Depression Screening and Treatment An Integrated Primary Care Model

Urban Health Plan, Inc.
Presented by:
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Natasha Borrero, MPH

Our History

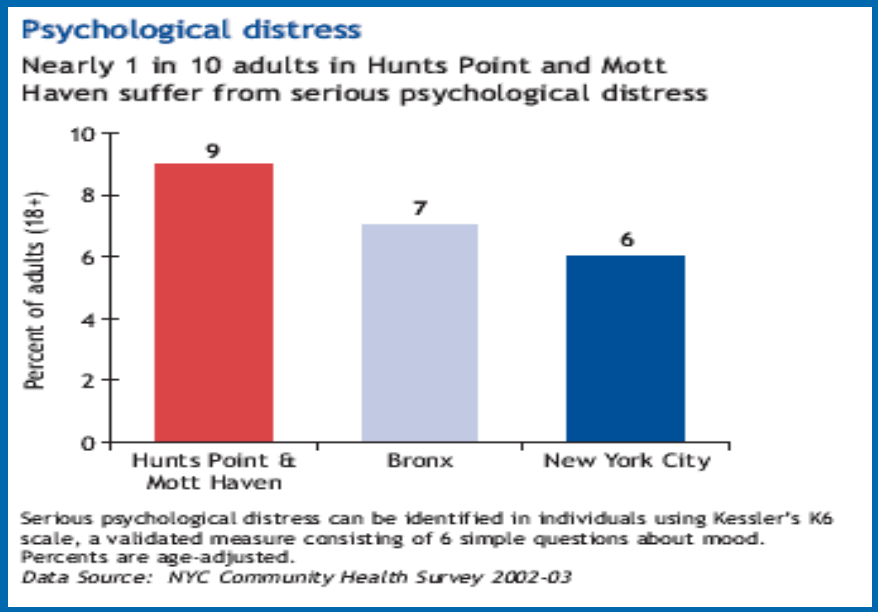
- Founded in 1974 by Dr. Richard Izquierdo
- Federal Qualified Health Center (FQHC) designation in 1999
- Accredited by the Joint Commission.
- 4 Sites:
  - El Nuevo San Juan Health Center—1065 Southern Blvd, Bronx, NY
  - Bella Vista Health Center—890 Hunts Point Ave, Bronx, NY
  - Plaza del Castillo Health Center– 1515 Southern Blvd, Bronx, NY
  - Plaza del Sol Health Center—37-16 108th St, Corona, NY
- 5 School-Based Sites; 2 Off-Sites 2 Administrative Sites
- 2009: 37,000 Users and 197,000 Encounters
- 82% Hispanic; 15% African-American; 3% Other
- Largest employer in zip code 10459

Our Mission

Urban Health Plan's (UHP) mission is to continuously improve the health status of underserved communities by providing affordable, comprehensive, and high quality primary and specialty medical care and by assuring the performance and advancement of innovative best practices.

With over 30 years of service and a deeply rooted foundation in the South Bronx, Urban Health Plan is dedicated to rendering care in a culturally proficient, barrier free, individualized, and family oriented manner, with an emphasis on prevention through education and the provision of state-of-the-art services.

Depression in the South Bronx



Psychological Distress (due mostly to depression)

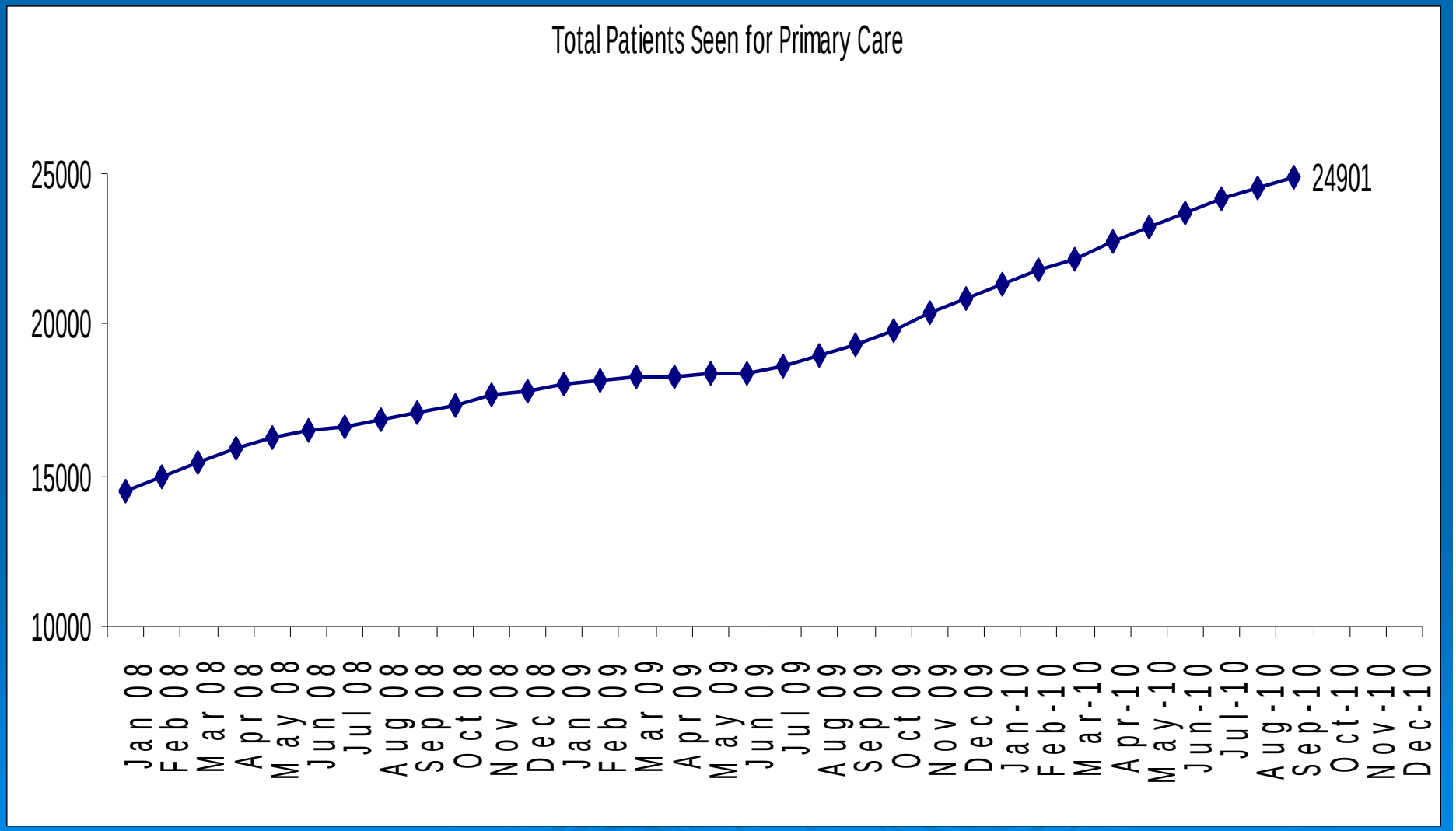
Hunts Point/Mott Haven	**9%**
New York City	**6%**

- Data Source: Olson EC, Van Wye G, Kerker B, Thorpe L, Frieden TR. Take Care Central Bronx. NYC Community Health Profiles, Second Edition; 2006; 5(42):1-16.

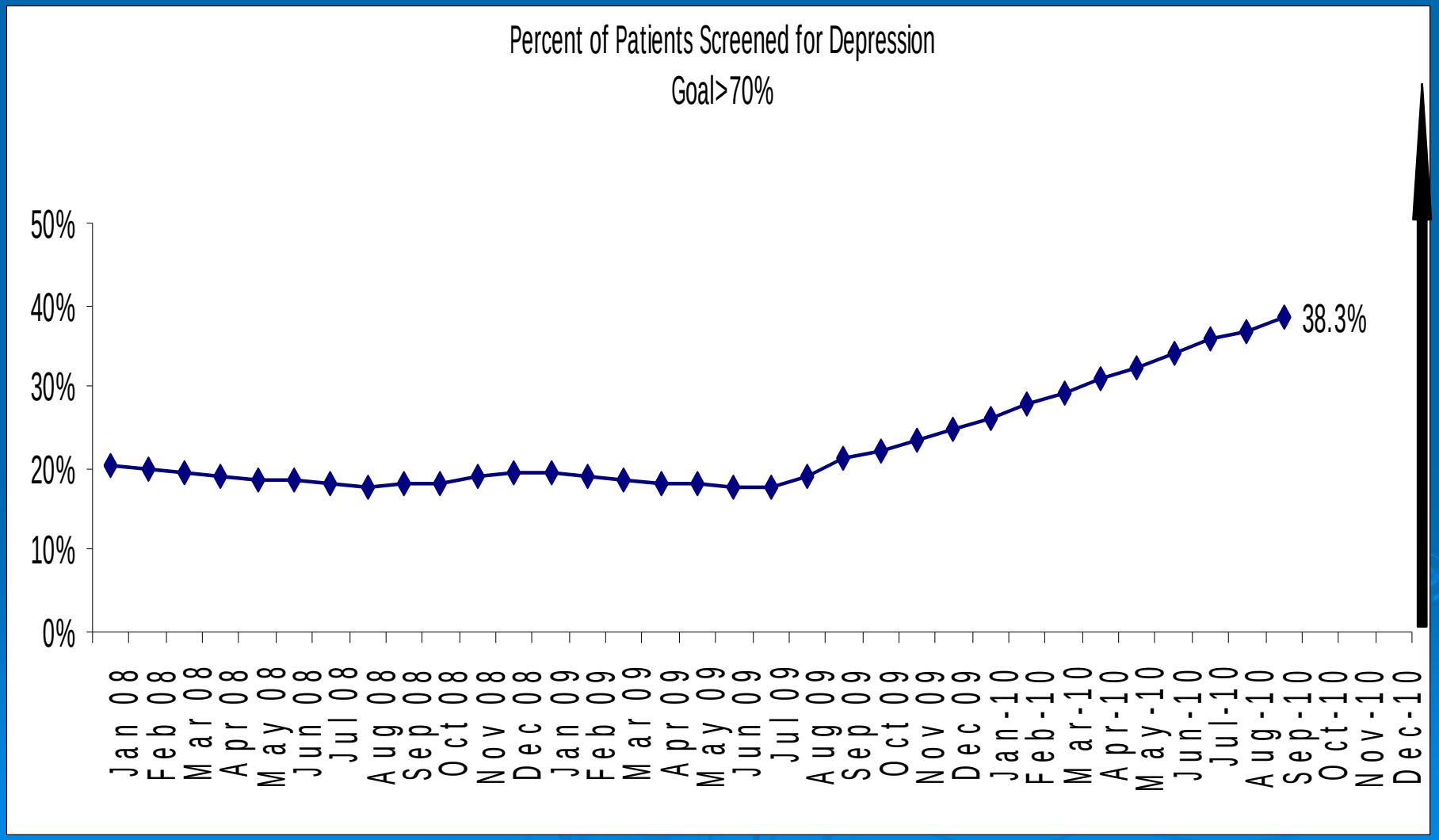
Depression Care: Pre-collaborative Structure

- No proactive screening for depression
- Minimal Collaboration between Behavioral Health and Primary Care
- Over capacity in Behavioral Health
- Long waits for patients needing external behavioral health services
- No tracking of patient depression outcomes

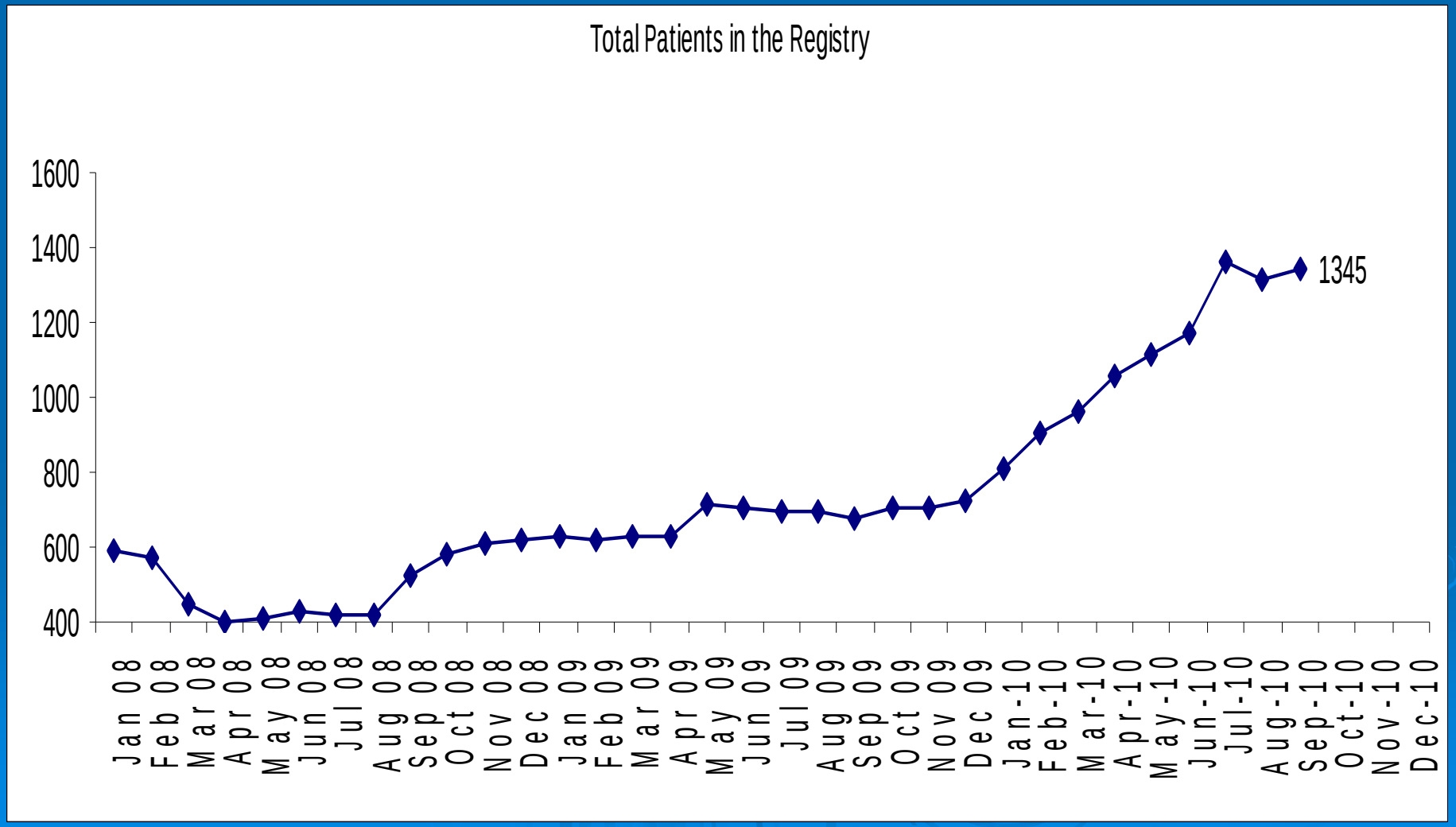
Total Adult Patients Seen For Primary Care



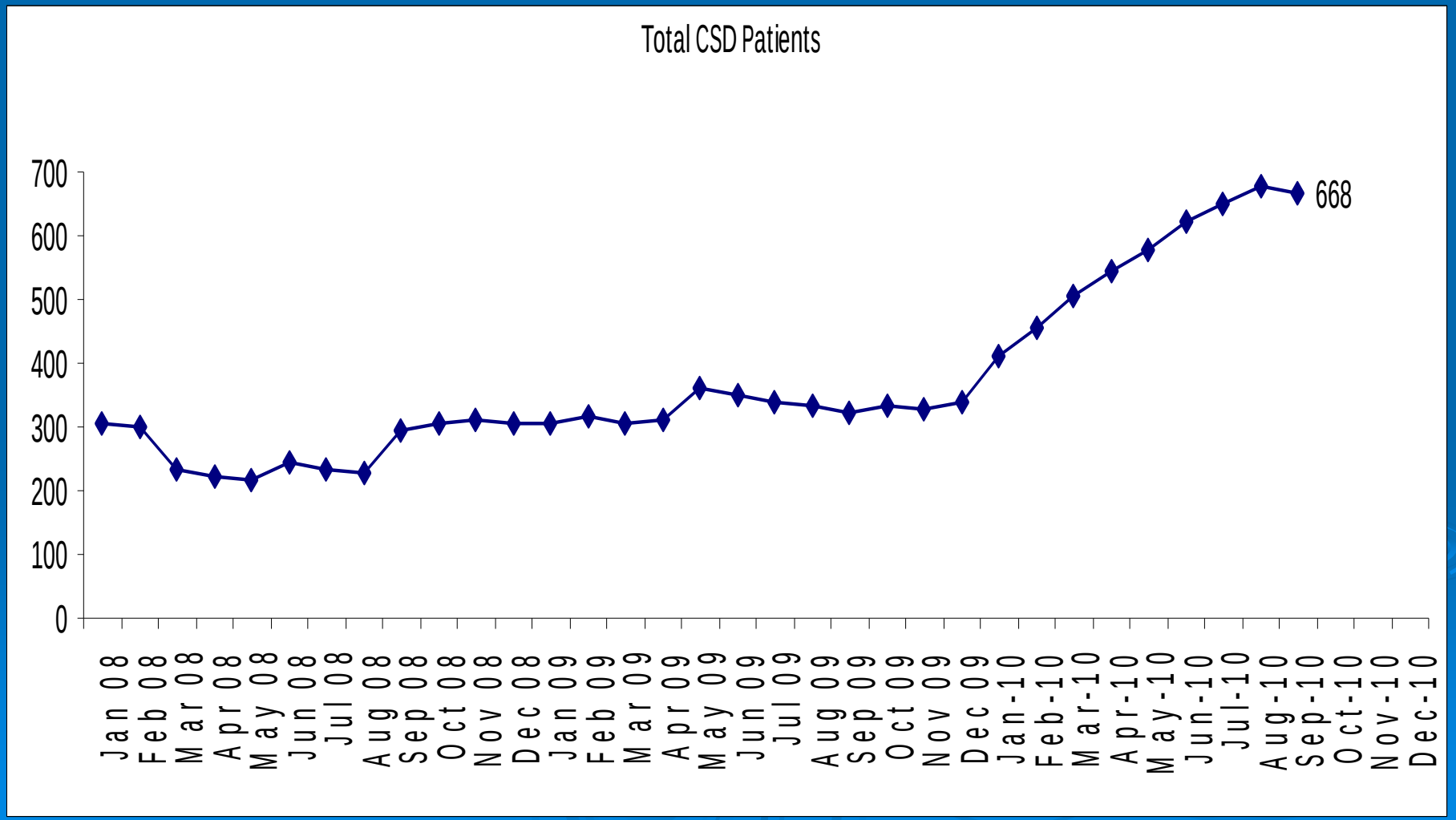
Percent of Adult Patients Screened for Depression



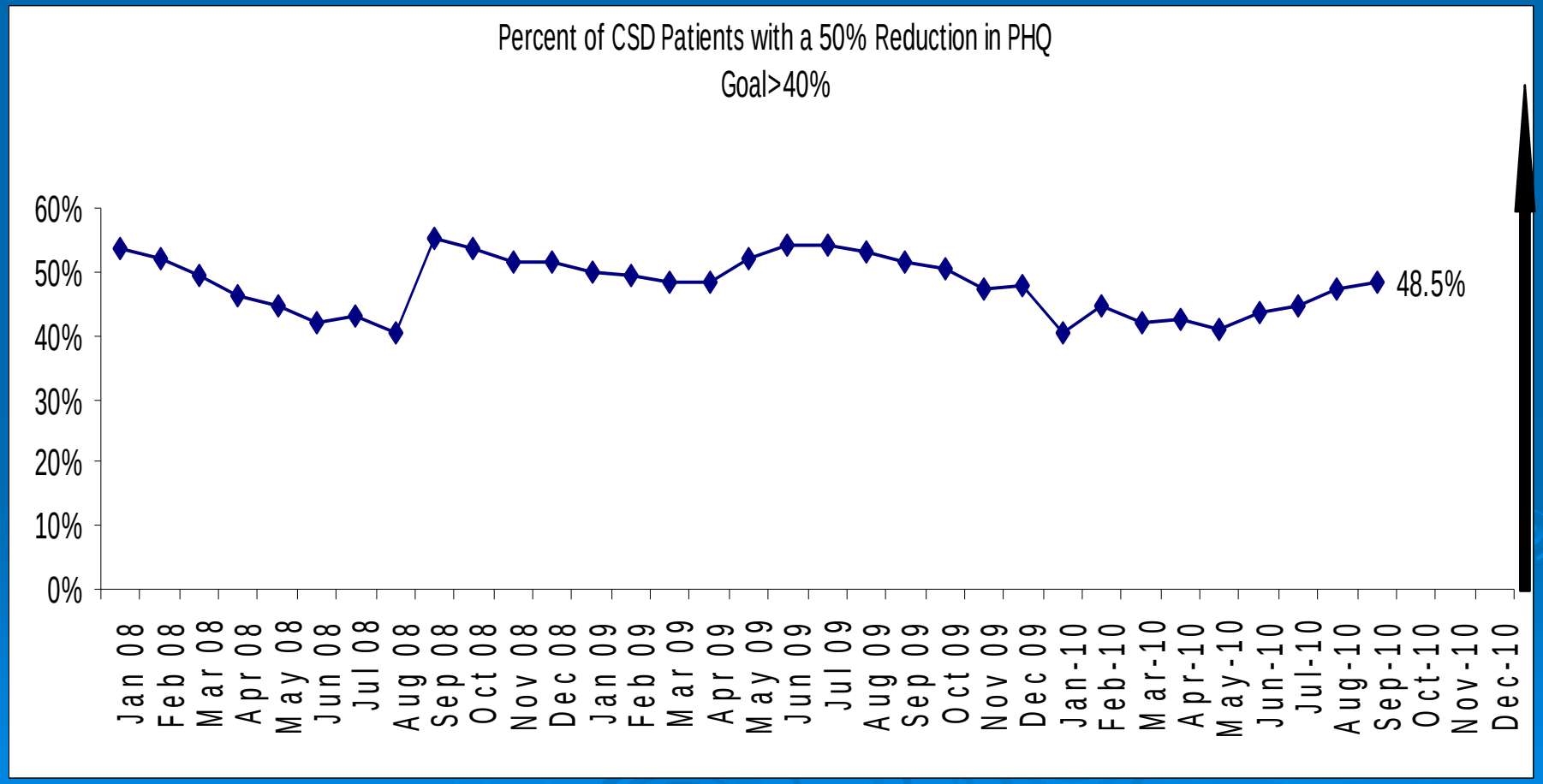
Total Adult Patients in the Registry



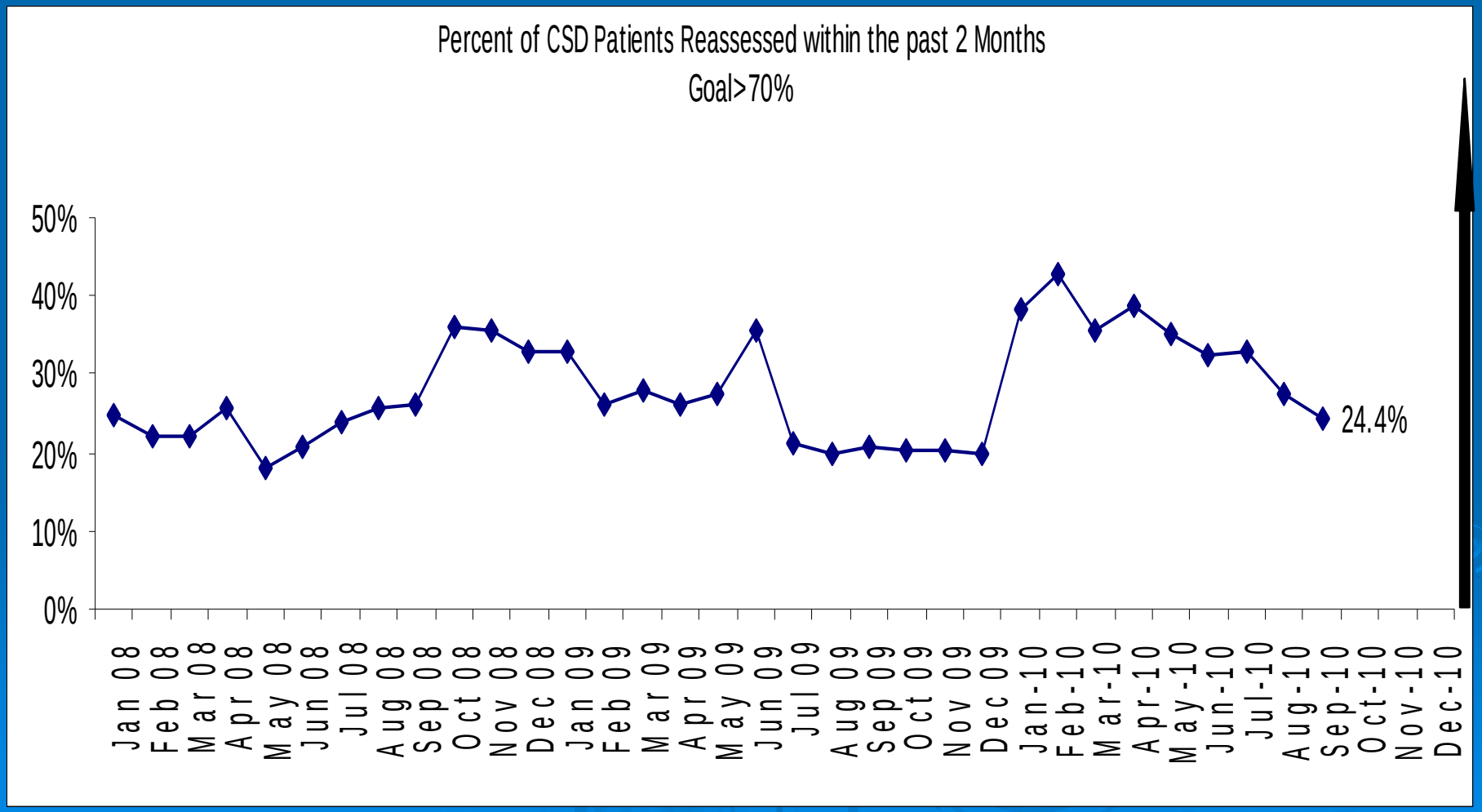
Total Clinically Significant Depressed (CSD) Adult Patients



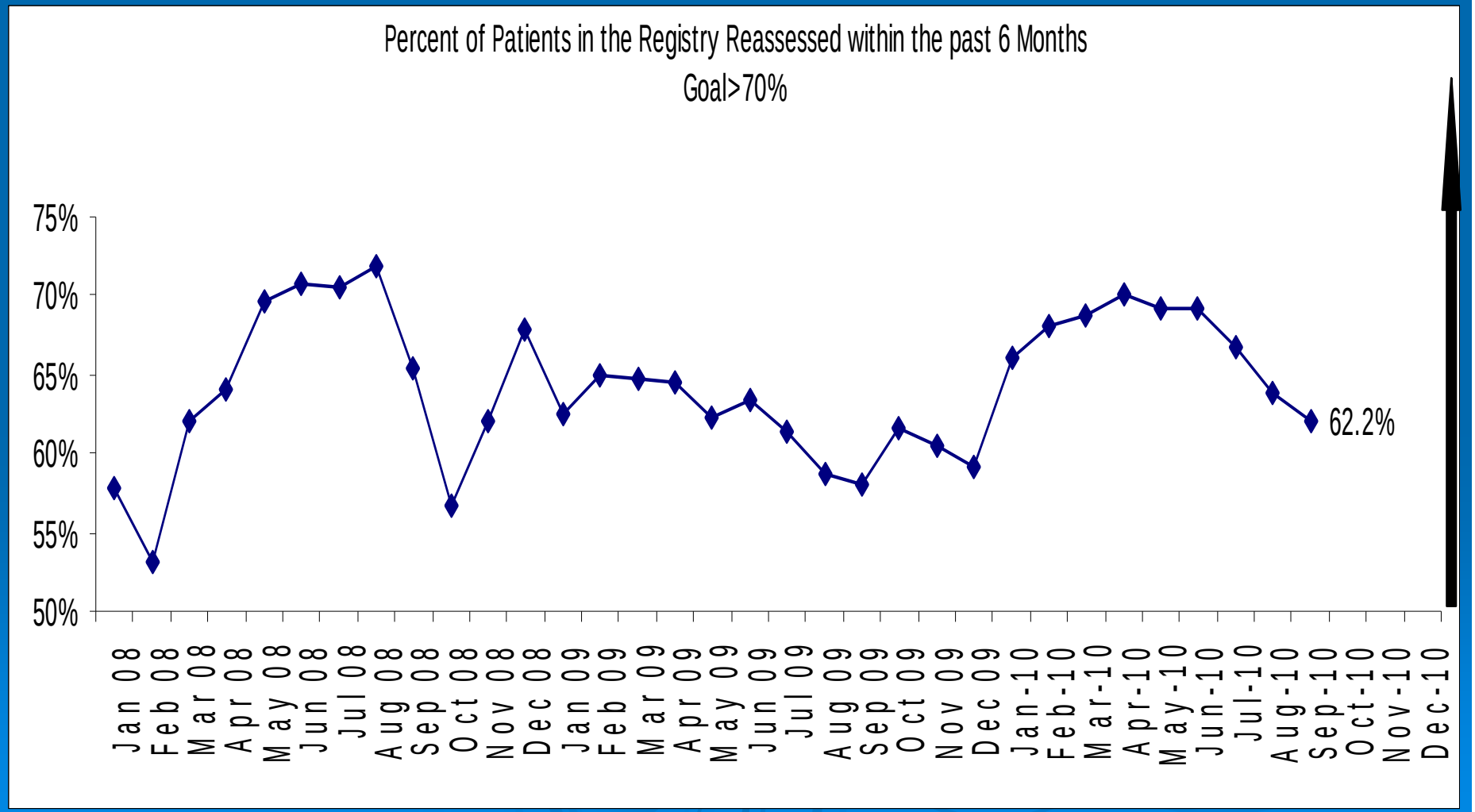
Percent of CSD Adult Patients with a 50% Reduction in PHQ



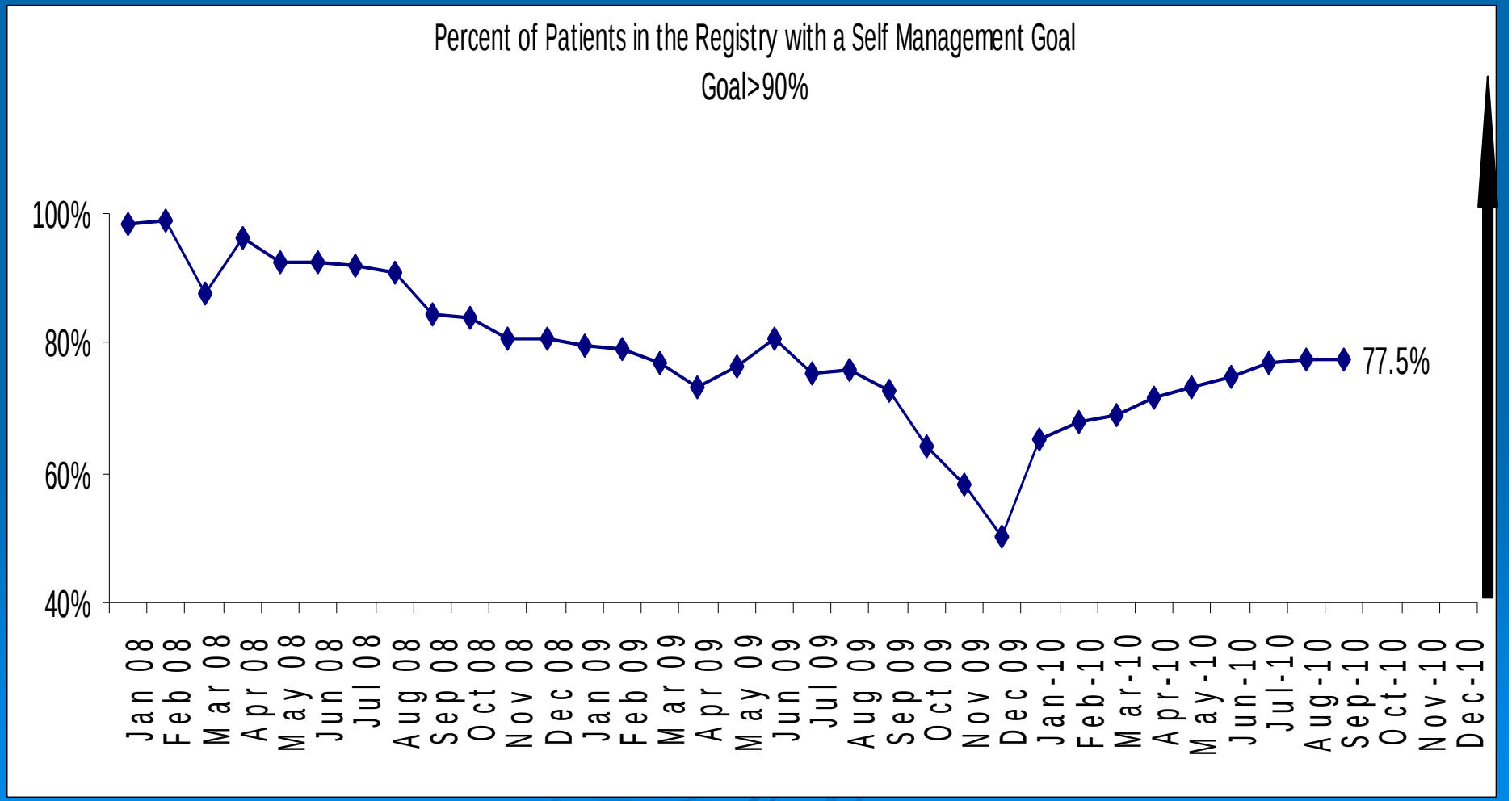
Percent of Adult Patients Reassessed within the past 2 months



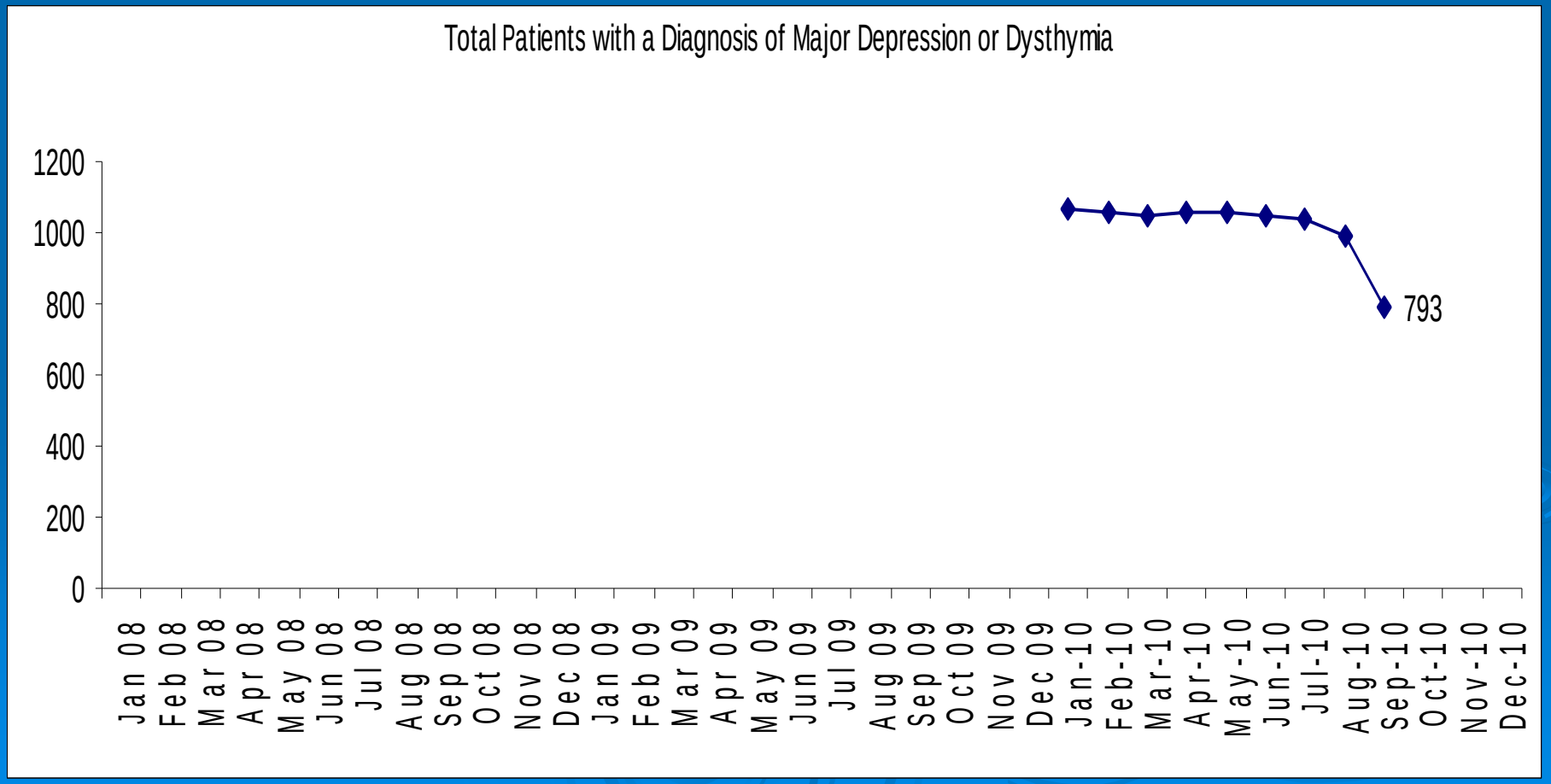
Percent of Adult Patients Reassessed within the past 6 months



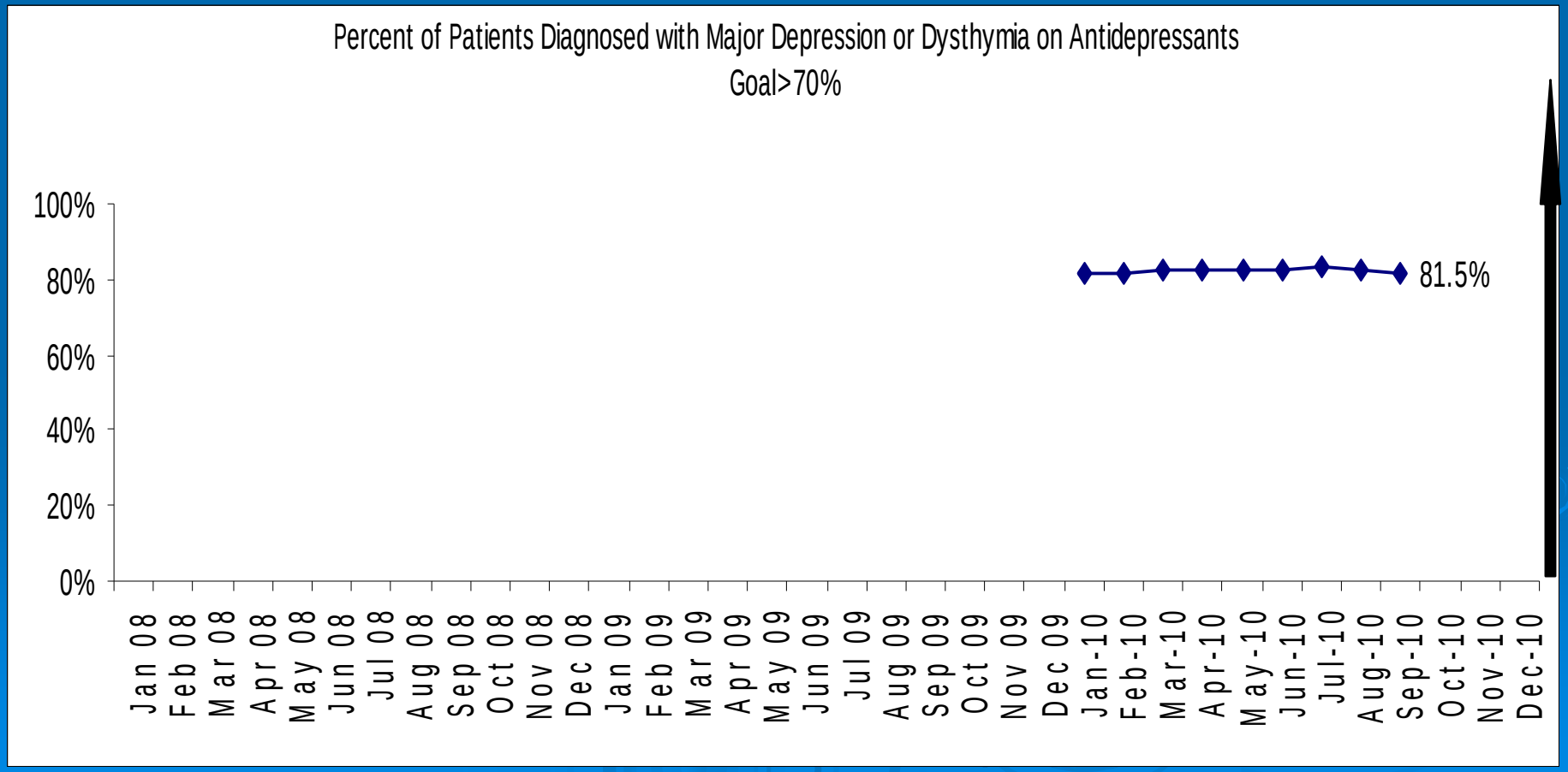
Percent of Adult Patients in the Registry with a Self Management Goal



Total Adult Patients with a Diagnosis of Major Depression or Dysthymia



Percent of Adult Patients Diagnosed with Major Depression or Dysthymia on Antidepressants



How We Got There…

- **2001: Participated in Bureau of Primary Health Care Asthma II Collaborative**
- **2003: Trained (5) internal experts (Masterminds) to lead performance improvement teams:**

  Depression Team

  Diabetes Team

  Adolescent Obesity Team

  External Referrals Team

  Accounts Payable Team

- **The team adopted measures based on evidence-based guidelines used by the national depression teams.**
- **UHP has successfully improved the treatment of depression by applying the Care Model, Model for Improvement (PDSA) and Learning Model to change the process of depression care.**
  - To learn more about BPHC health disparities collaboratives : www.healthdisparities.net

Team Members

• **Paloma Hernandez, MPH, MS**	**CEO-Senior Leader**
• **Samuel Deleon, MD**	**CMO-Senior Leader**
• **Debbie Lester, LMSW**	**Director of IACH-** Acting Program Coordinator
• **Arthur Berger, Ed.D.**	**Director of Behavioral Health -**Acting Program Coordinator
• **David Lisojo**	**Registry Coordinator**
• **Prenda Jimenez**	**Administrative Assistant**
• **Rachana Chowlera, MD**	**Clinician Champion**
• **Olga Evdos, MD**	**Psychiatrist- Clinical Support**
• **Fiordalisa Santiago, LCSW**	**Psychotherapist- Clinical Support**
• **Bernice Perez**	**Counselor**
• **Natasha Borrero, MPH**	**Assists with Coordination of Depression Program**
• **Guadalupe Lopez**	**Case Manager-** Plaza Del Castillo
• **Jessica Cochrane**	**Case Manager-** Bella Vista
• **Lorenza Figueroa**	**Case Manager-** Plaza Del Sol
• **Nidia Buitrago**	**Case Manager-** Plaza Del Sol
• **Jeanette Denizard**	**Senior Case Manager-** Geriatric Clinic
• **Jennifer Nuñez**	**Case Manager-** Geriatric Clinic
• **Flora Bautista**	**Case Manager-** Adolescent Clinic
• **Doreen Gonzalez**	**Case Manager-** Prenatal/Pediatric
• **Mildred Casiano, LCSW-R, MPH**	**Director of Social Work** *(ad hoc)*
• **Jacqueline Jordan, LMSW**	**Director Project Sunrise/IDC Case manager** *(ad hoc)*
• **Lisa Martinez**	**Intake Coordinator** *(ad hoc)*
• **Alison Connelly, RPA-C**	**Clinical Systems Administrator** *(ad hoc)*

How we grew as a program…

The Early Stages

- Internal Team mirrors the BPHC Depression Collaborative
- POF-163 patients

The Growing Stages

- Team is supported by the internal PI structure at UHP
- Measures begin to improve and program is spread one provider at a time

The Full Spread

- Measures improvement is sustained
- Spread to all providers and all sites including special populations and new patients
- Outcomes data is monitored through reports from the EMR

Early Stages

- Senior Leaders implement an interdisciplinary depression team and provide change package.
- Initial Population of Focus: 163 patients
- PDSA 1-Case Manager conducts PHQ-2 & PHQ-9 screenings at point of care, and collaborates with PCP's and BH Providers.
- PDSA-2-Case managers provide face to face and telephone support and set self management goals
- PDSA 3 -Psychiatrist is placed on the Team, trains the PCP's
- These PDSA's become the basis for patient symptom improvement and "breakthrough results."
- An access database is used to monitor patient outcomes and team is emailed data graphs monthly

The Manual Process

- Case Managers stationed in Adult Medicine:
  - Review provider schedule & patient charts daily
  - Conduct abbreviated screening those without PHQ-2/PHQ-9 in the chart
- Color-coded sticker system identified those already screened.
- Maintained registry of all collaborative patients for self-management follow-up & PHQ-9 reassessments

PHQ-9 Form

First two Questions are Abbreviated Screening	Not at all 0	Several Days 1	More than half the days 2	Nearly Every day 3
1. Feeling down, depressed, or hopeless in the past 2 weeks?				
2. Little interest or pleasure in doing things in the past 2 weeks?				
3. Trouble falling or staying asleep, or sleeping too much in the past 2 weeks?				
4. Feeling tired or having little energy in the past 2 weeks?				
5. Do you have poor appetite or overeating in the past 2 weeks?				
6. Feeling bad about yourself or that you are a failure or have let yourself down in the past 2 weeks?				
7.Trouble concentrating on things, such as reading the newspaper or watching television in the past 2 weeks?				
8. Moving or speaking so slowly that other people could have noticed, or the opposite being so fidgety or restless that you have been moving around a lot more than usual in the past 2 weeks?				
9.Thoughts that you would be better off dead or of hurting yourself in some way in the past 2 weeks? **If yes, ALERT CSW or Provider Immediately**				

10. If you are experiencing any of these problems on this form, how <u>difficult</u> have these problems made if for you to do your work, take care of things at home or get along with other people?

❑ [0] Not difficult at all ❑ [1] Some what difficult ❑ [2] Very difficult ❑ [3] Extremely difficult

11. In the past 2 years, have you felt depressed or sad most days, even if you felt ok sometimes? ❑ Yes ❑No

For Office Use ONLY

Not Depressed	Mild Depression	Moderate Depression	Severe Depression
☐0-4	☐5-9	☐10-14	☐15+

Self Management Goal ☐ Yes ☐ No
Medication Adherence: Missed days ☐ out of 14
Disposition: ☐ No Treatment Indicated ☐ Medication Management Referral to: ☐ Psychiatry
☐ Psychotherapy ☐ Stress Reduction Group ☐ Social Services ☐ Case Management ☐ Corp Health
☐ Medical Group ☐ Question Line
☐ Other _____ ☐ Refused Services ☐ Notes _____
☐ PHQ 1 ☐PHQ 2 ☐PHQ 3 ☐ PHQ Additional PHQ Score☐ Data Entered ☐ IPE Done ☐

Mental Health History Form

Mental Health History Form

Ethnicity: ☐Hispanic ☐African American ☐Caucasian ☐Asian ☐Pacific Islander ☐Other Gender: ☐Male ☐Female

When was the last time you felt Depressed? _____

Were you ever on Medication for Depression? ☐Yes ☐No Which Medication? _____

Are you now on any psychiatric medication? ☐Yes ☐No Which Medication? _____

Who Prescribed this Medication? _____

Where? _____ When? _____

1. Were you ever hospitalized for Depression or other Psychiatric Problem? ☐Yes ☐No
2. Are you presently receiving Psychiatric treatment elsewhere? ☐Yes ☐No

1. Where? _____ When? _____
2. Where? _____ When? _____

What services do you need help with at this time?:

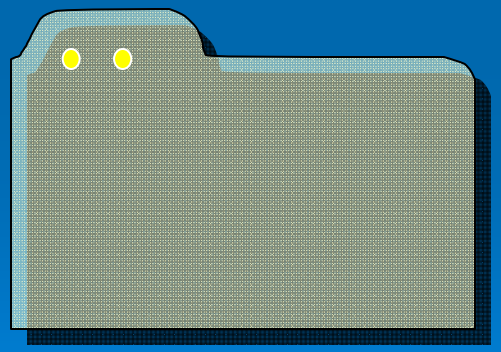
☐ Medical Problems
☐ Health Insurance Issues
☐ Food
☐ Domestic Violence
☐ Drug or Alcohol Treatment
☐ Other: _____

Additional Screening

1. Do you have an unexplained burst of energy? ☐Yes ☐No
2. Does your mind work overtime? ☐Yes ☐No
3. Do others tell you that you are talking too fast or constantly interrupting them? ☐Yes ☐No
4. Do you see things that other people don't see? ☐Yes ☐No
5. Do you hear things that other people don't hear? ☐Yes ☐No
6. Do you worry often or fell nervous? ☐Yes ☐No
7. Do you get physical symptoms from being nervous, heart racing, sweating? ☐Yes ☐No
8. Have you experienced a traumatic event? ☐Yes ☐No
   a) After this event, have you had frightening thoughts or reminders to this event? ☐Yes ☐No
   b) After this event, did you begin to feel more isolated and loose interest in activities and people? ☐Yes ☐No
9. Do you presently drink beer, alcohol or use drugs not prescribed by a doctor? ☐Yes ☐No
10. If *YES*, how many days a week do you drink beer or alcohol? If *NO*, go to question # 16
11. Have you ever felt the need to cut down on your drinking? ☐Yes ☐No
12. If you answered yes to the question, answer the following:
    a) Have you use drugs or alcohol in the past? ☐Yes ☐No
    b) Have you ever been in a drug or alcohol treatment/rehab program? ☐Yes ☐No
13. How often? _____
14. How much? _____
15. What do you use?_____
16. Is there anyone physically or emotionally abusing you? ☐Yes ☐No
17. Has anyone physically or emotionally abused you in the past? ☐Yes ☐No

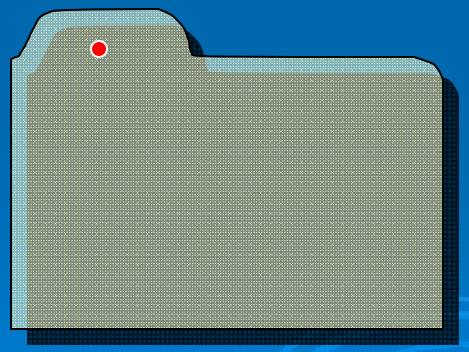
Color-coded sticker system

- The team used these stickers to mark paper charts of patients that had been screened
- Discreet method of facilitating daily chart reviews



Yellow Stickers

Depression Collaborative Patient



Red Sticker

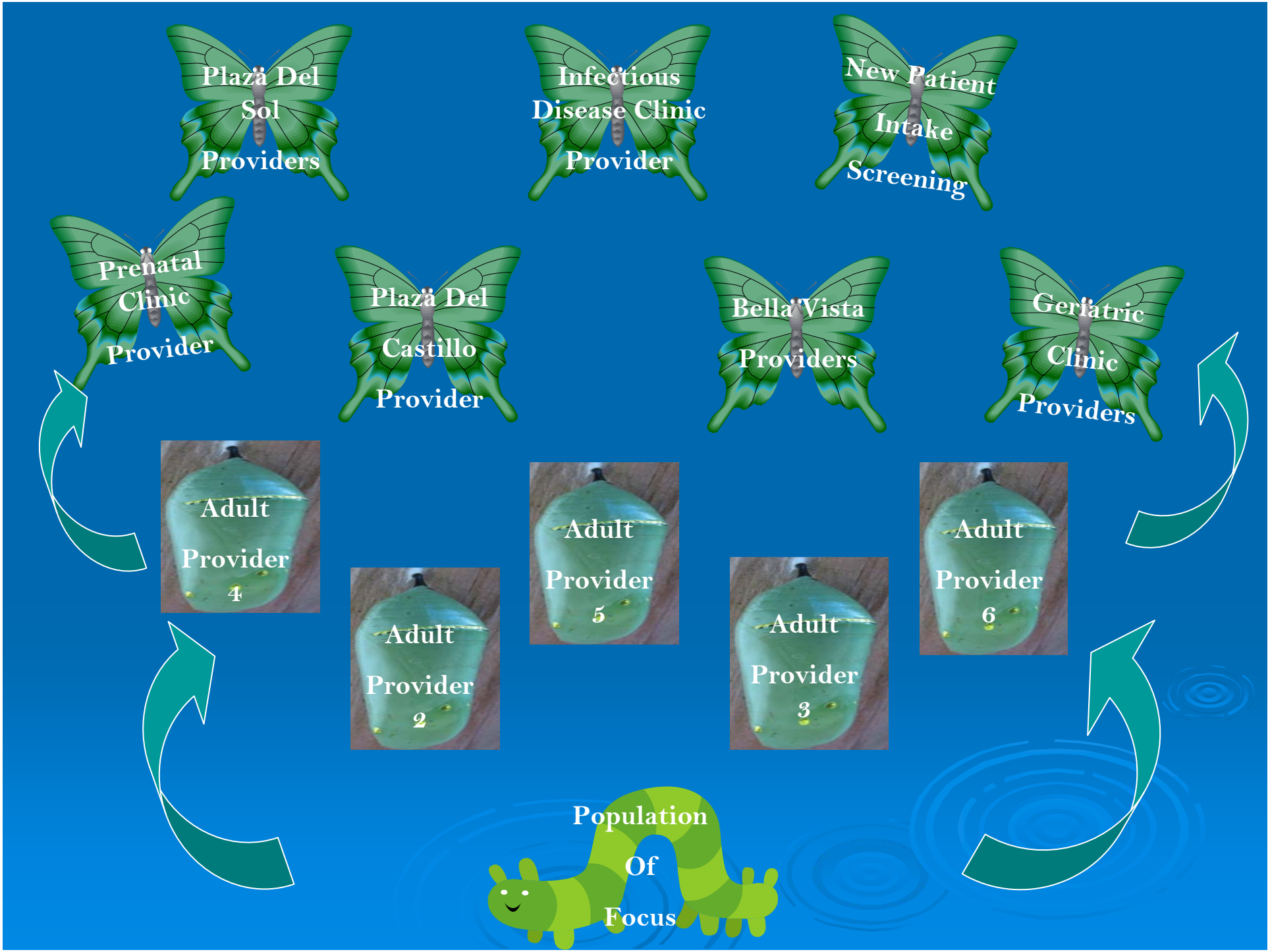
Abbreviated Screening Done

Challenges-Before EHR

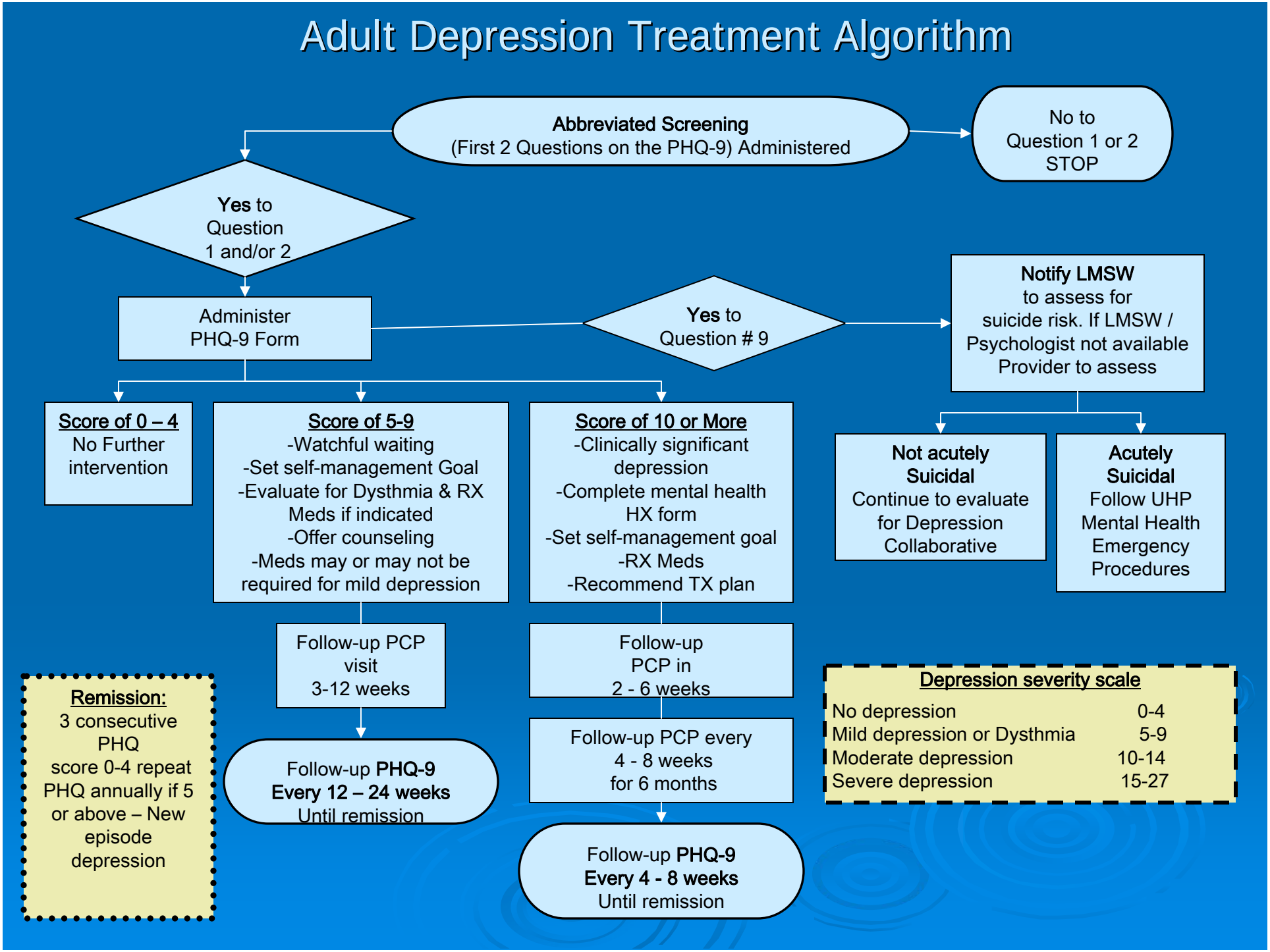
- Limited physical space for Case Managers to screen at point of care
- Chart reviews cumbersome with paper charts
  - Limited access to patient information/history
- Monthly registry information essential for self management and PHQ follow-up
- Multiple hand-off points left more room for human error

Growing Stages

- Team builds momentum, sustains outcomes and is given permission to spread
- Development of Decision support tools
  - Depression Treatment Algorithm
  - Provider Assistance & Medication Algorithms
- Team strategically spreads one PCP at a time and continues to sustain good outcomes


Plaza Del Sol Providers
Infectious Disease Clinic Provider
New Patient Intake Screening
Prenatal Clinic Provider
Plaza Del Castillo Provider
Bella Vista Providers
Geriatric Clinic Providers
Adult Provider 4
Adult Provider 2
Adult Provider 5
Adult Provider 3
Adult Provider 6
Population Of Focus

Adult Depression Treatment Algorithm



PROVIDER ASSISTANCE

Inclusion into the collaborative for anti-depressant medication management

Start ↓

Assess for Psychosis, Bipolarity, Primary Anxiety Disorder, Substance and/or Alcohol (ETOH) Abuse/Dependence

\+ Patient not in the collaborative refer to Psychiatry

\-

Note: If prior good response with anti-depressant restart that medication

Note: AT ANY POINT

If psychosocial stressors or patient needs support to develop self-management goals refer to:

1. Case Manager(health education)
2. Psychotherapy
3. Stress Reduction

All work for Depression & Anxiety

Start SSRI-Any order:

Celexa, Zoloft, Paxil, Lexapro, Prozac

You may also start another anti-depressant but can reserve until after SSRI trial

Start **Wellbutrin XL** if:

1. Pt. concerns of sexual side effects
2. Pt. with concerns ↑ weight gain

Avoid if:

1. Significant ↑ anxiety present
2. History of active eating disorders
3. Possible ETOH withdrawal Wellbutrin SR form available but more cumbersome to use
4. History of seizures

Start **Remeron** if:

1. Sleep problems
   a Watch for ↑ weight gain
   b.Watch for Agranulocytosis

Start **Effexor XR** if:

1. If there is anxiety and depression
   a. Monitor for ↑ blood pressure

Start **Cymbalta** if:

1. Also for diabetic neuropathic pain

Follow-up Assessment 2-4 weeks

Remission of Symptoms

Continue this does x 6-12 mos.

\+

Partial Response

1. Assess Dose
2. ↑ Dose

\+

No Response

1. Assess compliance
2. Assess Dose
3. Consider Maximizing Dose between visit

\-

Note: In 2 weeks assess for compliance and side effects. Also ↑ to lowest effective dose if not already on it. In 4-6 weeks assess dose it could take 4-6 weeks to see benefit of dose.

Note: Continue indefinitely if 3+ MDES (Major Depressive Episodes)

Reassess in 4 weeks

Full Response

Continue Dose

Partial Response

1. Assess Compliance
2. Assess New Stressors
3. Maximize dose if not already ordered

Little or No Response

1. If already on Max meds
2. Assess and address compliance
3. Assess and address stressor
4. Change Meds

Change meds to another SSRI or another anti-depressant and repeat protocol. Consider referral to Psychiatry if two or more failures.

This is just a sample of medication available of those most commonly used. A Psychiatrist is available to consult on these medications, or others not listed. Contact the Director of Behavioral Health

Note:

If simply depressed you can start with lowest effective dose of SSRI if ↑Anxiety start with lowest dose available

Dosages Pills are available		Minimum ⇒ Max Dosage	Avg. Effective dosage for Depression
Cymbalta	20, 30, 60	20 - 60	40-60 (Initial Dose 20BID/ or 30QD)
Prozac	10, 20, 40's	10 – 80	20 - 60
Zoloft	25, 50, 100	25 - 200	50 - 200
Celexa	10,20, 40	10- 40	20 - 40
Lexapro	5, 10,20	10- 20	10 - 20
Wellbutrin XL	150, 300	150 - 450	150 - 300
Wellbutrin SR	100, 150, 200	150 - 400	300 (Initial 150x3days then ↑ 150xBID)
Remeron	15, 30, 45	15 - 45	30 - 45
Effexor XR	37.5, 75, 150	37.5 - 225	75 – 225 (Initial 37.5x1 wk)
Effexor	25, 37.5, 50, 75, 100	25 - 375	125 – 150 (In-divided doses) (initial dose 75mg in 2-3 divided doses)
Paxil CR	12.5, 25, 37.5	12.5 – 75	25 – 62.5
Paxil	10, 20, 30, 40	10 – 50	20 – 40

Note:

Wellbutrin XL = Once Daily Dosing
IR and SR forms no more than 200 mg in only one dose and BID dosing every 8 hours.

Services Offered to Adult Patients with Depression

- Primary Care Management of Depression
- Psychiatry
- Psychotherapy
- Case management including Telephone Case management
- Self Management Goal Setting and Follow up
- Referrals to outside social service and community organizations
- Referrals to Health and Wellness programs conducted at Urban Health Plan
  - Canyon Ranch Institute Life Enhancement Program at Urban Health Plan (CRI-LEP)
  - Chronic Disease Self Management Program based on Stanford University (CDSMP)

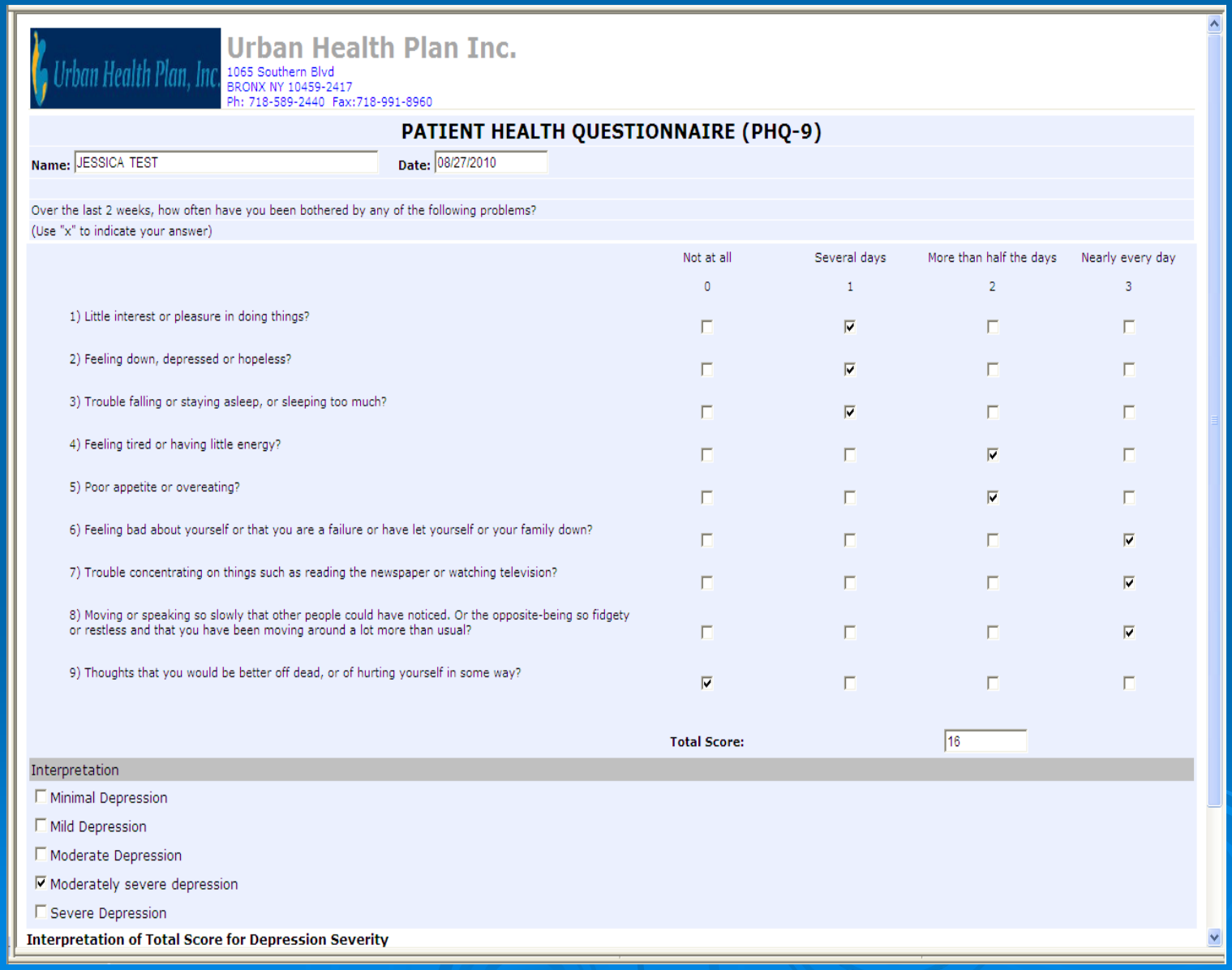
Building Infrastructure

- Program Coordination is Improved
- Case Management remains the key to Coordinated Services
- Training and Competency Testing of Case managers is Improved
- Staff is expanded to include Social Work Interns and Americorp Workers
- Monthly Team Meetings and Case Conferences are held
- Lists are generated from the EHR for case managers to follow up on patients due for a depression screening.
- PHQ 2 and PHQ 9 (Smart Forms in the Electronic Health Record)
- Monthly Data Graphs are generated from the electronic health record
- Depression Dashboard is created (Spider Graph)

Depression Care: Post-collaborative Structure

- **Proactive screening for Depression: PHQ-2 and PHQ-9**
- **Patient Outcomes Tracked through Electronic Health Record Reports**
- **Creation of the Behavioral Health Screening Appointment Process**
- **Integrated Case management and Care Coordination**
- **PCP and Behavioral Health Co Management**
- **Integrated Depression Training Program for Providers and Staff at all levels**

PHQ-9 in EHR



Urban Health Plan Inc.
1065 Southern Blvd
BRONX NY 10459-2417
Ph: 718-589-2440 Fax:718-991-8960

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: JESSICA TEST **Date:** 08/27/2010

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things?	☐	☑	☐	☐
2) Feeling down, depressed or hopeless?	☐	☑	☐	☐
3) Trouble falling or staying asleep, or sleeping too much?	☐	☑	☐	☐
4) Feeling tired or having little energy?	☐	☐	☑	☐
5) Poor appetite or overeating?	☐	☐	☑	☐
6) Feeling bad about yourself or that you are a failure or have let yourself or your family down?	☐	☐	☐	☑
7) Trouble concentrating on things such as reading the newspaper or watching television?	☐	☐	☐	☑
8) Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless and that you have been moving around a lot more than usual?	☐	☐	☐	☑
9) Thoughts that you would be better off dead, or of hurting yourself in some way?	☑	☐	☐	☐

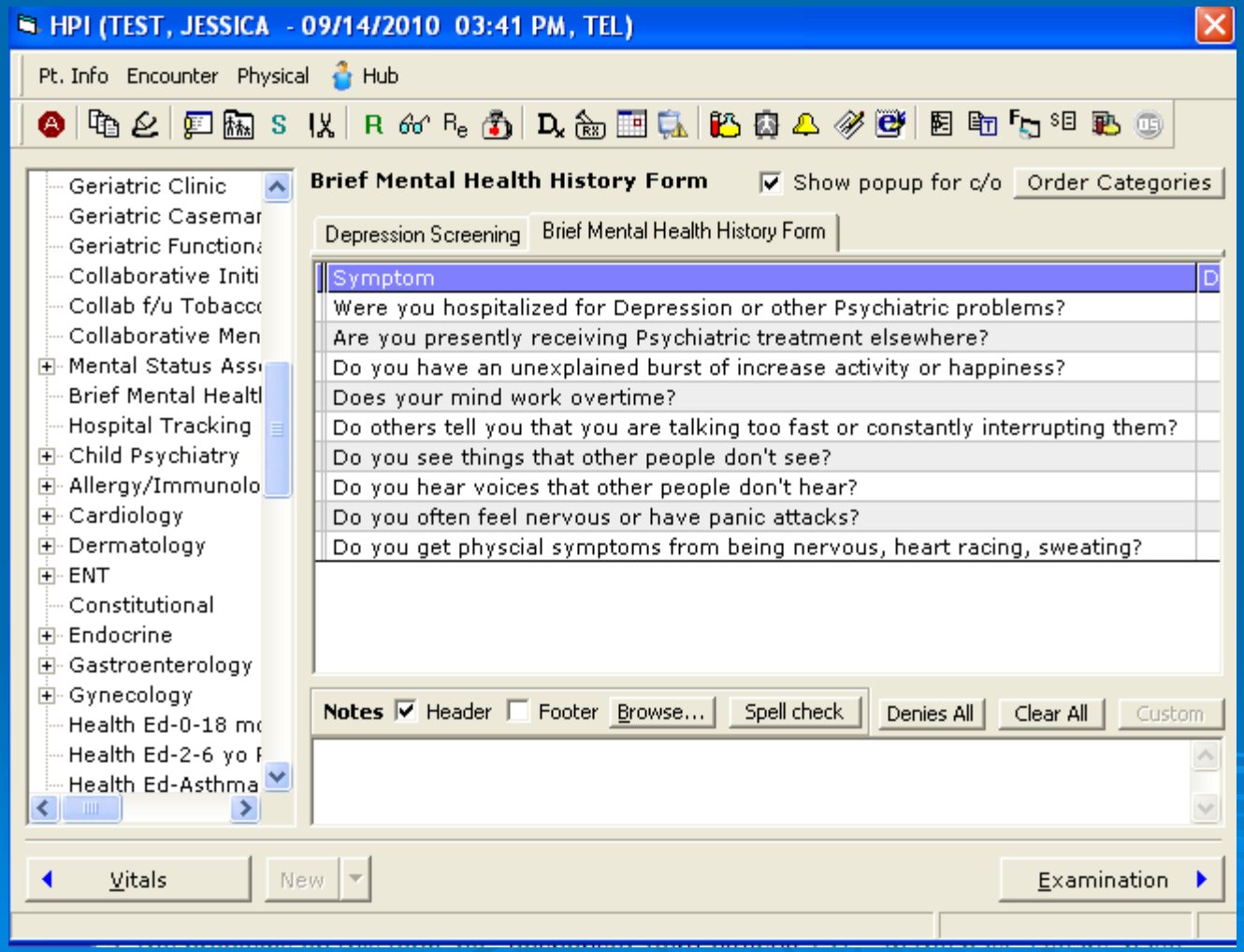
Total Score: 16

Interpretation

- ☐ Minimal Depression
- ☐ Mild Depression
- ☐ Moderate Depression
- ☑ Moderately severe depression
- ☐ Severe Depression

Interpretation of Total Score for Depression Severity

Mental Health History Form in EHR



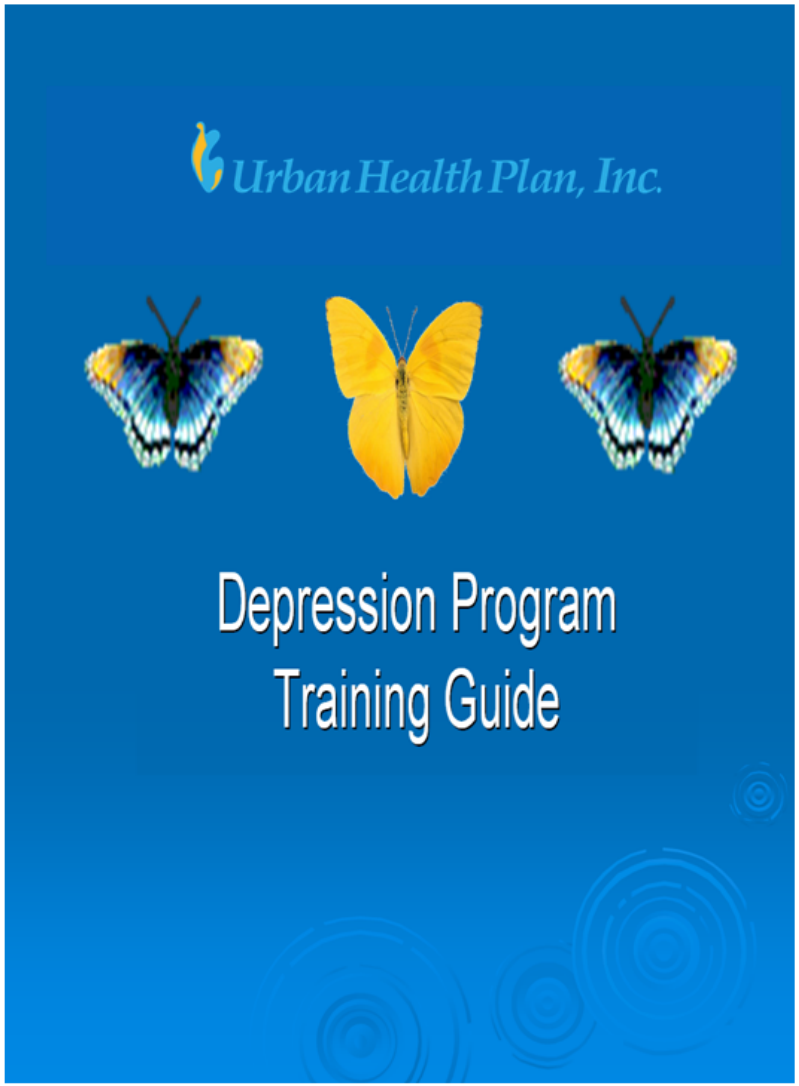
Standardizing and Sustaining

- Case Managers are trained using materials in the Depression Program Training Guide
  - Protocols
  - Algorithms
  - Helpful Hints for patient contact
  - How to Create Self Management Goals
- Competency forms are used to ensure proper and adequate training

Competency Form

Objective/ Procedural Step	Date Observed and Performed	Competency confirmed	Trainer's Initials
DEPRESSION SCREENING			
Able to locate and complete 'Depression Screening' form in the HPI section of EMR			
Demonstrates knowledge of the PHQ-2 and PHQ-9 screening protocol			
Administers all questions on PHQ-2/PHQ-9, Functional Assessment question, and Dysthymia question as written			
Demonstrates knowledge of crisis intervention protocol use when patient answers "several days, more than half the days, or nearly every day" to question 9 on PHQ-9			
Demonstrates knowledge of PHQ score results (Not Depressed, Mildly Depressed, Clinically Significantly Depressed) and appropriate next steps based on score			
Demonstrates knowledge of Does Not Qualify (DNQ) definition, how it is documented, and when it is to be used			
Able to locate and complete 'Brief Mental Health History' form in the HPI section of EMR			
Administers all questions on Brief Mental Health History form as written for patients with a PHQ score of 10+			
Able to define and provide examples of appropriate self management goals for patients with a PHQ score of 5+			
Capable of providing patients with a PHQ score of 10+ with a behavioral health screening appointment in EMR			
Capable of providing patients with verbal referrals to external services, as needed, and provide pt with information accordingly			
Able to explain case management/follow-up services provided to patients with a PHQ Score of 10+			

Depression Case Manager's Training Guide



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Mental Health First Aid Training

Urban Health Plan, Inc.

CALLING ALL ASSOCIATES!!

Mental Health First Aid Training

Developed by the National Council for Community Behavioral Healthcare

DO YOU WANT TO LEARN:

- ***...About potential risk factors and warning signs of various mental health disorders?***
- ***...A 5-step action plan that can help you assess certain types of situations?***
- ***...And much more?!***

Then, email Rebecca Ajasin to register!!

Enrollment is on a FIRST come, FIRST served basis....

So sign up NOW!!

(Commitment is highly required to complete this 2 day course! Registration is also subject to your supervisor's approval.)

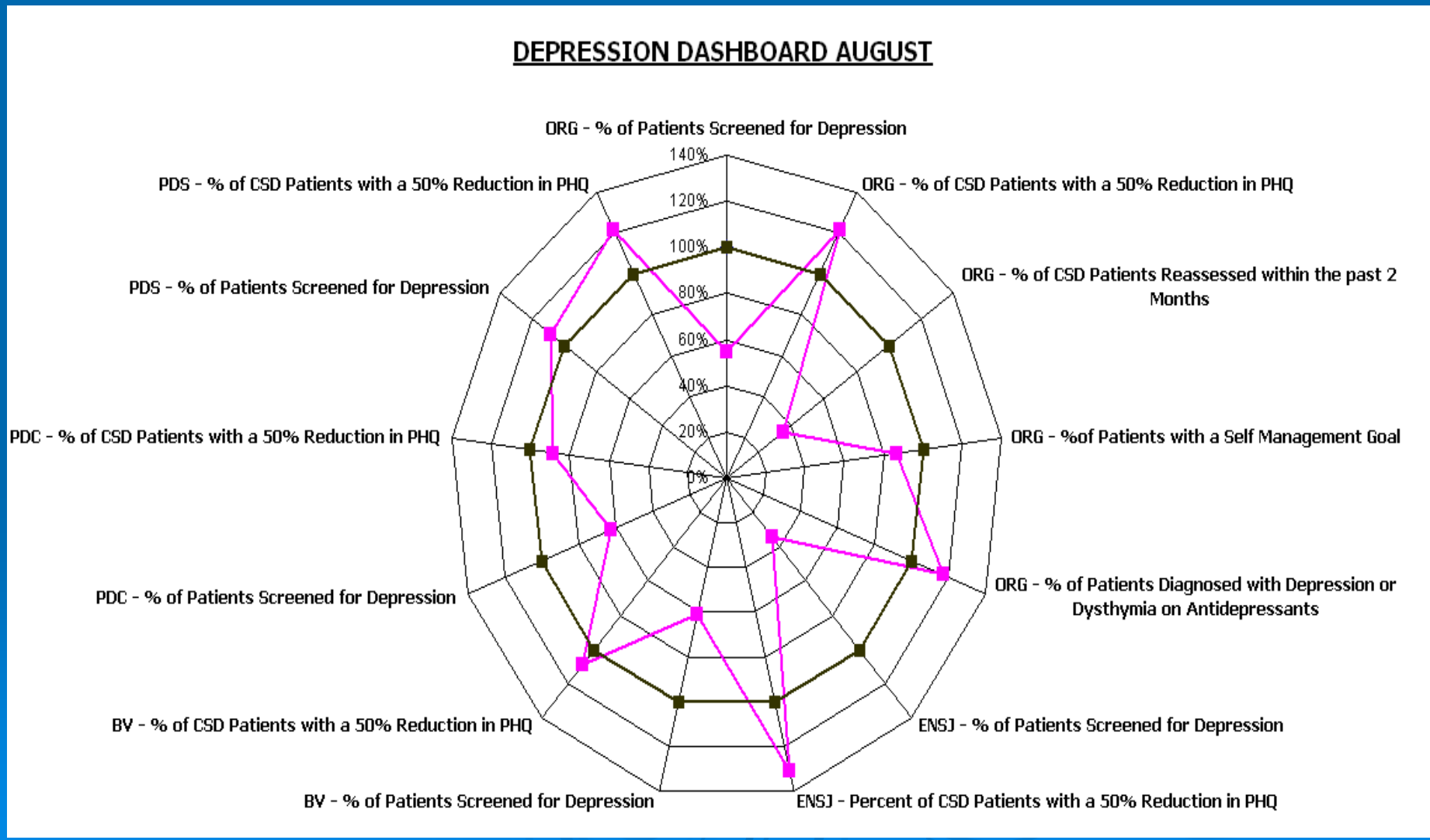
Location: The Learning Center
Date: August 30 & 31, 2010
Time: 9:00 a.m. - 5:00 p.m.

Lunch will be provided!

Life After the EHR

- Case Managers can easily review Provider schedules and conduct chart reviews
- Access to patient co-morbidities and other presenting conditions/issues
- Ability to focus on patients with the highest PHQ scores and those not improving
- Ability to run congruent lists (example: patients with out of control diabetes who suffer from depression)
- Targeted Care Coordination-Using Data Effectively

Managing a Program Through Data



How Case Managers and Physicians Feel About the Program…

"Having this position has been enabled me to employ some of the skills that I learned in coping with my own depression. It's been very rewarding to help people going through similar struggles. Some times they're skeptical at first because depression causes you to feel that you're the only person in the world that suffers that way, but my job is to raise awareness and show people that they are not alone."

Jessica Cochrane, Case Manager

"It is important to consider the mind and body while treating the patient. Screening and management of depression is an important part of the medical evaluation. It allows us to identify behavioral health issues and tailor treatment for improved health outcomes. The support of the team, particularly the case manager, is essential to maintaining an effective program."

Dr. Rachana Chowlera, Physician Champion

Supporting Continuous Quality Improvement

- **2005: Developed The Institute for the Advancement of Community Health (IACH) to oversee and support all performance improvement team work**
- **Mission of the IACH: To improve the health status of underserved communities by developing and disseminating innovative best practices**
- **Implemented the Mastermind Training Program and Performance Improvement Training Curriculum**

UHP Teams

- **Clinical Teams**: Asthma, HIV, Depression (fully integrated programs), Cancer, Pediatric Preventive Care, Prevention of Obesity in Children (ages 0-3)
- **Non-Clinical Teams**: Materials Management and Cycle Time
- **Program Development Teams**: Geriatric Clinic, Canyon Ranch Life Enhancement Program at UHP, Adolescent Pregnancy Prevention, and HUNTS POINT HOPE
- UHP conducts PI Training for Outside Organizations

Our Quality Improvement Journey Brought Us To…

- National Recognition
- Recipient of the Nicholas E. Davies Award
- Recipient of the Environmental Protection Agency National Exemplary Award for our Asthma Management Program
- NCQA Level 3 Certification Patient Centered Medical Home
- Named as a top performing health center by HRSA for ability to use data for quality improvement
- Learning Center
- Health Education Department
- Telephone Case managers
- Institute for the Advancement of Community Health
- Transformation of our Organization

Learning Points

- **The team learned that Primary Care Providers can successfully treat uncomplicated depression in a primary care setting with the support of training, consultation, and an assigned case manager**

- **The team learned that early intervention with depressed patients with provision of early intensive support is beneficial in attaining patient compliance with medication/treatment and in improving patients depression**

Looking Ahead

- Continue spreading Best Practices from Depression Program to Adolescent Behavioral Health Screening
- In Collaboration with Columbia University and Clinical Directors Network piloted Teen Screen
- Train Adolescent Clinic case manager on depression screening and follow-up process
- New Care Coordination Unit

Challenges

- **Continuing to Increase Screening Levels**
- **Systematic Training of PCP's upon Hire**
- **Supporting distant sites and assuring quality of depression program services at all sites**
- **Maximizing the Impact of Case Conferences**
- **Addressing patients who are not getting better**

SOURCES:

- NYC Community Health Profile for Mott Haven/Hunts Point:
  - Data Source: Olson EC, Van Wye G, Kerker B, Thorpe L, Frieden TR. Take Care Central Bronx. NYC Community Health Profiles, Second Edition; 2006; 5(42):1-16.
- To learn more about BPHC health disparities collaboratives : www.healthdisparities.net

Contact Information:

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  Mastermind of the Depression Collaborative

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Thank You!