

| States with Taskforce/Coalition | Screening and referral   | Provider education   | Policy and legislation   | Financing  | Community support/partnerships   | Navigation and access   | Workforce/Partnership and Infrastructure Development | Monitoring & Assessments/Data |
|---------------------------------|--|--|--|--|--|---|--|-------------------------------|
| <a href="#">Arizona</a>         | Improvements for screening and treating maternal mental health disorders   | <ul style="list-style-type: none"> <li>•Perinatal Psychiatric Consultation Line</li> <li>•Increase the Diversity of the Perinatal Behavioral Health Workforce</li> <li>•Increase Cultural Competency Trainings for Health Care Professions</li> </ul>  |  | <ul style="list-style-type: none"> <li>•Peer Support Coverage</li> <li>•Home Visitor Coverage</li> <li>•Doula Coverage</li> <li>•Community Health Worker Coverage</li> <li>•Traditional Healing Services Coverage</li> <li>•Lactation Support Coverage</li> <li>•Postpartum Support International Certified Perinatal Providers</li> </ul> | <ul style="list-style-type: none"> <li>•Maternal Peer Support Coverage</li> <li>•Home Visitor</li> <li>•Doula Services</li> <li>•Community Health Worker</li> <li>•Traditional Healing Services</li> <li>•Lactation Support</li> <li>•Postpartum Support International Certified Perinatal Providers</li> </ul>  | <ul style="list-style-type: none"> <li>•Increase the Diversity of the Perinatal Behavioral Health Workforce and Increase Cultural Competency Trainings for Health Care Professions</li> <li>•Maternal Peer Support Coverage-could also be doulas.</li> <li>•Home Visitor coverage</li> <li>•Doula Services reimbursement</li> <li>•Community Health Worker coverage</li> <li>•Traditional Healing Services - language and culture, traditional healers, in-home child birth practices</li> <li>•Lactation Support</li> <li>•Postpartum Support International Certified Perinatal Providers-provide scholarships and incentives for perinatal mental health certification to providers.</li> <li>•Commercial insurers recognize perinatal mental health as a specialty for the purposes of behavioral health provider capacity development and network requirements.</li> </ul>  |  |                               |
| <a href="#">California</a>      | Adopt the screening and treatment guidelines of ACOG and the Council on Patient Safety in Women's Health Care, adopt HEDIS measure(s) for screening and treatment of MMH disorders, develop certification boards for mental illness  | Ob/Gyns and other obstetric providers serve as the 'home base' for MMH. Provider-to-provider reproductive psychiatric consult program  | Expand access to paid family and medical leave to provide flexibility in the balancing of work and family demands. Family-friendly policies and resources  | Insurers develop MMH case management programs, expand medical provider contracts to reimburse for MMH services, mental health benefits in all medical care benefit contracts   | <ul style="list-style-type: none"> <li>•Statewide culturally and linguistically appropriate awareness campaign, new or employ existing coalitions to address MMH, including correcting local treatment shortages/referral pathways, disseminating educational materials and awareness campaigns, improving support resources for mothers.</li> <li>•Local communities form new or employ existing coalitions to address MMH, including correcting local treatment shortages/referral pathways, disseminating educational materials and awareness campaigns, and improving support resources for mothers.</li> <li>•Family-friendly policies and resources which aim to reduce maternal stress should be considered by employers, communities, and the state legislature.</li> <li>•Churches, Community Centers, Businesses and others serving women who are pregnant or in the postpartum period should be aware of MMH disorders- prevalence and symptoms, and be prepared to assess for trouble and refer to an Ob/Gyn or another community resource.</li> </ul> | <ul style="list-style-type: none"> <li>• Statewide culturally and linguistically appropriate awareness campaign, new or employ existing coalitions to address MMH, including correcting local treatment shortages/referral pathways, disseminating educational materials and awareness campaigns, improving support resources for mothers.</li> <li>•Local communities form new or employ existing coalitions to address MMH, including correcting local treatment shortages/referral pathways, disseminating educational materials and awareness campaigns, and improving support resources for mothers.</li> <li>•Family-friendly policies and resources which aim to reduce maternal stress should be considered by employers, communities, and the state legislature.</li> <li>•Churches, Community Centers, Businesses and others serving women who are pregnant or in the postpartum period should be aware of MMH disorders- prevalence and symptoms, and be prepared to assess for trouble and refer to an Ob/Gyn or another community resource.</li> </ul> |  |                               |
| <a href="#">Maryland</a>        | Early identification of postpartum depression and other perinatal mood and anxiety disorders through increased screening and patient education. Address co-morbid maternal mental health conditions including those related to substance use disorders, high risk pregnancies, perinatal loss and intimate partner violence. | Maternal mental health education for providers who interact with women of a reproductive age. Expand psychiatric consultation programs to assist obstetric, primary care, psychiatric and pediatric providers in addressing the emotional and mental health needs of pregnant and postpartum patients. | Maternal Mental Health Commission to help guide state policy and decision making. Maryland Maternal Mental Health Initiative to coordinate ongoing advocacy, education, awareness, and treatment efforts. Expand access to paid family and medical leave to provide flexibility in the balancing of work and family demands. |  | Expand peer support networks and navigation  | <ul style="list-style-type: none"> <li>•Develop, maintain and promote centralized, multicultural educational materials and resources for patients and families.</li> <li>•Create a centralized, multicultural online provider toolkit to assist in the identification and treatment of perinatal mood and anxiety disorders.</li> <li>•Expand maternal mental health and substance use disorder peer support training and infrastructure.</li> <li>•Explore the use of maternal mental health navigators, including issues related to insurance reimbursement and incentives for providing the service.</li> </ul>  |  |                               |

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| <a href="#">Colorado</a>        | Universal screening and appropriate referral  | Communicate opportunities for collaboration, alignment, and education  | Systems-level direction and funding included in law, regulation, and administrative policy, includes operational decision-making, training, adoption of best practice, modifying health plan benefits and reimbursement requirements, and human resource management to support maternal mental health for all. |   | Communicate importance and opportunity to promote maternal mental health in the community.  | Perinatal Mental Health Alliance for Professionals of Color  | Build the confidence, capability and skills to address maternal mental health needs across a variety of sectors. Workforce members affected by maternal mental health, directly and indirectly, receive the support they need.  | Setting appropriate criteria and high standards; systematically gathering, analyzing, and interpreting evidence.<br><br>Addressing inherent biases in the way we collect, measure and interpret data. Designing, delivering and expanding effective efforts to support the prevention, identification, assessment and care for maternal mental health. |
| <a href="#">Oregon</a>          | Disseminate community level information/referrals for perinatal depression services. Tool kit drafted - communities needs assesment and resources, strengthen referral systems, and initiate screening for perinatal depression | <ul style="list-style-type: none"> <li>•Training provided for Oregon public health nurses on identification and treatment of perinatal mood and anxiety disorders.</li> <li>•Symposium on Maternal Mental Health During and After Pregnancy</li> </ul> | A bill and a resolution addressing maternal mental health disorders (HB 2666 and HJR 15)   |   | Disseminate community level information/referrals for perinatal depression services,  | <ul style="list-style-type: none"> <li>•Perform outreach and education to expectant and new mothers.</li> <li>•Develop classes and/or support groups for pregnant women, new mothers and families.</li> <li>•Increase the availability of peer support groups and networks for women with perinatal depression.</li> <li>•Disseminate community level information/referrals for perinatal depression services.</li> <li>•Tool kit drafted -communities needs assessment and resources, strengthen referral systems, and initiate screening for perinatal depression</li> </ul> | Public Health Action Plan for Perinatal Depression <ul style="list-style-type: none"> <li>• Partnership initiated to coordinate state agency perinatal depression work.</li> <li>• Partnerships developed with higher education, health, mental health, and early childhood entities.</li> <li>• Technical assistance consultation meetings for community and DHS partners</li> </ul> |  |
| Louisiana                       | Incorporating universal PMAD screening into key care systems for pregnant and postpartum persons  | Expanding direct access to mental health services for birthing people in need of perinatal mental health services by integrating primary care and mental health  |  |   | Optimizing and expanding the care coordination system for birthing people in need of perinatal mental health services-care coordination, health promotion, individual and family support, and linkages to community/support services, behavioral, and physical health services  | Ensuring that the Louisiana Department of Health supports Louisiana's mental health and substance use provider network in meeting and addressing in a timely manner the mental health needs of pregnant and postpartum persons, particularly persons who are most impacted by structural and social barriers to health   |   |  |
| Massachusetts                   | Community Health Workers who manage referrals   | Provide implicit bias training and capacity building to perinatal mental health providers across the care continuum  |  | Advocating for funding in the FY20 budget for DPH to conduct participatory market research and carry out a two-pronged perinatal mental health awareness campaign | Collaborating with PNQIN to advocate for funding to stabilize grant-funded implementation of maternal safety bundles on high risk maternal conditions in birthing facilities, clinics, and hospitals across the state to address the rise in maternal mortality and severe maternal morbidity rates. (PNQIN is a joint venture of the Massachusetts Perinatal Quality Collaborative (MPQC) and the Neonatal Quality Improvement Collaborative of Massachusetts (NeoQIC) collaborative, volunteer approach avoids legislative mandates, enables organizations to access valuable data and improve their care systems.) | State money funds Community Health Workers who manage referrals and navigate resources for new moms accessing treatment. Conceived and currently advocating for funding in the FY20 budget for DPH to conduct participatory market research and carry out a two-pronged perinatal mental health awareness campaign to a) provide empowerment and resources to marginalized new mothers and fathers and b) to provide implicit bias training and capacity building to perinatal mental health providers across the care continuum   |   |  |