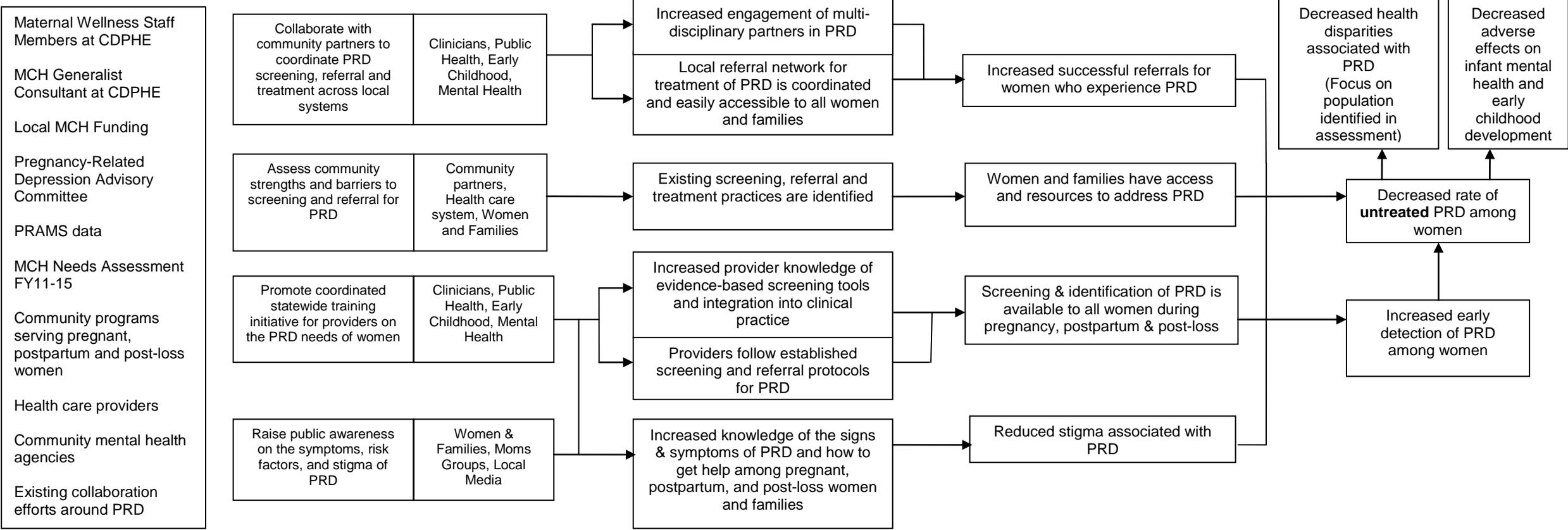


# Colorado Maternal & Child Health Priority on Pregnancy Related Depression (PRD) Local Logic Model – 2.28.12

**Overarching Goal:** Optimal health and well-being for the Maternal & Child Health (MCH) population in Colorado

INPUTS	OUTPUTS		OUTCOMES			IMPACT
	Strategies	Participation	Short Term Accomplished in 1-3 years		Medium Term Accomplished in 4-6 years	Long Term Accomplished in 7-10 years



**Logic Assumptions**

A multi-pronged approach improving knowledge, screening, referral and treatment is required to address PRD. It is paramount to address gaps in treatment services before increasing screening. LHAs have the opportunity to connect directly with partners in their community who work with pregnant, postpartum and post-loss women. Clinicians include family medicine, pediatric, and OB/GYN providers. Providers include clinicians as well as other community partners who provide public health, early childhood and mental health services. LHAs that elect to work on PRD have access to support and technical assistance from staff at the Colorado Department of Public Health and Environment.

**External Factors**

PRD is a Colorado MCH priority. Mental Health (and Substance Abuse) is a CDPHE Winnable, which includes a focus on pregnancy-related depression. Two additional state agencies (CDHS and HCPF) have also prioritized depression. An advisory committee comprised of stakeholders from around the state was formed to help guide the work for this priority and includes participation from LHAs. Changes in health systems and insured populations due to health care reform may have an impact on the strategies selected.