



## **Guidelines for Perinatal Mental Health Providers listed on Maternal Behavioral Health Referral form**

**Revised 7/2016**

### **Purports expertise in Perinatal Depression**

#### **Demonstrates knowledge and utilization of community resources:**

eg MomsFirst, Help Me Grow, Managed Care Companies, DCFS

#### **Provides quick intake after referral:**

Phone contact with client offered within *72 hours*

Mental Health assessment provided within *1 - 2 weeks* (priority given to suicidal risk).

Psychiatrist appointment available within *3 weeks*

If unable to provide services for any reason, agency will contact another agency (preferably near client's home) that is able to provide services, transition client to that agency, and make referring provider aware of change

#### **Provides feedback to referring provider as requested in accordance with patient's authorization.**

#### **Completes data collection sheet and provides data to CRPN on 7<sup>th</sup> day of each month.**

#### **Attends quarterly Cuyahoga Perinatal Depression Task force meetings. If unable to attend sends agency designee.**

#### **Attends Perinatal Depression trainings for Referring Providers as needed. If unable to attend notifies CRPN.**

#### **Attends CRPN collaboration/coordination meetings either in person or via teleconference as needed.**

Treatment plan can be requested after agency-client consent obtained. Additional feedback available upon request when medications are prescribed, changed or discontinued and status at discharge.