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# *Nationwide Initiatives on Pregnancy-Related Depression*

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## *Addendum: Individual State Descriptions*

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Colorado Department  
of Public Health  
and Environment

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## Introduction

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During the summer of 2012, the Colorado Department of Public Health and Environment's Maternal Wellness team developed and administered an online survey with every state and territorial maternal child health and behavioral/mental health director. Additionally, a handful of community-based support organizations were identified and included in the survey.

A total of 125 individuals were invited to complete the survey. The survey received 61 individual responses representing 38 separate states and territories. Of those states and territories responding, 28 reported they were implementing, or had recently implemented, initiatives focused on pregnancy-related depression.

Results from the survey were then reviewed to prioritize states for key informant interviews. The Pregnancy-Related Depression State Advisory Committee, comprised of experts and key stakeholders from across Colorado, helped identify the 16 most relevant states to interview. A comprehensive summary report was developed from this project that describes notable trends and key accomplishments described by each state. A copy of the report can be found [here](#). This is an addendum to the summary report, providing background on each state interview conducted.

## ALASKA

Alaska Department of Health and Social Services  
Division of Public Health  
Section of Women's, Children's and Family Health

<http://dhss.alaska.gov/dph/wcfh/Pages/default.aspx>

**Contact:**

Debra Golden  
Perinatal Nurse Consultant  
debra.golden@alaska.gov  
907-334-4494

### Overview of Key Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Training/capacity building; screening and referrals during home visits; distribution of materials
Training/Capacity Building Survey Questions & Responses	
<i>**Respondents reported that their agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Community-based service providers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	In-person seminar or workshops <i>"printed materials and listservs"</i>
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	Internal

### Highlighted Strategies

#### Screening Integration into the Nurse-Family Partnership Model

The Section of Women's, Children's and Family Health administers the federal Maternal Infant and Early Childhood Home Visitation (MIECHV) program. The MIECHV program is implemented in the Anchorage area and the Nurse-Family Partnership model is used to serve first-time pregnant women and their children. The program includes screening, assessment and referral for postpartum depression as part of the program model.

### **Implementation of the Healthy Start Program**

Alaska's Healthy Start Program is located in the Nome Census Area, a northwestern area of the state comprised of approximately 55 percent Alaskan Natives/American Indians. The Nome area has identified behavioral health, including perinatal and postpartum depression, as key community issues. The Healthy Start Program focuses on high-risk pregnant women and their children as old as two years, and includes perinatal and postpartum depression screening as a program requirement. Program services include outreach, case management, health education and home visitation. Community health education sessions are held to cover a wide range of prenatal, postpartum, newborn and inter-conception topics, including depression and other behavioral health problems.

### **Development of Perinatal Mood Disorders Program**

The Alaska Department of Health and Social Services supported the establishment of a new perinatal mood disorder program at The Children's Hospital at Providence, the only children's hospital in Alaska with a Level 3 neonatal intensive care unit (NICU). A Level 3 designation implies that the hospital has multi-disciplinary teams that are able to care for the smallest and sickest of newborn babies. The Perinatal Mood Disorder Navigator worked to create a supportive infrastructure, institute universal screening and train providers. The Department of Health collaborated with the hospital to initially establish the position and purchase materials for distribution to providers.

### **Technical Assistance to Direct Service Providers**

Perinatal depression is included as a topic at the Alaska Maternal and Child Health and Immunization Conference. In-person training for Healthy Start programs is also provided. Additionally, The Alaska Department of Health and Social Services completed a limited distribution of the Health Resources and Services Administration's (HRSA) publication *Depression During and After Pregnancy: A Resource for Women* to relevant health care providers in the state. The distribution of these HRSA pamphlets was combined with other health materials developed by the state that included depression information.

### **Successes and Challenges**

The Alaska Department of Health and Social Services has been able to keep the issue of perinatal and postpartum depression at the forefront, a notable success within the public health realm. Alaska has also been able to collaboratively work with the state's largest children's hospital, which has been able to develop and sustain a perinatal-focused position.

Alaska continues to face challenges in the areas of funding and sufficient staffing. Additionally, the state faces time constraints in completing the work needed to address perinatal and postpartum depression, making the issue potentially vulnerable to being overshadowed by more pressing public health problems.

## FLORIDA

Florida Department of Health  
Infant, Maternal and Reproductive Health Unit

<http://doh.state.fl.us/family/mch/mch.html>

**Contact:**

Susan Potts  
Healthy Start Program Coordinator  
[Susan\\_Potts@doh.state.fl.us](mailto:Susan_Potts@doh.state.fl.us)  
805-245-4444 ext. 2954

### Overview of Key Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	Preconception; during pregnancy; postpartum; post loss
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Training/capacity building; development of screening tools and/or guidelines
Training/Capacity Building Survey Questions & Responses	
<i>**Respondents reported that their agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Community-based service providers
<b>What are the topics covered?</b>	How to screen for PRD; how to refer for PRD treatment; how to treat PRD; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	Webinar; small group or one-on-one technical assistance; distribution of information through newsletters, bulletins and information packets; Bi-monthly statewide conference calls with county health departments and Healthy Start providers
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	Internal

## Highlighted Strategies

### Statewide Implementation of the Healthy Start Program

The Florida Healthy Start Program was enacted June 4, 1991 and includes 32 coalitions across the state. The Healthy Start Program provides universal screenings to all pregnant women and newborn infants to identify those at risk for poor birth, health and developmental outcomes. Florida Healthy Start screens all mothers participating in the program using the Edinburgh Postnatal Depression Scale.

### Availability of Diverse Technical Assistance Opportunities

The Florida Department of Health provides webinars for use by the Healthy Start coalitions to help providers identify varying degrees of depression and associated levels of intervention available to a mother. The purpose of these depression-focused webinars is to convey the message that mothers with mild to moderate depression can benefit from support and suggest non-medical strategies to help decrease depression. Additionally, these webinars highlight beneficial interventions that can be effective prior to prescribing medication. The Healthy Start coalitions are also tasked with conducting local trainings and identifying topics to augment those trainings.

The Florida Department of Health also developed technical assistance guidelines for county health departments on what should occur during the first prenatal visit, and included depression screening.

### Successes and Challenges

The Florida Department of Health, through reporting by the local Healthy Start Coalitions, has increased the screening and identification of depressed mothers and consumer awareness of resources. Florida also emphasizes the intersection of risk for depression with other risk behaviors, including substance abuse, smoking and unsafe sleep behaviors.

The state continues to face challenges with the identification of depression as a public health issue, which is often compounded by the stigma associated with mental health disorders. The Florida Department of Health has also identified challenges in both achieving buy-in from physicians and increasing the ability of non-mental health providers to support mothers with low to moderate depressive symptoms. Establishing effective referral processes for mothers who screen positive has also been difficult.

# ILLINOIS

Postpartum Depression Alliance of Illinois

<http://www.ppdil.org/>  
<http://www2.illinois.gov/hfs/Pages/default.aspx>

**Contact:**

Sarah Allen, D. Clinical Psych  
 Founding Director and Clinical Advisor  
[sarahallen@ppdil.org](mailto:sarahallen@ppdil.org)  
 847-791-7722

## Overview of Key Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; policy development and/or legislative initiatives
Public Awareness/Consumer Marketing Survey Questions & Responses	
<i>**Respondents reported that their agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Initiative website; agency/program website; social media; print marketing (including newspapers, magazines, newsletters, etc.); distribution of printed materials (including fliers, brochures, booklets, etc.); distribution of "incentives" (including key chains, lip balms, magnets, etc.)
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Community-based programs; medical practices

## Highlighted Strategies

### Background on the Postpartum Depression Alliance of Illinois

The Postpartum Depression Alliance (PPD Alliance) of Illinois was founded by Dr. Sarah Allen as a way to provide Illinois women and families access to information and support on postpartum depression and treatment options. The PPD Alliance also advocates for increased awareness of perinatal mood disorders among the helping professions and has previously advocated for legislation.

### Volunteer Staffing of Help Line

The PPD Alliance of Illinois staffs an information and referral line for women in need of postpartum depression support. Volunteer staffers receive training by the PPD Alliance Director on perinatal depression and how to effectively provide support for callers.

### Advocacy for Legislation Related to Perinatal Mood Disorders

The Illinois PPD Alliance has successfully partnered with Illinois governors for the past eight years to proclaim May Perinatal Mood Disorders Awareness Month. The intention is to increase public knowledge on the symptoms of perinatal mood disorders and the effects on women and families.

#### ***Illinois Senate Bill 15 – Postpartum Mood Disorders Prevention Act***

The 2008 Postpartum Mood Disorders Prevention Act supports the development of policies and procedures to address the prevention, treatment and diagnosis of postpartum mood disorders. More specifically, it calls for the early screening of women for postpartum mood disorders by health care workers, including pediatricians, primary care doctors, nurse practitioners and obstetricians.

The Postpartum Mood Disorders Prevention Act supports reimbursement for depression screenings using an approved instrument for up to one year postpartum, with the flexibility to bill under the infant's coverage if the mother is screened during well-child and episodic visits.

### Successes and Challenges

Illinois and the PPD Alliance have used advocacy and legislation to further awareness, screening and treatment of postpartum mood disorders. Additionally, the PPD Alliance has leveraged the use of volunteers to overcome funding challenges and continue the work of the Help Line. The state continues to face challenges in getting professionals involved in the coordination of care for depressed mothers and increased treatment options for women.

## IOWA

Iowa Department of Public Health  
Bureau of Family Health

[http://www.idph.state.ia.us/hpcdp/family\\_health.asp](http://www.idph.state.ia.us/hpcdp/family_health.asp)

**Contact:**

Stephanie Trusty  
Nurse Clinician  
Coordinator of Maternal Health under Title V Grant  
[stephanie.trusty@idph.iowa.gov](mailto:stephanie.trusty@idph.iowa.gov)  
504-568-3504

### Overview of Key Survey Results

<b>General Survey Questions &amp; Responses</b>	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; training/capacity-building; development of screening tools and/or guidelines
<b>Public Awareness/Consumer Marketing Survey Questions &amp; Responses</b>	
<i>**Respondent reported that their agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Initiative website; distribution of printed materials (including fliers, brochures, booklets, etc.)
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Community-based programs; home visitation programs; Women, Infants and Children (WIC)
<b>Training/Capacity Building Survey Questions &amp; Responses</b>	
<i>**Respondent reported that their agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Community-based service providers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to treat PRD; how to incorporate PRD screenings into current clinical/agency practices and protocols; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	In-person seminar or workshop; small group or one-on-one technical assistance
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	External contractor
<b>Approximate budget for initiative?</b>	Less than \$5,000

## Highlighted Strategies

### **The Iowa Perinatal Depression Project**

In 2008, Iowa received a two-year grant from the Health Resources and Services Administration (HRSA) to address perinatal depression. The Iowa Perinatal Depression Project, housed within the Bureau of Family Health, provided leadership to systematically expand screening, early identification and effective treatment referrals for perinatal depression statewide. A statewide needs assessment identified a target population of low-income, ethnic and racial minority women and their families.

The project collaborated with three state departments, a statewide advocacy organization and the University of Iowa to sponsor a train-the-trainer program. This program focused on training staff working in early childhood, maternal health, case management and mental health programs, as well as staff providing direct services in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), nursing and home visiting programs. The training reimbursed agencies for staff time, included a mentorship component and required an agency-level commitment to screening.

### **The Barriers to Maternal Care Survey**

The Iowa Barriers to Prenatal Care Project is carried out by the Center for Social and Behavioral Research at the University of Northern Iowa through a contractual relationship with the Iowa Department of Public Health. The project collects data to learn about women's experiences receiving prenatal or delivery care during their current pregnancy. Additionally, the survey collects information about maternal depressive symptoms, HIV testing during pregnancy and plans for newborn care after hospital discharge, such as breastfeeding and infant sleep position. All women who deliver a live birth in Iowa are invited to complete a Barriers Survey shortly after delivery and before discharge from the hospital. The PHQ-2 is used for depression-related questions.

### **First Five Healthy Mental Development Initiative**

In 2006, the Iowa Legislature allocated funding for the First Five Healthy Mental Development Initiative. The goal of this demonstration project was to bridge public and private health care systems to prevent mental health problems among young children and their families, and improve early detection of social emotional delays. Key features of the First Five model include: 1) user-friendly mental and developmental health screening and referral forms; 2) ongoing education and support for medical office staff on healthy development and use of screening and referral tools; 3) specially trained care coordinators to identify and address a wide range of children's and families' needs; 4) relationships with community groups that provide early intervention; and 5) timely notification of outcomes to the referring physician offices.

### **Development of a Listening Visits Program Curriculum**

Public health nurses at the Iowa Department of Health are trained with videos and vignettes to conduct "listening visits." They implement this curriculum during home visits to help a mother identify at least two things that are causing stress in her life and then assist her in solving these issues. This approach has been shown to lower postpartum depression scores.

### **Web-Based Public Awareness Campaigns and Referral Hotlines**

The Iowa Department of Public Health developed a web-based public awareness campaign titled *Beyond the Blues*. This campaign provides resources for women and families, including information on the Healthy Families Line. The Healthy Families Line is Iowa's maternal and child health hotline, staffed in part by mental health professionals who provide local treatment resources for perinatal depression. The line is toll-free, confidential and available 24 hours a day, seven days a week. Additionally, the campaign offers information and resources for providers, including ongoing support for questions and consultations provided in partnership with the University of Iowa.

More information on Iowa's *Beyond the Blues* campaign can be found at:

<http://www.beyondtheblues.info/>

### **Successes and Challenges**

Iowa partnered with Medicaid to improve services for mothers suffering from postpartum depression, including the implementation of a waiver program for eligible women with a diagnosis of depression. The Iowa Department of Public Health also increased awareness of depression during pregnancy by working with Medicaid to open a diagnostic code for pregnancy as a Medicaid pharmacy claim.

Iowa continues to face challenges in overcoming the stigma associated with mental health and increasing community understanding of the negative outcomes postpartum depression has on families. The state also has encountered challenges in working with primary care providers and the common practice of providing medication without follow-up.

## LOUISIANA

Louisiana Office of Public Health  
Bureau of Family Health

<http://new.dhh.louisiana.gov/index.cfm/page/936>

**Contact:**

Paula Zeanah, PhD, MSN, RN  
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Director  
[paula.zeanah@la.gov](mailto:paula.zeanah@la.gov)  
504-568-3504

### Overview of Key Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum; post loss
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Training/capacity-building; policy development and/or legislative initiatives; development of screening tools and/or guidelines; expansion of screening coverage within private and/or public insurance programs
Training/Capacity Building Survey Questions & Responses	
<i>**Respondent reported that their agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	OB/GYNS; community-based service providers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to treat PRD; ethical and legal responsibilities surrounding screening, referring and/or treating PRD; how to incorporate PRD depression screenings into current clinical/agency practices; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	Webinar; in-person seminar or workshop; small group or one-on-one technical assistance
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	External Contractor Behavioral health consultants for OPH-MCH; LA Maternal and Infant Early Childhood Home Visitation Program Clinical Director; LA Birth Outcomes Initiative Program
<b>Approximate budget for initiative?</b>	Efforts are spread across multiple programs.

## Highlighted Strategies

### **Integration of Infant Mental Health Consultants into the Nurse Family Partnership Model**

Infant Mental Health Consultants were added to some Nurse Family Partnership (NFP) teams approximately 13 years ago. These consultants are licensed mental health providers who have had additional training in infant mental health, including identification, impact and interventions for maternal depression. They are available for consultation with nurses and supervisors and may provide direct services to clients. Infant Mental Health Consultants also participate in team case conferences. There are .5 consultants per team of eight nurses and supervisors. Currently, nine of the 18 NFP teams have an Infant Mental Health Consultant. Louisiana is now beginning a formal evaluation of the Infant Mental Health Consultant component to identify the impact on client outcomes, nurse and program satisfaction.

All NFP clients are screened regularly for depression, using the Edinburgh Postnatal Depression Scale, per NFP guidelines. Nurses may screen whenever there are concerns about possible depression in the mother.

### **The Louisiana Birth Outcomes Initiative**

The Birth Outcomes Initiative (BOI) is a targeted cross-departmental and cross-sector initiative to improve the outcomes of Louisiana births as well as the overall health of Louisiana moms and babies. The objectives related to behavioral health in women include instituting statewide comprehensive behavioral health screening and brief interventions for pregnant women on Medicaid; collecting adequate data on behavioral health needs of pregnant women on Medicaid; tracking behavioral health outcomes through data collection; and monitoring and improving systems of referral and treatment for behavioral health. The BOI is developing La HART (Louisiana Health Assessment, Referral, and Treatment), a screening tool that currently focuses on substance use and domestic violence. Plans are underway to add depression screening questions and resources.

### **Technical Assistance to Direct Service Providers**

Training on infant mental health is provided to home visitation staff and other early childhood professionals. The 36-hour continuing education program provides an overview of infant mental health, normal social and emotional development in infancy, infant behavior and cues, attachment theory and classifications, cultural and ethnic influences on parenting, psychopathology, assessment and intervention. The course includes segments on recognition of maternal depression, impact on infants, interventions and other high-risk/co-occurring issues such as domestic violence and substance abuse.

### **Successes and Challenges**

Including a mental health provider as part of a multidisciplinary team within Nurse-Family Partnership programs has begun to address the needs of mothers suffering from depression. Staffs within the programs report a high level of satisfaction with this additional team member.

A challenge the state identified was effectively engaging non-mental health providers in the mental health care of women. This included to enabling providers to give education on maternal depression and increasing skills to address depression and facilitate access to mental health care.

## MASSACHUSETTS

Massachusetts Department of Public Health Bureau of Family Health and Nutrition	
<a href="http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/">http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/</a>	
<b>Contact:</b>	Karin Downs Assistant Clinical Director <a href="mailto:karin.downs@state.ma.us">karin.downs@state.ma.us</a> 617- 624-5967
	Beth Buxton, LCSW Program Director <a href="mailto:beth.buxton-carter@state.ma.us">beth.buxton-carter@state.ma.us</a> 617-624-5910

### Overview of Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	Preconception; during pregnancy; postpartum; post loss
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness; policy development and/or legislative initiatives; development of screening tools and/or guidelines; expansion of screening coverage within private and/or public insurance programs
Public Awareness/Consumer Marketing Survey Questions & Responses	
<i>**Respondent reported that their agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Social media; distribution of printed materials (including fliers, brochures, booklets, etc.)
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Home visitation programs; Women, Infants and Children (WIC)

### Highlighted Strategies

The Early Intervention Partnership Program
The Early Intervention Partnership Program is a home visiting program comprised of interdisciplinary teams that serve high-risk pregnant and postpartum women. Nurses and social workers provide screening during home visits to help identify maternal and infant risks early on. If a mother is identified with depression, brief interventions and in-home support are provided, as well as referrals to additional services.

### **Perinatal Connections Program**

In 2004, Massachusetts received a grant from the Health Services and Resources Administration (HRSA) to develop a state plan and strategy to address policy implications, programming, data collection and systems, and training and technical assistance for maternal depression. The resulting program, Perinatal Connections, provided the foundation for the Massachusetts Maternal and Infant Mental Health Project (MIMH). The MIMH project built upon Perinatal Connections with an increased focus on the dyadic relationship. The MIMH project developed an innovative statewide best-practice model to improve the mental health care received by pregnant and parenting women with children as old as one year. The project implemented interventions on the individual, social and organizational level to increase available services, community awareness and agency capacity.

More information on the MIMH project may be found at:

<http://www.mass.gov/eohhs/docs/dph/com-health/prego-newborn/maternal-infant-mental-health.pdf>

### **An Act Relative to Postpartum Depression 2010 Legislation**

*An Act Relative to Postpartum Depression* was signed into law in Massachusetts by Gov. Deval Patrick in August 2010. This legislation grew out of work completed in the Perinatal Connections Program. It gave the Massachusetts Department of Public Health the authority to improve the screening and treatment of perinatal depression. The Department was charged with developing standards to measure the effectiveness of postpartum depression screening and regulating the submission of annual data from health insurance carriers and providers on postpartum depression screenings. A work group of experts and key community members was formed to advise the Massachusetts Department of Public Health on the implementation of the legislation.

### **The Pregnancy to Early Life Longitudinal Database**

All Massachusetts birth certificates are linked to hospital discharge data and emergency room visits. This allows for tracking of postpartum issues that may be relevant to depression or behavioral health.

### **Public Awareness Campaign Highlighting Peer Stories**

The Massachusetts Department of Public Health developed a public awareness campaign, to address issues that new parents may experience, including parenting expectations, child development, maternal depression, substance abuse, premature birth, adoption and family planning. The campaign uses peer stories from new parents and providers to create support and communicate information. Pre- and post-interviews were conducted with participants of the *New Parent Initiative* to evaluate effectiveness. Qualitative data results indicated improved communication with home visitors, but not necessarily with providers.

More information on the *New Parent Initiative* can be found at:

<http://www.mass.gov/eohhs/consumer/community-health/family-health/pregnancy-newborn/new-parent-initiative/>

### **Technical Assistance to Direct Service Providers**

The Postpartum Depression Screening Grid was developed by the Massachusetts Department of Health in 2011 to help providers select the most appropriate screening tool based on their circumstances. The grid provides a listing of appropriate screening tools for postpartum depression and includes information for each tool on the administration mode, estimated time to complete, validity and electronic availability.

The Postpartum Depression Screening Grid can be found at:

<http://www.mass.gov/eohhs/consumer/community-health/family-health/postpartum-depression/postpartum-depression-tools.html>

### **Successes and Challenges**

The Massachusetts Department of Public Health increased perinatal depression as a state-level priority through legislation. This effort, combined with programmatic work, has increased the state's ability to address the issue of perinatal depression on the family level and as part of a larger social ecological framework.

The Massachusetts Department of Public Health is unable to directly advocate for legislation due to its limitations as a government agency. This can result in legislation that does not effectively address program needs. Additionally, limited availability of appropriate resources has caused many providers to be reluctant with screening. The state also continues to identify various cultural differences among mothers and families.

## MICHIGAN

Michigan Department of Community Health  
Maternal Infant Health Program

[http://www.michigan.gov/mdch/0,4612,7-132-2943\\_4672-106183--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2943_4672-106183--,00.html)

**Contact:**

Joni Detwiler, BS, MSW  
Public Health Consultant  
[detwilerj@michigan.gov](mailto:detwilerj@michigan.gov)  
517-335-6659

### Overview of Key Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum; post loss
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Training/capacity building; policy development and/or legislative initiatives; development of screening tools and/or guidelines
Training/Capacity Building Survey Questions & Responses	
<i>**Respondent reported that their agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Community-based service providers; MIHP service providers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to treat PRD; ethical and legal responsibilities surrounding screening, referring and/or treating PRD; how to incorporate PRD screenings into current clinical/agency practices; signs, symptoms and other health outcomes associated with PRD  <i>“Standardized care coordination interventions for MIHP beneficiaries who screen moderate or high risk for depression”</i>
<b>How is/are the initiative(s) delivered?</b>	Webinar; in-person seminar or workshop; distribution of information through newsletters, bulletins, information packets, etc.
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	<i>“Training is provided by both internal staff and external experts.”</i>
<b>Approximate budget for initiative?</b>	Less than \$5,000

## Highlighted Strategies

### Michigan's Maternal Infant Health Program

Michigan's Maternal Infant Health Program (MIHP) is a direct service home visitation program made available to all pregnant Medicaid beneficiaries and their infants. The program serves all counties in the state and works to promote healthy pregnancies, birth outcomes and infants. Currently, MIHP has 120 providers serving more than 35,000 women and infants each year.

### Implementation of Statewide Postpartum Depression Screening

All Medicaid-eligible pregnant and postpartum women in Michigan are administered an Edinburgh Postnatal Depression Scale (EDPS), Perceived Stress Scale and T-ACE Substance Abuse Screen. The results of each screening are entered into a state database and a score is generated based on an algorithm that was developed in conjunction with Michigan State University. If a woman scores moderate or high risk, a set of interventions are provided by in-home nurses and social workers employed by MIHP. Interventions and care coordination are evidence-based and focus on helping each mother access the services she needs. The state has verified the program's evidence-based approaches through results obtained by a quasi-experimental study. A summary of the results can be accessed here: [www.michigan.gov/mihp](http://www.michigan.gov/mihp).

### Access to Mental Health Services Maternal Infant Health Program Beneficiaries Collaborative

The Access to Mental Health Services Maternal Infant Health Program Beneficiaries Collaborative is comprised of statewide stakeholders charged with developing recommendations for improving access to mental health services. The recommendations were provided to the MIHP administrative team in May of 2012. The team has since moved forward on technical assistance recommendations.

### Technical Assistance to Direct Service Providers

The MIHP provides webcast trainings to providers. Trainings cover a comprehensive curriculum, including motivational interviewing, theories behind the program's interventions, billing, safe sleep, screening tools, infant social and emotional health, and additional topics as needed. Providers are able to receive nursing and social work continuing education credits by completing surveys after each webcast.

More information on the trainings can be found at:

[http://www.michigan.gov/mdch/0,4612,7-132-2943\\_4672-106183--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2943_4672-106183--,00.html)

### Successes and Challenges

The Michigan Department of Community Health successfully engaged diverse partners, including Medicaid, to address perinatal depression. Having a committed staff member is a key factor for furthering programmatic efforts.

Michigan continues to face challenges with program capacity and implementing universal screening to all Medicaid-eligible women. Geographic diversity across the state can challenge program planning, and staff continually identify new complexities within Medicaid benefits.

## MISSOURI

Missouri Department of Health and Senior Services  
Bureau of Genetics and Healthy Childhood

<http://health.mo.gov/index.php>

**Contact:**

Sharmini Rogers, MPH, MBBS  
Chief  
[sharmini.rogers@health.mo.gov](mailto:sharmini.rogers@health.mo.gov)  
573-522-9148

### Overview of Survey Results

<b>General Survey Questions &amp; Responses</b>	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; post partum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; training/capacity building; development of screening tools and/or guidelines
<b>Public Awareness/Consumer Marketing Survey Questions &amp; Responses</b>	
<i>**Respondent reported that their agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Agency/program websites; social media; distribution of printed materials (including fliers, brochures, booklets, etc.)
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Home visitation programs; local public health departments; Facebook and other media sources
<b>Training/Capacity Building Survey Questions &amp; Responses</b>	
<i>**Respondent reported that agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Community-based service providers; consumers
<b>What are the topics covered?</b>	How to screen for PRD; how to refer for PRD treatment; how to treat PRD; ethical and legal responsibilities surrounding screening, referring and/or treating PRD; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	In-person webinar or workshop; small group or one-on-one technical assistance
<b>Is/are the initiative(s) conducted by your agency or an external contractor?</b>	Internal
<b>Approximate budget for initiative?</b>	\$5,001 - \$15,000

## Highlighted Strategies

### Missouri Home Visitation Programs

The Missouri Department of Health and Senior Services Home Visitation programs are required to administer the Edinburgh Postnatal Depression Scale to all mothers enrolled in the program. Mothers who screen positive are linked to appropriate services.

### Partnerships Between Referral Hotlines

The Missouri Department of Health and Senior Services funds an information hotline, TEL-LINK, using Maternal and Child Health Block Grant funds. This statewide hotline is staffed by state employees and supplies information and referrals for maternal and child health topics. Consumers calling the hotline will be linked with a wide array of community resources.

Mothers that call TEL-LINK in need of depression resources are referred to Mother To Mother, a nonprofit organization specializing in supporting women with postpartum adjustment disorder (PPAD). This support is delivered via telephone statewide and through informal peer support groups. The Mother To Mother hotline is staffed by trained volunteers who have often experienced similar struggles.

More information on the Mother To Mother services can be found on this website:  
<http://www.mothersupport.org/>

### Technical Assistance to Direct Service Providers

Missouri Department of Health and Senior Services Home Visitation staff members are trained on a wide array of mental health issues, including depression and domestic violence, and use the Edinburgh Postnatal Depression Scale.

The Missouri Department of Mental Health is one of three national authorities that manages, operates and disseminates *Mental Health First Aid*. This interactive course presents an overview of substance use disorders and mental illness in the United States and provides an introduction to the risk factors and warning signs associated with mental health problems. Additionally, this course builds an understanding of the impact of mental health problems on society as well as an overview of common treatments.

More information on *Mental Health First Aid* can be found on this website:  
[http://www.mentalhealthfirstaid.org/cs/program\\_overview/](http://www.mentalhealthfirstaid.org/cs/program_overview/)

### Successes and Challenges

The Missouri Department of Health and Senior Services noted the direct connection between the TEL-LINK hotline and Mother to Mother has increased the number of mothers who receive support for depression. Missouri also increased depression awareness and use of screening tools among home visitation programs.

Missouri is still challenged with ensuring treatment and support services are available once depression is identified.

## NEBRASKA

Nebraska Department of Health and Human Services  
Maternal & Infant Health  
Division of Public Health

[http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_pcah.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_pcah.aspx)

<b>Contact:</b>	Tina Goodwin RN, BSN Sr. Community Health Nurse <a href="mailto:tina.goodwin@nebraska.gov">tina.goodwin@nebraska.gov</a> 402-471-0165
	Kathy Karsting, RN, MPH Program Manager Perinatal Child and Adolescent Health <a href="mailto:kathy.karsting@nebraska.gov">kathy.karsting@nebraska.gov</a> 402-271-0160

### Overview of Key Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	Postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; training/capacity building
Public Awareness/Consumer Marketing Survey Questions & Responses	
<i>**Respondent reported that their agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Agency/program website
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Family planning programs/clinics; home visitation programs; local public health departments; Women, Infants and Children (WIC); worksite wellness program
Training/Capacity Building Survey Questions & Responses	
<i>**Respondent reported that agency is working on at least training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Primary care providers; behavioral/mental health providers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to treat PRD; ethical and legal responsibilities surrounding screening, referring and treating PRD; how to incorporate PRD screenings into current clinical/agency practices; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	Webinar; online curriculum modules
<b>Is/are the initiative(s) conducted by your agency or an external contractor?</b>	Internal; previously worked with a nurse-contractor to initiate
<b>Approximate budget for initiative?</b>	Less than \$5,000

## Highlighted Strategies

### Healthy Mothers Healthy Babies Helpline

The Healthy Mothers Healthy Babies Helpline is a statewide hotline providing information and referrals for health and social services. Certified information and referral specialists, who assist consumers in locating providers, staff the 24-hour hotline.

### Baby Blossoms Collaborative

The Baby Blossoms Collaborative is comprised of more than 35 maternal and child health partner agencies and small businesses, including the Nebraska Division of Public Health. The collaborative is committed to eliminating factors that contribute to health disparities through strengthening the community's capacity and organizing resources. The collaborative has previously provided support and community organizing on perinatal depression.

### Public Awareness Campaigns

The Nebraska Department of Health and Human Services, in collaboration with local partners and a social marketing firm, developed the public awareness campaign, *Moms Reach Out*. The campaign was developed using participatory-based research, including focus groups. The *Moms Reach Out* website provides information, peer stories and resources on pregnancy-related depression for moms and families.

More information on the *Moms Reach Out* campaign can be found at:  
[http://dhhs.ne.gov/publichealth/Pages/momsreachout\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/momsreachout_index.aspx)

### Technical Assistance to Direct Service Providers

The Nebraska Department of Health and Human Services developed an interactive web-based curriculum to educate providers on the topic of perinatal depression screening and appropriate referral and treatment. The goal of the *Nebraska Perinatal Depression Education Curriculum* is to promote the identification and screening of women with perinatal depression through expanded and enhanced screening, referral and treatment.

The first iteration of the curriculum was developed for nurses and physicians as an option for continuing education credit. However, reports generated by the web-based program on the number of users and licensure status identified that very few physicians used the curriculum. After two years, the curriculum was revamped, with the second iteration being approved solely for continuing education in nursing (three nursing contact hours). Current reports show that social workers also use the curriculum as a form of professional development.

More information on this web-based curriculum can be found at:  
<http://dhhs.ne.gov/publichealth/Pages/perinataldepression.aspx>

### **Successes and Challenges**

Development of provider skills in addressing perinatal depression and framing the issue as it relates to the whole family were noted as predominant successes. Staff members also have increased awareness of the intersection of postpartum depression with development and life course principles. Additionally, staff members have successfully taken on work to improve mental health and suicide referral systems.

The Nebraska Department of Health and Human Services states marketing of the web-based curriculum to appropriate providers is a challenge.

## NEW JERSEY

New Jersey Department of Health and Senior Services

<http://www.state.nj.us/health/fhs/postpartumdepression/index.shtml>

**Contact:**

Elizabeth Dahms  
Public Health Consultant  
[elizabeth.dahms@doh.state.nj.us](mailto:elizabeth.dahms@doh.state.nj.us)  
609-292-5616

### Overview of Key Survey Results

#### General Survey Questions & Responses

<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum; post loss
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; training/capacity building; policy development and/or legislative initiatives; development of screening tools and/or guidelines
<b>Public Awareness/Consumer Marketing Survey Questions &amp; Responses</b>	
<i>**Respondent reported that their agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Agency/program website; mass media (including billboards, buses, benches, etc.); print marketing (including newspapers, magazines, newsletters, etc.); distribution of printed materials (including fliers, brochures, booklets, etc.)
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Community-based programs; family planning programs/clinics; federally qualified health centers; Home Visitation Programs; medical practices; Women, Infants and Children (WIC)
<b>Training/Capacity Building Survey Questions &amp; Responses</b>	
<i>**Respondent reported that agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	OB/GYNs; community-based service providers; consumers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to incorporate PRD screenings into current clinical/agency practices; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	In-person seminar or workshop; small group or one-on-one technical assistance; distribution of information through newsletters, bulletins, information packets, etc.
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	Internal contractor
<b>Approximate budget for initiative?</b>	\$200,001 - \$500,000

## Highlighted Strategies

### Postpartum Depression Multidisciplinary Workgroup

In 2005, a multidisciplinary workgroup was formed in collaboration with the New Jersey Commissioner of Health to plan a statewide postpartum depression project. The project focused on developing policies and procedures that would later form the framework for New Jersey's *Postpartum Depression Screening Bill*.

The multidisciplinary workgroup had three areas of focus:

- 1) **Practitioner Education** – Three train-the-trainer sessions were held. Standardized presentations were provided to participants to use in training sessions. The statewide Maternal Child Health Consortia coordinated this effort and documented the number of participants, including discipline and work setting. This aspect of the project lasted one year.
- 2) **Public Awareness** – The state developed television, radio and print ads that directed callers to the Family Health Line. The state tracked the number of calls, as well as the effectiveness of the advertising, to guide program planning.
- 3) **Coordination of State Subsidized Mental Health Professionals** - All 21 counties in New Jersey have at least one mental health provider who is subsidized by the state. The state tracks the number of people using services in each county to determine where additional awareness is needed. This aspect of the project continues.

### Postpartum Depression Legislation

In 2006, the *Postpartum Depression Screening Bill* was signed into law. This law requires all health care professionals who provide prenatal care to educate women and their families about postpartum depression and ask about a woman's history with postpartum depression prior to giving birth. Additionally, it requires all health care professionals who provide postnatal care to screen new mothers for postpartum depression when leaving the birthing facility and at the postpartum checkup. At the recommendation of the multidisciplinary workgroup, providers are encouraged to use the Edinburgh Postnatal Depression Scale as the screening tool. Hospital compliance is tracked through the Electronic Birth Certificate Program.

### Family Health Line

The New Jersey Department of Health has a toll-free information line that provides health resources for consumers. Three staff members within the department are designated to take postpartum depression calls. Staff members screen callers and, if an insured caller desires mental health services, an in-network referral is provided. If a caller is uninsured, there is a direct transfer to University Behavioral Health Care clinicians.

### **The Maternal Child Health Consortia**

The Maternal Child Health Consortia is a group of private and nonprofit organizations designated as central service facilities and regulated by the New Jersey Department of Health. Membership encompasses any group or individual with an interest in health services for families, including perinatal and pediatric providers, hospitals, consumers and community-based agencies.

The consortia's primary functions are to conduct consumer and professional education, provide prevention activities, ensure quality management, conduct data analysis, complete infant and pediatric follow-up, coordinate perinatal/pediatric transport systems and develop comprehensive perinatal/pediatric regional plans.

There are three project teams located across the state (North/Central/South). Each project team meets quarterly and has a focus on pregnancy-related depression.

### **Public Awareness Campaigns**

The New Jersey Department of Health developed *Speak Up When You're Down*, a comprehensive public education campaign that provides information on postpartum depression and symptoms. Additionally, the campaign offers resources for new moms to connect with peers and hear stories from mothers who have experienced postpartum depression. The campaign website contains a section for health care professionals that include patient handouts, training events and an overview of commonly asked questions. The campaign also has a 24-hour hotline for mothers in need.

More information on the *Speak Up When You're Down* campaign can be found at:  
<http://www.state.nj.us/health/fhs/postpartumdepression/index.shtml>

### **Successes and Challenges**

New Jersey Department of Health notes that it has increased the amount of postpartum education provided to mothers and families in the hospital. Additionally, the state has leveraged partnerships with faith-based groups.

The state continues to face the challenge of effectively tracking women who screen positive for postpartum depression to find out whether follow up treatment was received. The Department of Health has observed hospitals are hesitant to screen due to the lack of resources for women who may screen positive. Additionally, the state has been challenged with changing professional practice to better serve women suffering from postpartum depression.

## NEW MEXICO

Blue Cross Blue Shield of New Mexico  
Blue Salud (New Mexico Salud! Medicaid Program)

<http://www.bcbsnm.com/coverage/medicaid/bluesalud.html>

**Contact:**

Sharen Kimmet RN, BSN, CCM  
Nurse Case Manager  
[sharen\\_kimmet@bcbsnm.com](mailto:sharen_kimmet@bcbsnm.com)  
505-816-2198

### Overview of Key Survey Results\*

*\*New Mexico survey results capture information submitted by New Mexico Department of Health, March of Dimes New Mexico and Blue Cross Blue Shield of New Mexico to provide a comprehensive response.*

#### General Survey Questions & Responses

<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; training/capacity building
<b>Public Awareness/Consumer Marketing Survey Questions &amp; Responses</b>	
<i>**Respondents reported that agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Social media; print marketing (including newspapers, magazines, newsletters, etc.); distribution of printed materials (including fliers, brochures, booklets, etc.)  <i>“Electronic survey tool to providers and links to resources; statewide resources page with links to national resources for consumers/potential consumers”</i>
<b>What type of setting(s) is the initiative implemented in?</b>	Community-based programs; home visitation programs; local public health departments

## Highlighted Strategies

### Impact of Maternal Depression Workgroup

The Impact of Maternal Depression Workgroup is a Pregnancy Risk Assessment Monitoring System (PRAMS) subcommittee that networks to identify what is happening in areas related to maternal depression. The work group meets at least four times a year and each member is charged with an action item. The subcommittee also provides education in perinatal depression for various groups, including the New Mexico Behavioral Collaborative. Currently, the work group is developing a resource list of providers for consumers.

### Pilot Program in WIC Clinics

In 2010, the Impact of Maternal Depression Workgroup secured funding for a pilot project related to depression screening in Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clinics in Santa Fe and Las Vegas. Screening in these clinics showed that 109 of 467 women had a high enough score on the Edinburgh Postnatal Depression Scale to require a referral. As a result of this pilot project, the work group recommended increased training on depression screening tools for WIC providers and more support groups for women.

### Postpartum Depression Support Groups

An ongoing support group is facilitated by a nurse midwife and other mental health professionals in collaboration with Tresco Tots (an early intervention program) in Las Cruces.

Additionally, the Promatora Program at La Clinica de La Familia, located in the Southern part of the state, networks with local therapists in the area to run support groups.

### Technical Assistance

Blue Salud, the Medicaid health insurance plan run through Blue Cross/Blue Shield of New Mexico, has provided webinar trainings on perinatal depression. This training also reached providers in Illinois, Oklahoma and Texas.

### Successes and Challenges

New Mexico noted the ongoing commitment of work group members as a primary success, helping to increase awareness of perinatal depression around the state.

The state has experienced challenges in communicating with providers; working with issues that co-occur with perinatal depression, including substance abuse; and obtaining buy-in from providers and consumers.

# OHIO

Ohio Department of Mental Health  
Office of Children, Families and Prevention

<http://www.mh.state.oh.us/what-we-do/provide/children-youth-and-families/office-of-children-families-prevention.shtml>

**Contact:**

Marla Himmeger  
Administrator  
[marla.himmeger@mh.ohio.gov](mailto:marla.himmeger@mh.ohio.gov)  
614-466-1984

## Overview of Survey Results

<b>General Survey Questions &amp; Responses</b>	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	Postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; training/capacity building; policy development and/or legislative initiatives; development of screening tools and guidelines
<b>Public Awareness/Consumer Marketing Survey Questions &amp; Responses</b>	
<i>**Respondent reported that agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Agency/program website; distribution of printed materials (including fliers, brochures, booklets, etc.)
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Community-based programs; home visitation programs; local public health departments
<b>Training/Capacity Building Survey Questions &amp; Responses</b>	
<i>**Respondent reported that agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Primary care providers; pediatricians; community-based service providers; behavioral/mental health providers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to treat PRD; how to incorporate PRD screenings into current clinical/agency practices; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	In-person seminar or workshop; small group or one-on-one technical assistance
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	Internal and external
<b>Approximate budget for initiative?</b>	No specific funding at this time

## Highlighted Strategies

### Maternal Depression Screening Initiative

The Ohio Department of Mental Health received a five-year grant to pilot a maternal screening and awareness program. The program initially served six counties, and eventually grew to be a statewide initiative. Women enrolled in participating programs, including the Help Me Grow and Nurse Home Visitation programs, were screened for maternal depression. The Edinburgh Postnatal Depression Scale was used by the Help Me Grow provider in collaboration with the Nurse Home Visitor or other relevant service coordinator. If the mother scored at or above a defined cut-off, or there were other concerns noted, she was connected with a mental health provider. Mental health services were then subsidized by the Office of Children, Families and Prevention. The Ohio Department of Mental Health gave each participating mental health provider \$10,000 to provide services to identified clients. This money could be used for co-pays, Medicaid match, consultations, and/or other support services women needed in order to receive mental health services (such as transportation or child care). The funds could also be used to hold “slots” open for women to avoid being placed on a wait list for services. This approach resulted in an average seven-day turnaround time from screening to initiation of mental health services.

The pilot project developed into a sustained maternal depression-screening component within the Help Me Grow program and is now offered to women enrolled in the program within all counties in Ohio.

### Public Awareness Campaign

The Ohio Department of Mental Health distributed *A Guide for Moms* brochure to physicians across the state. Inserts were included with the brochures highlighting resources made available to mothers-to-be and mothers of young children. The brochure included a self-survey for moms with two questions: 1) *During the past week, have you ever felt down, depressed or hopeless?* 2) *During the past week, have you felt little pleasure in doing things you enjoy?*

### Successes and Challenges

The Ohio Department of Mental Health used the pilot program to expand screening and create referral pathways for mothers identified with depression. The state also identified champions within hospitals to increase awareness and participation among physicians.

Ohio continues to face the challenge of overcoming the stigma associated with depression. Another challenge the state identified is the reluctance among staff members to screen women due to comfort levels with screening and unclear understanding of potential liability.

## OKLAHOMA

Maternal and Child Health Services  
Oklahoma State Department of Health

[http://www.ok.gov/health/Child\\_and\\_Family\\_Health/Improving\\_Infant\\_Outcomes/index.html](http://www.ok.gov/health/Child_and_Family_Health/Improving_Infant_Outcomes/index.html)

**Contact:**

Julie Dillard  
Public Health Social Work/SIDS and Infant Safe Sleep Coordinator  
[julieD@health.ok.gov](mailto:julieD@health.ok.gov)  
405-271-9444 ext. 56931

### Overview of Key Survey Results

#### General Survey Questions & Responses

<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Public awareness/consumer marketing; training/capacity building; development of screening tools and/or guidelines
<b>Public Awareness/Consumer Marketing Survey Questions &amp; Responses</b>	
<i>**Respondent reported that agency is working on at least one public awareness/consumer marketing initiative.</i>	
<b>What type(s) of communication tools are used to communicate the initiative(s)?</b>	Initiative website; mass media (including billboards, buses, benches, etc.); print marketing (including newspapers, magazines, newsletters, etc.); distribution of printed materials (including fliers, brochures, booklets, etc.); public service announcements
<b>What type(s) of setting(s) is the initiative implemented in?</b>	Day care programs; family planning programs/clinics; federally qualified health centers; Home Visitation Programs; medical practices; Local Public Health Departments; Women, Infants and Children (WIC)
<b>Training/Capacity Building Survey Questions &amp; Responses</b>	
<i>**Respondent reported that agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Community-based service providers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to treat PRD; ethical and legal responsibilities surrounding screening, referring and treating PRD; how to incorporate PRD screenings into current clinical/agency practices; signs, symptoms and other health outcomes associated with PRD
<b>How is/are the initiative(s) delivered?</b>	In-person seminar or workshop (also available via video conference); distribution of information through newsletters, bulletins, information packets, etc.
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	Internal

Approximate budget for initiative?

Less than \$5,000

## Highlighted Strategies

### Oklahoma Postpartum Workgroup

The Oklahoma Postpartum Workgroup started in 2007 as part of *Preparing for a Lifetime, It's Everyone's Responsibility*, a larger statewide infant mortality and morbidity reduction initiative. The initiative has identified various workgroups to focus on positive birth outcomes and infant health. The broad goal of the Postpartum Workgroup is to improve the mental health status of women with postpartum mood disorders and their children.

The Postpartum Workgroup completed a five-month pilot project using the Edinburgh Postnatal Depression Scale (EPDS) in clinical settings. The goal of the pilot project was to determine 1) whether the EPDS should be used across the state in clinic settings, and 2) the logistical components of screening. The pilot determined that the EPDS was the most appropriate for use throughout the state due to ease of use and accessibility.

The Postpartum Workgroup also added additional questions to Oklahoma's Pregnancy Risk Assessment Monitoring System (PRAMS) data collection form to further assess depression screening symptoms and diagnosis of women who have recently had a baby.

Next steps for the Postpartum Workgroup include connecting with additional programs that provide services to women at county health departments or state health department programs to ensure postpartum women have completed the EPDS. The goal is to offer a depression screen to all postpartum women.

### Public Awareness Campaigns

The Oklahoma State Department of Health partnered with a local advertising agency to develop a public service announcement (PSA) titled, *Quicksand*. This PSA used actors and actresses from various ethnic backgrounds to create a visual representation of symptoms associated with postpartum depression. A voice-over was included describing the symptoms along with language from mothers who experienced the illness.

### Successes and Challenges

Oklahoma identifies the Postpartum Workgroup as a primary success. The workgroup identified available resources and brought together diverse perspectives.

Referral resources and lack of insurance were identified as significant challenges for postpartum depression work. Other challenges included mothers who believe that referrals are unnecessary and providers who are weary of asking patients about depression due to lack of knowledge on what to do if an issue is identified.

## OREGON

Oregon Health Authority  
Maternal and Child Health Section  
Center for Prevention and Health Promotion

[www.healthoregon.org/perinatalmentalhealth](http://www.healthoregon.org/perinatalmentalhealth)

**Contact:**

Nurit Fischler, MS  
MCH Systems and Policy Specialist  
[nurit.r.fischler@state.or.us](mailto:nurit.r.fischler@state.or.us)  
971-673-0344

### Overview of Survey Results

General Survey Questions & Responses	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Training/capacity building; policy development and/or legislative initiatives; systems development and community capacity building, including community assessments and development of community referral networks
Training/Capacity Building Survey Questions & Responses	
<i>**Respondent reported that state is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Primary care providers; OB/GYNs; pediatricians; community-based service providers; behavioral/mental health providers; consumers
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; how to treat PRD; ethical and legal responsibilities surrounding screening, referring and treating PRD; how to incorporate PRD screenings into current clinical/agency practices; signs, symptoms and other health outcomes associated with PRD  <i>“Different partners in our initiative are offering trainings to different audiences. The trainings for primary care and pediatric providers offered by the START Program of the Oregon Pediatric Society includes all of the above. Trainings for community service providers and WIC providers focus on signs, symptoms, health outcomes, support and referral.</i>
<b>How is/are the initiative(s) delivered?</b>	Webinar; in-person seminar or workshop; website
<b>Is/are the initiative(s) conducted by your agency (internal) or an external contractor?</b>	External
<b>Approximate budget for initiative?</b>	<i>“Our initiative is very decentralized and budgets are housed within the different programs. Development</i>

and delivery of the public health training modules was done with in-kind and approximately \$10,000 in grant funds. Other provider trainings delivered by PSI are budgeted on a per training basis and negotiated between the community and PSI.”

## Highlighted Strategies

### Legislation

With the support of committed state partners, three pieces of legislation were passed. The full text for each of these bills can be found here:

<http://public.health.oregon.gov/HealthyPeopleFamilies/Women/MaternalMentalHealth/Pages/Legislation.aspx>.

**House Bill 2666: Maternal Mental Health Work Group** created a work group on maternal mental health disorders (prenatal through one year postpartum). Members of the group were appointed by the Department of Human Services Director. The work group was charged with identifying vulnerable populations and developing recommendations for effective and accessible strategies to improve maternal mental health in Oregon. The full House Bill 2666 report and recommendations can be found at:

<http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Documents/HB2666-mmh-report.pdf>

**House Bill 3625: Maternal Mental Health Month** declares the month of May each year as Maternal Mental Health Month in Oregon. Postpartum Support International of Oregon coordinates all Maternal Mental Health Month activities.

**House Bill 2235: Maternal Mental Health Patient and Provider Education Program** created an education program to identify and address maternal mental health disorders and prevent the associated long-term negative outcomes on women, children and families. The program achieves these goals by providing information about perinatal depression and anxiety to health care providers who serve pregnant and postpartum patients, including patients who have experienced the loss of a pregnancy or infant.

### Public Awareness Campaigns

The Oregon Health Authority developed a comprehensive website for providers and consumers. It includes sections on community strategies, legislation, policy and data, as well as information for women, family members and providers. Oregon-specific educational materials were developed in response to the passage of associated legislation and are available through the website.

The website can be found at: [www.healthoregon.org/perinatalmentalhealth](http://www.healthoregon.org/perinatalmentalhealth)

## Training and Technical Assistance

The Oregon Health Authority and associated partners have provided numerous trainings. Examples include:

- The State Maternal and Child Health (MCH) program has worked with 2-1-1 information systems to build a database of perinatal mental health resources and referrals for consumers. The MCH program developed a community assessment tool that can be used to inventory community needs and resources for perinatal mental health. The information generated about local perinatal services is sent directly to the 2-1-1 information systems to strengthen community referral networks and assure appropriate follow-up and support for positive depression screens. It also is used to generate a community profile for local provider training.
- Postpartum Support International and partner organizations statewide provide maternal mental health training for a range of service providers.
- The Oregon Pediatric Society's Screening Tools and Referral Training (START) trains pediatricians and primary care providers to screen and refer for perinatal mood and anxiety disorders.
- The Oregon Health and Science University's Center for Women's Mental Health provides training on perinatal mental health for providers and residents at the state's medical school.
- The Oregon Home Visiting and Early Learning systems have incorporated training on maternal mental health screening and support into their service systems.
- The state Maternal and Child Health (MCH) and Women, Infants and Children (WIC) programs partner to train WIC providers and MCH nurses statewide in maternal mental health.
- Local public health agencies have incorporated maternal mental health screening, referral and support into maternal and child health services.

## Successes and Challenges

Oregon has long been a leader in using legislation to further public health work. The state has identified the strong commitment of passionate partners as one of the foremost successes in the state's postpartum depression work, and has benefitted from the multidisciplinary approach of the legislative work group in the creation of initial recommendations under House Bill 2666.

The state identified challenges in defining the logistics involved in implementing screening and referral systems, developing networks of providers in rural areas and increasing provider comfort levels.

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## VERMONT

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Vermont Department of Health

<http://healthvermont.gov/family/index.aspx>

**Contact:**

Breana Holmes, MD  
Maternal and Child Health Director  
[breana.holmes@state.vt.us](mailto:breana.holmes@state.vt.us)  
802-585-6264

### Overview of Key Survey Results

General Survey Questions & Responses	
What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?	During pregnancy; postpartum
What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?	Training/capacity building; development of screening tools and/or guidelines
Training/Capacity Building Survey Questions & Responses	
<i>**Respondent reported that agency is working on at least one training/capacity building initiative.</i>	
Who is/are the audience(s)?	Primary care providers; OB/GYNs; pediatricians; community-based service providers; behavioral/mental health providers
What are the topics covered?	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment
How is/are the initiative(s) delivered?	No answer provided
Is/are the initiative(s) conducted by your agency (internal) or an external contractor?	Internal and through Nurse Family Partnership
Approximate budget for initiative?	\$5,001 - \$15,000

## Highlighted Strategies

### Vermont Child Health Improvement Program (VCHIP)

The Vermont Child Health Improvement Program (VCHIP) is a quality improvement arm that institutes protocols for high quality pregnancy and postpartum care. The program is operated out of the University of Vermont College of Medicine. VCHIP facilitates cross-functional partnerships between researchers, practitioners, insurers, professional organizations and government. The program provides practitioners with the knowledge and skills needed to change systems and improve the quality of the care provided. VCHIP also develops tools and educational materials to better inform health care practices and provides consultation and training on how to integrate best practices into current care delivery systems.

More information on VCHIP can be found at: <http://www.uvm.edu/medicine/vchip/>

### Vermont Maternal Mortality Review Panel

The Vermont Maternal Mortality Review Panel has included a mental health professional as part of the panel. This position assists in the review of maternal deaths resulting from suicide to determine whether the mother was depressed prior to death. This information is then used to better understand the impact of postpartum depression.

### Technical Assistance

Vermont's Women, Infants and Children (WIC) staff members, including nutritionists, health outreach specialists and nurses, are trained in postpartum depression screening. Women seen in WIC clinics answer a brief question about their feelings at each visit as an opening for further conversation. The purpose of the brief question is to identify a potential need to refer for further assessment or services. Additionally, WIC peer counselors for breastfeeding support, who are located in some of the district offices, are trained in maternal depression awareness.

### Successes and Challenges

The Vermont Department of Health identified the partnership with VCHIP and the collaboration between public health and quality improvement projects as primary successes. Additionally, the state has been able to develop a strong partnership with the Maternal Fetal Medicine Division at Fletcher Allen, which provides specialized care for women experiencing complications during pregnancy.

The main challenge was engaging obstetricians in public health work.

## VIRGINIA

Virginia Department of Health  
Reproductive Health Unit

<http://www.vdh.state.va.us/ofhs/childandfamily/reproductivehealth/>

**Contact:**

Joan Corder-Mabe  
Program Manager  
[joan.corder-mabe@vdh.virginia.gov](mailto:joan.corder-mabe@vdh.virginia.gov)  
804-864-7750

### Overview of Key Survey Results

<b>General Survey Questions &amp; Responses</b>	
<b>What area(s) is your agency focusing its pregnancy-related depression initiative(s) on?</b>	During pregnancy; postpartum
<b>What type(s) of initiative(s) is your agency implementing to address pregnancy-related depression in your state?</b>	Training/capacity building; policy development and/or legislative initiatives; development of screening tools and/or guidelines
<b>Training/Capacity Building Survey Questions &amp; Responses</b>	
<i>**Respondent reported that agency is working on at least one training/capacity building initiative.</i>	
<b>Who is/are the audience(s)?</b>	Primary care providers; OB/GYNs; pediatricians; community-based service providers  <i>"Health departments staff both nurses and nurse practitioners; home visitors in our Maternal-Infant Early Childhood Home Visiting grants"</i>
<b>What are the topics covered?</b>	How to screen for PRD; how to use a standardized screening tool; how to refer for PRD treatment; ethical and legal responsibilities surrounding screening, referring and/or treating PRD; how to incorporate PRD screenings into current clinical/agency practices
<b>How is/are the initiative(s) delivered?</b>	Webinar; distribution of information through newsletters, bulletins, information packets, etc.
<b>Is/are the initiative(s) conducted by your agency or an external contractor?</b>	Internal
<b>Approximate budget for initiative?</b>	Less than \$5,000

## Highlighted Strategies

### Home Visitation Programs

All home visitation programs at the Virginia Department of Health are required to screen mothers for depression. This information is integrated into the overall data collected for the program and is used for benchmarks and program planning.

### Survey of Screening and Referral Efforts

The Virginia Department of Health previously convened a panel of 50 community experts as part of a grant funding requirement. The expert panel committed to three meetings over the course of a year. The panel was formed to provide validity and reliability for a survey of providers that was conducted across the state and focused on screening and referral. The survey found that most providers have accepted the need for screening, but continue to waiver in their confidence with screening mothers. The expert panel recommended screening and referral as a standard of care across the state.

### Implementation of a Universal Screening Form and Associated Reimbursement

The Virginia Department of Health developed a partnership with Medicaid stemming from participation on the expert panel. In conjunction with surveying screening and referral efforts, the expert panel determined that a triad of issues commonly co-existed with mothers: interpersonal violence, substance abuse and depression. After three years of work, the expert panel was able to bundle the screenings together for reimbursement.

Currently, a Virginia Medicaid provider can use a universal screening form of evidence-based questions to screen for interpersonal violence, substance abuse and maternal depression. Providers can use this screen during pregnancy and up two years after delivery. Providers can bill up to 4 screens per pregnancy under mother's plan and up to 4 screens per year under the infant's plan.

### Training and Technical Assistance

The Virginia Department of Health financially supported the planning and training of a perinatal depression topic at Eastern Virginia Medical School in 2011. The training was done in person by a state collaborator. The state is planning on repeating the training in the coming year.

### Successes and Challenges

The partnership with Medicaid was key to successful postpartum depression work. Continued collaborations stemming from the expert panel have allowed for continuation of work despite lack of funding. The Virginia Department of Health recently received grant funding that will help it study the effectiveness of the universal screening form.

Challenges include engaging the private sector and changing the culture among providers. The state also is working to ensure current evidence-based program models effectively integrate depression screening and tracking of pregnant women in the future.