

Maternal Depression Screening & Referrals Overview for MIECHV EHS/HFA/NFP Programs

September 2020



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Objectives



Short-term

Increase understanding of **when** and **how** to complete and document screening and referrals for Maternal Depression



Medium-term

Demonstrate through data the incredible work home visitors engage in to provide Maternal Depression screening and referrals to clients they serve



Long-term

Continue to maintain or increase MIECHV funding for home visiting services in Oregon

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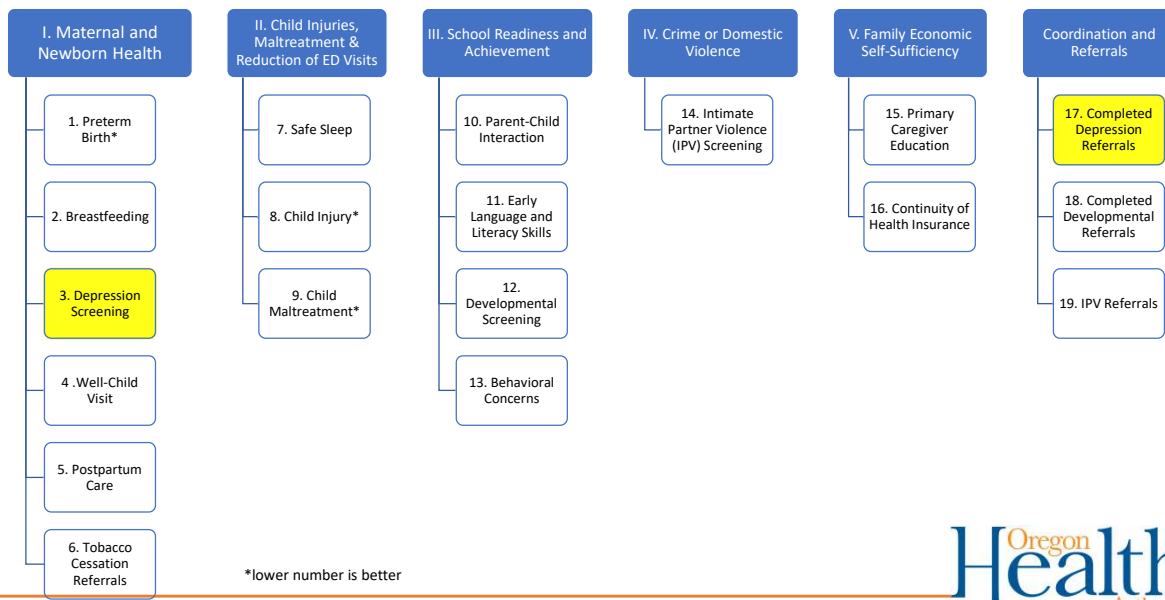
MIECHV data collection

- Required for all MIECHV grantees
- Demonstrates the work of MIECHV at a national level
- Supports quality improvement efforts
- Demonstrate measurable improvement over time



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19 Performance Measures across 6 Benchmarks



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**Performance Measure #3:
Maternal Depression Screening**

Measure Definition	FY 2019
Percent of primary caregivers who are screened for depression using a validated tool <u>within three months of enrollment</u> (for those not enrolled prenatally) <u>or within three months of delivery</u> (for those enrolled prenatally).	78.5% 332/423

Bright spot: this measure increased from 2018 (56.7%)



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When do maternal depression screenings occur for MIECHV?

Within 90 days of enrollment (for those not enrolled prenatally)

OR

Within 90 days of delivery (for those enrolled prenatally)

→ See client schedule for window period; if screened before or after this period, doesn't count for measure



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What is required for maternal depression screening?

- All clients should receive a PHQ-9 screening - regardless of whether they are currently or have previously received mental health services
- A PHQ-9 screen must be offered and completed to meet the measure.

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Maternal Depression Screening Data Collection form and THEO entry for EHS HFA programs: M5 MIECHV Child's Enrollment Tool

Part A: Depression Screening

To meet the measure, all clients must receive a PHQ-9 screening within 90 days of enrollment infant birth regardless of whether they are currently receiving or have previously received depression services.

1. PHQ-9 completed?

☐ Yes, completed → Date tool completed: ____ / ____ / 20__ → Go to Question 1a.

1a. If Yes, result of PHQ-9:

☐ Score of 10 or higher → Go to Part B: Depression Referral.

☐ Score of 9 or lower

☐ No, not completed → Complete Screening at future visit before the 90-day window closes, complete another M5 form and update in THEO.

Part B: Depression Referral

To meet the measure, client must receive a Referral AND at least one Service if the client scores 10 or higher on the PHQ-9 during a MIECHV screening and is not currently receiving depression services.

2. If a Score of 10 or higher, did you provide a referral? *See examples below

☐ Yes → Complete M2B-MIECHV Referral Tracking & Follow-up Form.

☐ No, the client is currently receiving services (Clients who are currently receiving depression do not need to be referred).

☐ No, other reason → Clients who screen positive should be offered and start/receive at least 1 referral service. Continue to follow up with client at future visits to track referral and follow-up on M2B-MIECHV Referral Tracking & Follow-up Form.

***Recommended referral services include:**

- Internal referral to self or other staff trained in Mothers and Babies intervention;
- Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT);
- Medication therapy from a primary care provider, psychiatrist, or women's health provider.

CLIENT SURVEY INFORMATION

TEST SURVEYS, EHS mom

Female | DOB: 04/09/1985 | 0001496

M5 - MIECHV Child's Enrollment Tool - Index Parent_20201001

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1. PHQ-9 completed?

If PHQ-9 completed → Enter date tool completed.

☐ Yes, completed

☐ No, not completed

Date tool completed:

Go to Question 1a:

1a. If Yes, result of PHQ-9:

If Score of 10 or higher → Go to Question 2.

☐ Score of 10 or higher

☐ Score of 9 or lower

2. If a Score of 10 or higher, did you provide a referral?

If Yes → Complete M2B - MIECHV Referral Tracking & Follow-up Form.

☐ Yes

☐ No, the client is currently receiving services

☐ No, other reason

Save & Continue

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Maternal Depression Screening Data Collection form for NFP programs: N2 Addendum to NFP PHQ-9 Form

N2

Addendum to NFP PHQ-9 Form

To be completed within 90 days of infant's date of birth

Part A: Depression Screening

To meet the measure, all clients must receive a PHQ-9 screening within 90 days of infant birth regardless of whether they were previously screened in pregnancy or are currently receiving or have previously received depression services.

1. PHQ-9 completed?

☐ Yes, completed → Date tool completed: ____ / ____ / 20__ → Go to Question 1a.

1a. If Yes, result of PHQ-9:

☐ Score of 10 or higher → Go to Part B: Depression Referral.

☐ Score of 9 or lower

☐ No, not completed → Complete Screening at future visit before the 90-day window closes, the complete and submit another N2 form.

Part B: Depression Referral

To meet the measure, client must receive a Referral AND at least one Service if the client scores 10 or higher on the PHQ-9 during a MIECHV screening and is not currently receiving depression services.

2. If a Score of 10 or higher, did you provide a referral? *See examples below

☐ Yes → Complete M2B-MIECHV Referral Tracking & Follow-up Form.


☐ No, the client is currently receiving services (Clients who are currently receiving depression do not need to be referred).

☐ No, other reason → Clients who screen positive should be offered and start/receive at least 1 referral service. Continue to follow up with client at future visits to track referral and follow-up on M2B-MIECHV Referral Tracking & Follow-up Form.


***Recommended referral services include:**

- Internal referral to self or other staff member trained in Mothers and Babies intervention;
- Internal referral to self or other staff member trained in Mental Health Intervention;
- Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT) using cognitive behavioral therapy or another evidence-based treatment;
- Medication therapy from a primary care provider, psychiatrist, or women's health provider.

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Ensure screening occurs during the time window provided in the client schedule



If you are unable to complete the screening during the visit, try and complete during the next one

Tips for completing maternal depression screening

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Maternal Depression Screening Resources


PHQ-9 and Maternal Depression Screening training and resources:

<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/MIECHV/Pages/miechv-orientation.aspx> (scroll down webpage)

Remote maternal depression screening resources:

[Screenings in Virtual Visits](#) created by [the Rapid Response-Virtual Home Visiting Collaborative](#)

IPV HV CoIIN memo: [Coronavirus/COVID-19 and Implications for Maternal Depression and Intimate Partner Violence Screening and Referral](#)



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**Performance
Measure #17:
Maternal
Depression
Referrals**

Measure Definition	FY 2019
Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.	22.7% (15/66)

Bright spot: this measure increased from 2018!

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When are maternal depression referrals needed?

- If the client scores a 10 or higher on the PHQ-9 during the MIECHV screening and is not currently receiving depression services

If the client receives a referral and then receives referral service:

- Update the M2B-MIECHV Referral Tracking and Follow-up form in THEO (for EHS/HFA) or update and resubmit the form to OHA (for NFP)



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Considerations for meeting the maternal depression measure



Caregivers who screen positive for maternal depression will remain in the measure denominator until they receive a service ("referral contact").



There is no timeframe for when the client must receive a referral contact → continue to follow up with client to support them in accessing service

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What Counts as a Depression Referral??

Caregiver must receive a referral and at least one service

- **Recommended referral services include:**

- Internal referral to self or other staff member trained in Mothers and Babies intervention
- Internal referral to self or other staff member trained in Mental Health Intervention (for NFP programs)
- Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT) using cognitive behavioral therapy or another evidence-based treatment
- Medication therapy from a primary care provider, psychiatrist, or women's health provider

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Maternal Depression Referrals Data Collection form for EHS/HFA/NFP programs

M2B
MIECHV REFERRALS TRACKING & FOLLOW-UP – INDEX PARENT
Please complete this form with Referral and/or Service Dates as updates occur and enter in THEO (EHS/HFA) or send to State (NFP)

To meet **Tobacco Cessation** Referral Measure: Client must receive a Referral for Tobacco Cessation Counseling or Services within 3 months of Enrollment in MIECHV. Only ONE Referral is required for MIECHV; the service does not have to be started or received.

Recommended referrals include those made for tobacco cessation counseling or services. These referrals may include:

- tobacco quit line,
- primary care provider,
- other tobacco cessation programs.

TYPE	REFERRAL Date Referred to Service	FOLLOW-UP Date Service Started/Received
Tobacco Cessation	_ / _ / 20_	N/A

To meet **Depression** Referral Measure: Client must receive a Referral AND at least one Service. Only ONE Referral and ONE Receipt of Service is required for MIECHV.

Recommended referral services include:

- Internal referral to self or other staff member trained in Mothers and Babies intervention
- Internal referral to self or other staff member trained in Mental Health Intervention (for NFP programs)
- Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT) using cognitive behavioral therapy or another evidence-based treatment
- Medication therapy from a primary care provider, psychiatrist, or women's health provider

TYPE	REFERRAL Date Referred to Service	FOLLOW-UP Date Service Started/Received
Depression	_ / _ / 20_	_ / _ / 20_

CLIENT SURVEY

TEST SURVEYS, EHS mom

M2B - MIECHV Referrals Tracking & Follow-Up - Index Parent_20201001

MIECHV Referrals

1. Tobacco Cessation Referral - Date Referred to Service:


2a. Depression Referral - Date Referred to Service:

2b. Depression Follow-Up - Date Service Started/Received:


Save & Continue

Cancel

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Set a calendar or paper reminders to check back in with client



Complete or update a M2B form with Referral and/or Service Dates as updates occur and enter in THEO (for EHS/HFA) or resubmit to OHA (for NFP)

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Tips for
completing
maternal
depression
referrals

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Thank You!

For more information about Oregon MIECHV Program's data collection,
please contact:

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For THEO Application Support: theo.support@state.or.us

Public Health Division
Maternal & Child Health

