Cooperative Agreement for Participation in the

2017-2018 PCMH-Kids Behavioral Health Learning Collaborative:

Postpartum Maternal Depression Screening

**Background**

PCMH-Kids was convened in 2013 to extend the transformation of primary care to practices that serve children across Rhode Island. In 2013, the PCMH-Kids Stakeholders formulated 10 Guiding Principles to inform the overall strategic direction of the Initiative and ultimately the contract language of the Common Contract. Worth mentioning is Guiding Principle #2: PCMHs address the physical, developmental, behavioral, social, emotional, environmental, and oral health needs of children and youth.

**PCMH-Kids Behavioral Health Learning Collaborative 2017-2018**

Behavioral health and practice learning is a critical element to the success of practice transformation, improved population health management, and movement to advanced payment contracts.

The Care Transformation Collaborative of Rhode Island (CTC-RI) is dedicated to support PCMH-Kids practices in committed learning to improve the behavioral health care strategies of the primary care sites, and has been successful in securing additional funding from Tufts Health Plan and the State Innovation Model (SIM) grant. These funds will help to support the PCMH-Kids practice teams in a second behavioral health learning collaborative to learn best practices for Postpartum Maternal Depression screening, provide practice stipends for participation, and provide practices with practice facilitation and content expert support.

**Population Opportunities**

According to the American Academy of Pediatrics (AAP), every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most underdiagnosed obstetric complication in America. “If the maternal depression persists untreated and there is not intervention for the mother and the dyadic relationship, the developmental issues for the infant also persist and are likely to be less responsive to intervention over time.” Unpublished Medicaid data showed that approximately 80% of the highest cost pediatric population had a primary diagnosis of mental health and/or substance abuse.

According to the AAP informational bulletin issued on May 11, 2016:

* Studies of families of a person with major depression that began before 30 years of age demonstrate

that the parent, siblings, and children are 3 to 5 times more likely to have major depression themselves;

* Maternal depression can have a lasting impact on a child’s health and well-being if left untreated. When parents are depressed it can negatively impact a child’s development, impede their ability to learn, and have effects that can last into childhood; and
* The ‘Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents’ recommends a postpartum checkup as part of well-child visits, including depression and substance use disorder screenings and maternal depression screenings as a best practice for pediatricians.

Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction, and adversely affects early brain development. According to a study conducted in 2007, families with a depressed parent (i.e., any parental depression) over utilize health care and emergency facilities. Investing in effective prevention, early identification, and treatment will not only support children to reach their full potential, but also may lead to improved health of future adults.

**Practice Requirements for receipt of stipend**

$2,000 will be disbursed to the practice after signing the cooperative agreement by April 25, 2017, and attending the first meeting on April 26, 2017. Practices are expected to send their practice team, including, but limited to: provider champion, care coordinator, office manager, and care coordinator/ behavioral health provider (if present), to the April learning session.

$2,000 will disbursed after participation in full learning collaborative activities:

* Submit MeHAF Site Self-Assessment as pre- and post- assessment (by June 5, 2017 and March 5, 2018 respectively)
* Submit work plan with AIM statement by June 5, 2017
* Report AIM statement measure results quarterly at CTC Behavioral Health meetings
* Attend quarterly CTC Pediatric Behavioral Health meetings:

o *June 8, 2017*-practices will share baseline measure and share activities of work plan;

o *September 14, 2017*-practices will share second data point and report on progress in work plan;

o *December 14, 2017*- practices will share third data point and report on progress in work plan; and

* *March 8, 2018* - final meeting where practices should present fourth data point and a summary of the year’s activities in this learning collaborative.
* Engage with Practice Facilitators, at least 2-4 additional hours per month and content expert.

Care Transformation Collaborative of RI Primary Care Practice Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Thomas Bledsoe, MD Signature of Authorized Staff