008, 137 high-risk mothers have been referred to external support groups, with only 30 completing the referral. *(page 11)*
- Only 16% of high-risk mothers active in the fourth quarter of 2010 ever attended an internal support group for depression at their clinic. *(page 13)*

Background Information about the Mental Health Integration Program for High-Risk Mothers

Untreated, depression and other mental health disorders may negatively impact all aspects of a mother's life. In addition, mental health disorders are a significant risk factor for the well-being of the mother's children and other family members. The Mental Health Integration Program for High-Risk Mothers aims to identify and treat maternal depression and other mental health disorders in low-income pregnant women and high-risk mothers who live in King County. This program is implemented in safety net primary care medical settings and maternity support programs with funds from the King County Human Services Levy Strategy 4.2. The specific target populations for the program include:

- Low-income pregnant and parenting women,
- Young, first-time mothers, and
- Recent immigrant mothers isolated from services and faced with linguistic and/or cultural barriers to participating in community life.

The Mental Health Integration Program for High-Risk Mothers uses several strategies to achieve its aims, including:

- Screening pregnant women and high-risk mothers for depression in maternity support programs and safety net primary care medical settings serving pregnant and parenting women.
- Integrating behavioral health treatment into maternity support programs and safety net primary care medical settings serving pregnant and parenting women.
- Increasing the availability of peer support for pregnant and parenting women at risk of experiencing depression and other mood disorders.
- Educating pregnant and parenting women about maternal depression.

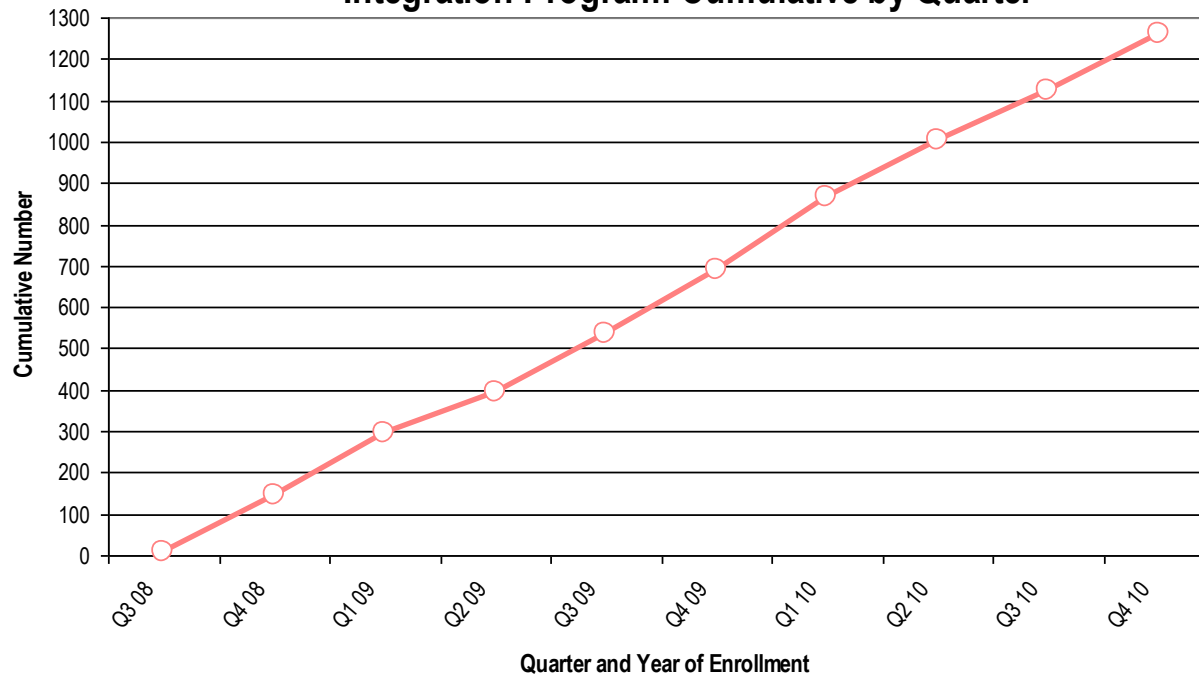
The behavioral health treatments provided through this program are based on a model of collaborative care developed and tested at the University of Washington (UW) Department of Psychiatry and Behavioral Sciences. It is based on a stepped-care model where clients are assessed by primary care clinic-based care coordinators for mental health conditions. In addition, the care coordinators support the clients' primary care providers in caring for client mental health needs in consultation with a psychiatrist.

The Children's Health Initiative provides additional funding to support mental health screening and treatment of low-income children age 0-12 at clinics participating in the Mental Health Integration Program for High-Risk Mothers. A separate report provides data from the Mental Health Integration Program for Children.

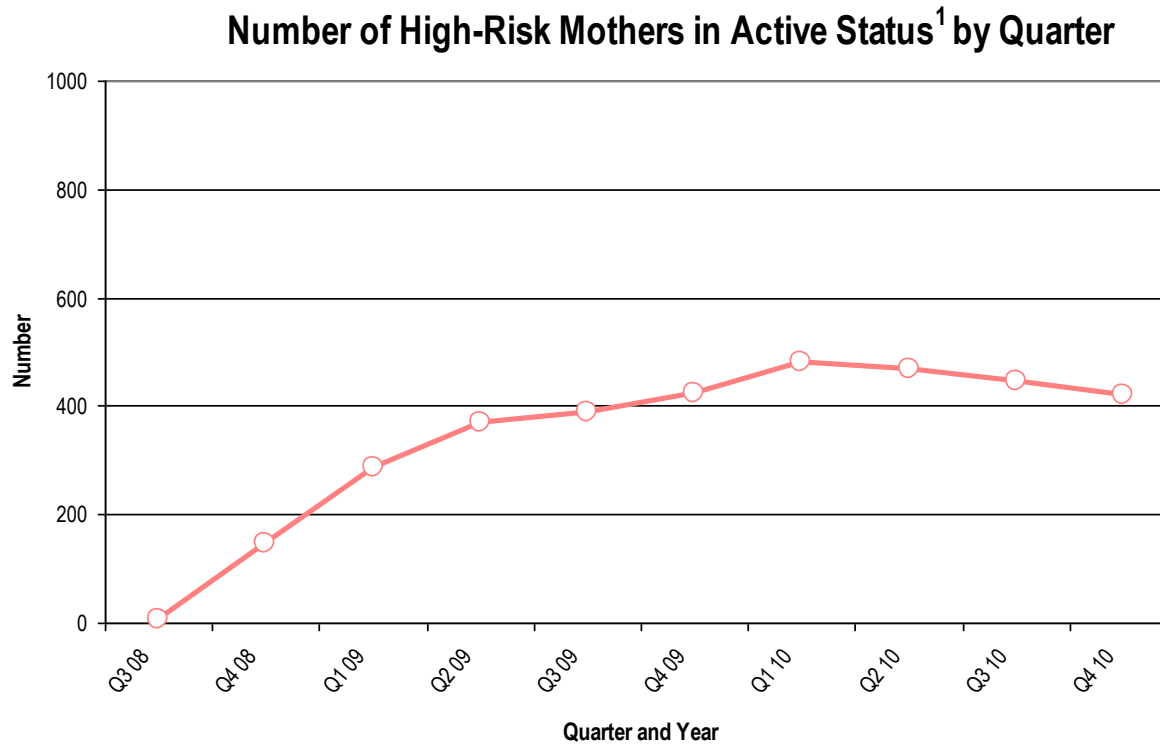
The UW Center for Healthcare Improvement for Addictions, Mental Illness and Medically Vulnerable Populations (CHAMMP) is responsible for tracking progress of program implementation. A summary of findings is presented in this report. All findings are based on the Mental Health Integrated Tracking System (MHITS) database, which may under-report actual project activities due to incomplete data entry.

Enrollment

Number of High-Risk Mothers Enrolled in the Mental Health Integration Program: Cumulative by Quarter



- By the end of the fourth quarter of 2010, 1,263 high-risk mothers had been enrolled in the program.

High-Risk Mothers in Active Status

- In the fourth quarter of 2010, 419 high-risk mothers were in active status.
- During the last two quarters of 2010, 585 *unique* high-risk mothers were active in the program.

¹ A high-risk mother is considered to be in "active status" as long as she is enrolled in the program.

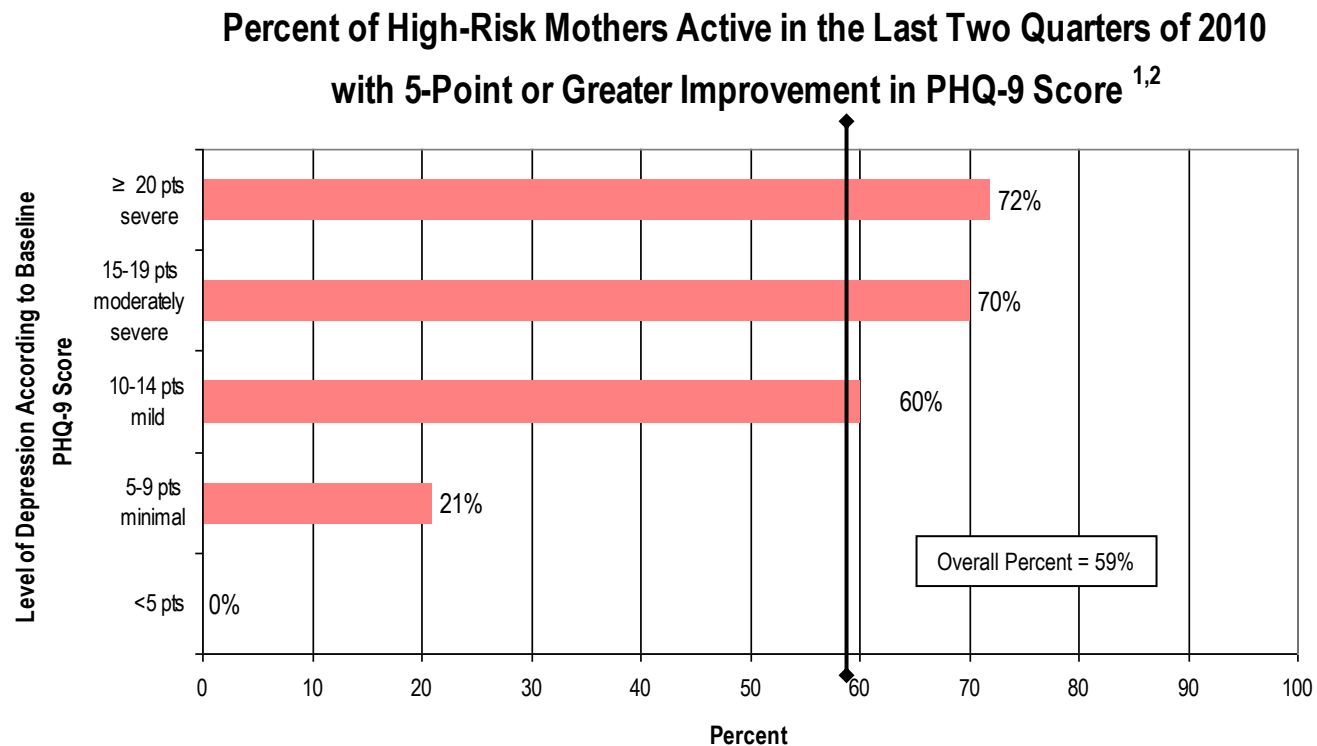
Psychiatric Consultation¹Percent of High-Risk Mothers with Psychiatric Consultation²

- Psychiatric consultation is an important intervention associated with positive mental health outcomes. As such, identifying the extent to which psychiatric consultations are occurring is an important indicator of the quality of mental health services being provided.
- Among high-risk mothers active during the fourth quarter of 2010, 54% had a psychiatric consultation; they represent a total of 226 unique clients.
- Among high-risk mothers active during the last two quarters of 2010, 49% had a psychiatric consultation; they represent a total of 289 unique clients.
- The percent of psychiatric consultations has been increasing since the third quarter of 2008.

¹ In October 2009, the Mental Health Integration Program instituted several Quality Aims. Psychiatric consultation is one of these aims. The measure presented on this page was developed before the Quality Aims were established. In the interest of maintaining comparability over time, it has not been changed. As such, there may be discrepancies between the measure in this report and the corresponding Quality Aim measure that may be shown in other reports.

² It is not expected that every high-risk mother will have a psychiatric consultation every quarter. Thus, we are recording the percent of high-risk mothers who receive at least one psychiatric consultation while their case is active. For example, if a high-risk mother is in active caseload status for 4 quarters and she receives a psychiatric consultation in Quarter 2, it will be recorded for quarters 2, 3, and 4.

Clinical Improvement in Depression Symptoms (5-Point or Greater Change in PHQ-9 Score)



- Overall, 59% of high-risk mothers, who were in active caseload status during the last two quarters of 2010 and had at least two depression scores, had a 5-point or greater improvement in their most recent PHQ-9 score. This finding is very positive.
- High-risk mothers with the most severe depression at baseline were more likely to improve.
- According to the McArthur Initiative on Depression & Primary Care, a decrease of five or more points is considered an adequate response to treatment.

¹ These results are based on all high-risk mothers who had two or more PHQ-9 scores and were active in the last two quarters of 2010, a total of 433 high-risk mothers. This represents 74% of all active high-risk mothers.

² Baseline PHQ-9 scores were distributed as follows: ≥ 20 points n = 92; 15-19 points n = 120; 10-14 points n = 154; 5-9 points n = 53; < 5 points n = 14.

³ <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

Clinical Improvement (5-Point or Greater Change in PHQ-9 or GAD-7 Score)

Total Number of High-Risk Mothers *Active in 2010*, Number and Percent (%) of Active High-Risk Mothers with at Least Two PHQ-9 or GAD-7 Scores at Least One Week Apart, and Number and Percent of High-Risk Mothers with a 5-Point or Higher Reduction Between Baseline and Last PHQ-9 or GAD-7 Score Out of Those with at Least Two PHQ-9 or GAD-7 Scores by Agency

Agency	<u>Total N</u>	<u>At least 2 PHQ-9 or GAD-7 Scores</u>		<u>At Least 2 PHQ-9 or GAD-7 Scores & 5-Point or More Reduction</u>	
		Number	%	Number	%
Country Doctor CHC	216	172	80%	115	67%
HealthPoint	247	173	70%	101	58%
International CHS	156	68	44%	37	54%
NeighborCare Health	122	92	75%	71	77%
Public Health Seattle & King County	12	5	42%	1	20%
SeaMar CHC	125	104	83%	71	68%
TOTAL	878	614	70%	396	64%

Appendix A – Acknowledgements

We gratefully acknowledge the generous contributions and support of the following agencies and programs to the Mental Health Integration Program:

Financial Support

- Department of Social and Health Services, Medicaid Purchasing Agency (formerly known as Health and Recovery Services Administration)
- Community Health Plan
- King County Veterans and Human Services Levies
- Mental Health Transformation Grant (funded by the Substance Abuse and Mental Health Services Administration)
- Children's Health Initiative
- King County Mental Illness & Drug Dependency (MIDD) Action Plan

Program Collaborators

- DL Mental Health Pilot Advisory Steering Committee
- Public Health – Seattle & King County
- Community Health Plan
- King County Regional Support Network
- United Way of King & Pierce Counties
- Seattle Children's Hospital
- University of Washington, Department of Psychiatry and Behavioral Sciences
 - Advancing Integrated Mental Health Solutions Program (AIMS)
 - Center for Healthcare Improvement for Addictions, Mental Illness and Medically Vulnerable Populations (CHAMMP)

Collaborating Clinics

- Community Health Care
- Country Doctor Community Health Centers
- Greater Lakes Mental Healthcare
- Harborview Medical Center Clinics
- HealthPoint
- International Community Health Services
- Neighborcare Health
- SeaMar Community Health Centers
- Seattle Indian Health Board
- Valley Cities Counseling & Consultation