

# Middlesex County Perinatal Health Collaborative

## Maternity, Post-partum & Well-baby Care during COVID-19 Work Group

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# What is PHC?

## Perinatal Health Collaborative

How did we come to be?

Identified those best served by the collaborative as:

- Women who are experiencing domestic violence
- Treated or untreated mental health issues
- Previous significant perinatal mood and anxiety disorders
- Substance use/addiction
- Homelessness

# A closer look...the challenge of engaging mom's in prenatal care.

This population was not getting medical and behavioral health services needed to promote healthy birth outcomes.

*"Falling through the cracks"*

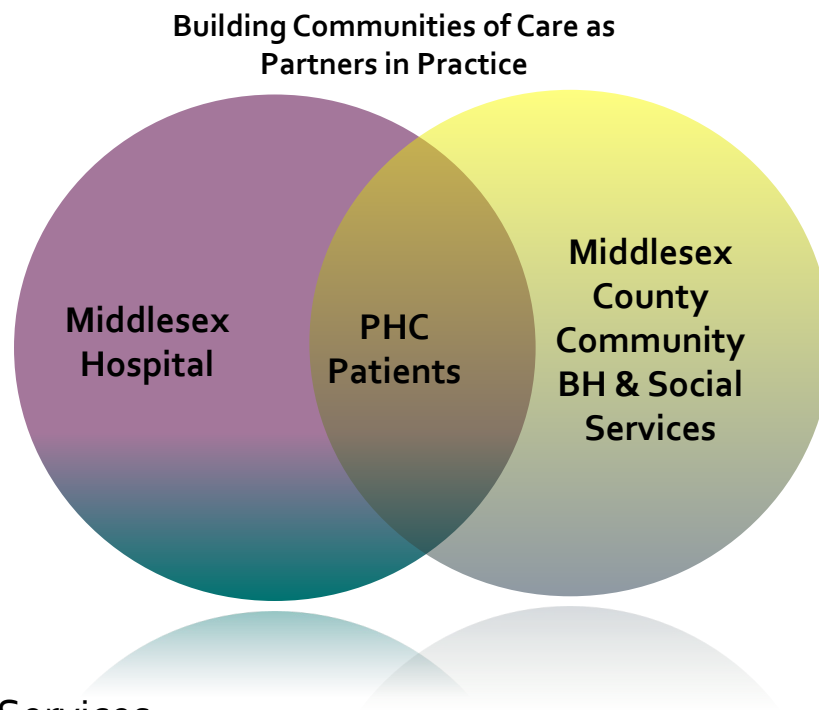
**Required:** Care Coordination

**Question Uncovered Along the Way:**

*What was preventing these moms from engaging in routine prenatal care?*

# Middlesex County PHC Agency Members

- Middlesex Health
- River Valley Services
- Connecticut Valley Hospital
- The Connection, Inc.
- St. Vincent de Paul Soup Kitchen
- Community Health Center
- Gilead Community Services, Inc.
- Beacon Health Options, Connecticut
- Community Health Network
- Department of Children and Families
- Department of Mental Health and Addiction Services
- Crescent Street OBGYN
- Middlesex OBGYN
- ABC Women's Center



# Middlesex County PHC Guiding Principles

- **Objective:** To provide early intervention to improve engagement in prenatal care. To establish goals for healthy birth outcome. To preserve family unity whenever possible.
- **Core belief:** Community collaboration is necessary to improve health outcomes
- **Core understanding:** Psycho-social problems are community problems. No one entity alone can effectively improve outcomes for this population

# Middlesex County PHC Program Development

- Bi-weekly meetings (1<sup>st</sup> meeting January 2, 2018); for 1 hour
- Expansion of PHC Release of Information form (required for each patient)
- Developed process for patient selection

# Additional Benefits

## Patient – Improved Quality of Life

- ▶ • Sobriety
- Mental health stabilization
- Stable Housing
- Re-connection with family
- Safety
- Achievement of feelings of self-worth and respect

## Patient – Linkages to Care/Support

- ▶ • OB/GYN or Primary care physicians, psychiatrists, specialists, etc.
- Supportive housing
- Appropriate outpatient services

## Middlesex County PHC Collaborative

- ▶ • Improved patient care
- Improved agency-specific care plans, increased efficiency
- Improved inter-agency communication and relationships

## Society

- ▶ • Increase in safety to all
- Hypothesis: Reduction in Medicaid & Medicare expense as well as reduced need for DCF intervention

# What Have We Learned?

- 1) The PHC target population does not make significant progress with the traditional model of care delivery
- 2) Behavioral health chronic diseases require care coordination and customized treatment plans
- 3) Individualized care plans must have the ability to be flexible and evolve
- 4) We have an effective system in place to identify those PHC patients who would have better health outcomes when provided care coordination
- 5) The integration of the community support agencies and medical communities is critical for addressing the social and medical needs of a shared population



# Ongoing Steps

- Continued focus on after-care planning.
- Helping moms understand contraception options.
- Are we able to maintain families right after birth or within the first year?
- Continued dissemination about PHC model and how it impacts birth outcomes and family unification.

Questions?

Thank You!

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