



MMHLA

Maternal Mental Health
Leadership Alliance



REPORT OF FINDINGS

2019 Maternal Mental Health Leadership Alliance (MMHLA) Stakeholder Meeting
Washington D.C.
May 14, 2019

2019 MMHLA STAKEHOLDER MEETING OVERVIEW

ATTENDEES: Representatives from organizations that work within the United States maternal mental health/postpartum depression space.

LOCATION: Washington D.C.

DATE: May 14, 2019.

FACILITATED BY: Sixsense Strategy Group.

ORGANIZATIONS IN ATTENDANCE

Representatives from the following organizations were represented at the 2019 Maternal Mental Health Leadership Alliance Stakeholder Meeting.

Maternal Mental Health Leadership Alliance (MMHLA)	U.S. Department of Veterans Affairs
Postpartum Support International (PSI)	Postpartum Support Virginia
March of Dimes	Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
American Academy of Pediatrics (AAP)	Slingshot Solutions
UPIC Health	National Association of Social Workers (NASW)
American College of Obstetricians and Gynecologists (ACOG)	JB and MK Pritzker Family Foundation Children's Initiative
The Society for Maternal-Fetal Medicine (SMFM)	American College of Nurse Midwives (ACNM)
2020 Mom	Centers for Disease Control and Prevention (CDC)
Center for Law and Social Policy (CLASP)	Lifeline for Moms
Massachusetts Child Psychiatry Access Program (MCPAP)	The Maternal and Child Health Bureau (MCHB)
U.S. Health Resources & Services Administration (HRSA)	Associations Maternal & Child Health Programs (AMCHP)

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1 INTRODUCTIONS

To facilitate introductions, session attendees participated in a “four corners” exercise. The group was asked to answer 3 questions by standing beside the flipchart that best represented the answer to each. Once at their flipchart station, attendees were asked to introduce themselves and discuss their answers.

Question 1:

What language is your organization using to describe mental health challenges that women face during pregnancy or the first year postpartum?

Most organizations present at the MMHLA stakeholder meeting refer to the mental health challenges that women face during pregnancy or the first year postpartum as **Maternal Mental Health (MMH)** or **Perinatal Mood and Anxiety Disorders (PMADS)**. Other terms that are used include **Maternal Depression** and **Perinatal Mental Health**.

Table 1 illustrates the language used by each organization present at the 2019 MMHLA Stakeholder Meeting to describe mental health challenges faced by women during pregnancy or the first year postpartum.

Language to Describe Mental Health Challenges Faced By Women During Pregnancy Or The First Year Postpartum	Organization
Maternal Mental Health (MMH)	<ul style="list-style-type: none"> • Maternal Mental Health Leadership Alliance (MMHLA) • Association of Maternal and Child Health Programs (AMCHP) • Postpartum Support International (PSI) • March of Dimes • American Academy of Pediatrics (AAP) • UPIC Health • The American College of Obstetricians and Gynecologists (ACOG) (is used for MMH for advocacy purposes) • The Society for Maternal-Fetal Medicine (SMFM) (MMH is used when speaking to lay people or when on the Hill) • 2020 Mom • The U.S. Department of Veterans Affairs (VA)

Perinatal Mood and Anxiety Disorders (PMADS)	<ul style="list-style-type: none"> • Postpartum Support International (PSI) • The Society for Maternal-Fetal Medicine (SMFM) (PMADS is used when providing clinical guidance) • The American College of Obstetricians and Gynecologists (ACOG) (PMADS is used when providing clinical guidance) • Postpartum Support Virginia • Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Maternal Depression	The organizations that use these terms were not specified.
Perinatal Mental Health	

Table 1. The language used by the organizations present at the 2019 MMHLA Stakeholder Meeting to describe the mental health challenges faced by women during pregnancy or the first year postpartum.

Assuming there was consensus on the language that **should be** used to describe the mental health challenges described above, attendees were asked to provide suggestions. It was clear from this exercise that consensus currently does not exist.

Language That <u>Should</u> Be Used To Describe The Above Mental Health Challenges If There Was Alignment On Nomenclature	Organization
Maternal Mental Health (MMH)	<ul style="list-style-type: none"> • Slingshot Solutions • National Association of Social Workers (NASW) • Association of Maternal and Child Health Programs (AMCHP)
Maternal Mental Wellness	<ul style="list-style-type: none"> • UPIC Health • Maternal Mental Health Leadership Alliance (MMHLA) • American Academy of Pediatrics (AAP)
Maternal Mental Health and Wellness	<ul style="list-style-type: none"> • Reilly Consulting Corporation • JB and MK Pritzker Family Foundation Children's Initiative (PCI) • Postpartum Support International (PSI)
Perinatal Mood and Anxiety Disorders (PMADS)	<ul style="list-style-type: none"> • Association of Maternal and Child Health Programs (AMCHP) • 2020 Mom

Peripartum Mood Disorder	<ul style="list-style-type: none"> American College of Nurse Midwives (ACNM)
Perinatal Mental Health	<ul style="list-style-type: none"> The U.S. Department of Veterans Affairs (VA)
Perinatal Mental Health	The organizations that use these terms were not specified.
Maternal Mental Health and Wellbeing (The audience should understand that this includes substance use disorders)	
Maternal Depression	
Maternal Depression and Related Behavioral Disorders	
Perinatal Mental health and Substance Use Disorders	

Table 2. The language that **should be** used to describe the mental health challenges described in question 1 if there was alignment on nomenclature.

Considerations When Aligning on Language

When aligning on language to describe the mental health challenges that women face during pregnancy and up to one-year postpartum attendees commented that it should be gender neutral. Additionally, it may be necessary to align on several terms based on the target audience.

Question 2:

What statistics does your organization use to define the incidence of the mental health challenges described in the previous question?

Alignment does not exist among organizations on the statistics used to define the incidence of the mental health challenges faced by women during pregnancy and one year postpartum. Most of the organizations represented at the meeting describe the incidence of these mental health challenges as either 20% or 1 in 7 women who give birth. An incidence rate of greater than 25% with the presence of co-issues was also described by one organization, while over 30% of women veterans experience mental health challenges during pregnancy and the first year postpartum. One organization referred to these mental health challenges as *“the most common complication of pregnancy”*.

Several organizations commented on the importance of parsing out the statistics of various patient populations when considering the incidence of the mental health challenges faced by women during pregnancy and the first year postpartum, for example, mothers of color and low-income individuals.

Statistics	Organization
20% of Women	<ul style="list-style-type: none"> • 2020 Mom • National Association of Social Workers (NASW) • Maternal Mental Health Leadership Alliance (MMHLA) • JB and MK Pritzker Family Foundation Children’s Initiative (PCI) • American College of Nurse Midwives (ACNM) • Lifeline For Moms
1 in 7 Women	<ul style="list-style-type: none"> • The American College of Obstetricians and Gynecologists (ACOG) • Centers for Disease Control and Prevention (CDC) • The Society for Maternal-Fetal Medicine (SMFM) • Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Greater Than 30% of Women Veterans	<ul style="list-style-type: none"> • The U.S. Department of Veterans Affairs (VA)
Globally 1 in 5 Women	<ul style="list-style-type: none"> • The American College of Obstetricians and Gynecologists (ACOG)
The Most Common Complication of Pregnancy	<ul style="list-style-type: none"> • ZOMA
Greater Than 25% of Women with The Presence of Co-Issues	<ul style="list-style-type: none"> • The organization that uses this statistic was not specified.

Table 3: A summary of the statistics used by organizations present at the 2019 MMHLA Stakeholder Meeting to describe mental health challenges faced by women during pregnancy or the first year postpartum.

Question 3:
Which of the following best describes your organization’s focus in MMH/PPD?

Most of the organizations present at the 2019 Maternal Mental Health Alliance Stakeholder Meeting characterized their focus within MMH/PPD as focusing on one of three areas.

1. Policy and Legislative Change
2. Patient/Caregiver Support
3. HCP Support and Training

Several other organizations have a focus ranging from healthcare services and research to HCP support and education. Table 4 provides a summary of the area of focus of the organizations in attendance at the 2019 Maternal Mental Health Alliance Stakeholder Meeting.

Area of Focus	Organization
Policy and Legislative Change	<ul style="list-style-type: none"> • JB and MK Pritzker Family Foundation Children’s Initiative (PCI) • Association of Maternal and Child Health Programs (AMCHP) • Center for Law and Social Policy (CLASP) • March of Dimes • Slingshot Solutions • Maternal Mental Health Leadership Alliance (MMHLA) • 2020 Mom • The American College of Obstetricians and Gynecologists (ACOG) • National Association of Social Workers (NASW)
Patient/Caregiver Support	<ul style="list-style-type: none"> • Postpartum Support International (PSI) • UPIC Health • Postpartum Support Virginia
HCP Support, Education and Training	<ul style="list-style-type: none"> • The Society for Maternal-Fetal Medicine (SMFM) • Postpartum Support International (PSI) • The American College of Obstetricians and Gynecologists (ACOG) • Massachusetts Child Psychiatry Access Program (MCPAP) for Moms • Lifeline 4 Moms

	<ul style="list-style-type: none"> • American Academy of Pediatrics (AAP) • Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) • American College of Nurse Midwives (ACNM) • The Maternal and Child Health Bureau (MCHB)
Healthcare Services and Research	<ul style="list-style-type: none"> • The U.S. Department of Veterans Affairs (VA)
Systems Change <ul style="list-style-type: none"> • Policy • Awareness • Clinical • Data 	<ul style="list-style-type: none"> • ZOMA
Systems Change <ul style="list-style-type: none"> • Policy and Advocacy • Workforce • Field Capacity 	<ul style="list-style-type: none"> • Perigee Fund
State Health Department Technical Assistance	<ul style="list-style-type: none"> • Association of Maternal and Child Health Programs (AMCHP)

Table 4: Areas of focus in MMH/PPD of organizations in attendance at the 2019 Maternal Mental Health Alliance Stakeholder Meeting

2 ESTABLISHING A FUTURE STATE FOR MATERNAL MENTAL HEALTH /POSTPARTUM DEPRESSION

Having established a better understanding of the organizations in attendance (including their mission, goals, and accomplishments) through the pre-work and introduction exercises, attendees developed 10-year future state goals for MMH/PPD.

For each goal, attendees then identified:

1. Current ongoing activities in service of the future state
2. Gaps that currently prevent the future state from being reached.

Goal 1: Increased awareness of mental health has helped reduce stigma and has normalized speaking about and seeking care.

Current Activities in Service of The Future State

Organizations in attendance at the 2019 MMHLA stakeholder meeting discussed the activities underway to improve awareness of mental health with the aim of reducing stigma and normalizing discussions about and seeking care.

Educational Programs, Resources, and Materials for Providers and Patients.

Funding, development, and communication of educational programs, resources, and materials for patients and providers to improve awareness and reduce stigma are the most common activities currently being undertaken by organizations in attendance.

Specific activities include funding for maternal mental health first aid and peer mentor programs. Groups are also involved in organizing maternal mental health awareness days and attending congresses and conferences to improve awareness of maternal mental health. Training providers (e.g. Bright Futures Guidelines) to improve awareness, destigmatize, and appropriately treat maternal mental health issues is undertaken by several organizations.

Maternal Mental Health Fundraising Efforts.

Fundraising efforts such as the Climb Out of Darkness organized by PSI aims to improve awareness and care for patients with perinatal mood disorders, especially underserved patient populations within the community.

Maternal Mental Health Policy Development.

The MMHLA is involved in conducting congressional briefings to increase awareness and to improve maternal mental healthcare.

Maternal Mental Health Research Activities.

Postpartum Support Virginia commented that they are involved in conducting research on approaches to reduce stigma, seeking treatment, and improving engagement in mental health.

A summary list of activities can be found in Supplementary Table 1.

Gaps That Currently Prevent the Future State from Being Reached

Attendees identified several gaps preventing a reduction in stigma and normalization surrounding speaking about and seeking care, including:

1. A lack of public access to the healthcare system and resources.
2. Low public awareness from a broad range of stakeholders such as the mental health community and non “mom-baby groups”
3. A lack of broad and coordinated guidance.

Goal 2: Extended pregnancy-only Medicaid/CHIP coverage from 60 days postpartum to 1 year postpartum nationwide exists.

Current Activities in Service of The Future State

Advocacy and Policy Activities

Advocacy and policy activities were the primary approaches discussed to extend pregnancy-only Medicaid /CHIP coverage from 60 days postpartum to 1 year postpartum nationwide. Several organizations represented at the 2019 MMHLA stakeholder meeting are involved in lobbying at the State and national levels to secure extended pregnancy-only Medicaid /CHIP coverage up to 1 year postpartum.

A summary list of activities can be found in Supplementary Table 2.

Gaps That Currently Prevent the Future State from Being Reached

Gaps that prevent nationwide 1-year postpartum pregnancy-only Medicaid/CHIP coverage include:

1. A fragmented healthcare system exists.
2. Political feasibility with regards to Medicaid extension is lacking.
3. Policymakers lack education on the cost and health outcomes impact of not extending Medicaid postpartum.
4. A case has not been made to highlight the maternal impacts of early intervention and care on the workforce and military readiness.
5. Currently, there is a narrow focus on women with substance use disorders.

Goal 3: Educated medical and community-based providers exist who can comfortably and competently recognize and respond to mental health conditions using an evidence-informed care pathway resulting in symptom improvement.

Current Activities in Service of The Future State

Training to Improve Provider Competencies in Recognizing And Responding to Mental Health Conditions.

Most organizations represented at the 2019 MMHLA stakeholder meeting are undertaking education and training activities for community-based providers such as OBGYNs with the goal of improving competencies in recognizing and responding to maternal mental health conditions. Specific examples of this training include perinatal mental health certifications (PMH-C) and frontline (P-care) provider training offered by PSI. Additionally, organizations such as HCPAP and Lifeline for Moms have developed maternal mental health toolkits to assist with the delivery education and training to providers.

To assist with the education and training of providers, ACOG has set-up a maternal mental health expert working group.

Maternal Mental Health Policy

AAP has been involved in the development of policy to improve the recognition and management of perinatal depression.

A summary list of activities can be found in Supplementary Table 3.

Gaps That Currently Prevent the Future State from Being Reached

The following gaps currently prevent medical and community-based providers from comfortably and competently recognizing and responding to mental health conditions.

1. A lack of comprehensive mental health curriculum for HCPs that care for pregnant and postpartum mothers.
2. An integrated approach to care for pregnant and postpartum mothers that involves all medical disciplines serving this patient community does not exist.
3. HCPs that care for pregnant and postpartum women are not adequately trained and are thus unable to treat mental health challenges associated with pregnancy.
4. A diverse medical workforce that reflects patient communities does not exist.

Goal 4: Excellent comprehensive data that informs perinatal mental health practice and policy exists.

Current Activities in Service of The Future State

Funding, Generation, and Dissemination of Data

A significant number of organizations working within maternal mental health are active in the funding, generation, and dissemination of data to help inform mental health practice and policy. This includes funding initiatives by ZOMA for Healthcare Effectiveness Data and Information Set (HEDIS) measures for patient-reported distress. Lifeline for Moms is involved in facilitating the standardization of data collection across perinatal psychiatric access programs and is conducting research as well as working with the CDC to close gaps surrounding perinatal mental health practice. Additionally, the NASW is involved in reviewing research that informs perinatal mental health practice and disseminates this information to social workers.

Several organizations such as the SMFM and Slingshot Solutions are currently utilizing data to inform/build maternal mental health policy.

A summary list of activities can be found in Supplementary Table 4.

Gaps That Currently Prevent the Future State from Being Reached

The following gaps prevent the gathering of data to inform perinatal mental health practice and policy.

1. A lack of women decision makers.
2. Federal, State, association health plan data and sources have not been compiled.
3. Parity between general and mental health does not currently exist.
4. The cost of medical insurance is seen as “out of control”.

Goal 5: Public and private insurance reimbursement structures have prioritized and incentivized perinatal mental health; facilitating a full spectrum of integrated care and access.

Current Activities in Service of The Future State

Organizations focused in maternal mental health are currently undertaking a range of policy, advocacy and research activities to promote perinatal mental health among public and private reimbursement structures.

Advocacy and Policy.

Many organizations such as SMFM, AWHONN, ACOG, and ACUM are currently advocating and providing policy development support for prioritizing and incentivizing perinatal mental health among public and private and public payers.

Research and Funding.

Lifeline for Moms is engaged in research to build guidance for return on investment by insurance companies. Additionally, ZOMA has developed a report for advocacy that outlines the cost (nationally) of untreated MADs. ZOMA has also provided funding for advocacy groups to advance maternal mental health insurance throughout the State of Colorado.

A summary list of activities can be found in Supplementary Table 5.

Gaps That Currently Prevent the Future State from Being Reached

The following gaps prevent public and private insurance reimbursement structures from prioritizing and incentivizing perinatal mental health.

1. Employers lack an understanding of the plans they are picking for their employees.
2. Gender inequality for insurance coverage exists.
3. Insurers are not focused on this population and are not motivated to care.
4. Real parity between Mental and physical health does not exist.
5. A lack of understanding/knowledge about what's possible under current Federal law.

Goal 6: A culturally and linguistically appropriate system of support has been built that meets the health and social support needs of women, children, and families.

Current Activities in Service of The Future State

Most of the organizations present at the 2019 MMHLA Stakeholder Meeting are currently involved in building a culturally and linguistically system of support that meets the health and social support needs of women, children, and families.

Support, Education, and Training

This support system is multifaceted and includes support groups and resource centers (PSI, Postpartum Support Virginia), diversity and culture promotion (ACUM), Spanish language support initiatives (Postpartum Support Virginia, ZOMA), a system of maternity care coordinators (VA), patient education programs such as health literacy materials (SMFM), as well as support and training to build provider capacity and access to perinatal psychiatry programs (Lifeline for Moms, HCPAP).

Policy Support

The AAP has developed a team-based care policy statement to promote a culturally and linguistically appropriate support system that meets the health and social support needs of women, children, and families.

A summary list of activities can be found in Supplementary Table 6.

Gaps That Currently Prevent the Future State from Being Reached

The following gaps prevent a culturally and linguistically appropriate system of support that meets the health and social support needs of women, children, and families.

1. Paid family leave is inadequate or does not exist.
2. Universal home visits for all new moms and babies to access resources do not exist.
3. Dedicated mental health/substance use disorder funding is lacking.
4. Free peer-led support groups at all hospitals providing maternity services are lacking or do not exist.
5. Mental health and substance use disorder health and social services are not connected at state and Federal levels.
6. Community training to support the diverse needs of women and children is lacking. This includes training around:
 - Providing culturally relevant services
 - Implicit bias
 - Health equity

Goal 7: Maternal healthcare has been redefined to include both mental health and well-being.

Current Activities in Service of The Future State

Maternal mental health organizations have been involved in program development, education and research initiatives to help redefine maternal healthcare to include both mental health and well-being.

Program Development.

Several organizations including ZOMA and Lifeline for Moms have partnered with hospitals to develop, test and implement scalable approaches to ensure that perinatal mental health is an integral part of maternal care statewide and nationally. One approach taken by ZOMA was to fund the development of a program similar to MCPAP that provides front-line perinatal care providers in the prevention, identification, and treatment of depression and other mental health concerns in pregnant and postpartum women. Additionally, ZOMA and 2020 Mom have partnered to create a maternal mental health innovation award that recognizes impactful programs that support maternal health through innovative initiatives that have produced measurable outcomes.

Education and Research.

Significant efforts are underway by organizations such as APHW, ACUM, ZOMA, and PSI to provide HCP education, funding, and training to support mental healthcare before, during, and between pregnancies. Additionally, ACOG has issued national clinical guidance for HCPs involved in maternal healthcare.

The VA is conducting research to identify the mental health burden of pregnant veterans, including the impact of mental health conditions such as PTSD on birth outcomes.

A summary list of activities can be found in Supplementary Table 7.

Gaps That Currently Prevent the Future State from Being Reached

The following gaps prevent maternal healthcare from being redefined to include both mental health and well-being.

1. Training that prioritizes mental health as much as physical health is lacking.
2. Currently, there is a lack of training in medical schools that educates medical students on maternal mental health. There is also a lack of emphasis on maternal mental health in obstetric and pediatric resident programs.
3. The capacity of MATcare settings is low. This includes education, toolkits, consultation, technical assistance.
4. Insurance packages for maternity care lack coverage for MMH screening, assessment, and treatment.
5. Mental health care is not currently integrated into obstetrics care.
6. Residency programs to educate physicians on maternal mental health are lacking.
7. An emphasis on both mom and baby during pregnancy is lacking.
8. Emphasis on pregnancy should be on both mom and baby. This is often not the case.

3 IMPROVING COLLABORATION WITHIN MATERNAL MENTAL HEALTH /POSTPARTUM DEPRESSION

The organizations in attendance at the meeting brainstormed ideas for how they could collaborate more effectively with each other. The following ideas were suggested:

1. Write and sign a letter to the U.S. Department of Health and Human Services specifically regarding the current language around PPD/MMH as well as requesting a report.
2. Remain connected through regular meetings, convenings, and conversations.
3. Work together to standardize data collection to consistently include perinatal mental health in maternal mental health conversations.
4. Collaborate to develop a centralized repository about what organizations are doing regarding maternal mental health at both a national and State level.
5. Create an inventory of what each group is working on.
6. Organizations should include those with lived experiences from varied communities/cultures.
7. Develop an interprofessional development program online to develop the following:
 - A Clearing House
 - National Annual Conference
 - Networking
 - Government Advisory Committee
 - Listserv/Information Sharing
8. Develop a common policy agenda
9. Create core standards and terms
10. Improve visibility for existing work
11. Develop an electronic database (State and National) that provides information on
 - Advocacy
 - Funding
 - Discipline
 - Programs/Organizations
12. Create a community to learn new perspectives and to share expertise.



APPENDIX: Pre-Work

1 POSTPARTUM SUPPORT INTERNATIONAL (PSI)

1. What region does your organization cover?

Postpartum Support International (PSI) has an international scope.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

The mission of PSI is to promote awareness, prevention, and treatment of mental health issues related to childbearing in every country worldwide. It is the vision of PSI that every woman and family worldwide will have access to information, social support, and informed professional care to deal with mental health issues related to childbearing. PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public. PSI provides direct support to families, train professionals, and are a bridge to connect them.

3. What role does maternal mental health play within your organization?

It is at the center of PSI's goals and mission.

4. Does your organization have any goals specific to maternal mental health?

PSI has the following goals specific to MMH:

- Promote universal screening by all providers of pregnant, postpartum, and post-pregnancy loss families.
- Increase the number of trained providers.
- Increase access to trained providers - both financial and method of delivery.
- Increase knowledge and competency of primary care providers to address perinatal mental health.
- Increase access and equity for underserved communities, especially families of color and families living in poverty.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

- Perinatal Mood and Anxiety Disorders (PMADS).
- MMH is used for moms and PMDs for moms and dads.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

- 1 in 7 in the first three months; 1 in 5 in the first year (Wisner, 2013).
- 1 in 10 dads.

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

- Perinatal Mental Health (PMH-C) Certification Exam.
- National Perinatal Psychiatric Consult Line.
- Frontline (Primary Care) Provider Training.
- Perinatal Mental Health Alliance for People of Color (PMHA-POC) is a PSI program.
- Online PMH Provider Directory (US, Canada, more to come).
- Screening recommendations.
- Peer Mentor Pilot Program.
- Climb out of the Darkness - acquired after PPI closed.

8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?

- Funding to increase/improve infrastructure: more staff hours.
- Funding for promotional and marketing materials.
- PSI need to increase their access and relevancy for families of color and non-traditional families.

9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?

- National 800-944-4PPD Helpline and text support (English and Spanish).
- Website www.postpartum.net, for information and links to resources.
- An international network of support coordinators, in every US state and 40+ countries.
- Online weekly support groups (English and Spanish).
- Educational materials, including DVDs, posters, and brochures for families.
- Chat with an Expert (weekly for moms, monthly for dads).
- Closed Facebook support Group for moms.
- Smart Patients online forum.
- Training for professionals and social support providers.
- Materials for PMH in the criminal justice system (video and toolkit for attorneys).
- Public Service Announcements.
- Reproductive Psychiatry Listserv.
- Online professional peer consultation groups for PSI members.
- PMH certificate training and an annual conference.
- Social Media communication- FB, twitter, IG, LinkedIn.

2 SOUTH SHORE HEALTH

1. What region does your organization cover?

South Eastern MA - the area between Boston MA and Cape Cod MA.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

South Shore Health is a Community Hospital. South Shore Health exists to benefit the people of their region by promoting good health, and by healing, caring and comforting.

3. What role does maternal mental health play within your organization?

In October 2018 South Shore Health opened a Peripartum Behavioral Health Program-caring for preconception, pregnant, postpartum and parent women with mood disorders and substance use disorders.

4. Does your organization have any goals specific to maternal mental health?

To reduce the morbidity and mortality of pregnant and postpartum women by providing comprehensive, evidence-based care with behavioral health conditions and substance use disorders.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

Perinatal Mood and Anxiety Disorders (PMADS).

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

1 in 6 women suffers from PMAD.

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

- Starting the Perinatal Behavioral Health Clinic - staffed by a DNP, CNM, PMHNP, PMH-C (clinician).
- South Shore Health is in the process of expanding the clinic to include peripartum women with substance use disorders.

8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?

Funding has been the biggest challenge. In order to grow the program, you need funding. In order to get funding, you need statistics to show that the program is working.

9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?

South Shore Health is a member of PSI, but otherwise lacking in educational materials. Every woman is screened utilizing the EPDS - women are screened in pediatrician's and obstetrician's offices.

3 CENTER FOR LAW AND SOCIAL POLICY (CLASP)

1. What region does your organization cover?

Nationally. However, currently, CLASPs maternal depression technical assistance project focuses intensively on NY, NJ, and PA and less intensively with D.C., LA, MA, MI, OR, RI, and VA in a broader maternal depression learning community.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

CLASP is a national, nonpartisan, anti-poverty non-profit advancing policy solutions for low-income people. They develop practical yet visionary strategies for reducing poverty, promoting economic opportunity, and addressing barriers faced by people of color. With 50 years' experience at the federal, state, and local levels, they're fighting back in today's threatening political climate while advancing their vision for the future. CLASP issue areas focus on youth, child care, and early education, income and work support, job quality, immigration, and higher education. Additionally, CLASP focuses on cross-sectional areas of work such as racial equity and criminal justice.

3. What role does maternal mental health play within your organization?

In order to support families with low-incomes through policy, it is critical to address maternal mental health. CLASP's maternal depression work began approximately five years ago and sits on the child care and early education team due to the emphasis on a multi-generational policy approach and the importance of understanding the impact of mother's mental health on the overall development of the young child. However, CLASP acknowledges and understands that maternal depression intersects with a variety of other issue areas and age groups as well.

Through their Moving on Maternal Depression (MOMD) initiative, CLASP is collaborating with states to advance policies that improve maternal depression prevention, screening, and treatment among mothers with young children. Working across sectors, they've placed an emphasis on embedding racial equity and culturally relevant services/practices into policy and systems change.

The Technical Assistance Project is a cohort of three states: New Jersey, New York, and Pennsylvania. Each state has set its own unique goals to help mothers with maternal depression. They were selected because of their commitment to improve access to treatment for mothers living in poverty and their proposals to address disparities for families of color. States will receive intensive technical assistance from CLASP. They'll also have peer-to-peer learning opportunities to strengthen maternal depression policies and systems, including Medicaid, mental health, early childhood, and human services. CLASP will provide technical assistance through phone calls with

national experts, in-person convenings, and written materials. The states will also participate in the broader learning community described below.

The Learning Community is comprised of the following 10 states that are addressing maternal depression prevention, screening, and treatment: District of Columbia, Louisiana, Massachusetts, Michigan, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, and Virginia. These states vary in how far along they are in their policy work. The Learning Community provides a platform to share ideas, troubleshoot, learn from experts, and support one another in their policy work. States will discuss a wide range of maternal depression issues and participate in informational webinars.

4. Does your organization have any goals specific to maternal mental health?

CLASP aims to increase access to maternal depression prevention, screening, and treatment while advocating for services that are racially equitable and culturally relevant at the federal and state level. Through their recently launched Moving on Maternal Depression (MOMD) initiative CLASP is collaborating with states to advance racial equity, systems, and policy by improving statewide education of current and upcoming policy changes and opportunities; improving, creating and reforming policies; collecting and disseminating lessons learned, successes and challenges; and increasing the quality and availability of services related to maternal depression provided by states. Integrating racial equity and acknowledging the racial impact of policy and practice decisions is a key goal of this maternal depression work. As states work through their goals, CLASP wants to ensure they effectively ensure maternal depression services and practices are equitable and culturally relevant across all communities and every point of intervention of care.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

Maternal depression.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

1. One in nine poor infants lives with a mother suffering from severe depression; more than half live with a mother experiencing some level of depressive symptoms. (Source: <https://www.urban.org/sites/default/files/publication/29086/412199-Infants-of-DepressedMothers-Living-in-Poverty-Opportunities-to-Identify-and-Serve.PDF>)
2. More than one-third of low-income mothers with a major depressive disorder get no treatment at all. (Source: National Survey of Drug Use and Health, 2008–2010. Data provided by the Substance Abuse and Mental Health Services Administration)
3. Infants who live in poverty with severely depressed mothers were more likely to have white mothers (44 percent) than Black mothers (30 percent) and Hispanic mothers (21 percent). (<https://www.urban.org/sites/default/files/publication/29086/412199-Infants-of->

[Depressed-Mothers-Living-in-Poverty-Opportunities-to-Identify-and-Serve.PDF](#),
Authors tabulations of the 2001 Early Childhood Longitudinal Study, Birth Cohort, 9-
Month Data)

4. One in four White mothers, one in three Hispanic mothers, and one in two Black mothers who have ever experienced a major depressive episode are living in poverty.
5. According to the 2015 National Survey on Drug Use and Health, 16.4 percent of mothers living in poverty report serious psychological distress. This includes 26 percent of white mothers, 15 percent of Black mothers, and 9 percent of Hispanic mothers. Among mothers between 100 and 200 percent of poverty experiencing serious psychological distress, 18 percent of White mothers, 8 percent for Black mothers, and 7 percent for Hispanic mothers.

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

As mentioned in question 4, CLASP launched the Moving on Maternal Depression (MOMD) initiative in 2018. Through this initiative, CLASP is collaborating with states to advance policies that improve maternal depression prevention, screening, and treatment among mothers with young children. Working across sectors, CLASP has placed an emphasis on embedding racial equity and culturally relevant services/practices into policy and systems change. Thus far the two components of the MOMD project are the state technical assistance project and the MOMD learning community.

The intensive technical assistance component of the project consists of a cohort of three states: New Jersey, New York, and Pennsylvania. Each state has set its own unique goals to help mothers with maternal depression. CLASP provides technical assistance (TA) to states through phone calls with national experts, in-person convenings, and written materials. They'll also have peer-to-peer learning opportunities to strengthen maternal depression policies and systems, including Medicaid, mental health, early childhood, and human services. This work has been underway since the fall of last year. Since then CLASP has had site visits where they have grounded the work, continue to have monthly calls with each state and provide TA as needed.

The Learning Community is a less intensive version of the MOMD TA project focused on addressing maternal depression prevention, screening, and treatment. It is comprised of the 3 states in the intensive TA project along with D.C., LA, MA, MI, OR, RI, and VA. This Learning Community was created due to the interest and inability to include every state in the intensive 3 state TA project. This community provides a platform for states to share ideas, troubleshoot, learn from experts, and support one another in their policy work. States will discuss a wide range of maternal depression issues and participate in informational webinars with experts and phone calls. Thus far, CLASP has already hosted calls on the USPSTF perinatal depression recommendation and how to effectively engage populations impacted by maternal depression.

This work was stemmed from a scan of 4 states and their maternal depression work/policies and interviews with key stakeholders that identified a need for assistance in bringing a diverse group of decisionmakers and stakeholders to the table to move the needle on maternal depression policy at the state level.

8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?

As an organization that focuses on maternal mental health policy at the federal and state level, CLASP's biggest challenges come with the complexity of the healthcare system, the complexity of state agencies and their structures, and state and federal funding for maternal mental health.

9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?

1. CLASP's Moving on Maternal Depression (MOMD) one-pager provides a project overview of CLASP's MOMD Project. Visit <https://www.clasp.org/publications/fact-sheet/moving-maternal-depression-momd-project-overview>
2. CLASP's Moving on Maternal Depression (MOMD) policy and systems change framework is a graphic representation of the MOMD work. It highlights the goals of the MOMD project along with the points of intervention and components they find most critical in a woman's life cycle as they work to address maternal depression. Visit <https://www.clasp.org/publications/fact-sheet/moving-maternal-depression-momd-policy-and-systems-change-framework>
3. CLASP's Maternal Depression and Young Adult Mental Health: Key Policy Agenda for Systems that Support Mental Health and Wellness report was released in 2018. Visit <https://www.clasp.org/publications/report/brief/maternal-depression-and-young-adult-mental-health>
4. CLASP's Seizing New Policy Opportunities to Help Low Income Mothers with Depression: Current Landscape, Innovations, and Next Steps report provides information gathered through a scan of federal, state, and local efforts to seize this public health opportunity around addressing depression among mothers with low incomes, building on new policy provisions available through the Patient Protection and ACA, recent federal decisions and guidance, and local and state innovations. The findings from this scan were drawn from interviews in the health, mental health, and child care and early education sectors in four states: Connecticut, Minnesota, Ohio, and Virginia. Visit <https://www.clasp.org/sites/default/files/publications/2017/04/Seizing-New-Policy-Opportunities-to-Help-Low-Income-Mothers-with-Depression-FINAL.pdf>
5. CLASP's Maternal Depression: Why It Matters to an Anti-Poverty Agenda for Parents and Children which summarizes the reasons early childhood and anti-poverty advocates should seize this moment to address the problem and create pathways out of poverty for both generations. Visit <https://www.clasp.org/sites/default/files/publications/2017/04/Maternal-Depression-and-Poverty-Brief-1.pdf>
6. CLASP and Georgetown Child for Children and Families' Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression which examines one important reason why access to Medicaid for poor adults is crucial for children's healthy development. Visit <https://www.clasp.org/sites/default/files/publications/2017/04/Treating-Maternal-Depression-1.pdf>

4 ZOMA FOUNDATION

1. What region does your organization cover?

Primarily the Front Range of Colorado but with objectives that span the state of Colorado and national leadership in perinatal mental health.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

ZOMA Foundation, a Denver-based private foundation, founded by Ben and Lucy Ana Walton, acts as the philanthropic arm of their family office, ZOMALAB. Through the Foundation the organization leverages philanthropy to support systems-level alignment and efficiencies, as well as to pilot, incubate, and prove innovations. The areas of focus for the Foundation include issues within Early Childhood Development such as perinatal mental health, parental support, and child maltreatment prevention, Rural Community Economic Development; and, catalytic tools and initiatives to support thriving and resilient communities in Colorado and Chile. For more information visit:

www.zomalab.com

3. What role does maternal mental health play within your organization?

Perinatal mental health is a primary focus area for the Foundation's early childhood development objective.

4. Does your organization have any goals specific to maternal mental health?

Yes. There are three primary goals for the Zoma Foundation in perinatal mental health:

1. A supportive community.
2. Universal screening.
3. Appropriate referral, and comprehensive, inclusive and responsive continuum of care.

There is a fourth goal that Colorado stakeholders are working toward regarding maximized preventions.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

Perinatal Mood and Anxiety Disorders (PMADS). However, postpartum depression, maternal mental health, and postpartum anxiety are also used depending on the audience.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

Currently, the PRAMS survey is the only "official" population-level statistic available in Colorado.

- 7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?**
 - Developing a shared Framework for MMH in CO with cross-sector stakeholders.
 - Creating core tools for the field such as new HEDIS measures, a cost-analysis of untreated MMH, and a new online CBT platform through myStrength/Livongo that addresses Healthy Parenting.
 - Advancing the level of awareness, policy development, and advocacy in CO on MMH.

- 8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?**
 - Maintaining a regional focus.
 - Bringing new and larger groups of funders to this issue.
 - The need for strong, collaborative national leadership, advocacy, and education.

- 9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?**
 - Connections to perinatal mental health experts and organizations across the country.
 - A pulse on state-level activity.
 - The development of tools to support work in CO that have national/field relevance.

5 DEPARTMENT OF VETERANS AFFAIRS, OFFICE OF RESEARCH AND DEVELOPMENT SERVICE, HEALTH SERVICES RESEARCH AND DEVELOPMENT SERVICE

1. What region does your organization cover?

A national focus on research for women Veterans' health.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

The VA Health Services Research and Development Service (HSR&D) is an integral part of VA's quest for innovative solutions to today's healthcare challenges. HSR&D supports research that encompasses all aspects of VA healthcare, focusing on patient care, cost, and quality. The main mission of HSR&D research is to identify, evaluate, and rapidly implement evidence-based strategies that improve the quality and safety of care delivered to Veterans.

3. What role does maternal mental health play within your organization?

Women Veterans' mental health has been a large component of their research portfolio. With the growth of reproductive age women Veterans HSR&D has expanded research in this area.

4. Does your organization have any goals specific to maternal mental health?

HSR&D has identified maternal mental health as a research priority and have a workgroup within its Women Health Research Network addressing this.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

An answer to this question was not provided.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

HSR&D has its own research and the VA administrative database.

- 7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?**
HSR&D has had several research publications, including the relationship between PTSD and birth outcomes, as well as the prevalence of mental health and co-morbid conditions with pregnancy.
- 8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?**
No challenges were described.
- 9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?**
This is done through the VHA Women's Health Services, rather than research.

6 MCPAP FOR MOMS & LIFELINE4MOMS

1. What region does your organization cover?

- MCPAP For Moms – Massachusetts
- Lifeline4Moms – National

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

To build the capacity of front-line medical practices to detect, assess and treat perinatal mental and substance use disorders.

3. What role does maternal mental health play within your organization?

The organization is centered around maternal mental health.

4. Does your organization have any goals specific to maternal mental health?

To build the capacity of front-line medical practices to detect, assess and treat perinatal mental and substance use disorders.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

Perinatal mental health and substance use disorders.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

1 in 5 experience a mental health or substance use disorder.

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

The organizations have served thousands of perinatal women and have also convened a network of perinatal psychiatry access programs.

8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?

Stigma and an ongoing lack of understanding and prioritization of mental health among medical providers.

9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?

- Online training, as well as a toolkit to be used outside Massachusetts.
- www.mcpapformoms.org

7 AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG)

1. What region does your organization cover?

National.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

The American College of Obstetricians and Gynecologists (ACOG) is a membership organization dedicated to the advancement of women's health care and the professional and socioeconomic interests of its over 58,000 members through continuing medical education, practice, research, and advocacy.

3. What role does maternal mental health play within your organization?

ACOG is dedicated to advancing the care of perinatal women experiencing mental health complications of pregnancy and supports efforts among multiple departments, including Practice, Advocacy, Education, and Federal Affairs.

4. Does your organization have any goals specific to maternal mental health?

ACOG's Maternal Mental Health Expert Work Group (MMHEWG) is a multidisciplinary collaboration of specialists in women's health, psychiatry, psychology, nursing, social work, and public health whose aim is to promote the integration of maternal mental health into the delivery of perinatal care. Through their efforts, the MMHEWG will lead provider education and support resource development that promotes access to evidence-based treatment and sustainable systems change.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

An answer to this question was not provided.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

Perinatal depression affects as many as 1 in 7 women.

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

1. Clinical guidelines including, "Screening for Perinatal Depression," "Use of Psychiatric Medications During Pregnancy and Lactation," and "Optimizing Postpartum Care".
2. Council on Patient Safety in Women's Health Care's patient safety bundle, "Maternal Mental Health: Depression and Anxiety" and Consensus Statement.

3. Passage of the Preventing Maternal Deaths Act.
 4. Meeting of the Educational Collaborative on Maternal Mental Health.
 5. Development of provider resources by the MMHEWG (in process).
- 8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?**
- OB-GYNs have limited formal training in mental health, so ACOG aims to improve providers' capacity to help their patients by developing educational resources and decision support tools customized to providers' varying levels of experience and confidence with maternal mental health. However, significant challenges remain regarding limited mental health referral options and payer reimbursement.
- 9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?**
- Clinical guidance
 - Web page with patient and provider resources
 - Postpartum depression FAQ and brochure

8 AMERICAN COLLEGE OF NURSE-MIDWIVES (ACNM)

1. What region does your organization cover?

National.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

The mission of the American College of Nurse-Midwives (ACNM) is to support midwives and advance the practice of midwifery in order to achieve optimal health for women through their lifespan, with expertise in well woman and gynecologic care, promoting optimal pregnancy, physiologic birth, postpartum care, and care of the newborn. ACNM supports the practice of midwives by promoting education, research, and advocacy that advances clinical excellence, expansion of a diverse midwifery workforce, and equitable legislation, regulation, and institutional policies that establish midwifery as the standard of care for women.

3. What role does maternal mental health play within your organization?

ACNM maintains that all CNMs and CMs should understand the dynamics of depression and perinatal depression, the impact of depression on the lives of women and their families, and the resources for the treatment of depression that are available within the community.

4. Does your organization have any goals specific to maternal mental health?

ACNM believes that universal screening, treatment, and/or referral for depression should be integrated into women's primary health care. Public health policies should be adopted that encourage universal screening, treatment and/or referral for depression in women as a routine component of primary health care. Public health policies should facilitate access to and reimbursement for mental health treatment, that recognize depression as a community problem requiring a multi-disciplinary, community-based response. Further research should identify and resolve gender, racial, and socioeconomic disparities in the diagnosis and treatment of depression.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

Maternal Mental Health.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

N/A.

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

Advocating for legislation to extend postpartum coverage for 12 months for all postpartum women on Medicaid, with a requirement that states have maintenance of effort for income eligibility for pregnant women.

8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?

N/A.

9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?

- Issue Briefs
- Position Statement
- Peer-Reviewed Research

9 AMERICAN ACADEMY OF PEDIATRICS (AAP)

1. What region does your organization cover?

National.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

The American Academy of Pediatrics (AAP) is a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and wellbeing of infants, children, adolescents, and young adults.

3. What role does maternal mental health play within your organization?

AAP encourages pediatricians to routinely screen for postpartum depression at well-child visits at 1, 2, 4, and 6 months of age.

4. Does your organization have any goals specific to maternal mental health?

- Establishment of consultation and referral resources to improve access to treatment of mothers identified with PPD.
- Increasing awareness of the need for PPD screening.
- Ensuring payment for PPD screening and related services.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

Perinatal Depression.

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

In general, as many as 12% of all women who are pregnant or in the postpartum period experience depression in a given year, and 11% to 18% of women report postpartum depressive symptoms. The prevalence in women with low income is estimated to be double at 25%. Moreover, adolescent mothers with low income report depressive symptoms at a rate of 40% to 60%.

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

Securing authorization and funding for the Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program.

8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?

- There is a lack of consultation and referral resources for access to treatment for mothers identified with PPD.
- There is low awareness around the need to screen for PPD.
- Payment for PPD screening and related services is lacking.

9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?

- AAP Policy Statement- Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice (2019).
- AAP Technical Report- Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice (2019).

10 J.B. AND M.K. PRITZKER FAMILY FOUNDATION CHILDREN'S INITIATIVE

1. **What region does your organization cover?**
 - a. National.
2. **What are the mission/purpose and goals of your organization (what it was set up to do)?**
 - a. For nearly 20 years the JB and MK Pritzker Family Foundation has sought to catalyze effective solutions to societal needs, including early childhood development (prenatal to age three). To embrace the crucial early years in a child's development the foundation created the Pritzker Children's Initiative (PCI), with a vision of helping to build a promising future for our country by investing in and supporting solutions in early childhood development, prenatally through age three, with a goal of every child reaching kindergarten being ready to learn.
3. **What role does maternal mental health play within your organization?**
 - a. A woman's mental health during, and following pregnancy, has the capacity to directly impact an infant's growth, development, and life trajectory.
4. **Does your organization have any goals specific to maternal mental health?**
 - a. JB and MK Pritzker Family Foundation is still in the developmental stages of establishing the foundation's goals in the perinatal space.
5. **What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?**
 - a. Postpartum Depression (PPD).
6. **What statistics does your organization use to define the incidence of the mental health challenges described above?**
 - a. N/A.
7. **What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?**
 - a. Still in development.
8. **What significant challenges does your organization face related to maternal mental health (e.g. funding)?**
 - a. Identifying the right strategy to support.
9. **What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?**
 - a. N/A

11 2020 MOM

1. What region does your organization cover?

A national organization, though consider California their lab and also spend time addressing federal health policy and building national relationships in DC.

2. What are the mission/purpose and goals of your organization (what it was set up to do)?

Their mission is to close gaps in maternal mental health.

3. What role does maternal mental health play within your organization?

2020 Mom addresses health system change relative to MMH and as it's helpful in the larger MH and Maternal Health settings.

4. Does your organization have any goals specific to maternal mental health?

The primary goal of the organization is to see MMH screening and treatment provided in every OB setting for every woman every time.

5. What language are you using to describe mental health challenges that women face during pregnancy or the first year postpartum?

2020 Mom uses the term maternal mental health disorders because a main focus of their work focuses on closing gaps in the MMH medical delivery of care model, including obstetric care and hospital deliveries. The organization believes that if we are paying insurance premiums for services those services should be provided. Community-based screening and services are "icing on the cake".

6. What statistics does your organization use to define the incidence of the mental health challenges described above?

2020 Mom uses the statistic "up to 1 in 5" which comes from Kathy Wisner's study. 2020 Mom also attempts to address the fact that up to 50% of women living in poverty will suffer (Citations are noted in the CA Task Force report).

7. What have been the key accomplishments achieved by your organization in the past 2 years related to maternal mental health (e.g. screening recommendations)?

2020 Mom has been partnering with influential organizations like ACOG (Joy serves on the MMH expert work group) who has overturned its prior position not to recommend screening which triggered a similar position change by the US Preventive Services Task Force, and CA's CMQCC (where Joy serves on the board and who is now doing a suicide maternal mortality review).

2020 Mom is also quite focused on collaborative relationships and convenings including their annual multi-stakeholder event in LA and the new Mom Congress federal policy related coalition and DC event.

The organization's Blue Dot MMH week campaign reached 15 million people this year. 2020 Mom also released the CA MMH strategic plan in 2017 which helped prompt development of a national HEDIS screening measure and lead to legislation which was signed into law last year including a screening mandate and hospital staff education and patient awareness law. We have two additional pending bills in CA this year.

They are working on federal MMH funding and legislation this year

8. What significant challenges does your organization face related to maternal mental health (e.g. funding)?

2020 Mom has very little outside funding (five small project grants). Their funding comes from their forum tickets and sponsorship, web-based training co-hosted with PSI and a little from fundraisers/donations. Their budget is \$250,000 and they have very little overhead. These dollars largely go to their team contractors and travel/conferences where Joy speaks about MMH.

9. What resources/assets/tools does your organization have related to maternal mental health (e.g. educational materials)?

2020 Mom offers free downloadable printable awareness materials, TheBlueDot social media awareness memes, a community strategic plan toolkit, template state legislation, and coaching.



SUPPLEMENTARY TABLES

1 SUPPLEMENTARY TABLE 1

Goal 1: Increased awareness of mental health has helped reduce stigma and has normalized speaking about and seeking care.

Activities in Service of The Future State	Organization
National provider and patient materials	ACOG
Funding for mental health 1 st aid and similar programs	SAMHSA National Council on behavioral health (Not represented at the setting)
Disseminate info and research to social worker profession on the need to increase public awareness	NASW
Awareness through a presence in Congress and congressional briefings	MMHLA
Climb out of Darkness and peer mentor pilot program	PSI
<ul style="list-style-type: none"> • Supported Spanish Awareness Campaign (CO) • Supported MMH • Framework development Colorado 	ZOMA
Provides care in a holistic way and works to reduce disparities.	ACNM
<ul style="list-style-type: none"> • Educational material development • Organize MMH awareness day • Sharing mom stories on social media • Research on stigma in seeking, engaging in mental health 	Postpartum Support Virginia
Organizes the AMCHP Conference - Words Matter: Destigmatization mental health in MCH	AMCHP
Mom Congress	2020 Moms
Bright futures guidelines for health for infants, children, and adolescents	AAP
Training providers to care for women and to normalize and destigmatize MH	Lifeline for Moms
Develop patient educational materials and screening guidelines for HCPs	AWHONN
Clinical and educational support	SMFM

2 SUPPLEMENTARY TABLE 2

Goal 2: Extended pregnancy-only Medicaid/CHIP coverage from 60 days postpartum to 1 year postpartum nationwide exists.

Activities in Service of The Future State	Organization
Advocacy	Lifeline for Moms
AWHONN legislative priorities, lobbying, and advocacy	AWHONN
Policy and advocacy	SMFM
Federal affairs/advocacy dept. - supports Federal bills to achieve this objective.	AMCHP
Missouri has extended coverage for women with substance use disorders to include mental health support for treatment (this has not been implemented yet)	The state of Missouri

3 SUPPLEMENTARY TABLE 3

Goal 3: Educated medical and community-based providers exist who can comfortably and competently recognize and respond to mental health conditions using an evidence-informed care pathway resulting in symptom improvement.

Activities in Service of The Future State	Organization
Focus is WHS and mental health services on EBC and training for VA providers	VA
<ul style="list-style-type: none"> Perinatal mental health (PMH-C) certification Frontline (p-care) provider training Development of an online perinatal mental health provider directory 	PSI
Developed a maternal mental health certificate for clinical professionals	2020 Mom and PSI
Education	SMFM
Supported the launch of CO-PSI	PSI
Resources and education	APWH
Provides resources, screening, and education	ACUM
Policy (2019) - Incorporates recognition and management of perinatal depression	AAP
Develop educational and other resources, to help obstetrician providers address maternal mental health	ACOG
Created a national maternal mental health expert workgroup	
Screening and treatment for maternal depression and related behavioral disorders grant program to 7 states	HSRA/MCHB
Developed a secure mental illness toolkit	Lifeline for Moms
<ul style="list-style-type: none"> Developed toolkits + training Provides provider support through consultation Provides resource referred facilitation 	HCPAP
Offers guidance and support	NASW
Has developed "BHWET" and other health professional training programs - HRSA/Bureau of health workforce (for professionals and paraprofessional)	HRSA
Provides assessment and management guidance on maternal mental health for nurses	AWHONN
Project TEACH	N/A

4 SUPPLEMENTARY TABLE 4

Goal 4: Excellent comprehensive data that informs perinatal mental health practice and policy exists.

Activities in Service of The Future State	Organization
<ul style="list-style-type: none"> • Mental health fact sheet interviewing 9 states • Has conducted an environmental scan • Participation in coalition to advance maternal therapeutics (CAMT). <ul style="list-style-type: none"> • National • Innovation station • Evidence-based resource bank. 	AMCHP
<ul style="list-style-type: none"> • Funded the development of adaption of 2 new HEDIS measures for PRD. • Assisting with new mothers /infant health survey to get better data 	ZOMA
Developed research Initiatives	ACUM
<ul style="list-style-type: none"> • Reviewed research to disseminate to social workers • Involved in policy statements to guide SW practice. 	NASW
Health policy research and advocacy	SMFM
Facilitated data collection standardization across perinatal psych access programs Conducted research to fill gaps in collaboration with CDC and others	Lifeline for Moms
<ul style="list-style-type: none"> • Advocacy • Utilizes data to inform/build policy • Encourages more involvement from CDC and AHRQ 	CDC
Mathematica report	N/A

5 SUPPLEMENTARY TABLE 5

Goal 5: Public and private insurance reimbursement structures have prioritized and incentivized perinatal mental health; facilitating a full spectrum of integrated care and access.

Activities in Service of The Future State	Organization
HCP training	PSI
National policy	ACOG
Advocacy and policy	SMFM
Research to build guidance for ROI	Lifeline for Moms
Advocacy and policy	AWHONN
Advocate and policy development support	ACUM
<ul style="list-style-type: none"> • Has developed the cost of untreated MADS in a report to give advocates data on cost. (National) • Has funded advocacy organizations to advance insurance coverage for MMH (Colorado) 	ZOMA
Advocacy for public health infrastructure	AMCHP
State and federal technical assistance and advocacy.	N/A

6 SUPPLEMENTARY TABLE 6

Goal 6: A culturally and linguistically appropriate system of support has been built that meets the health and social support needs of women, children, and families.

Activities in Service of The Future State	Organization
<ul style="list-style-type: none"> • Developed support groups • Has built systems of support through training 	PSI
<ul style="list-style-type: none"> • Working to develop a state - ide SIE (Colorado) • Supporting the creation of peer specialist program in MMH (CO) in Spanish, for Latinas • Supporting LatinXPsych Program at DU and Harris IECMH Fellowships focused on geographic + cultural diversity (Colorado) 	ZOMA
Supports diversity and culture.	ACUM
<ul style="list-style-type: none"> • 23 support groups • 200+ mental health providers • Launching Spanish initiatives 	Postpartum Support Virginia
<ul style="list-style-type: none"> • Provides technical assistance to others developing perinatal psych access programs. • Developed programs and training to build provider capacity 	Lifeline for Moms
Provides a system of maternity care coordinators	VA
<ul style="list-style-type: none"> • Advocates for funding • Supports State health departments in implementing maternal mental health work 	AMCHP
Developed Massachusetts statewide psychiatry access programs	HCPAP for Moms
Provider and patient education	SMFM
Created an interagency working group to report Federal agency support and collaboration. (Pending fiscal policy)	2020 MOM
Issued a team-based care policy statement	AAP
<ul style="list-style-type: none"> • Healthy Start • Federal visiting programs 	HRSA/MCHS
Postpartum resource center with a focus on including voices of women with lived experience	N/A
Health literacy review in patient-facing materials	

7 SUPPLEMENTARY TABLE 7

Goal 7: Maternal healthcare has been redefined to include both mental health and well-being.

Activities in Service of The Future State	Organization
Developing, testing and implementing scalable approaches to integrate MH into maternal care	Lifeline for Moms
<ul style="list-style-type: none"> • Funded new MCPAP program in Colorado • Funding work to “de-risk” PMH care for pediatricians (Col). ZOMA • Partnering with 4 major hospital systems to ensure PMH is an integral part of maternal care (Col) 	ZOMA
Developed educational programs to support mental health before, during, and between pregnancies	APHW
Providing ongoing HCP education/training and certifications	PSI
National clinical guidance	ACOG
Provides/emphasizes holistic care	ACUM
<ul style="list-style-type: none"> • Conducts research to identify the mental health burden of pregnant veterans • Conducts research on MH conditions (PTSD) and the impact on birth outcomes 	VA
<ul style="list-style-type: none"> • Provides assessment and management guidance on MMH for nurses • Communicates post birth warning signs 	AWHONN
Created MMH innovation award program via 2020 mom	ZOMA / 2020Mom
<ul style="list-style-type: none"> • Moving beyond maternal depression model • Provide CBT in-home visits 	N/A