# MomCHAT Innovations Project Evaluation Report

## Introduction

MomCHAT (Community Health Access Team) was a project approved by the Mental Health Services Oversight and Accountability Commission (MHSAOC) in May 2017. The project was approved for five years, and ended June 30, 2022. The program, specifically designed to support mothers at crucial points during pregnancy and postpartum, was launched in an effort to reduce or eliminate mental health challenges from occurring or becoming severe. To participate in the MomCHAT program the expectant mother must have been an Amador County resident and be within 0-28 weeks of her pregnancy. The wellness team included a peer navigator and a licensed therapist. The peer navigator used lived experience as a way to engage mothers while providing ongoing peer support, referrals and resources. The licensed private practice therapist provided moms with individual therapy, group intervention and treatment protocols as well as linkage for long-term services. The wellness team provides support services for the first two years of baby's life. Moms were referred into the program by local community based organizations, medical providers and individuals.

MomCHAT officially launched in November 2020, utilizing a hybrid of virtual and in-person platforms to provide peer support and mental health treatment. This service model continues to be a benefit in order to reach all program participants needs.

During the Innovations term, evaluation was prioritized. MomCHAT participants completed a battery of assessments to determine if the MomCHAT interventions were effective at reducing or eliminating mental health challenges from occurring or becoming severe. The assessments, along with case notes, were entered into a case management system that was designed specifically for MomCHAT. The data was extracted and used for evaluation purposes.

MomCHAT experienced much success and many lessons learned, all of which are detailed in this evaluation report.

Initially, the MomCHAT collaborative team established three research questions in hopes of answering them over the life of the project. They included the following:

1. Can we reduce health disparities by increasing mental health touchpoints and navigation support at key developmental stages?
2. Can we increase reception of mental health screenings, assessment, and preventive information in pregnant patients?
3. Can we improve parenting and bonding behavior by implementing mental health touchpoints pre- and post-partum?

As the project was implemented, other research questions were incorporated into the evaluation which included:

4. Can we reduce mental health stigma, among participants by implementing these touchpoints?
5. Can ongoing community collaboration be formalized in a way to achieve positive outcomes for expecting and post-partum mothers?

To address the research, an administration schedule, along with a battery of assessments was administered to participants throughout their program participation. Anecdotal information was also collected via surveys and check-in's by the wellness team. Quantitative evidence, along with anecdotal information was collected via the project-assigned therapist, the peer navigator providing direct resource access support to participants, the Amador County Behavioral Health project administrator, the project technical assistance provider, and, most importantly, the mothers participating in MomCHAT.

## Evaluation

This evaluation report is sorted by the aforementioned research questions and a complete data analysis can be found at the end of the report, starting on page 12.

Prior to addressing the research questions, here is some basic data that sets the foundation for the evaluation and the population being served.

Between November 1, 2020 and June 30, 2022:

- 76 referrals received
- 38 went into the MomCHAT program (study/treatment condition)
- 14 currently engaged
- 6 were engaged but exited the program due to moving, disengaging, early exits, or other circumstances related to pregnancy (e.g. miscarriage)
- 15 never responded to referral outreach
- 1 declined the program
- 2 were still engaging through referral outreach (both later engaged)

Characteristics of program participants who benefited the most from the program had history of mental health challenges and low support systems. A survey administered to participants in August 2022, stated:

- 57% of participants stated their mental health was 'very poor' before joining MomCHAT
- 22% stated their mental health was 'not good' before joining MomCHAT
- 11% stated their mental health was 'alright' before joining MomCHAT
- 11% stated their mental health was 'good' before joining MomCHAT
- 67% of participants stated that they HAD NOT participated in individual therapy prior to joining MomCHAT.

**Research Questions:**

1. **Can we reduce health disparities by increasing mental health touchpoints and navigation support at key developmental stages?**

In order to understand the gains in reducing health disparities achieved through MomCHAT, it is important to understand that Amador County, as a whole, experiences significant health disparities. This project came about as a result of mothers ignoring perinatal mental health issues and using the hospital emergency room as a mental health intervention. Depending upon what staff worked in the emergency room on any given day, mothers entering for mental health emergency care received an assessment and

were most often sent home with a list of referrals for mental health providers. Few, if any, mothers followed up to schedule needed intervention. Anecdotally, MomCHAT has increased mother and family access not only to mental health support, but also to other needed medical and resource needs—physical health care, housing, social support, court and legal services, care coordination, and a wide range of other community resources. The support provided by the MomCHAT Wellness Team was critical in participants successfully accessing services and education stabilizing the participant and child environment.

Concrete Needs Assessments were administered twice prenatally, initially at 0-16 weeks postpartum and again annually. These assessments identified what resources were needed and the peer navigator then worked with the participant to ensure that they were able to access the support needed. **As of 11/21/22, the Concrete Needs Assessment was administered 38 times and 217 referrals were made to agencies and organizations throughout the community.** Referrals were followed up with 'hands on' approaches to ensure they were substantiated and participants and families were receiving the services they need.

To be more specific in measuring the reduction of health disparities, interventions are documented through Contact Notes that the Peer Navigator ensures are completed after every interaction with a program participant. The Contact Note contains rich information detailing the type of service provided, resources needed and referrals made to address unmet needs. Additionally, the number of interventions recorded, depending on the need, alludes to the fact that the peer navigator had a meaningful conversation with the participant (and sometimes other family members) about the intervention needed and how to best approach accessing that – whether it be together or independently, etc. These interventions were tracked for thirteen participants and included:

| **Intervention Type** | **# of Interventions Provided** |
|---|---|
| Housing | 64 |
| Financial/Budget | 101 |
| Mental Health | 87 |
| Physical Health | 90 |
| Substance Use | 36 |
| Employment/Education | 72 |
| Parent Education** | 17 |
| Psychotherapy* | 507 |
| Support Group | 25 |
| Social Connections | 84 |
| Community Resource | 300 |
| Peer Support | 433 |
| Other | 38 |
| **Total Interventions:** | **1,347** |

*Psychotherapy are services provided by the LCSW on the Wellness Team for the period of November 1, 2020 through June 30, 2022.

**All psycho-therapy sessions included parenting/education discussions and interventions.

In addition to being able to provide hands on support and education through the intervention, tracking these types of services are useful because they assist the Wellness Team in building relationships with these agencies and organizations in order to streamline participants and ensure that barriers to

accessing the resource / disparities are removed. An added benefit to tracking interventions is that discussions with other agencies and organizations can also identify unmet needs across programs, which provides guidance for the creation of new programs and resources.

**2. Can we increase reception of mental health screenings, assessment, and preventive information in pregnant patients?**

The MomCHAT advisory planning team initially thought that a significant amount of time and effort would be needed to engage mothers in mental health/perinatal wellness support. In actuality, MomCHAT enabled mothers to receive a rapid connection to the MomCHAT therapist and mother engagement occurred quickly and intensely. Mothers scheduled an appointment within two days and accessed the initial appointment, which included a substantial amount of assessment, within one week.

Mothers received a significant amount of preventive information and education. Participation in MomCHAT assessment and goal planning not only increased access to mental health services, but to health services for all family members. MomCHAT provided support to multiple families with complex medical issues and several infants experienced long-term hospitalization. Families received support in navigating medical specialists, accessing and partnering with hospital social workers, patient rights, and signing Release of Information documents which allowed appropriate information sharing among providers—this approach and continuity of care coordination was exceptional and would not have happened without the MomCHAT program.

Each participant mother received assistance with transitioning from her obstetrician to a primary care provider. Obstetricians followed mothers only through their infant's 6-week check-up. The MomCHAT team also provided assistance, when requested, with scheduling a first appointment and informing the new primary care provider with relevant information about current services. The MomCHAT Peer Navigator provided appointment reminders, education and support to ask questions, and accountability contacts to ensure reception of health-related services. As stated in the aforementioned table above, 90 documented interventions related to physical health needs were provided to mothers throughout their participation in the program.

In pursuit of stabilizing and improving the health of the entire family, fathers received support from the MomCHAT team in applying for and successfully enrolling in Medi-Cal. MomCHAT staff scheduled 3-way phone calls to coordinate services and develop parental confidence in future communication with medical providers.

Support for access to mental and general health services extended beyond Amador County. One MomCHAT participant having a child with a complex medical issue moved out of state. MomCHAT assisted the fragile family with contacting the Medi-Cal and Medicaid offices in each state and provided Medicaid transfer support. By the time the family moved, their high-risk infant was already able to access a full range of medical services in their new location. The MomCHAT Peer Navigator coordinated all aspects of problem-solving elements of support needed for the out-of-state move. Without MomCHAT, it is unlikely the family would have successfully navigated the systems in each state.

Most mothers enrolling in MomCHAT had no dental care and were unaware of the importance of oral health care during the perinatal period. In addition to information and education about perinatal oral health care, the Peer Navigator assisted mothers with finding and scheduling needed oral health care

services. Mothers received a discussion about and a screening for oral health care status during the initial MomCHAT intake.

MomCHAT definitely increased the number of screens, assessments, and preventive educational opportunities for participating mothers. Mothers were screened at every clinical and case management appointment for crisis and comprehensive needs. The MomCHAT Therapist assessed and monitored for mental health status at each appointment and in group interactions. Questions like, "How are you?" and "Has anything changed since the last time we met?" were integrated into contacts with mothers.

MomCHAT screens and assessments are critical to the success of the program. Most mothers completing screens in the obstetrician's office received no additional services or community supports as a result—the doctor may have documented education provided, but no resources or support. Mothers enrolling in MomCHAT found that they received support and resources when assessed. When assessed using the Edinburgh Postnatal Depression Scale by their obstetrician and scoring outside parameters, women did not receive change in appointment frequency or treatment as a result. In MomCHAT, women scoring outside parameters on the Edinburgh received an increase in both mental health treatment frequency and in case management resource response.

The following table includes the Edinburgh average score among participants throughout pregnancy and postnatally.

| Timeline | Average Score | Highest Score | Lowest Score |
|---|---|---|---|
| 0-28 Weeks of Pregnancy | 12 | 21 | 2 |
| 29-40 Weeks of Pregnancy | 9 | 18 | 1 |
| 0-16 Weeks Postnatal | 8 | 21 | 0 |
| 1 Year Postnatal | 10 | 12 | 8 |

Program participants average Edinburgh scores decreased throughout pregnancy and postpartum. However, at the 1-Year Postnatal appointment, the scores increased to scores seen during pregnancy. This can be attributed to a variety of factors which are detailed in the data analysis section below—however, it alludes also to the fact that participants felt honest in reporting their symptoms, knowing that they would get support they needed as a result.

MomCHAT participants were consistently open to honest crisis assessment information. The Peer Navigator and Therapist provided crisis assessment and responded with a range of support options. For example, a number of mothers experienced financial instability and the Peer Navigator assisted with completing applications, establishing what services applied, and connecting mothers with resources to relieve financial stress. To that end, it wasn't surprising when data reflected over 101 financial/budget interventions were provided to participants over the reporting period. In addition to the interventions, Crisis Assessment data also supported that the support received assisted in alleviating crisis experienced by participants.

Utilizing the Crisis Assessment tool, the MomCHAT team was able to measure the level of crisis Mothers were experiencing throughout pregnancy, in order to mitigate and prevent further crisis(es) from occurring.

For example,

- **86% of Mother's entered the program experiencing crisis (0-28 weeks).**
- **After participation in the program, 64% of Mother's reported experiencing crisis (29-40 weeks).**

Mothers report that the outlook and skills they gained through MomCHAT were critical to their stability and mental health—they are proud of the coping mechanisms developed in the program. Mothers are participating in community and resource supports they had not imagined they would have. The screening, assessment, and response systems put in place through MomCHAT facilitated this growth.

3. **Can we improve parenting/bonding behavior by implementing mental health touchpoints pre- and post-partum?**

Once mothers had a mental health status baseline assessed, the MomCHAT Therapist worked with mothers who experienced difficulty attaching to explore what their family of origin dynamics looked like, what kind of parenting they had, and what kind of parent they wanted to be. The Therapist, when possible, conducted this conversation with mothers and fathers. Without MomCHAT, parents would not have explored this topic and resolved past and future parenting issues. Parental mental health and what to look for and foster in attachment was covered. MomCHAT also provided parenting plan discussions and actions—logistical plans and concrete decisions on the part of mothers and fathers. After the plan was written, parents felt comfortable checking in with the MomCHAT team regarding how parenting was going and where they needed extra support. MomCHAT allowed the Team to address bonding, attunement, and attachment prior to the birth of the child. The relationship mothers had with their babies born into the MomCHAT program was improved with MomCHAT support. Mothers stated that they did not know what to do to attach to their infant and unaware that attachment begins during pregnancy. MomCHAT sessions added a concrete attachment intervention each week—baby crying, problem-solving attachment, and how to foster attachment. Mothers supported weekly in baby bonding and attachment reported feeling like a "good mom" and thought they were doing a good job. They reported confidence in parenting and that feeling good about attaching with their baby also helped their mental health. Mothers reported taking advantage of more community classes and activities that further supported bonding, attunement, and attachment—classes at the Pregnancy Center, breastfeeding groups, and parent support groups.

In order to measure the prevention approaches provided to participants, the Parenting Sense of Competence Scale was administered at 0-16 weeks postnatal and annually thereafter. It is a self-rated scale where Moms identify their level of competency as a parent. Preliminary results show the following:

- 12 Parenting Sense of Competence Scales were completed at the 0-16 week postnatal period. An average competency score of 71% was reported.
- 4 Parenting Sense of Competence Scales were completed at the annual period – due to the fact that many had not reached their annual assessment period yet – and an average competency score of 65% was reported.

This data shows that the approaches utilized to improve parenting and bonding behavior were generally effective how Moms rate themselves and their competency to parent.

The Prenatal Stress Checklist was administered once, at the beginning of the program, while Moms were 0-28 weeks. This instrument, used as a tool to learn more about Mother's stressors, showed that **79% of Mother's were experiencing stress to the point that professional intervention was required.**

The Parental Stress Scale is administered at 0-16 weeks postnatal and annually thereafter. It is a tool that is used to measure stress associated with parenting. The highest score you can obtain on a Parental Stress Scale is 90, and the higher the score, the more parental stress is occurring.

- **12 Parental Stress Scale assessments were completed in the 0-16 postnatal period and the average score was 33.**
- **4 Parental Stress Scale assessments were completed at the annual period –** due to the fact that many had not reached their annual assessment period yet **– and the average score was 32.**

Preliminary results show a reduction in parental stress from the postnatal to the annual period.

The reduction in overall stress can be attributed to the education and interventions provided through the MomCHAT program. Many of the participating MomCHAT mothers did not have optimal childhoods and the bonding, attunement, and attachment work was new. Many stated that a big prenatal stressor was not knowing what to do emotionally with a baby. MomCHAT enabled mothers to address their own attachment so they could learn new skills and create a positive environment for attachment with their child. Group activities also fostered mother-baby attachment, parenting confidence, and healthy connections to other mothers. Mothers connected strongly to other mothers—they developed health networks that have reduced stress and increased attachment and parenting skills. MomCHAT mothers are now meeting independently for play dates and contacting one another for daily support. Mothers now share resources and MomCHAT groups meetings, as well as outside the group.

4. **Can we reduce mental health stigma, among participants by implementing these touchpoints?**

Access to the MomCHAT program has reduced the stigma surrounding mental health support. After enrolling, mothers changed the way they view mental health and wellness. MomCHAT is not viewed as a crisis intervention or a needs-based program. Mothers state that they don't view MomCHAT as having to have problems to get in—they don't feel like they are getting wellness services only because they are in crisis. Some of the most therapeutically active mothers maintained initially that they didn't feel they needed therapy—without MomCHAT, these mothers would not have accessed any form of mental health services. **Between November 1, 2020 and June 30, 2022, MomCHAT participants have been provided over 500 hours of individual therapy.**

MomCHAT has normalized perception of accessing mental health treatment. Fathers reported that having perinatal mood or anxiety disorders was normalized. MomCHAT changed mothers' and fathers' perspectives of themselves—how not to judge mental health services and to be more confident in parenting and accessing family needs. With MomCHAT support, mothers (and fathers) became open and honest about the status of their mental health, which allowed the MomCHAT Team to respond appropriately with mental health treatment and case management/navigation assistance.

In order to measure a reduction in stigma, a questionnaire was created and administered to participants. The Brief Stigma Reduction Questionnaire is administered during the initial postnatal period (0-16 weeks) and then annually. This specific assessment has a dual purpose—first to determine

if the program has been useful to participants and second to determine if participation in the program assisted in reducing stigma around seeking mental health/wellness services for participants or their children. To date, 17 Brief Stigma Reduction Questionnaires have been completed and here are the results:

- 94% of participants reported that their experience with MomCHAT was 'very positive'.
- 6% of participants reported that their experience with MomCHAT has been 'somewhat positive'
- Referrals to the MomCHAT Program:
    - 41% of participants reported referring 0 persons to the MomCHAT program
    - 47% of participants reported referring 1 person to the MomCHAT program
    - 6% of participants reported referring 2 people to the MomCHAT program
    - 6% of participants reported referring 3 or more people to the MomCHAT program
- When asked how many people participants shared MomCHAT information with:
    - 6% said 0 persons
    - 41% said 1 person
    - 12% said 2 people
    - 29% said 3 or more people
- 12% of participants stated they were 'moderately likely' to refer someone to MomCHAT and 82% stated they were 'very likely' to refer someone to MomCHAT. Not one participant said they wouldn't refer to the program.
- Participants were asked if it was helpful to receive wellness services (therapeutic support) along with navigation support (peer support). 7% stated moderately helpful and 93% stated very helpful. Not one participant said it wasn't helpful or only a little helpful.
- When asked if participants will be more likely to get mental health/wellness services for themselves or their child in the future, as a result of the MomCHAT program, participants stated:
    - 59% strongly agreed
    - 6% somewhat agreed
    - 6% somewhat disagreed
    - 29% strongly disagreed

Additional Participant Comments provided:

- The entire program has been extremely helpful.
- I was skeptical at first about the experience but the help and encouragement I have had has really changed my idea of keeping my mental health and other struggles to myself. Being able to open up to someone who struggles with the same things is much different than therapy and, in a way, much more comforting. I'm less ashamed and have an easier time being honest about my struggles.
- MomCHAT has helped me in so many ways. I cannot imagine where I would be without the help and resources from MomCHAT.

5. **Can ongoing community collaboration be formalized in a way to achieve positive outcomes for expecting and post-partum mothers?**

100% of mothers participating in MomCHAT at the time of this report are substance free. No substances in mothers' bloodstreams and no substances in their babies' bloodstreams have been detected or reported. One of MomCHAT's participants recreationally used meth and tested positive on one of her OB visits—her doctor treated the incident as a one-time use and with intensive support from the MomCHAT Wellness Team, mother and baby were sober at delivery. The Team provided a significant amount of detailed education about substance use during pregnancy (mother was at 27 weeks) and supported her in terminating her use now. The intensive, individualized support enabled the mother to discontinue use, participate in therapeutic and case management support, and achieve clean testing at her child's birth. Previous to MomCHAT, mothers did not receive comprehensive substance use during pregnancy education. Mothers who disclosed substance use to their OBs were basically told not to use the substance again—they were not provided with comprehensive referral, outreach, or education about the topic—they received no support to reduce or eliminate the substance use. MomCHAT took a different approach and The Team accessed a perinatal substance use counselor who provided the Team with guidance about perinatal substance use and enabled them to offer mothers formal referrals, education, outreach, and support around decreasing and, eventually, eliminating substance use.

The Substance Use Risk Profile-Pregnancy (SURP-P) was administered once, at 0-28 weeks of pregnancy. The following table shows the Mom's self-report of substance use at this point in their pregnancy:

| Low Risk | Moderate Risk | High Risk |
|---|---|---|
| 64% | 14% | 21% |

A survey administered by the MomCHAT Wellness Team in August 2022 identified the following:

- At the beginning of the MomCHAT program, 57% of participants stated they were not using drugs or alcohol. 11% stated they were using marijuana/cannabis edibles and another 11% stated they were using tobacco products/vaping.

  Since joining MomCHAT, 100% of participants were not using drugs (including marijuana or cannabis edibles) or using tobacco/vaping. All MomCHAT participants were drug, alcohol and tobacco free after joining and engaging in the program.

Although the data provided does not entail the full extent to which participants were using, substance use was revealed as engagement increased and rapport was built.

Case management and care coordination benefited not only mothers, but other members of the family. Children received access to needed services. The Peer Navigator identified older children who were developmentally delayed and/or had issues with language development. These children received connections and support to access services from Valley Mountain Regional Center.

Many MomCHAT families were simply unaware of available resources. Literacy levels also prevented some families from completing applications or understanding written information. Having access to mental health care allowed MomCHAT families to turn attention to external stressors such as basic needs, domestic violence issues, enrolling in health insurance, navigating Medi-Cal, legal problems, and financial issues, as examples. The mental health stabilization provided by MomCHAT gave families the wherewithal to address and stabilize other areas of their lives. The Peer Navigator provided intense case management,

case coordination, and stabilization support including, but not limited to, daily contact, appointment reminders and follow-up, stressors planning, phone calls, accessing financial supports, assistance with applications, and links to food, housing, domestic violence resources, legal services, child care, and food banks—all supports to relieve parental stress.

As stated in the aforementioned table above, over 430 peer support interventions were documented during the reporting period. The peer navigator played a critical role in teaching participants how to advocate for themselves to get the support they needed not only for themselves, but for their families.

MomCHAT has strengthened Amador County Behavioral Health's (ACBH) connection with community agencies and entities. The program is now well known and referrals to MomCHAT are now personal contacts with relationships forged through the program. Conversely, MomCHAT staff now knows exactly who to call to get something accomplished or for a needed resource. Collaboration with the community shelter has increased, as has communication and relationships with Amador County Public Health, Baby Welcome Wagon, and Sutter Women's Health. These groups are now contacting ACBH directly with referrals to MomCHAT and not waiting for a scheduled meeting. Agencies have more understanding of the MomCHAT program and call to ask direct questions. Prior to MomCHAT, Sutter Women's Health waited for a formal meeting to refer or ask questions—now staff calls ACBHS immediately and mothers receive a timely response and offer of MomCHAT enrollment.

**300 community resource interventions were provided during the reporting period which supports the fact that MomCHAT mothers are showing consistent increase in the number of community resources accessed after participating in the program vs. at intake.** Mothers are more likely to and willing to seek out and participate in supportive community programs and resources. Support from the Peer Navigator has been essential to mothers accessing a wide range of community services.

**Lessons Learned:**

The MomCHAT initial pilot provided much learning which proved to be critical to the success of the program. Here are the key lessons learned, why they were so important to the support provided to participants and what role they played in the overall outcome of the program.

- The ACBH coordinator role is a pivotal hub for MomCHAT. This position can guide the team in an appropriate direction when there is a question and direct a MomCHAT parent to ACBH resources for needed therapy or medication. Having the County-level person who is knowledgeable in resources, logs and guides referrals, and acts as the single point of contact for referrals and questions has been critical for program success.
- Gaining understanding of why certain community agencies or entities are not referring to the program is helpful. For example, WIC was not referring clients to MomCHAT. Upon exploration, WIC stated they are receiving mothers later in pregnancy who did not meet the 28-week cut-off for MomCHAT. It was helpful for MomCHAT staff to understand that information.
- The Peer Navigator role is important to partner with and coach mothers as they access unfamiliar resources or services. Mothers are more willing to access support groups, community groups, Cal VOICES groups, CalWORKs, and other resources with the engaged partnership of the Peer Navigator.
- Initially, the MomCHAT planning group was unsure how mothers would react to the schedule of assessments and measurement instruments associated with this study. We learned that mothers'

most common response when explaining the purpose of MomCHAT and asking about their willingness to participate in data collection was that mothers felt there was an altruistic purpose to collecting their data—by participating in data collection, their experience would help other mothers. They felt MomCHAT had a bigger purpose. All participants consented to assessment and data collection throughout the evaluation period. No one refused or dropped out due to data collection.

- Mothers felt more comfortable disclosing accurate and honest information with MomCHAT staff regarding issues of concern than they did with their obstetrician. Because mothers were more honest, MomCHAT support resulted in better service matches. Scores on screens like the Edinburgh were higher in MomCHAT than at the obstetrician's because mothers felt more comfortable disclosing information and scoring honestly. This openness in MomCHAT results in more accurate intervention and treatment—it provided better knowledge of the mother's actual situation.
- Mothers were treated differently by outside organizations/agencies if they were MomCHAT participants. For example, agencies were more responsive to how quickly they processed enrollment or benefit forms. Families in MomCHAT who had older children got services for those children sooner. Because of 3-way calls with the MomCHAT Peer Navigator, participant, and community provider, there was a greater level of accountability to MomCHAT participants and provided a faster system. Having the Peer Navigator as go-between support was a critical factor in streamlining service waits.
- One of our biggest lessons learned is a reminder to all social service providers—our business and programs are relationship-based. Not only does the MomCHAT Wellness Team need to 'click', the right people have to be in the Therapist and Peer Navigator roles—relatable, empathetic, action oriented, professional, and capable. If these critical positions are inappropriately staffed, the program will suffer. Team cohesiveness and communication has been 'make-or-break' for the program.
- Relationship building and trust with participants is everything—follow-through and consistency is essential. MomCHAT mothers will reach out because they have trust and know there will be a timely response. MomCHAT mothers have high levels of trauma—sometimes multi-generational trauma—they look for inconsistencies, inequities, and non-response. They are accustomed to people not following through and engage fully when they know the MomCHAT Team is consistent and present.
- One needed component for the program is additional education for community providers and how they approach MomCHAT participants in some cases—more education about trauma-informed services, being non-judgmental, non-triggering, supportive, and not re-traumatizing. For example, a CalWORKs case manager approached a MomCHAT participant in a less-than-helpful manner and the participant felt harshly judged. The participant will now not enroll in CalWORKs and needs the financial support. This situation could be avoided with more professional development for all community case managers/staff.

**Data:**

Prior to implementation of the MomCHAT program, an evaluation framework was created utilizing a series of assessments to establish baseline and measure improvement for various touchpoints among participants. Below is a table including the Administration Schedule, showing the instrument used and the dosage:

| **Timeline** | **Instruments Administered** |
|---|---|
| 0-28 Weeks | Edinburgh Postnatal Depression Scale |
| | Substance Use Risk Profile-Pregnancy (SURP-P) |
| | Prenatal Stress Checklist |
| | Crisis Assessment |
| | Hunger Vital Sign |
| | Concrete Needs Assessment |
| | |
| 29 to 40 Weeks | Edinburgh Postnatal Depression Scale |
| | Crisis Assessment |
| | Hunger Vital Sign |
| | Concrete Needs Assessment |
| | |
| 0-16 Weeks Postnatal | Edinburgh Postnatal Depression Scale |
| | Concrete Needs Assessment |
| | Parenting Sense of Competence Scale |
| | Parental Stress Scale |
| | Brief Stigma Reduction Questionnaire |
| | Intake 6 |
| | |
| Annual 1 or at Early Exit | Edinburgh Postnatal Depression Scale |
| | Concrete Needs Assessment |
| | Parenting Sense of Competence Scale |
| | Parental Stress Scale |
| | Brief Stigma Reduction Questionnaire |
| | |
| Annual 2 or at Early Exit | Edinburgh Postnatal Depression Scale |
| | Concrete Needs Assessment |
| | Parenting Sense of Competence Scale |
| | Parental Stress Scale |
| | Brief Stigma Reduction Questionnaire |
| | |
| Early Exit from Program | Early Termination Survey |
| | |
| Graduate Exit from Program | Brief Stigma Reduction Questionnaire |
| | Graduate Exit Survey |

**Edinburgh Postnatal Depression Scale (EPDS):**

The EPDS was administered to program participants 4 times throughout the program as follows:

- 0-28 Weeks of Pregnancy
- 29-40 Weeks of Pregnancy
- 0-16 Weeks Postnatal
- 1 Year Postnatal

The following table includes the Edinburgh average score among participants throughout pregnancy and postnatal.

| Timeline | Average Score | Highest Score | Lowest Score |
|---|---|---|---|
| 0-28 Weeks of Pregnancy | 12 | 21 | 2 |
| 29-40 Weeks of Pregnancy | 9 | 18 | 1 |
| 0-16 Weeks Postnatal | 8 | 21 | 0 |
| 1 Year Postnatal | 10 | 12 | 8 |

Program participants average Edinburgh scores decreased throughout pregnancy and postpartum. However, at the 1 Year Postnatal mark, the scores increased to scores seen during pregnancy. Discussions around why EPDS scores would be higher further into the postnatal period occurred and the following factors all played a role in participants reporting higher rates of depression at the one year mark:

- Initially, after the birth of a baby, there is much more support for the Mom and/or family. As the baby develops and grows and life settles, stressors start to present themselves and this can have a negative impact on the Edinburgh score. For example, as babies develop, milestones are reached (or not) and different challenges present themselves.
- As the baby grows and responsibilities of parenting become more pressing, participants have to navigate systems which they may be unfamiliar with – employment after birth, locating reliable and safe infant care, transportation, and more.
- Program participants tended to enter into pregnancy in high risk situations. As stated above, domestic violence, housing and substance use were main factors impacting participants at the initial intake. With underlying challenges already occurring, then adding the stressors of a baby and other related factors mentioned above, scores would naturally be higher at the annual postnatal period.

It should also be noted that each participant had a unique set of needs—as can be seen in the Highest Score and Lowest Score columns. Some mothers had more intense needs at different times throughout the pregnancy and MomCHAT support was critical in preventing and managing crisis in real time.

**Substance Use Risk Profile-Pregnancy Scale Form (SURP-P):**

The SURP-P was administered once, at 0-28 weeks of pregnancy. The following table shows the Mom's self-report of substance use at this point in their pregnancy:

| Low Risk | Moderate Risk | High Risk |
|---|---|---|
| 9 or 64% | 2 or 14% | 3 or 21% |

Lessons Learned: The SURP-P was only administered once at the beginning of the program, while Moms were 0-28 weeks. It was not administered any other time, so quantitatively capturing improvement or reduction in use, did not occur. Only administering the SURP-P once, at the initial intake, was not an effective way to accurately measure use. Participants had not yet fully engaged with the treatment team, rapport had not yet been built and this may have impacted participant's ability to be honest in the initial assessment. As engagement strengthened throughout the program, participants started to reveal that substance use was higher than initially reported.

A survey, administered by the MomCHAT team in August 2022, identified more in-depth information about substance use among participants, however, it still was under-reported, according to anectodal evidence provided to the team itself:

> At the beginning of the MomCHAT program, 57% of participants stated they were not using drugs or alcohol. 11% stated they were using marijuana/cannabis edibles and another 11% stated they were using tobacco products/vaping.
>
> Since joining MomCHAT, 100% of participants were not using drugs (including marijuana or cannabis edibles) or using tobacco/vaping. All MomCHAT participants were drug, alcohol and tobacco free after joining and engaging in the program.

The fact that all moms delivered sober from drugs, alcohol and tobacco/vaping, is an accomplishment, even though it cannot be accurately measured through a quantitative evaluation tool.

The MomCHAT program is now administering a new assessment, the 5 P's which is specific to women and focuses on Parents, Peers, Partners, Past & Present. It also has questions regarding Violence and Emotional Health. This is a more comprehensive assessment that allows the MomCHAT team to understand where the misuse/use is coming from and how to appropriately address it.

**Prenatal Stress Checklist:**

The Prenatal Stress Checklist was administered once, at the beginning of the program, while Moms were 0-28 weeks. This instrument, used as a tool to learn more about Mother's stressors, showed that **79% of Mother's were experiencing stress to the point that professional intervention was required.**

Lessons Learned: Administering this assessment at 29-40 weeks may have been beneficial in determining whether or not a reduction in stress was obtained after engagement in MomCHAT. The

MomCHAT program is now administering the Prenatal Stress Checklist at 29-40 weeks in order to accurately measure if there is a reduction in stress after engagement in the program.

**Crisis Assessment:**

The Crisis Assessment was administered at 0-28 weeks and 29-40 weeks of pregnancy. It was a tool that allowed the MomCHAT team to measure the level of crisis Mothers were experiencing throughout pregnancy, in order to mitigate and prevent further crisis(es) from occurring.

- **86% of Mother's entered the program experiencing crisis (0-28 weeks).**
- **After participation in the program, 64% of Mother's reported experiencing crisis (29-40 weeks).**

It should be noted that crisis can be considered 'baseline' for many of the participants and mitigating crisis uses a wide set of approaches to meet the Mother's unique set of needs.

**Hunger Vital Signs:**

The Hunger Vital Signs assessment was administered at 0-28 weeks and 29-40 weeks of pregnancy. The purpose of this assessment was to identify if food insecurity played a role in crisis, stress or other mental health challenge Mothers were experiencing and if so, how prevalent food insecurity was.

- **15% of Moms reported food insecurity at 0-28 weeks of pregnancy**
- **Less than 1% of Moms reported food insecurity at 29-40 weeks of pregnancy**

Lessons Learned: Food insecurity comes up in other assessments and in the context of conversations with Mothers as to what their needs are and what resources are available to meet them. The Hunger Vital Signs assessment is no longer being used, however, food insecurity is addressed, using other assessments, such as the Concrete Needs Assessment.

**Concrete Needs Assessment:**

The Concrete Needs Assessment is administered during each battery of assessments (0-28 weeks, 29-40 weeks, 0-16 weeks postnatal, and annually). It is also updated on an as-needed basis, depending on Mom's needs and what resources and linkages need to occur. **As of 11/21/22, the Concrete Needs Assessment was administered 38 times and 217 referrals were made.** Referrals are followed up with 'hands on' approaches and assistance to make sure Moms are receiving the support they need and that the referral is substantiated.

**Contact Notes:**

Each service is documented using Contact Notes. The Contact Notes contain rich information that details the type of service provided, resource need and referrals made to address unmet needs and to support Moms mental health and wellbeing. Throughout the evaluation period, these were known to the Wellness Team as 'interventions'. Here is a summary of the number of interventions provided for each type of resource discussed with thirteen participants:

| **Intervention** | **# of Intervention Provided** |
|---|---|
| Housing | 64 |
| Financial/Budget | 101 |
| Mental Health | 87 |
| Physical Health | 90 |
| Substance Use | 36 |
| Employment/Education | 72 |
| Parent Education** | 17 |
| Psychotherapy * | 507 |
| Support Group | 25 |
| Social Connections | 84 |
| Community Resource | 300 |
| Peer Support | 433 |
| Other | 38 |
| **Total Interventions:** | **1,347** |

*Psychotherapy are services provided by the LCSW on the Wellness Team for the period of November 1, 2020 through June 30, 2022.

**All psychotherapy sessions included parenting/education discussions and interventions.

The interventions most utilized were psychotherapy, peer support, connection to community resources for ongoing, sustainable support and financial and budget assistance. Financial and budget assistance includes access to CalFresh and childcare subsidy assistance and more. Physical health and mental health were also frequently addressed during contacts with participants and advocacy to address unmet physical and mental health needs was provided. These interventions not only impacted the participant, but the child and other family members as well.

Tracking the interventions provides insight as to what is needed the most for those who are participating in the program. This assists the Wellness Team in building relationships with these agencies and organizations to streamline processes for participants and ensure that barriers to accessing the resources are removed. Monitoring what interventions are being utilized the most also serves as a guide for new programming across service agencies.

**Parental Stress Scale:**

The Parental Stress Scale is administered at 0-16 weeks postnatal and annually thereafter. It is a tool that is used to measure stress associated with parenting. The highest score you can obtain on a Parental Stress Scale is 90, and the higher the score, the more parental stress is occurring.

- **12 Parental Stress Scale assessments were completed in the 0-16 postnatal period and the average score was 33.**
- **4 Parental Stress Scale assessments were completed at the annual period –** due to the fact that many had not reached their annual assessment period yet **– and the average score was 32.**

Preliminary results show a reduction in parental stress from the postnatal to the annual period.

**Parenting Sense of Competence Scale:**

The Parenting Sense of Competence Scale is administered at 0-16 weeks postnatal and annually thereafter. It is a self-rated scale where Moms identify their level of competency as a parent. Preliminary results show the following:

- 12 Parenting Sense of Competence Scales were completed at the 0-16 week postnatal period. An average competency score of 71% was reported.
- 4 Parenting Sense of Competence Scales were completed at the annual period – due to the fact that many had not reached their annual assessment period yet – and an average competency score of 65% was reported.

The average competency score for the annual assessment period could change as they are administered. However, one consideration is that different stages of parenting can tend to be more difficult than others. At the initial postnatal period, things tend to be a bit easier as more support is available. However, as the baby grows, developmental milestones may present new challenges, such as walking and baby proofing the home. Other factors can also impact ability to feel competent such as domestic violence situations, unstable housing, physical health challenges, child care and more. Many things factor into how one rates themselves as a parent. However, overall, the average scores were in the middle to high end of the spectrum which may have not been the case if the participant was not involved and supported by the MomCHAT program.

**Brief Stigma Reduction Questionnaire:**

The Brief Stigma Reduction Questionnaire is administered during the initial postnatal period (0-16 weeks) and then annually. This specific assessment has a dual purpose—first to determine if the program has been useful to participants and second to determine if participation in the program assisted in reducing stigma around seeking mental health/wellness services for participants or their children. To date, 17 Brief Stigma Reduction Questionnaires have been completed and here are the results:

- 94% of participants reported that their experience with MomCHAT was ‘very positive’.
- 6% of participants reported that their experience with MomCHAT has been ‘somewhat positive’
- Referrals to the MomCHAT Program:
    - 41% of participants reported referring 0 persons to the MomCHAT program

    - 47% of participants reported referring 1 person to the MomCHAT program
    - 6% of participants reported referring 2 people to the MomCHAT program
    - 6% of participants reported referring 3 or more people to the MomCHAT program
- When asked how many people participants shared MomCHAT information with:
    - 6% said 0 persons
    - 41% said 1 person
    - 12% said 2 people
    - 29% said 3 or more people
- 12% of participants stated they were 'moderately likely' to refer someone to MomCHAT and 82% stated they were 'very likely' to refer someone to MomCHAT. Not one participant said they wouldn't refer to the program.
- Participants were asked if it was helpful to receive wellness services (therapeutic support) along with navigation support (peer support). 7% stated moderately helpful and 93% stated very helpful. Not one participant said it wasn't helpful or only a little helpful.
- When asked if participants will be more likely to get mental health/wellness services for themselves or their child in the future, as a result of the MomCHAT program, participants stated:
    - 59% strongly agreed
    - 6% somewhat agreed
    - 6% somewhat disagreed
    - 29% strongly disagreed

Additional Participant Comments provided:

- The entire program has been extremely helpful.
- I was skeptical at first about the experience but the help and encouragement I have had has really changed my idea of keeping my mental health and other struggles to myself. Being able to open up to someone who struggles with the same things is much different than therapy and, in a way, much more comforting. I'm less ashamed and have an easier time being honest about my struggles.
- MomCHAT has helped me in so many ways. I cannot imagine where I would be without the help and resources from MomCHAT.

**Therapy:**

Between November 1, 2020 and June 30, 2022, thirteen participants received a total of 507 therapy hours.

Throughout the evaluation period, participants started MomCHAT, and then later transitioned to a different therapist, left the program or were receiving services at ACBH. This equates to an additional 301 hours of therapy services.

In total, between November 1, 2020 and June 30, 2022, MomCHAT participants received 808 hours of therapeutic services either through the MomCHAT therapist, private providers or ACBH clinicians.

**Survey:**

As evaluation was occurring, it became obvious that some data was not going to be collected through the instruments identified in the evaluation framework. As a result, a survey was administered by the MomCHAT Wellness Team in August 2022, which identified the following:

- At the beginning of the MomCHAT program, 57% of participants stated they were not using drugs or alcohol. 11% stated they were using marijuana/cannabis edibles and another 11% stated they were using tobacco products/vaping.

  Since joining MomCHAT, 100% of participants were not using drugs (including marijuana or cannabis edibles) or using tobacco/vaping. All MomCHAT participants were drug, alcohol and tobacco free after joining and engaging in the program.

- 57% of participants stated their mental health was 'very poor' before joining MomCHAT
- 22% stated their mental health was 'not good' before joining MomCHAT
- 11% stated their mental health was 'alright' before joining MomCHAT
- 11% stated their mental health was 'good' before joining MomCHAT

- 33% of participants stated they had participated in individual therapy prior to joining MomCHAT. For those that had participated in therapeutic services prior to joining MomCHAT, 25% attended sessions less than once a month; 25% attended sessions once or twice a week and 50% attended sessions once a week.

- 67% of participants stated that they HAD NOT participated in individual therapy prior to joining MomCHAT.

- 100% of participants stated that participating in MomCHAT has been 'Very Helpful'

- Added Comments:

  - MomChat led me to my therapist and between therapy and momChat last year was manageable. Without momchat I don't think I would be in a good place right now emotionally and mentally.
  - The person I was before momchat and my therapy with Chelsea is a completely different person than I am now. I'm so proud of the coping mechanisms I have gained and the outlook I have now. My therapy with Chelsea saved my life and continues to do so every day. Momchat has provided me with community and support that I could never have imagined, specifically now that Jenny is part. Connecting me with other moms has been such a help for my mental health and knowing that there is someone to provide me with resources for almost anything is a relief.
  - I made my first initial call to Jenny April 3rd 2022. I was 16 weeks pregnant and in complete disarray. This little voice in the back of my head would not go away. This voice, it told me horrible things were going to happen to both me and my unborn child. Right away I was referred to Chelsea Yule. I had an appointment the next day. I had never had someone react so quickly to me being in a mental health crisis before. I had been very

skeptical due to the fact my last therapist had quit on me (due to personal reasons involving their home life). I was used to being abandoned. Immediately I could tell Chelsea was going to be the perfect person for me. She is very honest with her words and for someone who has to voice with reason it was immediately helpful. I began to see her weekly. And every week I felt myself getting better and better. Even to the point where we changed my appointments to bi-weekly! That didn't last long. The anxiety found a new route and causes me to spiral. Something I was not prepared for. I felt very alone at home due to no one understanding how I felt or what was happening. Chelsea didn't need to understand what was happening to me she already knew. I didn't feel the need to justify my fears (even though I still attempted to as force of habit). There is not a single time I leave that office and don't feel some form of relief. I am now 36 weeks pregnant and benefit from seeing Chelsea every single week. I am so excited to be able to go and talk and feel safe and comfortable to someone. It took me awhile to build trust with her and I still struggle with trust but that's how I have always been. I am nowhere close to being "all better" because I don't think I ever will be, but I know for a fact that mom chat has absolutely changed my life. I don't think I'd be here to write this today if I didn't have this available to me. I feel so lucky I have had this opportunity to receive this support and care. A lot of moms really struggle and deserve something like this. Honestly I think every single mom could benefit from this.

- The advice given by the staff is helpful in understanding where I am at in my mental health and barriers I face. I do not often seek support and in my daily life I am the support person for family members and my clients at work. I will push my needs to the side in order to support others. I am now able to separate myself from toxic situations to some extent. I am more aware of how I deal with my problems and can take a step back and analyze situations with a new lense than before. Sometimes it is also just nice to have a break from my regular day and laugh and cry with the providers about the crazy steps in pregnancy and preparing for pregnancy. This program has been a shining light in some of my tougher weeks and has better prepared me for the steps I may face as a new parent.
- Having Jenny to call and talk to about my mental health and struggles really helps me she has had many of the same issues so I know it's someone who actually understands and she also pushes me to achieve things that I didn't believe I could. She helps me realize I can be strong even though I have severe anxiety. She has helped out with with my mental and financial issues by having me apply for help with things that I was to afraid to do And she can see when I'm having a hard time in my head so she always encourages me and tells me exactly how hat I need to hear to keep me focused on being a good mom to my kids
- MomChat has helped me tremendously. It has helped me cope with multiple issues with both my kids between my son being nonverbal and developmentally behind and possibly autistic and my daughter being born and diagnosed with cancer and going through chemotherapy as a newborn and 3 surgeries and multiple MRI's.
- MomChat program has been extremely helpful to me during pregnancy and as a new mother. Amador county needs more support for pregnant women and new moms like the MomChat program.

- Momchat has really helped me in individual sessions I have come so far in my self confidence and ability to deal with my mental health struggles. I have been fortunate enough to go to a few of the moms meet up and it has been so so nice to be able to meet other moms who are having similar struggles as it's hard to find other moms without being judged for dealing with mental health problems. I look forward to my individual sessions, as well as the mom meet ups.
- Mom chat has been amazing! I have learned alot about myself as well as my children through being in mom chat. It has been so nice having a group with other moms that I can go to and feel great. It is so nice knowing I am not alone in the mom feelings

**Specific Participant Accomplishments:**

Mothers have accomplished the following achievements with MomCHAT support—examples include, but are not limited to:

1) Stopped use of tobacco and cannabis
2) Overcome suicidal ideation and navigated a 2nd round of post-partum depression without a hospital visit
3) Developed natural support relationships with other mothers
4) Significantly lowered scored on the Edinburgh Postpartum Depression Scale
5) Started medication to successfully manage postpartum depression
6) Completed safety plans and exited domestic violence situations
7) Accessed career services and started applying for jobs
8) Returned to school and maintained focus on career goals
9) Enrolled in CalWORKs and used education benefits
10) Secured part-time work
11) Secured childcare
12) Delivered their children sober
13) Resolved custody issues
14) No longer struggling with self-harm or depression
15) Connected with Valley Mountain Regional Center for children's developmental issues
16) Successfully received child support
17) Consistently attended individual and group therapy sessions
18) Had developmentally delayed babies catch up to developmental milestones
19) Navigated complex medical issues
20) Addressed long-term child developmental issues
21) Successfully attaching despite long histories of trauma and mental health issues
22) Successfully secured full-time employment and approved for a home loan
23) Secured stable housing
24) Overcame isolation
25) Improved anxiety and depression
26) Enrolled in health insurance
27) Developed services and approaches for older children
28) Learned coping skills for anxiety
29) Managed family crises

30) Built confidence in parenting and accessing services
31) Enrolled children in early learning opportunities
32) Stayed out of the emergency room for mental health intervention

## Conclusion

The evaluation, in its entirety showed that the MomCHAT program is effective in engaging Mothers early in pregnancy, following them through the birth of their child and for the entirety of their postpartum period. Overall, the community-based team model was effective in wrapping Moms up prenatally to prevent postpartum mental health challenges from becoming severe and disabling.

It is a privilege to serve the Moms in the program and their engagement and commitment to their wellbeing is the foundation for which this program can attribute its success.

Moving forward, adjustments have been made to the administration schedule to provide for more learning as well as increased engagement strategies among community partners to show the program's efficacy and how it can continue to assist Moms and families in the community.