Well Moms, Well Tots: Maternal Depression Screening in Pediatric Primary Care
### Overview

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<th>Understand</th>
<th>Learn</th>
<th>Explore</th>
</tr>
</thead>
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<tr>
<td><strong>Goal 1:</strong> Understand the Docs for Tots approach</td>
<td><strong>Goal 2:</strong> Learn the methods of evaluation in pediatric care</td>
<td><strong>Goal 3:</strong> Explore barriers to implementing change</td>
</tr>
<tr>
<td>• Background - Docs for Tots and the TA model</td>
<td>• Intro to QI and PDSAs</td>
<td>• Buy-in</td>
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<tr>
<td>• Adapting the model for maternal depression</td>
<td>• Surveys</td>
<td>• Physician resistance</td>
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<td></td>
<td>• Chart Reviews</td>
<td>• EMR</td>
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<td>• Informal qualitative feedback</td>
<td>• Referral pathways</td>
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<td></td>
<td>• Billing</td>
<td>• Other lessons learned</td>
</tr>
</tbody>
</table>
The Docs for Tots Approach
Intensive Technical Assistance with a Quality Improvement Framework
About Us

• Melissa Passarelli, MA, Director of Programs

• Docs for Tots
  – Non-profit, non-partisan organization lead by pediatricians
  – **Mission**: Bring together children’s doctors and communities to promote practices, policies and investments in children from prenatal to five that foster children’s healthy development and future success.
  – **Model**: Intensive technical assistance using a quality improvement framework
Developmental Screening Project

• Work with 6 pediatric clinics (1 safety net hospital and 5 federally qualified health centers) to integrate standardized developmental screening at AAP-recommended ages
• Integrated screening into all aspects of the well-visit workflow
• Had an intervention model planned, but in the true spirit of QI, adapted it based on feedback!
• Results:
  – Over 1000 screens given during the course of the project (and counting)
  – Over 100 referrals to EI
  – 95-100% screening rates in all FQHCs
Sample Developmental Screening Work Flow

Registrars
- Determine if child is eligible for screen
- Hand out bilingual SWYC to parents

MAs
- Collect screen from parents to give to doctors (hand out if necessary)
- Hand out educational materials to parents
- Input results into eCW (template name ex: "9 Month SWYC Milestones")

Doctors
- Discuss results with parents
- Make referral to Early Intervention if necessary

Patient Navigator
- Coordinate referrals as needed
Steps to Screening (for intensive TA)

1. Initial buy-in meeting with practice leadership
2. Initial buy-in presentation for entire practice
3. Trainings
   1. By group (i.e. front desk, MAs)
   2. By individual
4. Ongoing reminders at “huddles” and staff meetings
5. Monthly sit-down QI reviews with staff (either leadership or pediatrician)
6. Repeat steps 4 & 5 for 4-6 months
Maternal Depression: A Pediatric Issue

• Nearly 20% of mothers in the U.S. experience maternal depression. (Gaynes, 2005)
• According to the ACOG, depression is the #1 most common medical complication during pregnancy and the postpartum period.
• Depressive symptoms impair a mother's ability to develop healthy attachment and parenting skills in a child's early years. (Alhusen, Hayat, & Gross, 2013)
  – Impaired social, emotional, cognitive, and motor development
  – Greater risk of developmental delays
Maternal Depression: A Pediatric Issue

• Maternal depression, in conjunction with anxiety and stress, has been linked to perinatal complications (e.g. preterm birth), as well as early childhood developmental delays:
  – Infants show anxiety and restlessness
  – Negative behaviors and psychological problems
  – Underachieving in school and increased absences
    (Alvarez, Meltzer-Brody, Mandel, & Beeber, 2015; Claessens, Engel & Curran, 2015)

• Recommended by:
  – American Academy of Pediatrics (AAP): During well-child visits at 1, 2, 4, and 6 months + first week of life
  – New York State Medicaid: During the well-child visit; this is considered a pediatric best practice
Adopting the Model: Logistics

• 2 year grant-funded project
• Personnel
  – Practice Coach (1FTE)
  – Program Director (0.5FTE)
  – Project Consultant (stipend)
• Funding Sources: 3 Private foundations interested in mental health and/or early childhood
• MOC and CEUs
Methods (cont’d)

Maternal Depression Screening Timeline

- Clinic A training
- Clinic B training
- Clinic C training
- Clinic D training
- Clinic E training

Aug-17: Clinic A meeting, Clinic B outreach initiated
Sep-17: Clinic A LAUNCH
Oct-17: Clinic B meeting, Clinic C meeting
Nov-17: Clinic B LAUNCH
Dec-17: Clinic C meeting
Jan-18: Clinic C LAUNCH
Feb-18: Clinic D meeting
Mar-18: Clinic D LAUNCH
Apr-18: Clinic E meeting
May-18: Clinic E LAUNCH
Jun-18: Ongoing training and QI at all sites
Jul-18: Aug-18: Sep-18
Adapting the Model for Maternal Depression

• Preparation:
  – Spoke to sites that had some form of maternal depression screening in pediatric care to learn best practices/lessons learned
  – Creation of a comprehensive resource directory
  – Exploratory conversations with partners, including behavioral health

• Created additional proposals, including:
  – Screening options
  – Workflow options
Case example: Family Health Center

1. Initial buy-in meeting with practice leadership
2. Initial buy-in presentation for entire practice
3. Trainings
   1. By group (i.e. front desk, MAs)
   2. By individual
4. Ongoing reminders at “huddles” and staff meetings
5. Monthly sit-down QI reviews with staff (either leadership or pediatrician)
6. Repeat steps 4 & 5 for 4-6 months
1. Initial Buy-in Meeting

1. Discuss
   - The importance of MD screening
   - Benefits of screening
   - Incentives: MOC, billing

2. Make decisions
   - Present a “menu” of options for workflow, screening tools, educational materials

3. Create a plan:
   - Agree on a timeline
   - Plan to train all staff
Screening Tools vs. Interviews

<table>
<thead>
<tr>
<th>Interview</th>
<th>Paper Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.7% positive screens</td>
<td>22.9% positive screens</td>
</tr>
<tr>
<td>1.6% of women referred to services</td>
<td>7.6% of women referred to services</td>
</tr>
</tbody>
</table>

Interviews may be better for people with literacy issues; paper screens may be better for anonymity/be preferable to an unsympathetic interviewer. Why not try both?
Screening Tools: PHQ-2

PHQ-2
✓ 2 self-reported items about mood
✓ less than 1 minute to complete
✓ Positive score triggers more comprehensive screen

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### Screening Tools: Patient Health Questionnaire 9 (PHQ-9)

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

For office coding:  
\[ 0 + \quad + \quad + \quad + \quad \]  
= Total score: __________

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all  
- Somewhat difficult  
- Very difficult  
- Extremely difficult
### Screening Tools:
Edinburgh Postnatal Depression Scale (EPDS)

1. I have been able to laugh and see the funny side of things:
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things:
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason:
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason:
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me:
   - Yes, most of the time I have not been able to cope at all
   - Yes, sometimes I have not been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable:
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying:
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me:
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never
## Screening after the PHQ-2: Comparison of Tools

<table>
<thead>
<tr>
<th>PHQ-9</th>
<th>EPDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 9 self-reported items</td>
<td>✓ 10 self-reported items</td>
</tr>
<tr>
<td>✓ less than 5 minutes to complete</td>
<td>✓ less than 5 minutes to complete</td>
</tr>
<tr>
<td>✓ translated into over 30 languages</td>
<td>✓ translated into 12 languages</td>
</tr>
<tr>
<td>✓ low required reading level</td>
<td>✓ low required reading level</td>
</tr>
<tr>
<td>✓ easy to score</td>
<td>✓ easy to score</td>
</tr>
<tr>
<td>✓ includes constitutional symptoms of depression, such as changes in sleeping patterns, that are common in pregnancy and the postpartum period.</td>
<td>✓ includes anxiety symptoms, which are a prominent feature of perinatal mood disorders</td>
</tr>
</tbody>
</table>

✓ excludes constitutional symptoms of depression, such as changes in sleeping patterns, that are common in pregnancy and the postpartum period.
Workflow:

Clerks

Front desk staff gives paper PHQ-2 screen to mother.

Triage Staff briefly explains why we are screening and scores PHQ-2.

If PHQ-2 positive, record results in chart and give mother the EPDS screen.
Score screen, merge EPDS template in child’s chart, and enter answers.

Doctor will review score and enter score in notes and patient history. Make referral as follows:

EPDS Score: 4 or Less Negative score. Patient likely does not have depression. Provide palm card and helpline number.

Always look at EPDS Question #10: If positive, ask patient about intent to harm self, infant, or others. Is there a risk?
YES
NO

Make immediate referral to emergency care.
Send referral to Behavioral Health for follow-up.

If PHQ-2 negative, record results in chart and continue visit as usual.

If PHQ-2 positive, record results in chart and give mother the EFDS screen.

Doctor follows up at next visit.

M.A./Nurse

PT Navigator sends referral to Behavioral Health for follow up. Ensure follow up visit is scheduled within 4 weeks.

EPDS Score: 5 to 9 Patient is at increased risk for depression.
Provide palm card, “Depression is Treatable” and/or “Action Plan” handouts.
Send Behavioral Health referral to Patient Navigator. Specify EPDS score in referral notes.

EPDS Score: 10 or More Patient is likely depressed and requires further evaluation.
Provide palm card, “Depression is Treatable” and/or “Action Plan” handouts.
Send Behavioral Health referral to Patient Navigator. Specify EPDS score in referral notes.

Screen during all well-child visits up to 12 months.

Tell patient to give it to Medical Assistant, and MA will help fill it out if needed.
## 2. Initial Buy-In Presentation

<table>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maternal wellbeing and child development</td>
<td>Maternal depression screening</td>
<td>Common barriers, opportunities, and what TA will look like</td>
<td>Communicating results and making referrals</td>
</tr>
</tbody>
</table>
3. Trainings

1. Identify opportunities to train staff in smaller groups
2. Take advantage of existing staff meetings if possible
3. Train on individual level
4. Ongoing Reminders

1. Strategically place reminders throughout practice
2. Weekly site visits
3. Attend morning huddles and staff meetings
5. Monthly Sit-downs

1. Schedule monthly chart reviews
   - With physician and/or manager if possible
   - Use MOC credit to incentivize physician engagement

2. Discuss progress with practice manager and key staff at least once a month
Methods of Evaluation
Quality Improvement

• Quality Improvement Processes
  – Come in many shapes and sizes
  – Go by many different names
  – Are marketed by many different sources

• Common goal: to improve and assure the safety, quality and cost efficiency of health care
What is the PDSA cycle?

- A process improvement approach to evaluate change
  - Active: quickly plan and make process changes
  - Iterative: Cycle after cycle
  - Learning: Take time to study effects
- Allows for integration of new and existing systems
- Promotes small scale rapid cycle change over short period of time
- PDSA cycles are great for:
  - Testing or adapting a change, especially on a small scale
  - Implementing an improvement
  - Spreading the improvements to the rest of your organization
What is the PDSA cycle?

**Plan**
- Objective
- Questions and predictions (Why?)
- Plan to carry out the cycle (who, what, where, when)

**Do**
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

**Study**
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

**Act**
- What changes are to be made?
- Next cycle?
Use of PDSA Cycles

It may take several PDSA cycles and several months to get your process manageable- Quality Improvement is a process, not an event!
PDSA Worksheet for Testing Change

**Aim:** (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

<table>
<thead>
<tr>
<th>Describe your first (or next) test of change:</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve screening rate by assuring clerks give out screens more regularly</td>
<td>Clerks</td>
<td>April</td>
<td>Elmont</td>
</tr>
</tbody>
</table>

**Plan**

List the tasks needed to set up this test of change

<table>
<thead>
<tr>
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<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check following day’s schedule every day and flag patients who should be given screen</td>
<td>Chrissy</td>
<td>April</td>
<td>Elmont</td>
</tr>
<tr>
<td>2. Track screens given and completed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Predict what will happen when the test is carried out**

<table>
<thead>
<tr>
<th>Predict what will happen when the test is carried out</th>
<th>Measures to determine if prediction succeeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screens will be given at every eligible visit due to flags reminding clerk to give screen.</td>
<td>Chart review</td>
</tr>
<tr>
<td>More patients will be screened.</td>
<td></td>
</tr>
</tbody>
</table>

**Do** Describe what actually happened when you ran the test

Screening increased from the previous month (68%) to 94% of eligible screens given.

**Study** Describe the measured results and how they compared to the predictions

Planning the day prior to a visit will increase likelihood of patient getting screened. This practice champion is setting up the practice to succeed in sustainably screening after technical assistance ends. Moving forward, tracking the screens this way can allow quicker and more efficient chart reviews.

**Act** Describe what modifications to the plan will be made for the next cycle from what you learned

ADOPT this practice to continue assuring all eligible patients are screened.
**Objective of PDSA Cycles:** Improve maternal depression screening and detection rate

**Who (will test):** Larah

<table>
<thead>
<tr>
<th>PDSA 1</th>
<th>PDSA 2</th>
<th>PDSA 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What:</strong> Will changing screening guidelines to include ALL well-child visits up to a year help maintain 100% screening rate?</td>
<td><strong>What:</strong> Will moving PHQ2 into MA/Nurse Template and keeping screens in the exam room improve screening rate?</td>
<td><strong>What:</strong> Pre-identifying, flagging, and tracking patients eligible for screens every day will increase screening rate.</td>
</tr>
<tr>
<td><strong>Who</strong> (population): Clerks and Medical Assistants</td>
<td><strong>Who</strong> (population): Medical Assistants</td>
<td><strong>Who:</strong> Christelle</td>
</tr>
<tr>
<td><strong>When:</strong> Jan 2018</td>
<td><strong>When:</strong> February 2018</td>
<td><strong>When:</strong> April 2018</td>
</tr>
<tr>
<td>Prediction: Screening will continue to occur 100% of the time.</td>
<td>Prediction: Having PHQ2 screen readily available in exam room and in the proper template will increase likelihood that MAs will give it to patients (screening will occur) and respect patient privacy (by using paper screen)</td>
<td>Prediction: More than 80% of eligible patients will be screened.</td>
</tr>
<tr>
<td>Results: Screening rate decreased.</td>
<td>Results: Screening is still occurring at the same rate.</td>
<td>Results: Screening rate increased to 94%</td>
</tr>
<tr>
<td><strong>Act:</strong></td>
<td><strong>Act:</strong></td>
<td><strong>Act:</strong></td>
</tr>
<tr>
<td>X Adapt</td>
<td>X Adapt</td>
<td>X Adapt</td>
</tr>
<tr>
<td>□ Abandon</td>
<td>□ Abandon</td>
<td>□ Abandon</td>
</tr>
<tr>
<td>□ Adopt</td>
<td>□ Adopt</td>
<td>X Adopt</td>
</tr>
<tr>
<td>Work on other points of the workflow to increase screening rate.</td>
<td>Work with clerks in addition to MAs.</td>
<td></td>
</tr>
</tbody>
</table>
Other Methods of Evaluation

- Pre/post surveys
- Chart reviews
- Informal qualitative feedback
- Billing codes: pros and cons
1. What is your role at your practice?

2. If you are a board certified physician, are you in need of MOC credit?

3. I feel that maternal depression screening is an important part of both routine perinatal and pediatric care.

4. I am familiar with the following general maternal depression screening tools. (Check all that apply.)

5. I am using evidence-based practice tools (methods informed by research, such as PHQ-9, EPDS, or a specific screening questionnaire that is formally scored) to screen for maternal depression at prenatal visits and/or 1, 2, 4, and 6 month well-child visits.
6. I feel that the following are barriers to implementing maternal depression screening in my practice. (Check all that apply.)

7. My practice has a standard process in place for completing maternal depression screenings at both prenatal and well-baby visits.

8. I am satisfied with the maternal depression screening process at my practice.

9. I routinely make referrals to resources when I am concerned about a mother’s mental health.

10. My practice has a standard process in place for following up with mothers when a referral is made.
Notable Responses (pre-survey)

• Total Respondents: 33

• Q6. Barriers:
  – Parental literacy issues (64%)
  – Lack of parental understanding (42%)
  – Lack of time (30%)

• Q7. Standardized process in place for screening at both prenatal and well-baby visits?
  – Agree (61%)
  – Strongly Agree (12%)
Chart Reviews

Measures:

Screening rate
• # of moms screened of # eligible

Screening outcomes / detection rate
• # positive PHQ2 of screens given
• Range of EPDS scores

Referrals made and where
How many services rendered from referrals

Track patterns in: who administered the screen, what happened after, etc
Informal Qualitative Feedback

- Highly informative
- Keeps staff engaged
- Allows staff the opportunity to provide honest feedback
- Drives improvement measures
Billing Codes

- Maternal Depression screening included in billing for well-child visit
  - **96161** Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

- Pro: Ease of running a report
- Con: Not always accurate or linked to the screen
Maternal Depression Screening Rates in Four Pediatric Clinics from October 2017-October 2018

Mothers screened of eligible children
(percent)

Month and Year of Quality Improvement Project Implementation

Site 1
Site 2
Site 3
Site 4
Barriers to Implementing Change

...and how we addressed them!
Initial Buy-In

• **Concerns**
  – Adding too much time
  – Literacy/cultural issues
  – Handling an emergency

• **Responses**
  – Start with the PHQ2- only 2 questions! Can even be done via paper
  – These are issues for other screens as well; we can provide different languages and attend to cultural issues
  – Inquire about their current emergency protocols
Physician Resistance

• **Concerns**
  – “The mother is not my patient”
  – Asking a question we’re not prepared to handle the answer for

• **Responses**
  – Explaining the connection to child development
  – Reminding them that it is best practice
  – Arming them with referrals and steps to take if a screen is positive
  – Showing them the stats from other sites- only 10-15% of moms
Electronic Medical Record (EMR)

- **Concerns**
  - Complicated medical history situations
  - Adding the screen to the EMR

- **Responses**
  - Explain how other physicians dealt with them
  - Remind them what is and (isn’t!) common
  - Typically can be done if you talk to the right people
Referral Pathways

Mental improvement using the intervention pyramid:
## HELPLINES

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
<th>Services</th>
<th>Languages</th>
<th>Fees</th>
</tr>
</thead>
</table>
| 1. Mental Health Association of Nassau County | (516) 504-HELP (4356)  
www.mhanc.org | Helpline run by Nassau County mental health professionals available 9-6 pm, Monday through Friday, to help access services and offer supportive counseling. | English, Spanish | Free |
| 2. Postpartum Resource Center of New York | (655) 631-0001  
(631) 422-2255  
www.postpartumny.org | Statewide toll-free line available 9-5 pm, Monday through Friday. Free and confidential emotional support, education, healthcare, and support group resources. | English, Spanish | Free |
<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
<th>Address</th>
<th>Services</th>
<th>Languages</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal Infant Community Health Collaborative Program (MICHC)</td>
<td>Economic Opportunity Commission of Nassau County Inc.</td>
<td>134 Jackson Street, Hempstead NY 11550</td>
<td>FREE Services for navigating healthcare and other essential support services, as well as education: - Reproductive Life Planning - Individual &amp; group health education resources - Health insurance resources - Family planning</td>
<td>English, Spanish, French, &amp; Haitian/Creole</td>
<td>Free</td>
</tr>
<tr>
<td>Name</td>
<td>Contact</td>
<td>Address</td>
<td>Services</td>
<td>Languages</td>
<td>Fees</td>
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<td>1. Maternal Infant Community Health Collaborative Program (MICHC)</td>
<td>516-292-9710 ext. 1308</td>
<td>EOC Nassau County 134 Jackson Street</td>
<td>Services: Case Coordination, Life planning &amp; goal setting, Individual Counseling, Individual &amp; group health education sessions, individual wellness assessments/referrals, Assistance with getting health insurance. Community Health Workers are available to assist high-need women access and navigate healthcare and other essential support services, conduct home visiting, and provide group and individual education.</td>
<td>English, Spanish, French, &amp; Haitian/Creole</td>
<td>Free</td>
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<td>2. Diane Goldberg Maternal Depression Program</td>
<td>Clinical supervisor Vanessa McMullen, LCSW: (516) 484-3174 x415 Main office: (516) 626-1971 Email: <a href="mailto:vmmcmullan@northshorechildguidance.org">vmmcmullan@northshorechildguidance.org</a> <a href="http://www.northshorechildguidance.org">www.northshorechildguidance.org</a></td>
<td>North Shore Child &amp; Family Guidance Center: The Marks Family Right from the Start 0-3+ Center 80 North Service Rd. LIE, Manhasset, NY 11030</td>
<td>Outpatient mental health services: screening, evaluation, individual and family treatment, therapy, and medication management. Postpartum support groups available. All phone calls and referrals treated as immediately urgent. Screening/intake can be done over the phone with Vanessa or with main office. Initial appointment for assessment is made within 2 days. Patients accepted from Nassau, Suffolk, and Queens.</td>
<td>English, Spanish</td>
<td>Accept most insurances, Medicaid, sliding scale, no one turned away for inability to pay</td>
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<td>Name</td>
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<td>Address</td>
<td>Services</td>
<td>Languages</td>
<td>Fees</td>
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<td><strong>EMERGENCY CARE &amp; INTENSIVE PSYCHIATRIC CARE</strong></td>
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<td>Nassau University Medical Center Psychiatric Emergency Room</td>
<td>(516) 572-4775</td>
<td>Nassau University Medical Center</td>
<td>Emergency psychiatric services</td>
<td>English, Spanish</td>
<td>Accepts most insurances including Medicaid.</td>
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<td>2201 Hempstead Turnpike, East Meadow, NY</td>
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<tr>
<td>Zucker Hillside Hospital: Perinatal Psychiatry Unit</td>
<td>(718) 470-4666</td>
<td>Zucker Hillside Hospital</td>
<td>Intensive psychiatric short-term acute care. 19-bed unit is dedicated to the treatment of women 18 and older with psychiatric disorders of sufficient severity to warrant hospitalization. This single gender program is for perinatal disorders (postpartum depression).</td>
<td>English, Spanish</td>
<td>Accepts most insurances including Medicaid.</td>
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<td>75-59 263rd St. Glen Oaks, New York 11004</td>
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Lessons Learned

“For want of a staple”

One-off trainings are not enough!

Don’t be afraid to repeat things. And repeat them. And repeat them. Because you WILL have to!

Who asks the question (and how) often makes the difference in detection
Lessons Learned (continued)

- EMR training essential
- Practice champions and leadership engagement are critical
- “It takes a village” – you can’t do this without the support staff
- Don’t forget about new staff
Lessons Learned (continued)

• Adequate funding is essential primarily for:
  – **Personnel:**
    • Practice Coach and Program Director
      – Time and travel
    • Project Consultant
  – **Promotional meals**
    • For buy-in meetings, trainings, and in-services
  – **Materials and printing**
    • Especially if implementing at multiple sites
  – **MOC credit**
    • Physicians, nurses, and medical assistants
Spreading Success

Online screening toolkit

Online MOC course for ABP and ABFM-accredited physicians focuses specifically on developmental screening, but the same methodology can be used.

Technical assistance packages

Coming soon: learning collaborative to train “practice coaches” to implement maternal depression and other maternal-child screening in health practices.
Discussion

• What have your experiences been?

• Any challenges or barriers that we did not cover?

• Other questions?
Additional Resources

- **Online MOC for Developmental Screening:** [https://docsfortots.org/moc-credit/](https://docsfortots.org/moc-credit/)
- **Technical assistance opportunities:** [https://docsfortots.org/technical-assistance-for-pediatric-practices/](https://docsfortots.org/technical-assistance-for-pediatric-practices/)
- **Developmental Screening Toolkit:**
  - Contains information to replicate our model of QI to integrate screening into practice

- **Educational materials/posters:**
  - [https://www1.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/Pages/materials.aspx](https://www1.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/Pages/materials.aspx)
Thank You!

Melissa Passarelli, Director of Programs
melissa@docsfortots.org
631-662-3176

For more information regarding maternal depression screening and Docs For Tots, visit www.docsfortots.org