Family Home Visiting Improving Caregiver Depression Referrals

This document is a section of the Caregiver Depression Screening toolkit. This document focusing on how home visiting agencies can utilize continuous quality improvement (CQI) methods to improve caregiver depression referral practice.

Depression Referrals

This toolkit provides information on three foundational components of building a referral network:

- Identifying resources for clients who screen positive.
- Building relationships with organizations in the community that would be receiving referrals from home visitors.
- Developing a process and protocol to ensure all clients receive referrals if they screen positive.

Identifying Resources

To streamline the referral process and ensure that clients are getting the support they need as quickly as possible, home visiting organizations should have collected information about referral and crisis intervention resources in their community prior to screening.

A home visiting organization could identify mental health resources by completing a community inventory. An inventory of community resources can be most helpful to home visitors and caregivers when it contains up-to-date information on address, hours, services, and eligibility. If an inventory is developed, a process for regularly updating the inventory should be developed as well to ensure that clients are receiving accurate information. The inventory could be used to create an accessible list of resources for clients. Accessible could mean placing the inventory online, making a visual display in home visiting offices, or creating a brochure with the most commonly used resources. Collaborating with parents and seeking their feedback on how best to display resource information could improve accessibility and result in creating a resource list that is most responsive to the needs of home visiting families.

Asking home visitors and caregivers about resources that are commonly used can help home visiting organizations identify potential referral partners. A referral partner could be an organization that frequently partners with home visiting services or serves a lot of home visiting clients. Placing materials like a brochure or flyer from a referral partner in home visiting offices could provide clients with another way of accessing information on resources outside of screening and referrals.

Building Relationships

Developing relationships with organizations or providers who referrals are often made to can encourage warm hand-offs between home visitors, caregivers, and service providers while also helping home visitors to stay up-to-date on any changes. Home visiting organizations might explore if there are committees or practice groups that staff could attend to develop relationships and stay in the loop with changing services, eligibility requirements, or referral processes. A component of building relationships could be strengthening a referral system that is already in place using continuous quality improvement methods or working together to develop a community referral system.

Developing a Referral Process and Protocol

Rapid referral, defined as referral to resources appropriate for the level of support indicated by the screening result, is the goal of screening. Connecting a caregiver to resources as soon as possible can lead to improved outcomes. As a best practice, referrals should be made as soon as possible. Home visitors are most likely already very familiar with the organizations in their communities that they make referrals for, but examining the referral process using a Swim Lane Map (https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html) can help to identify barriers and opportunities for improvement to streamline the referral process.

The management of releases of information at an organizational level can impact the referral process and protocol. Before a home visitor can make a referral, they will need a release of information from the caregiver they are working with. Questions to consider when examining the referral process and developing a protocol include:

- Do home visitors have access to releases of information for their clients?
- When is an appropriate time for home visitors to complete releases of information? Prior to any screening or after a concern is identified?
- How are releases of information stored? Are they accessible to home visitors if needed during a crisis?

The referral process begins when a caregiver is screened using one of the validated depression screening tools. The referral process and protocol should include next steps for caregivers who don't screen positive for depression as well as caregivers for which a concern is identified. If a primary caregiver does not screen positive, they could still be in need of services and potentially benefit from a referral. Home visiting organizations should detail in a referral protocol how caregivers that do not screen positive receive follow-up or referrals to appropriate resources. For example, a caregiver could not screen positive using the EPDS took but has shared with their home visitor that they feel they could benefit from meeting with a mental health therapist and the home visitor has observed depressed mood in the caregiver for a few weeks. The home visitor should connect the caregiver to mental health resources and record this referral, regardless of the screening result. Although this referral will not be counted

towards performance measure data, it is best practice to provide referrals when clinical judgement indicates the caregiver could benefit from additional services.

The Guidance for Maternal Depression Screening & Treatment provides guidance on the type of referral that could be made depending on the screening score (see Figure 1). A referral protocol should detail how quickly an agency expects home visitors to make a referral to services if a concern has been identified. A best practice to implement could be that home visitors make referrals within 24 hours of identifying a concern.

Figure 1: Referral guidance associated with screening tool score

If there is a **positive answer** on Question 9 on PHQ-9 or Question 10 on EPDS or if it is determined that a mother is suicidal or homicidal, refer to Depression Crisis Intervention Algorithm **even with a minimal to moderate score.**

Table 1

PHQ-9/EPDS Score	GAD7 Score	Depression Severity	Family Home Visiting Guidance
0-4	0-4	None-Minimal	Refer to MDH FHV Algorithms for re-screen intervals.
5-9	5-9	Mild	Use professional judgement and consider other risk factors (below). Ask if a mother would like a referral or further support or evaluation is an option
10-14	10	Moderate	See MDH FHV Algorithm for detail. Recommend referral for evaluation.
15-19	11-14	Moderately Severe	See MDH FHV Maternal Depression & Crisis Intervention Algorithms. Recommend referral for evaluation.
20-27	15-21	Severe	See MDH FHV Maternal Depression Crisis Algorithm. Refer to Crisis intervention in your program area. Immediate action for intervention.

It is a recommended best practice to score screening tools immediately to ensure that caregivers receive rapid referrals to resources based on screening results, especially if crisis intervention is needed. A referral protocol should include information on how home visitors should respond to screening results if the scoring cannot be immediately completed and shared with the caregiver.

Engaging caregivers in the referral process can help to improve caregiver comfort with the process. A referral protocol should detail strategies for home visitors to use to engage caregivers in the referral process. A successful referral connection may include the following:

- **A warm referral.** This may be the best way to encourage your client's referral visit. A Warm Referral is an introduction either in-person or by phone where your staff making the referral makes the first contact on behalf of their clients and explains to the referral organization(s) the client's specific needs and schedules a visit.
- **Multiple referrals to different agencies** offering similar services as some agencies might have waitlists.
- **Offer to be present** when the call is made if the client is making the call.

- **Generate a list of questions**, either by the client or staff, to ask the service provider before making the call.
- **Offer to role play the call** with the client to increase their comfort level when making the call.
- **Schedule a joint appointment** with you, your client and the service provider. This may help to ease the transition with the new organization.
- **Encourage the client to write down** or put the appointment into their phone when the appointment is scheduled.
- **Brainstorm with the client** on how they will get to the appointment, arrange childcare, help with health insurance if needed and discuss the copay or any other barriers to accessing services with the new agency.

A referral protocol should detail how home visitors are tracking referrals and completing follow-up. Please see the **"Depression Referral Follow-up"** section for more guidance on this topic.

Crisis Response

Depending on the screening score, it might be appropriate to connect a caregiver to crisis intervention resources. A component of reviewing the referral process and protocol is examining the logistical aspects of providing crisis resource referrals, such as:

- If the client needs emergency services, what are the other options for transportation?
- How are releases of information managed? Do home visitors have releases to speak with their client's primary care providers or other service providers?
- How can home visitors support child safety during a mental health crisis?
- How will the health and safety of home visitors be protected when supporting clients experiencing a mental health crisis?

MDH has developed a Mental Health Crisis Algorithm (https://www.health.state.mn.us/docs/communities/fhv/cialgorithm.pdf) that can serve as a guideline for home visitor response to a mental health crisis.

Resources:

- The Mothers & Babies Program (https://www.mothersandbabiesprogram.org)
- Postpartum Support Minnesota (https://www.ppsupportmn.org/handouts)
- More than the Blues Toolkit (https://store.samhsa.gov/system/files/sma14-4878.pdf)
- Breastfeeding and Antidepressant Medication Chart (https://www.ppsupportmn.org/resources/Documents/PPSMantidep.pdf)

- Wilder Research Home Visiting Engagement and Retention (https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention)

Contact

If you have questions regarding this toolkit or continuous quality improvement efforts within the MDH Family Home Visiting Section, please email health.fhvcqi@state.mn.us.

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