



STAFF ANALYSIS— SAN DIEGO COUNTY

Name of Innovative (INN) Project:	Accessible Depression and Anxiety Postpartum Treatment (ADAPT)
Total INN Funding Requested:	\$4,773,040
Duration of Innovative Project:	Five (5) Years

Review History:

Approved by the County Board of Supervisors:	October 10, 2017
County submitted INN Project:	June 21, 2018
MHSOAC consideration of INN Project:	August 23, 2018

Project Introduction:

The proposed project seeks to test if utilizing a partnership between mental health service providers and public health nurses to provide timely, whole-person mental health treatment to parents who screen positive for postpartum depression and/or postpartum anxiety will increase access to care and improve behavioral health outcomes.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration;

and increases access to services, including, but not limited to, services provided through permanent supportive housing.

San Diego County identifies that failure to screen and treat postpartum depression and anxiety has long-term consequences for children, parents and the community as a whole. The County presents statistics from the 2010 Maternal and Infant Health Assessment (MIHA) Survey showing that 14% percent of women giving birth in San Diego County were diagnosed with postpartum depression (PPD) and add that postpartum anxiety (PPA) is often co-morbid with PPD. In addition, the County highlights that at least 10% of fathers also experience PPA and PPD but are often left out of the current treatment models.

The County presents research showing that maternal depression is the most common complication of childbearing, and is associated with mother-child bonding difficulties, increased crying, delays in language development, behavioral problems in children and maternal suicide (Screening, 2015). Underserved communities are disproportionately affected, with African-American and Latina women experiencing depressive symptoms more often during and after pregnancy than other racial/ethnic groups (CDPH, 2018).

The American College of Obstetricians and Gynecologists recommends that clinicians screen patients for depression and anxiety at least once during the perinatal period using a standardized, validated tool. Consistent with the Department of Public Health, San Diego County argues that one screening is inadequate and that clinic-based, gender-specific interventions are not designed to address the complex and interrelated needs of the whole family (CDPH, 2018).

The County acknowledges that existing programs within the County provide in-home nursing services to new parents. These Public Health Nurse (PHN) programs serve approximately 1650 families annually and have shown success in improving health and parenting related outcomes but have struggled with referral and linkage to mental health services for parents. The County states that PHNs provide evidence-based mental health screening in the home as part of their Mother Child health and Nurse Family Partnership programs and refer parents to treatment but states that the County lacks accessible postpartum anxiety and depression specific treatment. In addition, the County believes that stigma, barriers to accessing services such as financial and transportation issues, lack of referral resources specific to PPD and PPA and lack of integrated services pairing mental health clinicians with PHN programs prevent parents from receiving the mental health treatment needed.

The Response

In order to address the stated needs and increase access to mental health services to underserved parents, the County proposes to build upon the existing structure of the Public Health Nurse programs by collaborating and integrating mental health providers with public health nurses to provide timely, convenient and holistic treatment to parents who screen positive for depression and anxiety during the postpartum period.

The ADAPT (Accessible Depression and Anxiety Postpartum Treatment) project will test if utilizing a cross-sector partnership to provide holistic postpartum treatment services to parents will increase access to care and improve behavioral health outcomes.

ADAPT proposes to utilize Public Health Nurses from existing programs to screen and refer parents that screen positive for depression and/or anxiety to a targeted postpartum mental health treatment team that will provide community-based therapy, care coordination, and peer support for parents. The specific treatment modalities will be outlined through the procurement process.

ADAPT staff will consist of six (6) mental health clinicians, three (3) peer partners, one (1) program manager and one (1) office assistant all hired by an outside contractor who has specialized training in mental health care throughout the perinatal period. The peer partners will have lived experience and the County will ask the contractor to prioritize hiring peers with specific postpartum anxiety or depression lived experience. The ADAPT team will be co-located and embedded within the PHN sites and will provide mental health training, support and consultation to PHNs as well as participate in case conferences. ADAPT clinicians will provide appropriate levels of care based on a step system utilizing two level of services depending on parent need (see pages 3-4 for specific program details). The step system will be fluid and parents can move between the levels as needed.

Research supports San Diego County's assertion that PPD and PPA are public health concerns that require new interventions but goes further and shows that postpartum depressive symptoms were reported by 53% of California women who experienced depressive symptoms during pregnancy as compared to 7% of women who did not report prenatal depressive symptoms (CDPH, 2018). This suggests that screenings need to start earlier as symptoms of depression and anxiety occur across the perinatal period. Through consultation with MHSOAC staff, San Diego County committed to expanding the scope of the proposed project to reflect the need to screen for and address mood and anxiety disorders throughout the perinatal period.

As San Diego County presented, mothers in underserved communities experience higher rates of maternal depression. The County indicates that African-American, Latino, refugee and immigrant communities will be prioritized through the referral process and states that the current demographics of the parents utilizing the Public Health Nurse programs reflect this prioritization. By leveraging the existing PHN programs, the County will be reaching a very specific population of parents who are the most vulnerable with the least access to services. In addition, the County states that peer partners will coordinate with the Public Health Nurse staff to identify families in need of linkage to mental health services. **The County may wish to discuss the demographics or the peer partners, PHN's and Mental Health Clinicians and consider prioritizing hiring of staff who reflect the diversity of the community being served.**

In addition, California Department of Public Health data shows that intimate partner violence is a risk factor for perinatal mood and anxiety disorders (CDPH, 2015). The County states that referral pathways are in place to receive referrals from organizations serving victims of intimate partner violence into the Public Health Nursing programs.

The County states that gender-specific interventions are not designed to address the complex and interrelated needs of the whole family but misses an opportunity to highlight the need for increased screenings and interventions for all parents. In addition to biological mothers and fathers, single parents, adoptive parents and same-sex parents also experience perinatal mood and anxiety disorders. Several studies have confirmed the greater prevalence of depression and depressive symptoms among lesbians than among heterosexual women suggesting that the rate of PPD and PPA could be higher among same-sex couples and that more targeted mental health services should be provided (Maccio, Pangburn & Jaimee, 2011). **The County is encouraged to use gender inclusive language as they develop this program in order to include all parents who suffer from perinatal mood and anxiety disorders.**

The Community Planning

San Diego County Behavioral Health Services identified the need for increased screening, treatment and linkage to services for postpartum behavioral health issues as a priority, particularly in underserved communities. The County states that public input at community forums and in the Children’s System of Care (CSC) Council reinforced the importance of new programs to address the unmet mental health needs of new parents.

The CSC Council includes stakeholders from multiple entities: public, private, education, family/youth, health plans, Public Health, Child Welfare Services, Probation, etc. They meet and identify “hot topics” of concern. The CSC and its Early Childhood subcommittee reviewed best practices in parental mental health and identified mental health screening and provision of appropriate and accessible services for parents as an area of need.

The County reports that twelve (12) community forums were conducted countywide to get community input and feedback regarding the Innovative project. The Older Adult, Adult and Children, Family and Youth Councils were also solicited for input regarding the community’s need. After ideas for the Innovation Project was solidified, community members also participated in “conversation cafes” to discuss the proposed project and given opportunity to provide feedback on components needed. The County may wish to discuss the level of representation from diverse communities at the community forums and on the CSC Council to show that the proposed program was designed with input by members of the community it proposes to serve.

Learning Objectives and Evaluation

San Diego County has proposed implementing a project that brings together mental health service providers and public health nurses to provide holistic mental health treatment to parents who screen positive for postpartum depression and/or postpartum

anxiety; these parents also serve as the target population for the project. The County has estimated that approximately 300 individuals will be served annually through the project.

In order to guide their project, The County has identified 7 learning goals, and include:

1. To learn if collaboration with the PHN Home Visiting programs is effective in engaging mothers and fathers in treatment for postpartum depression and anxiety
2. To identify how to best equip the PHN in effectively connecting both mothers and fathers to services related to maternal/paternal depression or anxiety
3. To learn if embedded behavioral health staff can provide effective, short term treatment services that meet the needs of identified mothers and fathers
4. To identify barriers in mothers and fathers' willingness to access treatment
5. To learn if fathers are willing to participate in engagement efforts and to better understand the characteristics of paternal symptomology
6. To evaluate the effectiveness of culturally competent referrals and the outcomes of engagement and efficacy of culturally appropriate interventions, and
7. To learn what percentage of clients are linked to existing resources and identify system gaps, if any.

In order to meet these goals, San Diego County will collect data during each encounter with the client. Specific *measures* are varied, and include number of clients screened for depression (using the Edinburgh Depression Scale and PDQ-9), length of time in ADAPT program, number of clients linked to behavioral health services in the community, number of clients with a reduction in mental health symptoms, number of clients reporting improved physical health (**for full list, see pg. 6 of County Plan**).

To gather the data necessary, the County will use a number of methods, such as surveys, quarterly status report tracking, and tracking changes in screening tool measurements (**see page 7 of County Plan**). **The County may wish to identify baseline data upon which outcomes of the ADAPT program will be compared.** At the conclusion of the program, San Diego County will disseminate findings through their collaborative groups, including the Children's System of Care Council and the Adult System of Care Council.

In an effort to promote cross-county learning and collaboration, the Commission may wish to encourage San Diego County to share lessons learned from this project with other counties that may be struggling with similar issues.

The Budget

The total proposed budget for this innovation project allocates \$4,773,040 of MHSA Innovation Funds over five (5) years. The project is proposed to begin January 2019 and conclude December 2024, including six months for evaluation.

The majority of the budget is allocated for contracted personnel, totaling \$3,376,148 and includes the following positions: 1 FTE Program Manager, 1 FTE Office Assistant, 6 FTE Licensed Mental Health Clinicians, and 3 FTE Peer Partners. Rate of pay is estimated based on U.S. Department of Labor and the Metropolitan and Nonmetropolitan

Employment and Wage Estimates for San Diego/Carlsbad, CA May 2016. **The County may wish to ensure that the contractor pays the peer partners a comparable wage to similar positions within the county.**

The County lists total direct costs as \$4,130,258 (91% of the total program budget) and indirect costs as \$416,205 (9% of the total program budget). The evaluation component will be contracted out and the County has allotted \$237,702 (5% of the total budget) for evaluation. **San Diego County is encouraged to identify any funds subject to reversion that are allocated for this project and to identify which fiscal year the funds will be drawn from.**

Regarding sustainability, the County states that they will continuously review the effectiveness of the screening and linkage efforts. If the project is successful, other existing services within the Public Health Nurse Home Visiting Programs will be evaluated for augmentation to incorporate the screening and linkage offered through this program.

Additional Regulatory Requirements

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

References

CDPH.2015. Maternal and Infant Health Assessment Survey. Retrieved From <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/SnapshotCoSanDiego2013-2014.pdf>

CDPH.2018.Symptoms of Depression During and After Pregnancy. Retrieved From <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Data-Brief-MIHA-2018-01.pdf>

Maccio, Elaine M., Pangburn, Jaimee A.2011.The Case for Investigating Postpartum Depression in Lesbians and Bisexual Women. Louisiana State University School of Social Work, Baton Rouge, Louisiana Retrieved from [https://www.whijournal.com/article/S1049-3867\(11\)00030-2/pdf](https://www.whijournal.com/article/S1049-3867(11)00030-2/pdf)

Screening for Perinatal Depression.2015.Committee Opinion No. 630. American College of Obstetricians and Gynecologists.Obstet Gynecol

Full project proposal can be accessed here:

<http://mhsoac.ca.gov/document/2018-07/san-diego-county-innovation-project-adapt-august-23-2018>