

**TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY**  
**DEPARTMENT MANUAL**

Effective: 02/23/2010    Revised: 06/10/2010

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**PROTOCOL FOR PERINATAL WELLNESS PROGRAM**

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- Purpose:** To provide home visiting personnel with a protocol for utilization of the Edinburgh Postnatal Depression Scale and case management of those women identified with symptoms of perinatal mood and anxiety disorders.
- Scope:** All unlicensed home visiting staff and nurse case-managers employed by the Tulare County Health and Human Services Agency. “Unlicensed Home Visiting Staff” include CAST Staff and Community Health Technicians whose clientele include pregnant and/or postpartum women. “Nurse Case-Manager” includes Public Health Nurses and Registered Nurses whose clientele include pregnant and/or postpartum women and provide Perinatal Wellness Program case management services.
- Policy:** Edinburgh Postnatal Depression Scale assessment, intervention, case management, and documentation will be done in accordance with Tulare County’s Perinatal Wellness Program Protocol.

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**I.     DEFINITION OF PERINATAL WELLNESS PROGRAM**

The Perinatal Wellness Program (PWP) targets pregnant and postpartum women who present with symptoms of perinatal mood and anxiety disorders, identified through a score of ten or above on the Edinburgh Postnatal Depression Scale (EPDS). Clients will be assigned a nurse case manager and/or referred to an appropriate mental health provider.

**II.    PERINATAL WELLNESS PROGRAM CRITERIA**

Any woman is eligible for referral to the Tulare County Perinatal Wellness Program (PWP) if she meets all of the following criteria:

- She is pregnant or up to one year postpartum
- She has taken the Edinburgh Postnatal Depression Scale (EPDS) and scored a 10 or above and/or she has scored positively on item number ten of the EPDS
- The EPDS and Maternal, Child and Adolescent Health (MCAH) referral form have been submitted and received by the MCAH Coordinator

All residents of Tulare County are eligible for the program regardless of income. The MCAH Coordinator may determine other conditions not listed above to be eligible for the program.

**III.   REFERRAL**

Referral into the PWP may be made by any person or agency who has identified an individual with symptoms of perinatal mood and anxiety disorders through a score of ten or above on the EPDS and/or positive response to the EPDS question number ten. This includes physicians, hospitals, nurses, social workers, and community health technicians. The MCAH referral form must be completed and submitted to the MCAH Coordinator, accompanied by the corresponding EPDS.

If an individual scores an 18 or above on the EPDS and chooses to seek services in Visalia, Tulare, or Woodlake, the individual may be seen immediately by a mental health provider as schedules permit, prior to being referred and enrolled into the Perinatal Wellness Program. The individual's EPDS and MCAH referral form must be completed and faxed to the MCAH Coordinator within one (1) business day of assessment.

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If an individual scores an 18 or above on the EPDS and chooses to seek services in any location outside of Visalia, Tulare, or Woodlake, contact Family Services of Tulare County directly at the telephone number listed below in the Referral Sources section. Please note, the individual's EPDS and MCAH referral form must be completed and faxed to the MCAH Coordinator within one (1) business day of assessment.

**IV. ASSESSMENT TOOLS**

All nurse case-managers and home visiting staff will utilize the Edinburgh Postnatal Depression Scale (EPDS) in order to assess pregnant and postpartum women up to 12 months postpartum for symptoms of perinatal mood and anxiety disorders.

The EPDS will be administered every trimester during pregnancy, six (6) weeks postpartum, three (3) months postpartum and then as deemed necessary by the home visitor.

- If a client scores a ten (10) or above on the EPDS assessment, the MCAH referral form and corresponding EPDS must be submitted to the MCAH Coordinator within one (1) business day (See ADDENDUM A for further guidelines).
- **If a client scores a 1, 2 or 3 to the EPDS question number ten (10), the individual administering the EPDS must immediately ask follow up questions to determine the clients level of acuity (see ADDENDUM A for specific guidelines). Any questions and/or concerns must be addressed immediately with your supervisor or the Tulare County Crisis Line at 800 320-1616 or 559-730-9922.**

**A copy of all EPDS assessments, regardless of score must be returned to the MCAH Coordinator within five (5) business days of administering the assessment.**

**V. PERINATAL WELLNESS PROGRAM ENROLLMENT PROCESS**

If a current Tulare County Health and Human Services client already has a nurse home visitor and is identified with symptoms of perinatal mood and anxiety disorders, the current nurse home visitor will additionally serve as the PWP nurse case manager.

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The nurse case-manager will initiate contact with the family by phone within one (1) working day after receipt of a PWP referral form from a nursing supervisor and/or the MCAH Coordinator. A home visit must be carried out within five (5) working days from Nurse's receipt of the referral from a nursing supervisor and/or MCAH Coordinator. See Addendum C for exceptions to the telephone and home visit initial contact requirements.

If extenuating circumstances arise which impede contact with referred individual in a timely fashion, the nurse case-manager will adhere to the following referral contact timeline:

- 1) Telephone call within one (1) business day from receipt of referral
- 2) Home visit within five (5) business days from receipt of referral
- 3) Mail a certified letter to client within (6) business days from receipt of referral
- 4) Document non-responsive circumstances on referral form and notify MCAH Coordinator within twenty (20) working days from receipt of referral
- 5) The MCAH Coordinator will report back to the referral source the referred individual's status

The Nurse case-manager will explain the purpose and services of the Perinatal Wellness Program (PWP) to the individual at the initial home visit. The program is voluntary and the individual may accept or decline services. If an individual declines PWP services or refuses to provide complete authorization (signature on authorization), the Nurse case-manager must make a notation on the PWP Referral form and return a copy to the MCAH Coordinator.

If the individual chooses to enroll in the PWP, the mother will complete the Authorization for the Release of Protected Health Information (PHI). Authorization for the Release of PHI must be attached to a completed PWP General Assessment and submitted to the MCAH Coordinator within ten (10) working days after the initial home visit.

Upon completion of initial home visit, the nurse case manager will refer client to appropriate community resources and mental health resources within one (1) business day. Nurse case manager will also submit status information to referral originator and MCAH Coordinator regarding enrollment status.

List of forms that must be submitted to the MCAH Coordinator after initial home visit:

- 1) Copy of referral
- 2) Completed PWP General Assessment – including referral source for appropriate community and mental health resource
- 3) Signed Authorization for release of PHI

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- 4)     Copy of the Edinburgh Postnatal Depression Scale

**VI.    HOME VISITS**

The PWP home visitation schedule will be determined based on the client's level of acuity. A higher acuity level may require more frequent home visits (i.e., weekly, bi-weekly) and cases with lower acuity may require less frequent home visits (i.e., monthly or every 2-months). The nurse case-managers may consult their supervisor or MCAH Coordinator with questions regarding frequency of home visits.

When a client has been hospitalized or placed in inpatient treatment, a home visit will be made within three (3) working days post discharge, pending notification from hospital, treatment facility, family or MCAH Coordinator.

**VII.   REFERRAL SOURCES**

The community and mental health referral sources for clients include:

- Family Services of Tulare County
- Tulare Youth Services Bureau
- Visalia Family Resource Center/Parenting Network
- Woodlake Family Resource Center

Nurse case managers may refer clients to the location that is most accessible for clients with the following guidelines:

<b>If a Client wishes to be seen in:</b>	<b>Refer the Client to:</b>
<b>Tulare</b>	<b>Tulare Youth Services Bureau</b> Tim Zavala & Ramona Wilkerson Phone: 559-688-2043 Fax: 559-688-1304
<b>Visalia</b>	<b>Visalia Family Resource Center/Parenting Network</b> Timberly Romero Phone: 559-625-0384 Fax: 559-625-1533
<b>Woodlake</b>	<b>Woodlake Family Resource Center</b> Brenda Perez Phone: 559-564-5212 Fax: 559-564-5301
<b>Any location outside of Tulare, Visalia or Woodlake</b>	<b>Family Services of Tulare County</b> Mary Alice Boyland Phone: 559-741-7310 Fax: 559-732-6404

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**VIII. CRITERIA FOR PERINATAL WELLNESS PROGRAM CASE CLOSURE**

Cases must be kept open to the Perinatal Wellness Program for one (1) year postpartum. Cases may be kept open longer, but that determination will be made on an individual basis by the MCAH Coordinator.

Perinatal Wellness Program cases will be considered for closure in the following circumstances:

- Nurse case-management no longer warranted as client is well connected to services with no obstacles to care.
- Nurse case-manager is unable to locate or make contact with the individual.
- Individual declines continued nursing case-management services.
- Individual fails to attend three scheduled appointments and does not respond to letter or attempted contacts by nurse case-manager

Each nurse case-manager will provide a case closure summary when closing a PWP case. The MCAH Coordinator will route case/referral to the appropriate program/nursing office. See Appendices C for more information regarding case closure.

**VIII. PERINATAL WELLNESS PROGRAM TEAM**

The PWP team is a multi-agency collaborative comprised of representatives from various area agencies involved in providing early intervention services to women identified with symptoms of perinatal mood and anxiety disorders. The team collaborates bi-monthly and provides periodic reviews of the cases referred into the PWP. The goal is to provide comprehensive services to the mothers and their families.

The MCAH Coordinator will send the PWP Agenda out bi-monthly to applicable nurse case-managers, collaborative agency representatives prior to the team meeting. The nurse case managers will then report on the mother's involvement and discuss barriers to care.

After the collaborative team meeting, the information from the meeting is then comprised into a report which is disseminated to all PWP team members.

The participating agencies are: Tulare County HHS PWP Administrative Staff, Tulare County HHS Nurse Case Managers, Family Services of Tulare County,

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Tulare Youth Service Bureau, Visalia Family Resource Center/Parenting Network and Woodlake Family Resource Center.

**IX. MATERNAL, CHILD AND ADOLESCENT PROGRAM COORDINATOR**

The MCAH Coordinator acts as a central referral source for all of Tulare County. The Coordinator is responsible for checking each referral received and for sending the referrals to the appropriate nursing office/program.

The MCAH Coordinator is responsible for coordinating and sending out the PWP Agenda and conducting the bi-monthly PWP team collaborative, and is responsible for ensuring that there is effective communication and dialogue amongst the various case managers and collaborative agencies.

The MCAH Coordinator and PWP Administrative staff are available for:

- Community outreach regarding the PWP
- Periodic training for professional and paraprofessional staff
- Providing orientation of new nurses to the PWP process, documentation, etc.
- Ongoing training in issues surrounding the care and case management of PWP clients

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**ADDENDUM A**

**Instructions for using the Edinburgh Postnatal Depression Scale:**

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
5. *Further assessment is required for a score of 1, 2, or 3 on question number ten (see back page).*
6. **Refer any woman who scores a 10 or above into the Tulare County Perinatal Wellness Program by faxing a MCAH Referral Form and EPDS to 559-624-1086.**
7. **Fax a copy of all EPDS assessments, regardless of score to the Perinatal Wellness Program at 559-624-1086.**

**Instructions for scoring the Edinburgh Postnatal Depression Scale:**

1. Add the number next to each box (see below) that has been filled in. This is the total score.
- .....

1. I have been able to laugh and see the funny side of things

- 0 As much as I always could  
 1 Not quite so much now  
 2 Definitely not so much now  
 3 Not at all

2. I have looked forward with enjoyment to things

- 0 As much as I ever did  
 1 Rather less than I used to  
 2 Definitely less than I used to  
 3 Hardly at all

- \*3. I have blamed myself unnecessarily when things went wrong

- 3 Yes, most of the time  
 2 Yes, some of the time  
 1 Not very often  
 0 No, never

4. I have been anxious or worried for no good reason

- 0 No, not at all  
 1 Hardly ever  
 2 Yes, sometimes  
 3 Yes, very often

- \*5. I have felt scared or panicky for no very good reason

- 3 Yes, quite a lot  
 2 Yes, sometimes  
 1 No, not much  
 0 No, not at all

- \*6. Things have been getting on top of me

- 3 Yes, most of the time I haven't been able to cope at all  
 2 Yes, sometimes I haven't been coping as well as usual  
 1 No, most of the time I have coped quite well  
 0 No, I have been coping as well as ever

- \*7. I have been so unhappy that I have had difficulty sleeping

- 3 Yes, most of the time  
 2 Yes, sometimes  
 1 Not very often  
 0 No, not at all

- \*8. I have felt sad or miserable

- 3 Yes, most of the time  
 2 Yes, quite often  
 1 Not very often  
 0 No, not at all

- \*9. I have been so unhappy that I have been crying

- 3 Yes, most of the time  
 2 Yes, quite often  
 1 Only occasionally  
 0 No, never

- \*10. The thought of harming myself has occurred to me

- 3 Yes, quite often  
 2 Sometimes  
 1 Hardly ever  
 0 Never



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**Instructions for Clients who score 1, 2, or 3 on question number ten.**

Any client who scores a 1, 2, or 3 on question number ten of the Edinburgh Postnatal Depression Scale must be asked follow-up questions in order to assess for Suicidal Ideation. Utilize the questions and scoring below for further assessment.

*Begin the discussion with: “Often when women are depressed, they have negative thoughts about harming themselves.”*

*Proceed through the following questions:*

<b>In the past month, did you:</b>			<b>Points</b>
Think that you would be better off dead or wish you were dead?	NO	YES	<b>1</b>
Want to harm yourself?	NO	YES	<b>2</b>
Think about suicide?	NO	YES	<b>6</b>
Have a suicide plan?	NO	YES	<b>10</b>
Attempt suicide?	NO	YES	<b>10</b>
In your lifetime, Did you ever make a suicide attempt?	NO	YES	<b>4</b>

**Is at least 1 of the above coded YES? If Yes, add the total number of points for the answers checked “YES” and specify the level of suicide risk and plan of action as follows:**

<b>CURRENT SUICIDE RISK</b>	<b>PLAN OF ACTION (At Minimum)</b>
<b>1-5 points Low</b>	Immediate referral of client to mental health provider by scheduling an appointment within one business day
<b>6-9 points Moderate</b>	Contact your supervisor for guidance (contact numbers below)
<b>&gt;10 points High</b>	Contact the Tulare County Crisis Line at 800-320-1616 or 559-730-9922 and your supervisor for guidance

<b>SUPERVISORIAL CONTACT NAME</b>	<b>PHONE NUMBER</b>	<b>MENTAL HEALTH PROVIDER</b>	<b>CONTACT INFORMATION</b>
<b>Tammy Wiggins, MCAH</b> Coordinator & Supervising Nurse	559-623-0172 or 559-623-0175	<b>Tulare Youth Services Bureau;</b> Tim Zavala & Ramona Wilkerson	Phone: 559-688-2043 Fax: 559-688-1304
<b>Carla Sawyer, PHN &amp;</b> Supervising Nurse	559-623-0197	<b>Visalia Family Resource Center/Parenting Network;</b> Timberly Romero	Phone: 559-625-0384 Fax: 559-625-1533
<b>Karen Pringle, CPSP</b> Coordinator & RN	559-623-0179	<b>Woodlake Family Resource Center;</b> Brenda Perez	Phone: 559-564-5212 Fax: 559-564-5301
<b>Danette Franz, CAST Unit</b> Manager	559-623-0158	<b>Family Services of Tulare County;</b> Mary Alice Boyland	Phone: 559-741-7310 Fax: 559-732-6404

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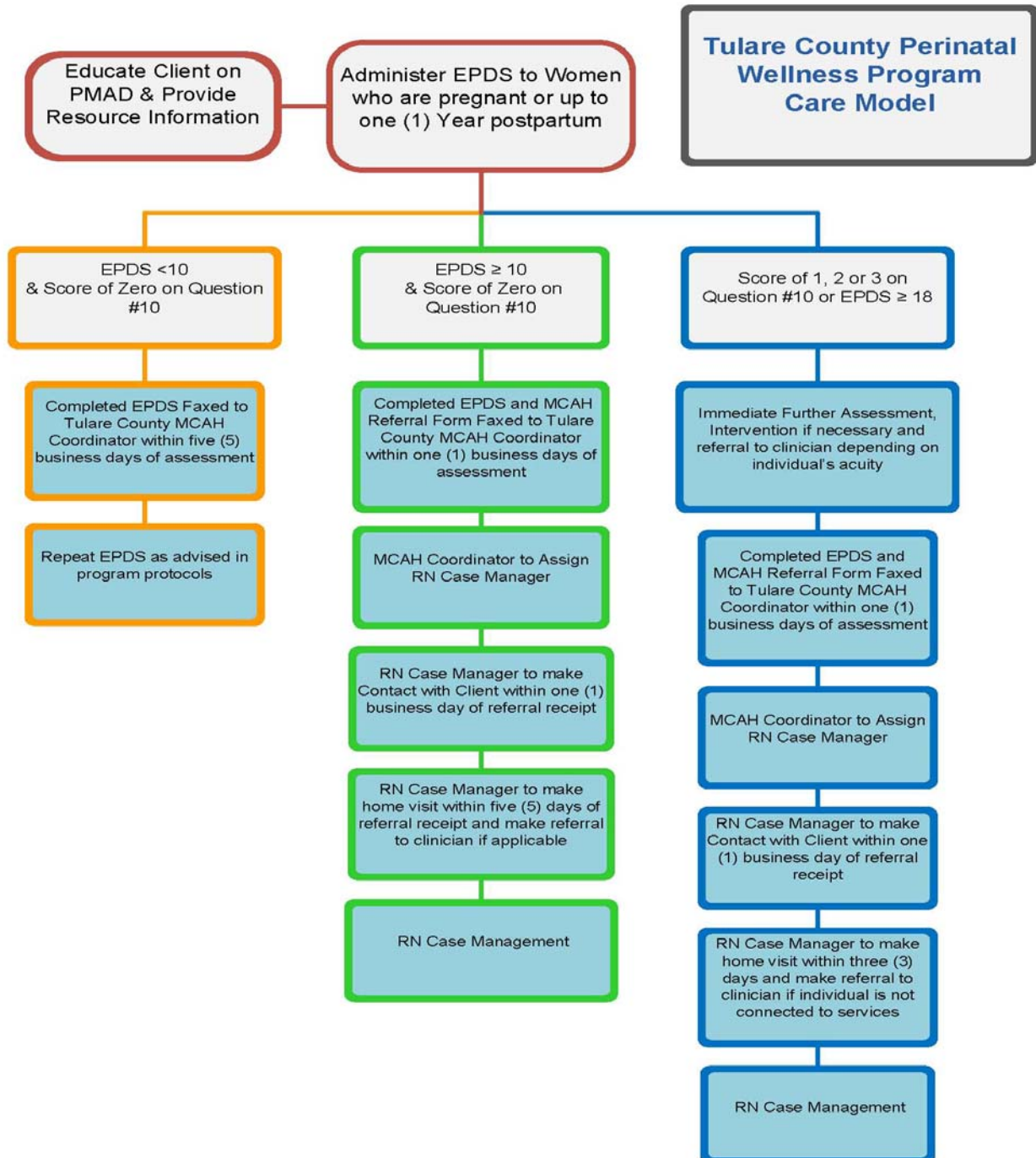
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**ADDENDUM B**



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**ADDENDUM C**

**NURSE-CASE MANAGER CASELOAD MANAGEMENT**

The maximum capacity for a nurse-case manager caseload is 50 cases per full time equivalent. Therefore, a nurse-case manager that spends 50% of their time with PWP clients has a maximum caseload of 25 clients at any given time.

When a nurse-case manager is at maximum caseload capacity, the following amendments to PWP protocol are allowable at the nurse-case manager's discretion with guidance from the MCAH Coordinator:

- Clients who score a 10 – 13 on the EPDS and “0” on question number ten:
  - Extend the amount of time prior to initial telephone contact to within ten (10) business days and initial home visit contact to within fifteen (15) business days of referral receipt.
- Clients who score a 14 and above on the EPDS:
  - Nurse-case manager must contact and initiate first home visit within five business days of referral receipt.
- Clients who score a 1, 2, or 3 on question number ten:
  - Nurse-case manager must follow up with individual who administered the EPDS, within one business day, to ensure client's acuity was accurately assessed and addressed on referral form.
  - Depending on the client's acuity, at the nurse case manager's discretion, initial contact and first home visit must take place within one (1) to five (5) business days of referral receipt.
- Nurse-case manager may utilize the Health Education Assistant and Community Health Technicians for the following:
  - Telephone follow-up
  - Home visitation
  - Case management for clients scoring a 10 - 13 on the EPDS and a “0” on question number ten, at the nurse's discretion, based upon client's level of acuity. However, nurse-case manager must open all clients for perinatal wellness program services and maintain active oversight of case management.

**CRITERIA FOR PERINATAL WELLNESS PROGRAM CASE CLOSURE**

**Case Closure Timeline**

Per PEI guidelines, the Early Intervention element “is of relatively short duration (usually less than one year).” Therefore, all PWP cases will be evaluated 6 months post enrollment at the bi-monthly PWP Case Conferencing for potential case closure. Any case staying open longer than 6 months, must be approved by the MCAH Coordinator for continued service every 3 months, beginning at the 6 month post enrollment date.

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**Case Closure Documentation**

Upon Case Closure, in addition to the Case Closure Summary, the Nurse-case manger will administer the following to the client:

- EPDS
- Case Closure PWP Survey

All Case Closure documentation will be placed in the client file. In addition, a copy of the final EPDS and Case Closure PWP Survey will be routed to the MCAH Coordinator within 5 business days of case closure.

**PERINATAL WELLNESS PROGRAM MEDICATION REFERRAL**

Once all options to obtain medication for PWP clients have been exhausted, the Nurse-case manager may follow the following process in order to link the client to county psychiatric services.

- 1) Email Dr. Alicia Vogel and cc Nabori Monclava the following information:
  - a. Client Name
  - b. Client Contact Information
  - c. EPDS Score
  - d. Question #10 response
  - e. A detailed description of the client including their signs and symptoms
  - f. The client's barriers to medication access, including the Nurse-case managers efforts to secure medication
- 2) Fax the EPDS and Release of PHI to Nabori Monclava at 559-737-4429 on the same day as your email.
- 3) Shortly after sending the email, you should receive a return email or telephone call from county mental health with an assessment/appointment date and time.
- 4) Contact the client with their appointment details and assure that they have transportation to get there.