



Perinatal Mental Health Task Force

Member Interest Meeting

Wednesday, October 12, 2022

1pm



Overview



- Opening Remarks
- Overview of Task Force
 - Purpose
 - Membership
 - Government sector
 - Non-government sector
 - Potential Selection Criteria
 - Milestones
- Questions
- Comments



Task Force Purpose



- Establishes a Perinatal Mental Health Task Force to provide comprehensive policy recommendations for the improvement of perinatal mental health in the District. The Task Force shall study and make recommendations to the Council by October 1, 2023 regarding the following:
 - Vulnerable populations and risk factors for perinatal mental health disorders
 - Evidence-based and promising practices for those with or at risk of perinatal mood and anxiety disorders (Practice)
 - Barriers to access to care during the perinatal period for birthing people and their partners and identifying evidence-based and promising practices for care coordination, systems navigation, and case management services that address and eliminate barriers to accessing care and care utilization for birthing people and their partners; (Access, Best Practice to eliminate)
 - Evidence-informed practices that are culturally congruent and accessible to eliminate racial and ethnic disparities that exist in addressing prevention, screening, diagnosis, intervention and treatment, and recovery from perinatal mood and anxiety disorders;
 - National and global models that successfully promote access to care, including screening, diagnosis, intervention, treatment, recovery, and prevention services for perinatal mood and anxiety disorders in the pregnant or postpartum person and non-birthing partner; (Models of Care)
 - Community-based or multigenerational practices that support individuals and families affected by a maternal mental health condition; (Community)
 - Successful initiatives regarding workforce development encompassing the hiring, training, and retention of a behavioral health care workforce as it relates to perinatal mental health, including maximizing non-traditional behavioral health supports such as peer support and community health workers; (Workforce Development)
 - Models for private and public funding of perinatal mental health initiatives; and (Funding)
 - A landscape analysis of available perinatal mental health programs, treatments, and services, and notable innovations and gaps in care provision and coordination, encompassing the ability to serve the diversity of perinatal experiences of unique populations, including Black birthing people, Hispanic birthing people, pregnant and postpartum people of color, perinatal immigrant populations, adolescents who are pregnant and parenting, LGBTQIA+ (Research)



Task Force Membership – Government



- The Task Force shall consist of 21 members as follows:
 - Six (6) Government members
 - Deputy Mayor for Health and Human Services or his or her designee;
 - Director of the Department of Behavioral Health or designee;
 - Director of the Department of Health or designee;
 - Director of the Department of Health Care Finance or designee;
 - Chairperson of the Council's Committee on Health or designee; and
 - Chairperson of the Council's Committee on Human Services or his or her designee



Taskforce Membership – Non-Government



- At least four (4) members of the community or advocates and meet at least one (1) of the following standards:
 - An individual with current or past perinatal mood and anxiety disorders;
 - A caregiver or partner to those with current or past perinatal mood and anxiety disorders; or
 - An advocate informed about perinatal mental health in the District, who is also a beneficiary of perinatal mood or anxiety disorder treatment
- At least one representative from a managed care organization contracted in the District –should include all;
- At least 3 representatives from nonprofit health centers serving birthing populations;
- A registered nurse experienced in providing perinatal mental health services in the District;
- A licensed pediatrician experienced in providing perinatal mental health services in the District;
- An obstetrician experienced in providing perinatal mental health services in the District;
- A licensed clinical psychologist or psychiatrist with experience providing perinatal mental health services in the District;
- A doula;
- One of the following:
 - A certified midwife practicing in the District;
 - A certified nurse-midwife practicing in the District; or
 - A certified professional midwife practicing in the District; and
- A representative of a home visiting program operating in the District.



Potential Task Force Membership Selection Criteria



- Representation
 - Socioeconomic
 - Geographic
- Meets one of the non-government sector criteria
- Currently licensed or certified by DC Health or state licensing body, if necessary
- Expressed interest and commitment to regularly attend meetings
- Knowledge or experience with perinatal mental health
- Knowledge of health system including but not limited to access to services, models of care, funding, etc.



Milestones



- **Phase I – Pre-selection and Selection of Task Force Membership (August to November)**
 - September:
 - 26th – Medicaid Director’s Letter published and Application posted
 - October:
 - 12th – Interest Meeting
 - 21st – Applications Due
 - By 31st – Selection Made
- **Phase II – Task Force (November 2022 – July 2023)**
 - Regularly Scheduled Task Force Meetings
 - Creation of subcommittees
- **Phase III – Recommendations (August –October 2023)**
 - Recommendation drafting and approval
 - Report sent to Council by 8/15/23



Questions?

Contact info:

Dhcf.maternalhealth@dc.gov

or

DaShawn Groves

Dashawn.groves@dc.gov