

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Mental Health Service Act (MHSA) Perinatal Team	<b>Provider:</b>	Department of Behavioral Health
<b>Program Description:</b>	The Perinatal Program provides outpatient mental health services to pregnant and postpartum teens, adults and their infants. The short term mental health services include outreach, prevention and early intervention identification through screening, assessment and treatment. This program is staffed with three Public Health Nurses to evaluate and provide preventive services to mother and baby. Services are open to women who experience mental disorders during pregnancy and up to a year postpartum. Services include home-based mental health intervention, psycho-educational and therapeutic groups for mothers and family, psychiatric services, therapy, and case management.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	April 2010-Current
<b>Age Group Served 2:</b>	TAY, CHILDREN	<b>Reporting Period:</b>	July 1, 2015 - June 30, 2016
<b>Funding Source 1:</b>	Prevention (MHSA)	<b>Funding Source 3:</b>	Com Services & Supports (MHSA)
<b>Funding Source 2:</b>	Early Intervention (MHSA)	<b>Other Funding:</b>	Medical FFP

**FISCAL INFORMATION:**

<b>Program Actual Amount:</b>	\$1,853,230
<b>Number of Unique Clients Served During Time Period:</b>	351
<b>Number of Services Rendered During Time Period:</b>	7,198
<b>Actual Cost Per Client:</b>	\$5,280

**TARGET POPULATION INFORMATION:**

**Target Population:** Mothers of all ages, pregnant or up to 1 year postpartum, experiencing mental health disorders.

**MHSA CORE CONCEPTS:**

**Please select MHSA core concepts embedded in services/ program:**

*(May select more than one)*

Recovery/Resiliency Orientation

Cultural Competence Orientation

Community Collaboration

Client/Family Driven Program

Integrated Service Experience

**Please describe how the selected concept (s) embedded :**

Perinatal Staff are utilizing a Recovery/Resiliency orientation after having been trained in 'Reaching Recovery' model and are currently incorporating this into Mental Health Assessments and Treatment planning by utilizing the 'Recovery Needs Level' and 'Client Strengths Assessment' tools to focus on client recovery and wellness.

Perinatal staff has been trained in various cultural competencies to better understand the diverse population of clients we serve.

The Perinatal Program staff strives to link clients with appropriate community resources in a collaborative effort to meet client needs, such as housing, food, clothing, substance abuse programs, primary care medical providers, spiritual resources, and other specialty mental health services for adult clients and their children via case managers, clinicians, Public Health nursing staff, and medical staff.

The Perinatal Program is a Client/Family driven program that seeks to promote a healthy bond to the mother-infant dyad, including providing in-home therapy, case management, and public health nursing services for clients unable to receive these services in the office. Additionally, Perinatal staff promotes the wellness of the family unit and assist clients as needed in linking their children to mental health service providers.

The Perinatal Program provides an integrated service experience to clients by offering collaborative care that includes individual and group therapy, individual and group rehabilitation, Psychiatric/Medication services, case management, and Public Health Nursing services.

**PROGRAM OUTCOME GOALS:**

The goal is for the client to return to the level of functioning prior to pregnancy and prevent decompensation resulting in a high level of care or a chronic mental health problem.

**PROGRAM OUTCOME DATA/INDICATORS:**

1. Crisis Services- Compared to prior year’s outcomes, percentage of clients served that received crisis services decreased by 2% and percentage of clients with reoccurrence of crisis services by decreased by 1%. This outcome may be attributed to clinicians working diligently to stabilize clients very early in treatment by teaching them emotional regulation skills offered through Dialectical Behavior Therapy (DBT) Skill groups.
2. Hospitalization- Compared to prior year’s outcomes, decreased percentage of clients hospitalized and with more than one consecutive period of hospitalization by 2%, and decreased number of days of hospitalization by 21. Clients identified as severely or chronically mentally ill were assigned to a trained DBT clinician in an effort to stabilize clients and reduce number of hospitalizations.

**Crisis Services**

Perinatal	FY 15-16 (07/15-06/16)	Monthly Average	Percent of Clients	14-15 (01/14-06/15)	Monthly Average	Percent of Clients
# of Clients w/Crisis Services	13	1	4%	36	2	6%
# of Clients with recurrence of crisis services	2	0	1%	13	1	2%
# of Unique Clients Served by Program	351			565		

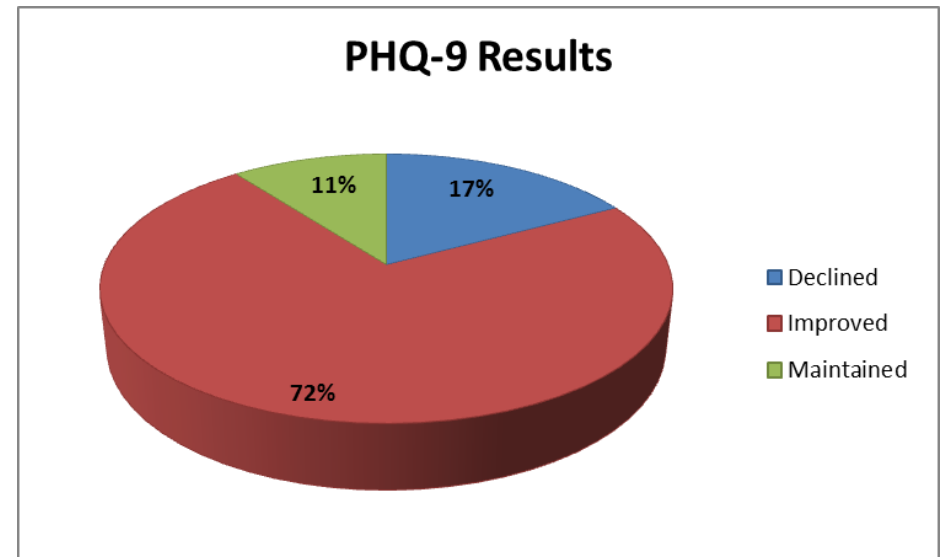
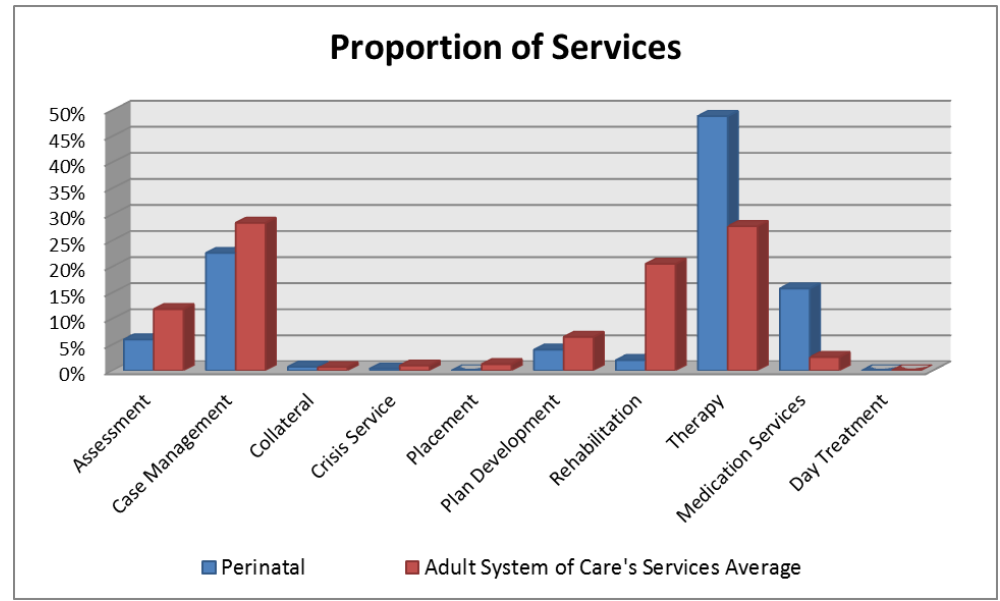
**Hospitalization**

Perinatal	FY 15-16 (07/15-06/16)	Monthly Average	Percent of Clients	14-15 (01/14-06/15)	Monthly Average	Percent of Clients
# of Clients Hospitalized	8	1	2%	25	1	4%
# of Days of Hospitalization	68	6	N/A	454	25	N/A
# of Clients with more than one consecutive period of hospitalization	1	0	0%	9	1	2%
# of Unique Clients Served by Program	351			565		

*Crisis services were pulled from Exodus cost center in Avatar from July 2015 through June 2016. This data was pulled on July 27, 2016 and reflects real time data. Crisis reoccurrence is defined as more than one 23 hour period visit at those locations.*

*Hospitalization data was pulled on July 27, 2016 and reflects real time data. Client counts may have changed due to Avatar corrections. Data was pulled from Crestwood PHF, Exodus PHF and hospitals in Avatar.*

- 3. All clients served primarily received therapy and case management services.
- 4. Patient Health Questionnaire (PHQ-9) - The PHQ-9 is administered to clients in the program and is used for screening, monitoring, and measuring the severity of depression. Data was pulled for FY 15-16 and 192 matched pairs were found. 72% of clients showed improvement in their PHQ-9 scores and 11% maintained their scores. This significant improvement in client's PHQ-9 scores may be attributed to the collaborative treatment design of the Perinatal Program in offering wrap-around services that include therapy, medication, and case management, as well as the fact that 'Perinatal Mood and Anxiety Disorders' are generally temporary conditions.



**DEPARTMENT RECOMMENDATION(S):**

The Department recommends continuing funding for the Perinatal program for FY 2016-2017.