Helping Families Raise Healthy Children

Identifying and helping families with parental depression and early childhood developmental delays in Allegheny County, Pa.

SUMMARY

The behavioral health, early intervention, and maternal and child health care systems in Allegheny County, Pa., worked together from August 2009 through July 2013 to build an infrastructure to better identify and engage low-income families facing parental depression and developmental delays in their infants and toddlers. The project, called Helping Families Raise Healthy Children, focused on giving the support and services these families needed to live healthier lives.

Community Care Behavioral Health Organization (a Medicaid behavioral health managed care organization) led the project, in collaboration with the Alliance for Infants and Toddlers (the early intervention services coordinator in Allegheny County). RAND Corporation evaluated the project.

Project partners implemented protocols for depression screening and referrals for parents of children already receiving early intervention services. They trained early intervention service coordinators to offer the screening; and trained behavioral health, early intervention, and maternal and child health care therapists and practitioners in care that supports the parent-child relationship. They also convened a learning collaborative for providers to support cross-system collaborations.

Key Findings

Evaluators from RAND Corporation reported key findings in a 2013 report, Transforming Systems for Parental Depression and Early Childhood Developmental Delays: Findings and Lessons Learned from the Helping Families Raise Healthy Children Initiative.

- The Alliance for Infants and Toddlers service coordinators screened 63 percent of families offered screening, which is higher than the 53 percent found in similar studies.

---

1 Early intervention is a process of assessment and therapy provided to infants and toddlers to facilitate normal cognitive and emotional development and to prevent developmental disability or delay.
They identified 695 parents with, or at risk for, depression; 315 were identified through the screening process; 152 self-identified as needing help; and 228 were referred from community partners.

Of 228 parents identified and referred to the project by care providers in the community, 18 percent had a child with a previously unidentified and untreated developmental delay. Through this project, they received referrals for an individualized family service plan, an early intervention service for their child.

429 (62%) of the 695 parents identified with, or at risk for, depression received referrals for services and supports. The 62 percent referral rate is higher than the average 52 percent referral rate after a positive depression screen found in survey estimates.

305 (71%) of the 429 parents referred for services and supports engaged in these services. The 71 percent engagement rate (defined as receiving at least one session of one referred service) was high compared to the 37 percent engagement rate seen in other studies of depressed low-income women.

**Significance of the Project**

Helping Families Raise Healthy Children integrated some previously separate efforts of the behavioral health, early intervention, and maternal and child health care systems in Allegheny County, Pa., to help families facing parental depression and early childhood developmental delays. The work was sustained after project funding ended.

**Funding**

The Robert Wood Johnson Foundation (RWJF) supported Helping Families Raise Healthy Children through the $141.2 million Robert Wood Johnson Foundation Local Funding Partnerships program with a grant of $500,000. The program, which ran from March 1987 to July 2015, supported innovative, community-based projects that improve health and health care for underserved and vulnerable populations through matching grants. Read the Special Report for more information on the program.

Under RWJF Local Funding Partnerships, community funders needed to least match RWJF funding. Helping Families Raise Healthy Children raised matching funds totaling $625,000. Highmark Foundation and UPMC Health Plan were the major funders, each providing $200,000.

The Allegheny County Department of Human Services Office of Behavior Health and the Pennsylvania Department of Public Welfare each provided about $550,000 for the

---

2 When a child does not reach developmental milestones at the expected times
project, but this was not part of the matching funds. The total raised for this project was $1.62 million.

See Appendix 1 for details on other funders.

**CONTEXT**

Children of parents with untreated depression have more social and emotional problems than other children, and are more likely to have delayed or impaired cognitive function, language skills, and social interactions.\(^3\) Having a child with developmental delays increases the risk for depression.\(^4\) Although parental depression and early childhood developmental delays are closely related, the systems to identify and treat them are typically separate.

**The Need for Integrated Services and Supports**

Among low-income families in Allegheny County, Pa., which includes Pittsburgh, parental depression and developmental delays are common. Yet, the behavioral health, early intervention, and maternal and child health care systems here as elsewhere operated in silos, generally diagnosing and treating these problems separately. Where these problems co-occurred, many caregivers, mostly mothers, were not getting the support and services they needed to manage both their depression and their child’s developmental needs.

**Allegheny County Maternal and Child Health Care Collaborative**

**A Community Blueprint for Action**

The community-based Allegheny County Maternal and Child Health Care Collaborative was established in 2002 to improve health care service delivery and outcomes for Medicaid-eligible mothers in Allegheny County and their young children. The collaborative began when the Heinz Endowments, a local philanthropy, commissioned the RAND-University of Pittsburgh Health Institute to convene stakeholders to develop a community blueprint for action for sustainable, systems-wide improvements in maternal and child health care.

---


Partners include:

- **Community Care Behavioral Health Organization**, a Medicaid behavioral health managed care organization serving Allegheny County and based in Pittsburgh.

- **Alliance for Infants & Toddlers**, which is based in Pittsburgh and coordinates early intervention services for families with children up to three years of age in Allegheny County. Early intervention is a process of assessment and therapy provided to infants and toddlers to facilitate normal cognitive and emotional development and to prevent developmental disabilities or delays.

Under Part C of the Federal Individuals with Disabilities Education Act (2004), the federal government provides grants to help states provide comprehensive statewide programs for early intervention services for children from birth to age three with disabilities.5

A consortium of local foundations funded the collaborative, with matching support from the Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services and the Allegheny County Department of Human Services Office of Behavioral Health.

**A Focus on Parental Depression**

After publishing the community blueprint for improving maternal and child health care in 2005, the collaborative did pilot tests to improve quality in prenatal care and treatment for maternal depression. The pilot’s screening for parental depression (usually mothers) showed that many parents with depression had children with developmental delays who were receiving separate early intervention services.

The collaborative began to focus on better ways to screen pregnant women and mothers of children under the age of one in order to increase referrals of women with depression to appropriate behavioral health and support services.

**THE PROJECT**

From August 1, 2009 to July 31, 2013, the behavioral health, early intervention, and maternal and child health care systems in Allegheny County, Pa., worked together to build an infrastructure to better identify and engage low-income families facing parental depression and developmental delays in their infants and toddlers. The project, called Helping Families Raise Healthy Children, focused on helping these families receive the support and services needed to live healthier lives.

---

5 Part C, the Early Intervention Program for Infants and Toddlers with Disabilities, was created to enhance the development of infants and toddlers and the capacity of families to meet their child’s needs. It contains many requirements states have to meet, including the minimum components of their early intervention programs for children ages 0–3 with disabilities.
The Community Care Behavioral Health Organization led the project, in collaboration with the Alliance for Infants and Toddlers; the RAND Corporation evaluated the project. A family advisory council, comprised of eight caregivers (seven parents and one grandparent) from families that had experienced parental depression, gave advice on plans, tools, strategies, and materials.

The family advisory council ensured that materials such as a self-help tips booklet for overwhelmed parents and the depression screening tool used were appropriate. “They know the needs of families and what kinds of things could be helpful better than anyone,” said Patty Schake, MSW, LSW, project director at Community Care Behavioral Health Organization. Members of the family advisory council also shared their stories with service providers during training sessions, which energized those working in participating organizations.

More than 30 organizations in Allegheny County participated in Helping Families Raise Healthy Children, including medical and behavioral health providers, early intervention personnel, managed care organizations, and community organizations working in maternal and child health care. Their roles differed by type of organization, and included identifying at-risk families and referring them for assessment, assessing families, and providing service coordination, services, and supports.

See Appendix 2 for a description of the roles of project leaders and other participating organizations. See Appendix 3 for a list of all participating organizations.

**Project Activities**

The project team:

- Developed and implemented protocols for depression screening and referrals for parents of infants and toddlers
- Trained more than 60 early intervention service coordinators at the Alliance to offer and employ the depression screening. They used:
  - A two-question patient health questionnaire for the initial depression screening
  - A nine-question patient health questionnaire to screen for depression severity in parents who answered yes to either question of the two-question screening above
  - The parenting stress index-short form for parents whose scores on the nine-question screening indicated risk for at least moderately severe depression
- Trained more than 300 therapists and practitioners from the behavioral health, early intervention, and maternal child health care systems in family-centered and relationship-based models of care. Relationship-based care helps parents interpret and
respond to their infants’ or toddlers’ cues, express their own emotions, and prevent or repair damage to the parent-child relationship.6

- Convened a learning collaborative for early intervention and behavioral health providers to support project implementation and the development of cross-system relationships and collaborations
  - Conducted outreach with partner organizations, including working with behavioral health providers to expand their capacity for relationship-based and home-based services for families
  - Facilitated work groups on data collection, policy/outreach, and integration

Throughout the project, early intervention service coordinators at the Alliance identified at-risk families through:

- The screening process
- Families who asked for help with caregiver depression
- Referrals from community partners

They screened all consenting parents of infants and toddlers receiving early intervention services for depression. Where possible, service coordinators re-assessed parents who tested positive, or were at risk for depression, every six months (6, 12, 18 and 24 months after the initial screening). They also attempted to assess parental stress and health and child health usually around the same times.

**Services and Support**

For families with a consenting parent who had depression or were at risk for it, service coordinators at the Alliance coordinated child early intervention, behavioral health services, and other community-based services and supports. The service coordinator suggested referrals and services based on a discussion with the parent about past experiences with depression and treatment received, the parent’s stressors, and the strength of the family’s support systems. The families received early intervention services, and some behavioral health services, at home.

Two grant-funded mental health specialists worked at the Alliance to support service coordinators and early intervention providers in their work in the home with screening, referrals, and relationship-based care and linked parents to services for behavioral health assessment and treatment. These specialists also tracked families that were not receiving early intervention services for a child but had a parent with, or at risk for, depression.

---

6 This approach is grounded in attachment models with emphasis on parallel processes, such that what happens in one set of relationships will be mirrored in other relationships (i.e., the provider’s way of being with and relating to the caregiver will eventually be replicated in the way the caregiver relates to the child).
Tracking consisted of periodic home visits and phone calls to monitor child development and discuss it with the parent.

Types of Services

Home-based early intervention services included: speech, physical, and occupational therapy; visits by a developmental specialist; and vision, nutrition, or social work services.

Behavioral health services included clinic-based mental health services and community or home-based mental health services. Examples of clinic-based services included:

- Evaluation and psychiatric assessment
- Outpatient therapy
- Crisis management

In many areas, home-based behavioral health services were available, mostly for families on Medicaid. Examples of these services included:

- Mobile outpatient therapy and crisis intervention services
- Team-delivered mental health and service coordination services

Community-based services included:

- Services with home visits (e.g., Early Head Start, Healthy Start, and nurse home visiting programs)
- Social services (e.g., social work services, parenting supports, social supports, and mental health services)

For two stories of young mothers helped by the project see the sidebars, “Helping a Young Mother Meet the Needs of Twins,” and “Using Exercise to Conquer Depression.”

Help for Participating Organizations

Throughout the project, project staff provided technical assistance, infrastructure support, and data collection, and communication tools to facilitate interactions within and across the behavioral health, early intervention, and maternal and child health care systems.

Evaluation

RAND Corporation, a research organization based in Santa Monica, Calif., that develops solutions to public policy challenges to make communities safer, more secure, healthier, and more prosperous, evaluated the project.

RAND used both quantitative and qualitative data in its evaluation.
Methodology

The evaluators measured process, individual outcome, and system impact:

- Process measures (e.g., number of caregivers screened, referred, and engaged in services) helped determine the extent to which the project components were being implemented according to the plan.

- System impact measures at the provider and system levels provided information on the factors affecting implementation (e.g., cross-system referral) and improvements in provider knowledge, attitudes, beliefs, and behaviors on the subjects of parental depression, infant-parental attachment, and relationship-based care.

- Individual outcome measures (e.g., changes in parent depression and stress) indicated whether the project components (i.e., screening and identification, referral, and engagement in relationship-based care) were associated with decreases in parental depression and stress and improvements in parental and child health.

For more information about evaluation methodology, see Appendix 4.

FINDINGS

Evaluators from RAND Corporation reported findings in *Transforming Systems for Parental Depression and Early Childhood Developmental Delays: Findings and Lessons Learned from the Helping Families Raise Healthy Children Initiative* (2013).

Findings on Project Implementation

- The project identified 695 parents with, or at risk for, depression for referral for support and services:
  
  — 315 parents (45% of the total) were identified during 4,185 parent screenings by early intervention service coordinators at the Alliance for Infants and Toddlers. Service coordinators screened 63 percent of families offered screening, which is higher than the 53 percent found in similar studies.

  — 152 additional parents (22%) self-identified by asking for help with depression.

  — 228 additional parents (33%) were identified and referred by various community partners:
    
    - 18 percent of these parents had a child with a previously unidentified or untreated developmental delay. Through this project, the children were referred for early intervention services.

- 429 (62%) of the 695 parents with, or at risk for, depression received referrals for services and supports. The balance of families linked to depression were offered referrals but did not want them.
The 62 percent referral rate is higher than the average 52 percent referral rate after a positive depression screen found in survey estimates.

“The initiative’s relatively high rate of referral suggests that its cross-system orientation and collaboration, training on referral processes, and additional program supports were effective in helping to ensure that appropriate referrals were made,” said the RAND evaluation report.

- **305 (71%) of the 429 parents referred for services and supports engaged in these services.** This engagement rate was relatively similar across the three pathways:
  - 67 percent engagement for those screened by the Alliance in child early intervention visits
  - 75 percent engagement for self-identified families
  - 73 percent engagement for families referred by a community-based partner

*The 71 percent engagement rate was high compared to the 37 percent engagement rate seen in other studies of depressed low-income women.*

According to the RAND evaluators, possible reasons are:

- The project made it easier to get services.
- Service coordinators or mental health specialists directly connected parents seeking treatment with behavioral health providers.
- The relationship-based approach helped parents understand the benefits of services for themselves and for their child.
- A trusted service coordinator made the referral and connected the parents to services.

“People got connected and stayed with treatment,” noted Schake. For example, 83 parents not already receiving services who were qualified for medical assistance initiated a wide range of mental health and drug and alcohol services through Community Care Behavioral Health Organization within six months of being screened.

---

7 Engaging in services meant receiving at least one session of one service for which they were referred.
Of all parents eligible for referred services:

— 51 percent received outpatient behavioral health services (median number of sessions 2.0)

— 53 percent received team-delivered, in-home behavioral health services (median number of sessions 31.5)

— 39 percent received home-based outpatient therapy

— 27 percent received medications, which may have included medications to treat depression

Project staff at Community Care Behavioral Health Organization also noted that offering more behavior treatment services in the families’ homes contributed to a higher than average number of sessions. For example, parents had an average of 5.5 home-based outpatient therapy sessions, compared to an average of one session for traditional office-based therapy offered a similar group.

Findings on System Impacts

Screening and Identification

• With validated tools and well-defined processes, screening for parental depression can be integrated into routine care in the early intervention system. The consistent screening rate throughout the project indicates that service coordinators understood and followed the protocol for this and parents accepted the depression screening as a normal part of their interaction with early intervention.

• Having the knowledge, tools, resources, and confidence in their ability to support parents is critical to the success of service coordinators and their supervisors in integrating a depression screening protocol into existing processes.

Cross-System Networking and Referrals

• Collaborative relationships at every level within and across systems were developed and strengthened through training and networking meetings. This helped administrators and providers understand each system’s role and how to support each other in providing services for at-risk families through cooperative and collaborative efforts. Overall, the efforts to develop cross-system networks and communication channels increased service capacity, communication, and coordination within and between the early intervention and behavioral health systems.

• The referral process was integrated into routine practice. Developed in conjunction with service coordinators and supervisors, these defined protocols and concrete guidance about options enabled providers to make knowledgeable and
personal referrals that matched family needs and contributed to a high rate of referral acceptance by families.

For more finding on systems impacts, see the RAND evaluation report.

**Findings on Individual Outcomes**

Because of the many factors impacting parents, the initiative was limited in its ability to determine whether screening, referral, and engagement in services were directly associated with improved individual-level outcomes.\(^8\)

- **Parents with, or at high risk for, depression who engaged in relationship-based treatment and/or service coordination within the early intervention or behavioral health systems had a significant reduction in depression.** Those who only engaged in relationship-based service coordination and did not receive formal behavioral health treatment, saw similar reductions in depression.

  RAND evaluators speculate that this overall downward trend for both groups may reflect a gradual process of adjusting to the stressful situation of having the parent’s child identified as having a developmental delay.

- **Parental stress scores decreased significantly overall and for parents who engaged in relationship-based services within the early intervention or behavioral health systems.** A similar reduction in stress was noted for parents who did not engage in these services. Again, this may reflect a gradual process of adjustment to parents’ stressful situations.

**Conclusion**

Evaluators at RAND concluded that Helping Families Raise Healthy Children “represents a significant step forward in addressing the problem of caregiver depression and childhood developmental risks among families in Allegheny County.”

Project partners, in a 2012 article in *Translational Behavioral Medicine*,\(^9\) concluded that:

“Cross-system collaboration is an attainable goal that can improve service delivery for individuals needing services in multiple systems.”

The article noted that building relationships and creating new pathways across existing service systems was the key component in identifying parents at risk for depression and

---

\(^8\) For more information, see page 107 of *Transforming Systems for Parental Depression and Early Childhood Developmental Delays: Findings and Lessons Learned from the Helping Families Raise Healthy Children Initiative.*

connecting them with appropriate services, in both the early intervention and behavioral health systems.

With only modest start-up costs for training and building relationships between systems, parents receiving early intervention services for their children can now more easily get behavioral health services. Medical providers can help parents more easily get behavioral health services, for example, simply by referring them to the early intervention system where they qualify for it.

**Recommendations**

RAND evaluators developed the following key recommendations for decision-makers and practitioners to move toward a more integrated and coordinated approach to caregiver depression and early childhood developmental delays (from *Transforming Systems for Parental Depression and Early Childhood Developmental Delays: Findings and Lessons Learned from the Helping Families Raise Healthy Children Initiative*).

**Recommendation to the state legislature**

- Mandate universal screening for parental depression in the Part C child early intervention system.

**Recommendation to state and/or county early intervention agencies (Pennsylvania Department of Public Welfare, Office of Child Development and Early Learning; county early intervention coordination units)**

- Add parental depression as a tracking category for early intervention services.

This recommendation has already been followed in Allegheny County, says Sherry Shaffer, regional director for Allegheny County programs at Community Care Behavioral Health Organization. “Allegheny County has decided to fund early intervention tracking services through county-based mental health dollars,” she said.

For the full recommendations, see the full RAND evaluation report.

**Communication Results**

Evaluators from RAND Corporation published not only their full *Transforming Systems* report, but an overview.

*A Toolkit for Implementing Parental Depression Screening, Referral, and Treatment Across Systems*, developed by project staff, explains the interconnectedness of caregiver depression and early childhood developmental delays, offers a step-by-step guide to implementing screening and an analysis of the implementation costs, and provides
guidance on building relationships to sustain a cross-system network of service organizations and health care providers.

Project staff sent the toolkit to the head of every early intervention and behavioral health department in Pennsylvania. Staff also disseminated the toolkit and the evaluation report through 10 national conferences in 2011 and 2012 and made them available online, and published an article in *Translational Behavioral Medicine*.

Project staff also held a policy forum to share the initiative’s final results with others in the field, held April 19, 2013 in Pittsburgh. More than 100 professionals and stakeholders in behavioral health, maternal child health care, child development, and policy attended.

See the Bibliography for details.

**SIGNIFICANCE OF THE PROJECT**

Helping Families Raise Healthy Children changed the way the behavioral health, early intervention, and maternal and child health care systems work in Allegheny County, Pa., say Community Care Behavioral Health Organization’s Schake and Shaffer. Now these systems communicate effectively and work together to help more families facing parental depression and early childhood developmental delays receive support and services needed to live healthier lives.

The project:

- Fully integrated screening and identification of parents with, or at risk for, depression into the early intervention system
- Established clear and simple referral pathways across the early intervention, behavioral health care, and maternal and child health care systems
- Institutionalized relationship-based services among early intervention and behavioral health providers

“We got a chance to change the world and see it work and be sustained,” said Shaffer.

**Exiting Silos and Focusing on the Parent-Child Relationship**

Integrated systems and services really made a difference for families.

“The shift from a fragmented system to an integrated system where folks work together and don’t treat parents and children as if they’re separate is key. Folks are no longer operating in silos,” says Schake.
She notes also that both providers and families find supporting the parent-child relationship (the relationship-based approach) to be very useful. “I think that’s reflected in the high engagement rate,” said Schake. Before the project, early intervention and behavioral health providers did not know much about this approach.

LESSONS LEARNED

Lessons From the Project Leaders

1. **Involve stakeholder groups early in systems change efforts.** Key stakeholders in the early intervention, behavioral health care, and maternal and child health care systems in Allegheny County had been working together for years through the Allegheny County Maternal and Child Health Collaborative. They believed in the project and were willing to facilitate systems change.

   “There’s always resistance to change. You have to have champions at each organization and each level of the organization. Engaging folks who are really enthusiastic and put in the time and energy to make it happen is really critical to moving things forward,” said Schake.

2. **Recruit leaders in human services agencies as champions of projects involving key changes within their public systems.** The Allegheny County Department of Human Services, which includes mental health, child welfare, and early intervention services, was a key partner in achieving systems change.

   “It’s important to have your human services leadership take a lead and stand up and say, ‘we want to make changes to improve the lives of young children,’ ” said Shaffer.

3. **Begin sustainability planning early.** The project’s design to integrate its new services as permanent elements of existing service delivery and to institutionalize the project’s new practices as routine care, ensured the sustainability of this project. Regularly updated outreach and communication plans in the service area and beyond also facilitated sustainability. (Report from Community Care Behavioral Health Organization to RWJF)

4. **Communicate regularly and often with stakeholders.** Project leaders organized more than 80 meetings to strengthen relationships and collaborations among agency staff, including two meetings each year for staff in participating organizations. The project leaders (Community Care Behavioral Health Organization and the Alliance for Infants and Toddlers), and the evaluators at RAND, communicated regularly by phone and email. They also shared interim evaluation updates, the final report, and the toolkit with all participating organizations. This helped keep the participating
organizations engaged with the project. (Report from Community Care Behavioral Health Organization to RWJF)

5. **Use evaluation and continuous quality improvement to respond quickly to issues and thus strengthen a project.** This project had a strong evaluation plan and used continuous quality improvement to make improvements in response to emerging data. For example, by tracking process measures in a database, project staff members were able to target service coordinators and other providers who needed more training and support in incorporating depression screening in their interactions with parents. (Report from Community Care Behavioral Health Organization to RWJF)

### Lessons From the Evaluation Report

6. **Expanding the criteria for risk factors for early intervention increases opportunities for identifying early childhood developmental delays.** The addition of caregiver depression as a qualifying risk factor for child early intervention and at-risk tracking services in this project provided a way to identify children with previously unidentified developmental delays and link them with needed services.

7. **Strong relationships and trust between providers and parents are key to successful referrals.** The strength of the relationship with his or her provider can improve a parent’s acceptance of, and follow-through on, referrals following an initial screening. Referrals and “warm transfers” (i.e., from a trusted provider) to other services and supports can increase a population’s access to, and engagement in, services and treatment.

8. **Increase parents’ engagement in treatment services by expanding providers’ capacity for relationship-based practice.** Providers are willing to learn about relationship-based care and how to effectively engage families, when it is offered. This learning, focused on the parent-child relationship and its link with child development, actually encourages parents in disclosing depression and/or parenting stress, and provides motivation for engaging in services or treatment.

### Additional Lessons

For more lessons learned, see:

- Chapter Four of *Transforming Systems for Parental Depression and Early Childhood Developmental Delays: Findings and Lessons Learned from the Helping Families Raise Healthy Children Initiative*

- *A Toolkit for Implementing Parental Depression Screening, Referral, and Treatment Across Systems.*
AFTERWARD

Sustaining the Work

The systems and processes developed under Helping Families Raise Healthy Children have been fully integrated into routine care within the existing service delivery systems in Allegheny County, Pa.

For example, the Allegheny County Office of Behavioral Health and the Regional Office of Child Development and Early Learning are supporting depression screening as part of early intervention and have added primary caregiver depression as an eligible risk factor for tracking services. For participating families who are on Medicaid, reimbursement from Medicaid is being used to support some services and practices.

Spreading the Model

Helping Families Raise Healthy Children, including wide distribution of the project toolkit, has served as catalyst for other communities in Pennsylvania to replicate its features. Project team leaders from Community Care Behavioral Health Organization and the Alliance for Infants and Toddlers have provided technical assistance to five counties in Pennsylvania (York, Adams, Huntingdon, Mifflin, and Juniata), which have implemented depression screening in early intervention and home-based mental health services for Medicaid-eligible families.

Community Care Behavioral Health and the Alliance plan to continue to provide technical assistance and share its experiences and all resources with communities interested in replicating the project.

SIDEBARS

HELPING A YOUNG MOTHER MEET THE NEEDS OF TWINS

Chanel, a young single mother of twins living in an inner city, low-income housing complex, was so overwhelmed that she wanted to go to sleep and never wake up. After her pediatrician referred the twins for a developmental evaluation, Ann, an early intervention service coordinator, went to see Chanel.

During the evaluation, Chanel spoke slowly with little expression. Ann asked if this was a really hard time for Chanel, with no help with the babies, and being worried about what the pediatrician said. Chanel nodded and made eye contact for the first time.

Ann told Chanel about the depression screener, which is offered to all families. Chanel filled it out and Ann saw that Chanel was at high risk for depression. Ann referred Chanel
to Holly, a mental health therapist who began to visit Chanel at home. At first, Chanel was unsure about this, but over time her mood lightened and she looked forward to Holly’s visits.

One of the twins, Luke, needed physical therapy. Ann referred her to Lynne, a physical therapist who also came to the home. Before starting physical therapy, Lynne always asked how Chanel was doing. She made Chanel an active participant in the therapy, rather than an onlooker. For example, Lynne gave Chanel new therapy objects to introduce to Luke and told her how to use them. Physical therapy not only strengthened Luke physically; it also strengthened the relationship between Luke and Chanel.

**USING EXERCISE TO CONQUER DEPRESSION**

Single mother Nichelle felt sluggish, fatigued, and unattractive—and not at all like her regular self. Ferrell, the mental health therapist who visited her at home, suggested that Nichelle try using the bike trail near the home. For the next session, Ferrell brought her bike and the two women spent their next session on bikes. Nichelle continued to ride the bike, and now bikes with her kids.

The exercise Nichelle is getting is one of the best ways to conquer depression. She felt better and was more able to be a responsive, engaged, and alert parent.

---

**Prepared by: Lori De Milto**

**Reviewed by:** James Wood and Molly McKaughan

**Program Officer:** Jane Isaacs Lowe

**Grant ID #:** LFP 66558

**Project Director:** Patty Schake (412) 402-7546; schakepl@ccbh.com

**Project Director:** Sherry Shaffer (412) 454-2663; shaffersl@ccbh.com
APPENDIX 1

Other Funders

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegheny County Department of Human Services Office of Behavior Health</td>
<td>$550,000</td>
</tr>
<tr>
<td>Pennsylvania Department of Public Welfare</td>
<td>$550,000</td>
</tr>
<tr>
<td>Highmark Foundation</td>
<td>$200,000</td>
</tr>
<tr>
<td>UPMC Health Plan</td>
<td>$200,000</td>
</tr>
<tr>
<td>The Pittsburgh Foundation</td>
<td>$90,000</td>
</tr>
<tr>
<td>Fine Foundation</td>
<td>$60,000</td>
</tr>
<tr>
<td>FISA Foundation</td>
<td>$60,000</td>
</tr>
<tr>
<td>Jewish Healthcare Foundation</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

APPENDIX 2

Key Project Roles

Project leaders:

- Community Care Behavioral Health Organization provided care management to families and facilitated access to resources and services. Staff also facilitated the involvement of the behavioral health providers.

- Alliance for Infants and Toddlers screened and identified families and linked them to available and appropriate supports, services, and treatments. The Alliance also educated and supported service coordinators in a relationship-based approach to service coordination. Relationship-based care helps parents interpret and respond to their infants’ or toddlers’ cues, express their own emotions, and prevent or repair damage to the parent-child relationship.

Evaluator:

- The RAND Corporation

Other participating organizations:

- Early intervention service providers provided in-home, relationship-based services for children with developmental delays.
● Behavioral health providers offered well-established treatments for families with very young children, including home-based mental health treatment services for families on Medicaid.

● Maternal and child health care providers and community organizations identified families at high risk for depression and referred them to the Alliance for screening and developmental assessment of their children.

● State and local purchasers and policy-makers supported practice and policy changes to enhance the ability of systems partners to carry out their agreed-upon roles.

● Other community organizations offered support (e.g., data collection and analysis, and access to resources and services outside the maternal and child health care system).

APPENDIX 3

Participating Organizations

Organizing Partners

● Alliance for Infants and Toddlers
● Community Care Behavioral Health
● Family Advisory Council

Evaluator

● RAND Corporation

Community Partners

● Early intervention network of service providers:
  — Achieva
  — Early Intervention Specialists
  — Early Learning Institute
  — Integrated Care
  — Pediatric Therapy Professionals
  — Therapeutic Early Intervention Services
● Part C Early Intervention System
Maternal and Child Health Care System

- Allegheny County, Department of Human Services
- Behavioral health network of providers:
  - Allegheny County Department of Human Services, Office of Behavioral Health
  - Allegheny Family Network
  - Every Child, Family Resources
  - Family Services of Western PA
  - Holy Family Institute
  - Matilda Theiss Child Development Center
  - Mercy Behavioral Health
  - Mon Yough Community Services
  - Re:solve Crisis Network
  - Sojourner House
  - Turtle Creek Valley MH/MR
- Physical health Medicaid managed care organizations
- Physical health providers:
  - Children’s Hospital Primary Care Center
  - Kids Plus Pediatrics
  - Magee-Women’s Hospital of UPMC
  - Primary Care Health Services, Inc.
  - Sto Rox Neighborhood Family Health Center
  - UPMC Family Medicine

Maternal and Child Health Community Organizations

- Birth Circle
- Children’s Home of Pittsburgh
- Early Head Start:
  - COTRAIC
— Family foundations

- Healthy Start
- Maternal and Child Health Programs of the Allegheny County Health Department
  Family Support Centers
- National Fatherhood Initiative
- Perinatal Depression Collaborative

**APPENDIX 4**

**Methodology**

**Process Measures**

The evaluators assessed the number of caregivers referred to services, the referral rate, the number and type of referrals, and the outcome of the referral process. To evaluate the engagement in treatment goals, the process measures included the number of referred caregivers engaged in behavioral health treatment as well as the type of treatment, the engagement rate, the number of referred caregivers engaged in relationship-based interventions, and the type of relationship-based interventions.

**System Impact**

The evaluators assessed system impact with qualitative data collected through:

- Focus groups with early intervention and behavioral health providers and service coordinators
- Training surveys completed by early intervention and behavioral health providers
- Telephone interviews with 15 caregivers who received services from the Alliance

**Individual Outcome Measures**

- The evaluators used the initial depression screening measures and three follow-up screenings (6, 12, and 18 months later), along with assessments of parental stress, caregiver health, and child health usually done around the same time.
BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Article


Reports


Toolkits


Communications