



Striving for Equity:
System-level Opportunities
to Improve Maternal Mental Health

Presented by: So O’Neil and Kara Zivin

Today's Moderator



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About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



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"Operationalizing Integration" Webinar Series Tip Sheets



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MITIGATING BURNOUT THROUGH INTEGRATED HEALTHCARE

IMPACT OF BURNOUT



HOW INTEGRATION CAN MITIGATE THE IMPACT OF BURNOUT

Resources for Health Care Worker Well-Being: 6 Essential Elements



Please click the image above for more resources on each of the essential elements.

Remember that trans-disciplinary connections are protective. They improve patient care and support staff communication and relations.

Examples include:

- Daily huddles
- Weekly meetings
- Treatment planning sessions

The goal is to create space, collaborate, share information, and problem solve together, moving towards an integrated strengths based approach.



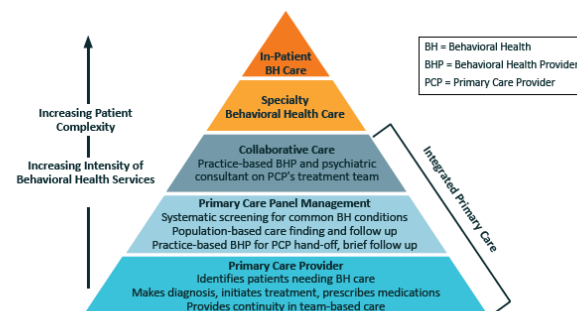
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COLLABORATIVE CARE MANAGEMENT 101

STEPPED STRATEGIES FOR INTEGRATION¹



Principles of Collaborative Care¹

- Patient-Centered Team.** The patient, primary care, and mental health providers collaborate effectively using shared care plans that incorporate patient goals.
- Population-Based.** A registry is used to facilitate engagement and outcome tracking in a defined group of patients at the caseload and clinic level.
- Measurement-based Treatment to Target.** Progress is measured regularly, and treatments are actively changed until clinical goals are achieved.
- Evidence-Based Treatments.** Providers use treatments that have research evidence for effectiveness.
- Accountable.** The care team is accountable to the patient and other care team members for quality of care and clinical outcomes, not just the volume of care provided.

COLLABORATIVE CARE FOR VARIOUS BEHAVIORAL HEALTH CONDITIONS¹

Established Evidence-Base

- **Depression**
 - Adolescent Depression
 - Depression, Diabetes, and Heart Disease
 - Depression and Cancer
 - Depression in Women's Health Care
- **Anxiety**
- **Post Traumatic Stress Disorder**
- **Chronic Pain**
- **Dementia**
- **Chronic Substance Use Disorder**
- **Bipolar Disorder**

"Collaborative Care Management 101"

tip sheet can be accessed here:

<https://www.pcdc.org/resources/operationalizing-integration-collaborative-care-management-foundations-tip-sheet/>

"Mitigating Burnout through Integrated Healthcare"

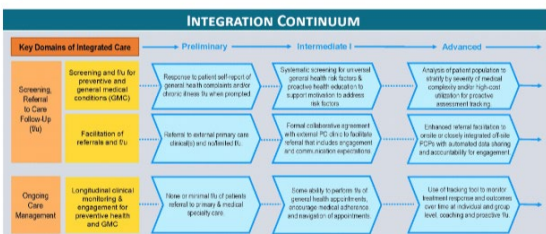
tip sheet can be accessed here:

<https://www.pcdc.org/resources/operationalizing-integration-mitigating-burnout-through-integrated-healthcare-tip-sheet/>

"Integration at Work" Webinar Series Tip Sheets

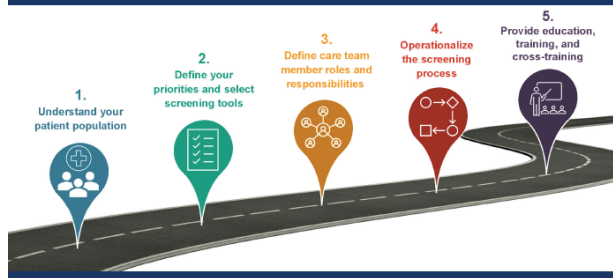
QUALITY IMPROVEMENT TIPS FOR INTEGRATED CARE SETTINGS

Coordinated Care (off-site)	Types of Integration	Highly Integrated Care
Level 1: Minimal Collaboration Patients are referred to a provider at another practice site, and providers have minimal communication.	Co-located Care (on-site) Level 3: Basic Collaboration Providers share the same facility, but maintain separate cultures and develop separate treatment plans for patients.	Level 5: Close Collaboration Providers develop and implement collaborative treatment planning for shared patients but not for other patients.
Level 2: Basic Collaboration Providers at separate sites periodically communicate about shared patients.	Level 4: Close Collaboration Providers share records and some system integration.	Level 6: Full Collaboration Providers develop and implement collaborative treatment planning for all patients.

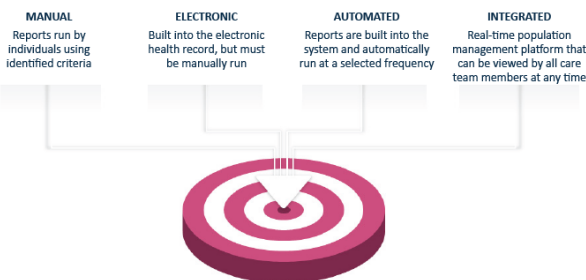


PREVENTIVE SCREENING IN INTEGRATED CARE

START YOUR JOURNEY WITH THE PREVENTIVE SCREENING ROAD MAP:

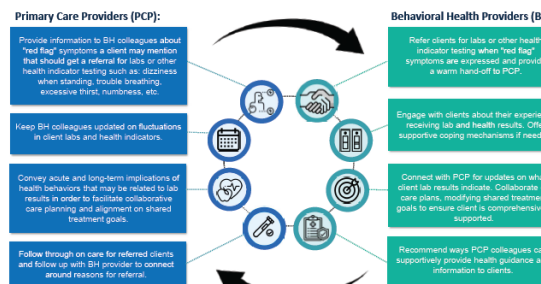


TYPES OF REGISTRIES TO HELP MEET YOUR SCREENING GOALS:



INTEGRATION AT WORK

LABS AND HEALTH INDICATORS: AN INTEGRATED CARE OPPORTUNITY



Key ways Behavioral Health providers are critical partners within integrated care:

- Improve the skills of primary care providers to recognize behavioral disorders.
- Improve the skills of providers to recognize how behavioral health conditions may manifest as physical symptoms.
- Promote greater adherence to treatment regimens for chronic conditions.
- Help patients understand the ways that emotions can effect how they feel physically.
- Establishing responsive "person centered" goals to manage both physical and behavioral conditions.

POLICY CONSIDERATIONS

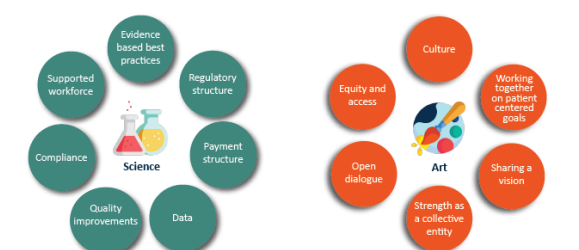
- Include details on specific task oriented staff activities
- Convene stakeholders from throughout organization to develop PC-BH policies and recommendations
- Incorporate feedback even after policies are drafted as input is key to understanding how a process gets carried out in real time
- Ensure all guidance is either broad enough for or can specifically account for differences between disciplines. For instance: PCP may focus on specific clinical markers; BHI may focus on social and emotional markers. Good policy and directives would account for both.

Contact us to discuss how our services can help your care teams. Email: cap@pcdc.org

This resource was developed in partnership with the Center of Excellence for Integrated Health Solutions.

INTEGRATED CARE PARTNERSHIPS

COMPONENTS OF SUCCESSFUL INTEGRATED CARE PARTNERSHIPS



Considering Cost and Yield in Partnership Equations

Integrated care partnerships can be complex, with different organizations and team members holding different visions.

Part of taking an advanced lens on partnerships is determining the cost (input of time, energy and resources) and the yield (client impact, positive staff experience, increase in revenue, etc.) and understanding if shifting or transitioning a partnership is necessary.

When the cost is HIGHER than the yield, applying concepts on the wheel to the right can be supportive to recalibrate.

When the cost is LOWER than the yield, it is still critical to have methods in place, such as those within the wheel, to keep a forward trajectory where your partnerships remain in a low cost high yield equation.



All recordings and tip sheets from the "Integration at Work" webinar series can be accessed here:

<https://www.pcdc.org/what-we-do/training-technical-assistance/integration-at-work-samhsa-webinar-series/>

Audience Demographics Poll

Do you work in a:

- Primary care setting
- Behavioral health setting
- Integrated care setting

Are you working primarily as a:

- MD/DO
- Nurse Practitioner/Registered Nurse
- Physician Assistant
- Medical Assistant
- Therapist
- Social Worker
- Care Manager
- QI Manager
- Informatics
- Other

Please rate your current skills and comfort with describing the personal and societal impact of perinatal mental health conditions, the factors driving poor perinatal mental health and its inequitable impacts, and promoting coordination between maternal, mental, and primary care.

- Very Low
- Low
- Moderate
- High
- Very High

Today's Presenters



So O'Neil

Director, Health Philanthropy Portfolio
Mathematica



Kara Zivin

Senior Researcher
Mathematica



Striving for Equity:

System-level Opportunities to Improve Maternal Mental Health

Agenda

- Personal narrative
- Context
- Breakdowns in the system, including health care, public health, and social policy
- Solutions
- Maternity and mental health care models
- Wrap-up and Q&A

Objectives

- Describe the personal and societal impact of perinatal mental health conditions
- Present the factors driving poor perinatal mental health and its inequitable impacts
- Discuss potential solutions to address systemic drivers
- Promote coordination between maternal, mental, and primary care

Lived experience

NARRATIVE MATTERS



DOI: 10.1377/HLTHAFF.2021.00706

Perinatal Mental Illness Nearly Ended My Life

A psychiatry professor's recovery from perinatal depression drives her research to facilitate practice and policy change.

BY KARA ZIVIN

tom landed with a thud as I attempted to sit cross-legged on the threadbare carpet, suspended in an eternal present in the ward library, where moments before I had forgotten to use my pseudonym, Ellen Elkins, when introducing myself.

I had not wanted the inpatient psychiatry team, members of my own university academic department, to recognize me on the other side of the looking glass. I hung onto a false hope of anonymity as I slunk down corridors, hanging my head in shame.

As the other patients and I mumbled our names, we stared at the board game spread between us. From nowhere, I announced I had just given birth. No one asked why I was here on this ward, away from my son, and no one wondered aloud whether I belonged elsewhere.

But with the monitors lurking, I knew I needed to prove my competence, to express coherent thoughts, to figure out how to play Apples To Apples, a "game of crazy comparisons," because somehow playing would both set me free and make me sorry for swallowing handfuls of pills, sorry for putting my son's life at risk.

Did my performance satisfy them? That was a hard question to answer.

I could not yet know that in two days, a nurse would announce that I was being released. I would grab the green duffel bag off the shelf across from the foot of



Context

WHAT WE KNOW

BURDEN OF PERINATAL MOOD AND ANXIETY DISORDERS IN THE UNITED STATES



PERSONAL

Associated with poor birth and early childhood outcomes, substance abuse, suicide, lost wages, families under stress



PREVALENCE

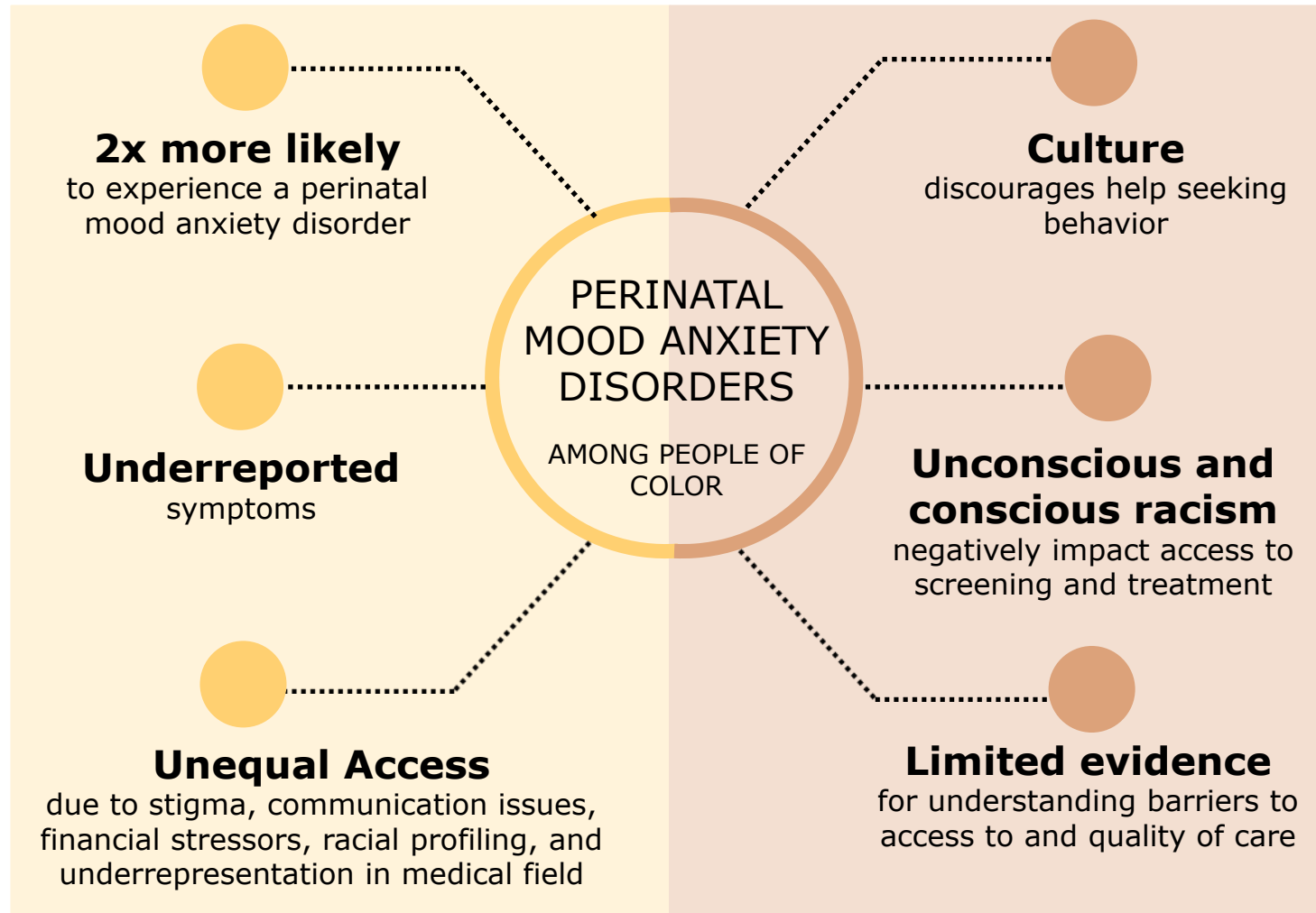
Most common complication of pregnancy and childbirth



ECONOMIC

Average cost per affected mother-child dyad: \$31,800

INEQUITIES IN PERINATAL MOOD AND ANXIETY

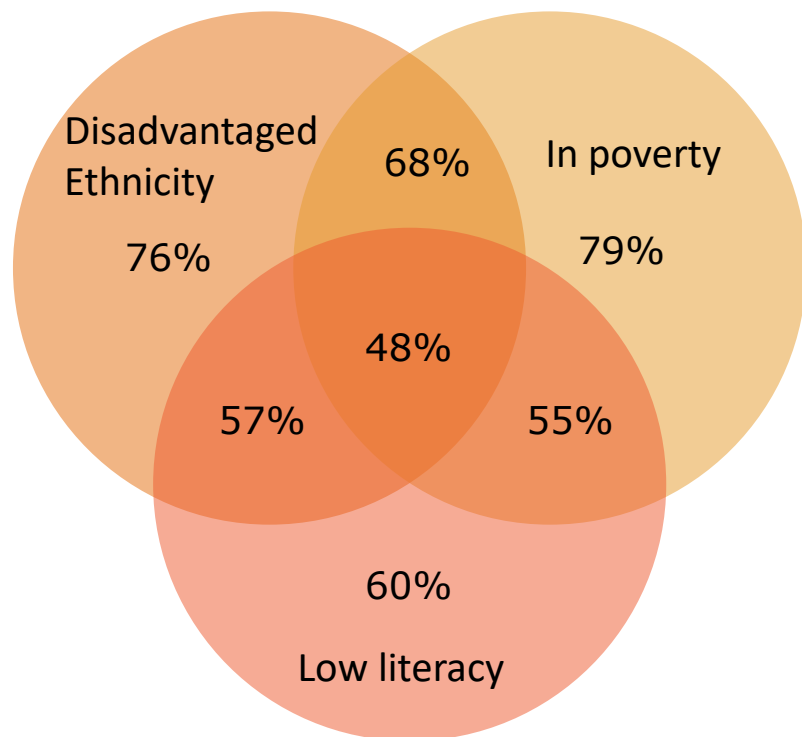


People of color have higher rates of perinatal mood anxiety disorders but lower rates of screening and treatment.

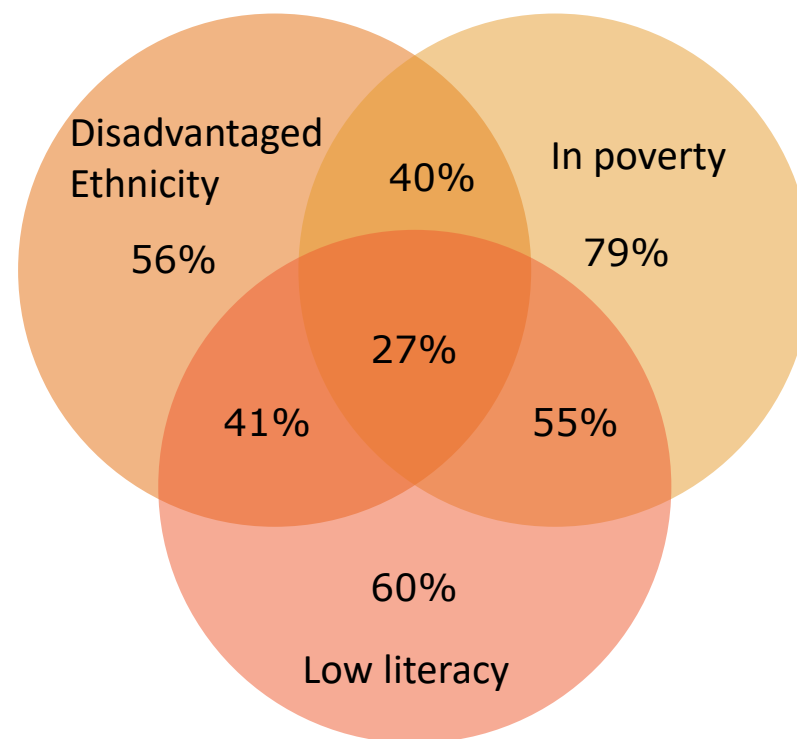
IMPACT OF INTERSECTING IDENTITIES

Coverage of maternal and newborn health services based on identities, Nepal 2016

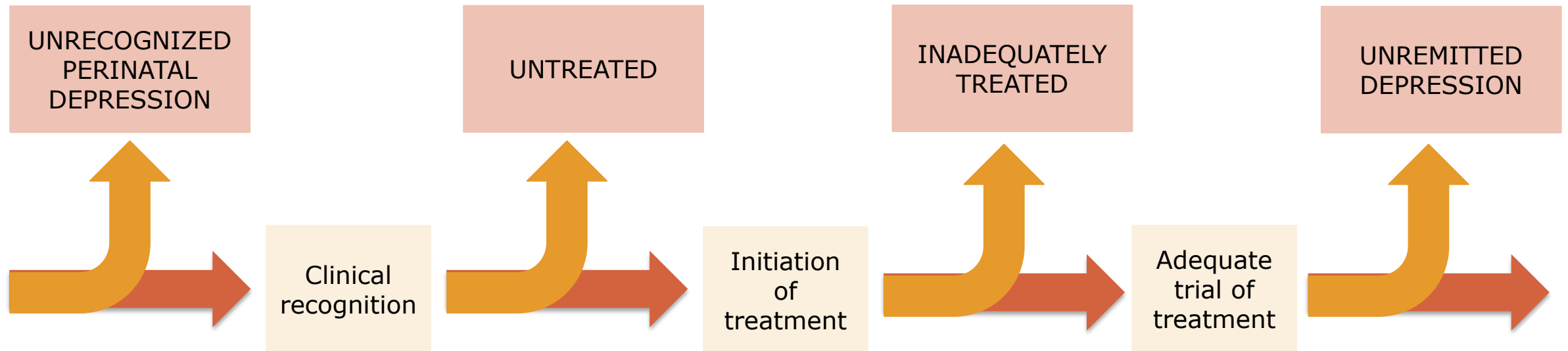
Had 4 antenatal care visits




Had a postnatal care visit within 48 hours of delivery



THE PERINATAL DEPRESSION TREATMENT CASCADE



An illustration of a woman with long dark hair, wearing a pink dress, holding a baby in her arms. The baby is wearing a green onesie. The background features a large yellow sun in the upper left, a dark blue wavy shape in the center, and a pattern of yellow dots on the right side.

Breakdowns in the system

WHERE DO WE NEED TO FOCUS?



Policy

Historically marginalized populations are disproportionately represented among those without insurance—meaning they are often not screened and treated for perinatal mood and anxiety disorders (PMADs).





Infrastructure

Service availability

1/3

of Americans live in a mental health provider shortage area

2.2M

women of childbearing age live in maternity care deserts

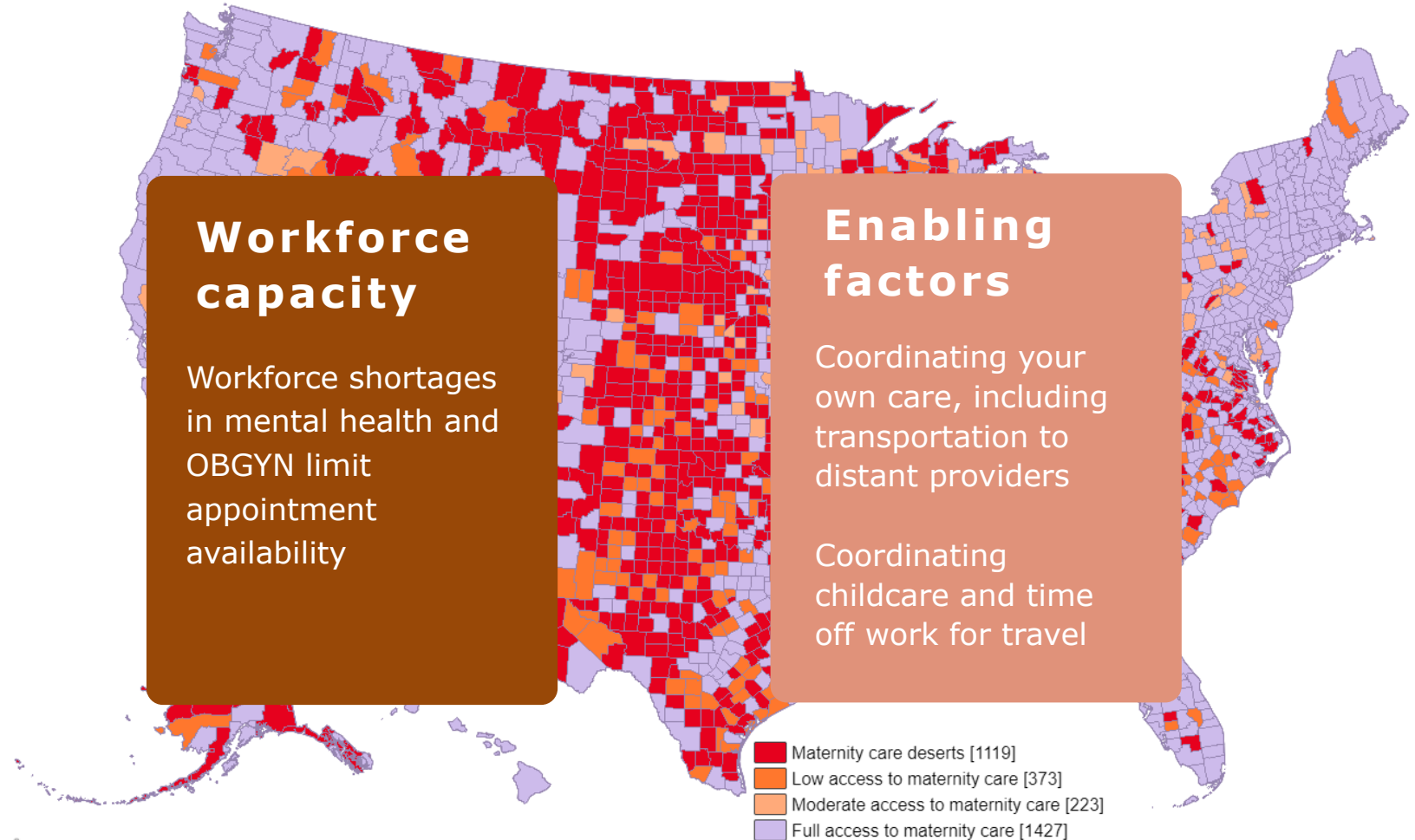
Workforce capacity

Workforce shortages in mental health and OBGYN limit appointment availability

Enabling factors

Coordinating your own care, including transportation to distant providers

Coordinating childcare and time off work for travel



mapbox



Health care system

During pregnancy: care coordination from obstetrics

OBs either take on managing mental health needs of their patients, or refer to mental health professionals

Postpartum: Infant well-child visit

Lack of clarity of the appropriate response to postpartum depression screening

Postpartum: transition from maternity care

Notable length of time between visits while transitioning from maternity care to primary

People of color regardless of primary language experience reduced identification and management of perinatal mental disorders.

An illustration of a woman with long dark hair, wearing an orange top, holding a pink baby. The woman is looking down at the baby with a gentle expression. The background is a light gray with soft, white clouds. The overall style is modern and minimalist.

Solutions

WHAT CAN HEALTH CARE
PROFESSIONALS DO?



Addressing **Policy**

1

Support policies to expand insurance eligibility, enrollment, and provider and services covered

+5 million people

insured if fixed the ACA "family glitch"

+3.5 million people

insured if all states expand Medicaid

+720,000 people

with coverage a-year after delivery if all states extend postpartum cover

2

Provide patient navigation to insurance and alternative providers

+14 million people

insured with automatic enrollment/enrollment assistance

58% lower odds of PMADs

with Doula care



Addressing **Policy**

3

How can providers address the issue of limited choice among plans and providers?

- A. Participate in ACA marketplace
- B. Participate in Provider Directory
- C. Accept Medicaid
- ☒ D. All of the above



Addressing **Infrastructure**

1

SATURATE CARE
DESERT AREAS



Practice in low resourced areas

2

WIDEN PROVIDERS'
CARE AREA
POTENTIAL



Offer telehealth care and
home visiting services

3

PROVIDE
FLEXIBILITY



Have extended hours or
provide after-hours care

Addressing **Health care system**

1

Integrate mental health providers into obstetric care settings



2

Have mental health providers consult with obstetricians

3

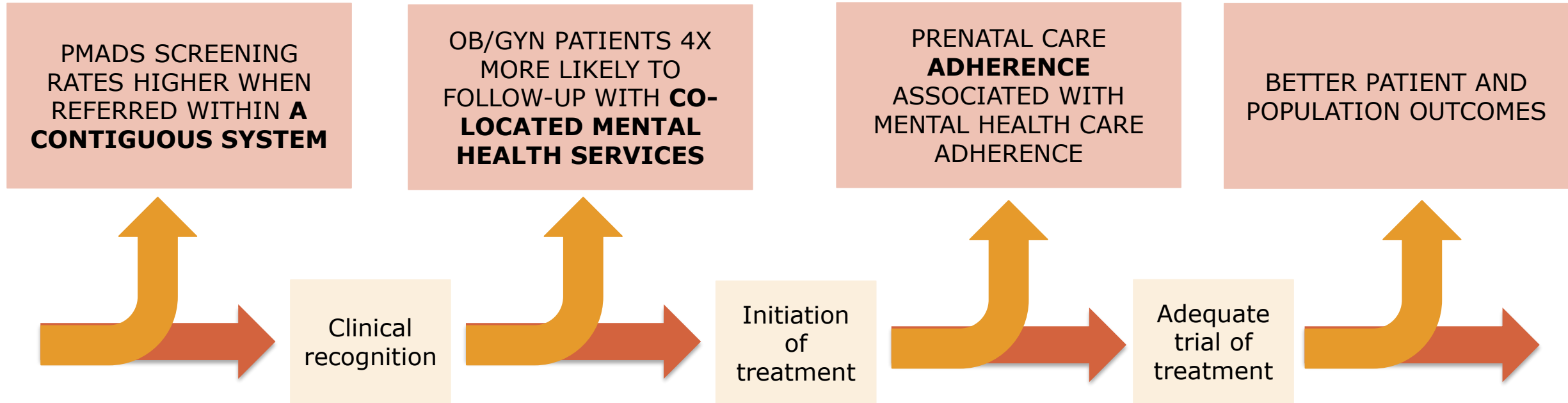
Screen for PMADs, report quality measures, and use maternity mental health safety bundles

An illustration of a woman with long dark hair, wearing an orange top, holding a pink baby. The woman is looking down at the baby with a gentle expression. The background is a dark blue gradient with stylized white clouds. On the left side, there are decorative elements: a cluster of yellow dots and some brown leaves.

Promising integrated care models

WHAT CAN WE LEARN FROM?

Benefits of integrated care to stopping the cascade



Integrated maternity and mental health care provides the largest impacts for people experiencing poverty, racism, and other social disadvantages

Continuum of models

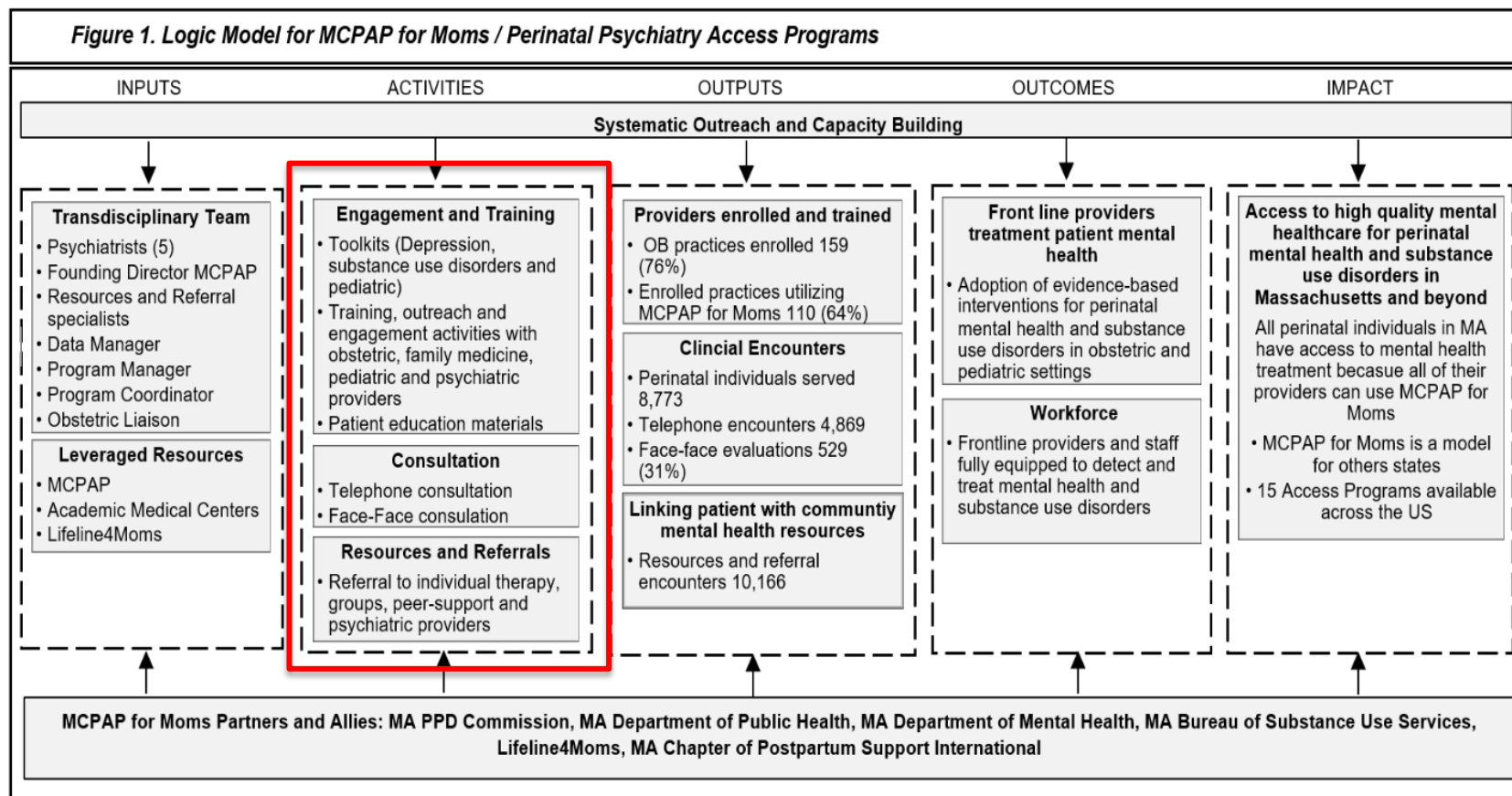
Resource supports	Face-to-face consultation, referrals, and other resources for maternity care professionals (e.g., Perinatal Psychiatry Access Program)
Practice change	Implementation support, training, toolkits, technical assistance and change management for maternity care professionals (e.g., PRogram in Support of Moms)
Co-location	Mental health professional in same location as obstetrics practice and have referrals from obstetrics
Collaborative Care	Maternal mental health care specialist in the practice, decision support and case review by psychiatrist, and care provided by mental health professionals

Resource supports

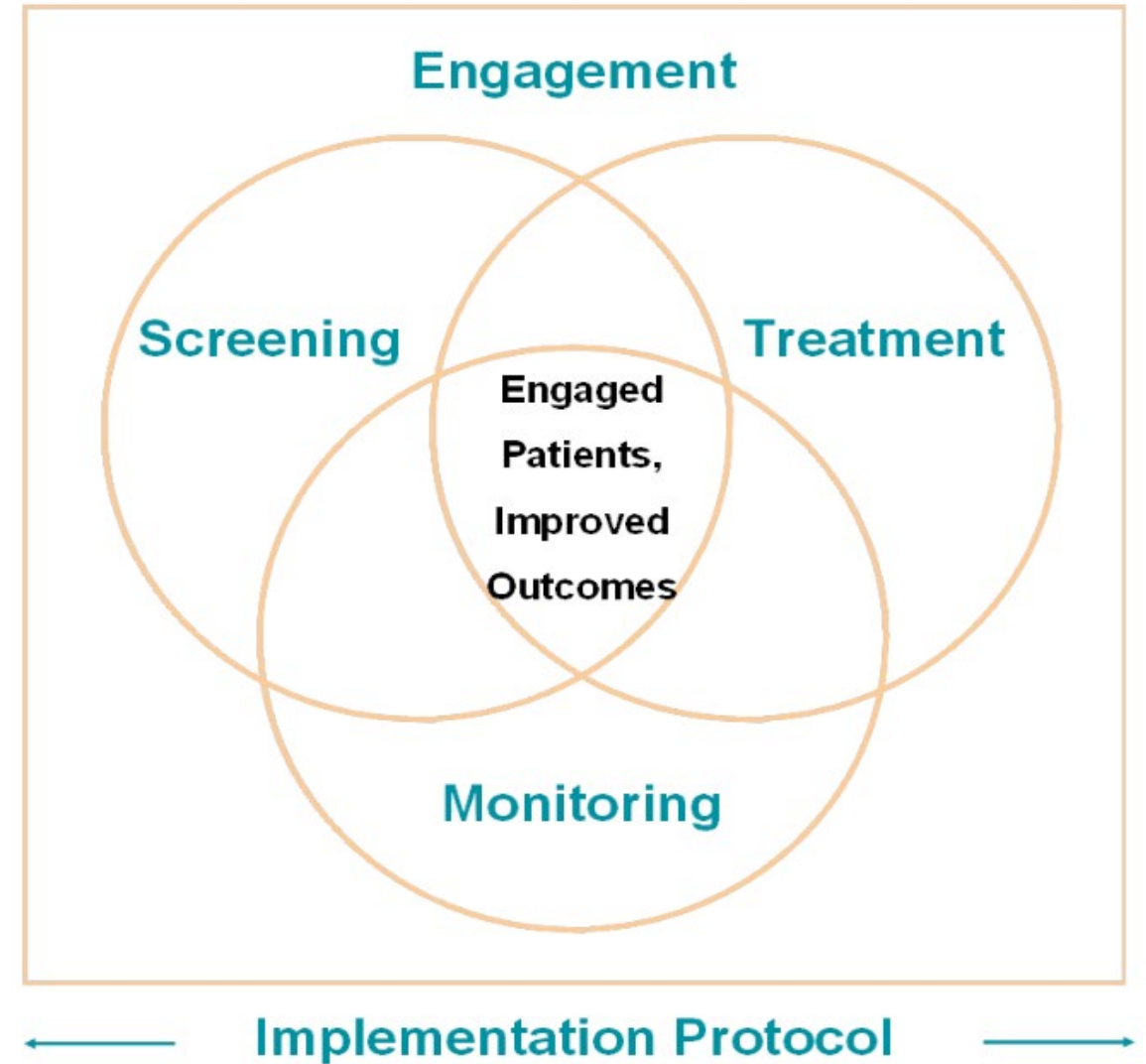
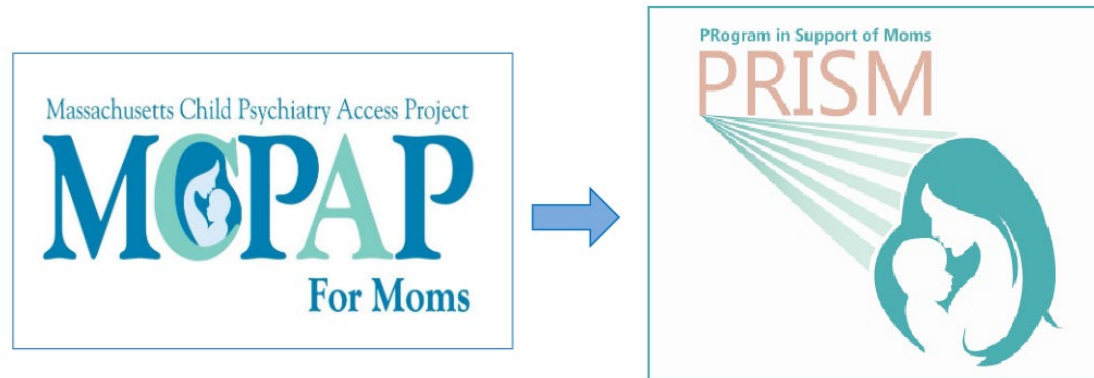
The following states have (or are developing) psychiatry access programs.

CO	<u>Children's Hospital Colorado</u>	MI	<u>MC3 for Moms</u>
FL	<u>Florida Maternal Mental Health Collaborative</u>	MT	<u>The Meadowlark Initiative</u>
GA	<u>PEACE for Moms</u>	NC	<u>NC Maternal Mental Health MATTERS</u>
IL	<u>Collaborative Care Model for Perinatal Depression Support Services</u>	RI	<u>Moms Psychiatry Resource Network</u>
KS	<u>Kansas Connecting Communities</u>	VT	Screening, Treatment, and Access for Mothers and Perinatal Partners
LA	<u>Louisiana Maternal Mental Health Perinatal Partnership</u>	WA	<u>Partnership Access Line (PAL) for Moms</u>
MA	<u>MCPAP for Moms</u>	WI	<u>The Periscope Project</u>

Resource supports

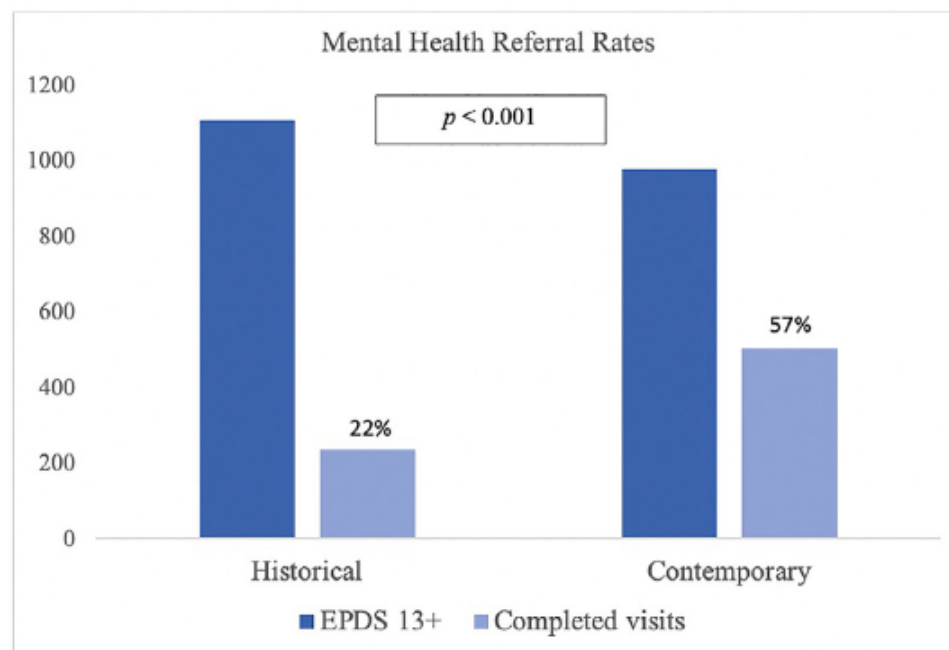


Practice change



Co-location

FIGURE 1
Mental health referral rates



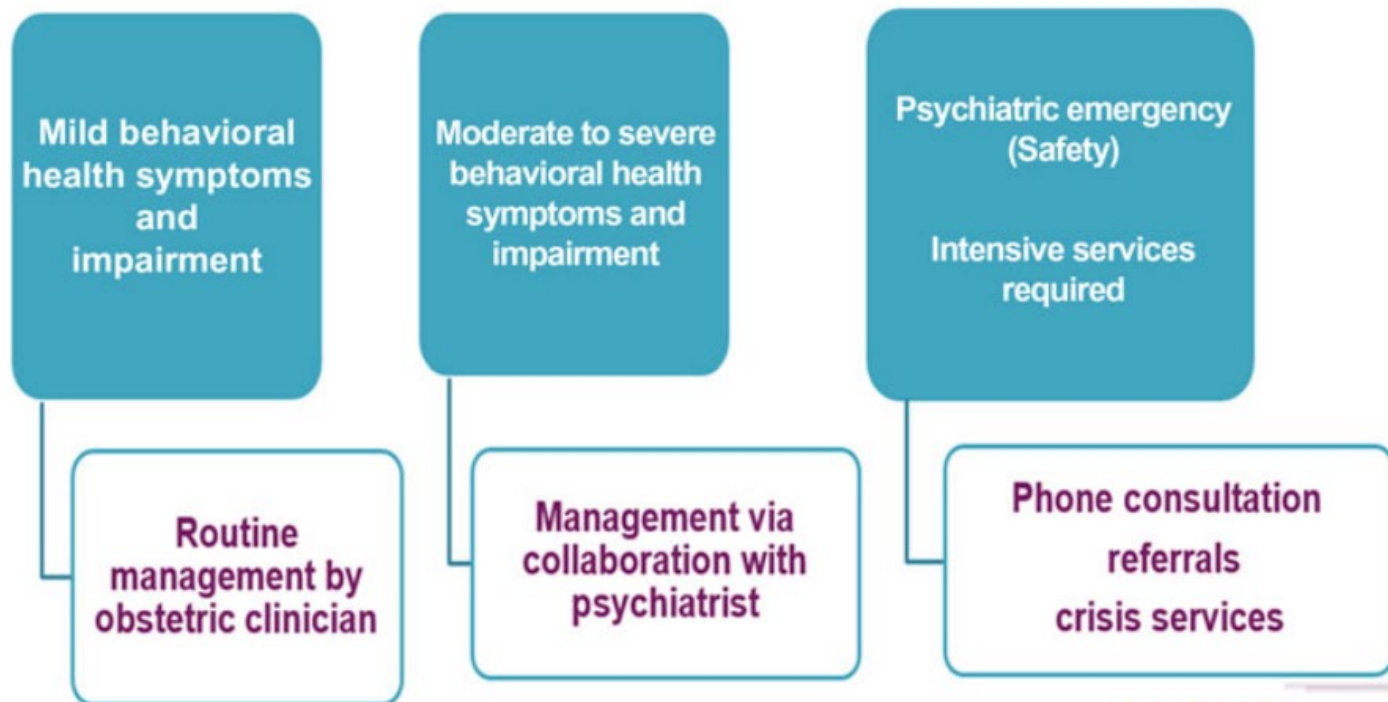
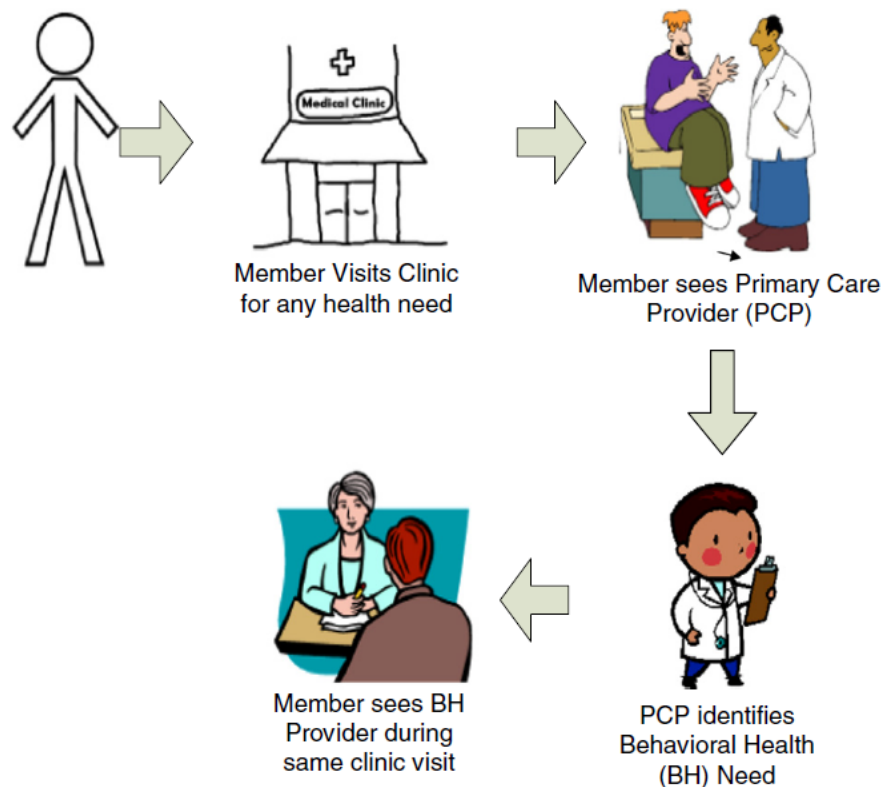
Comparison of successful referral rates after positive postpartum depression screens in a contemporary vs historic cohort ($P < .001$).

EPDS, Edinburgh Postpartum Depression Scale.

Rodriguez. Access to mental health services. *Am J Obstet Gynecol* MFM 2021.

Collaborative care

Behavioral Health Pathways

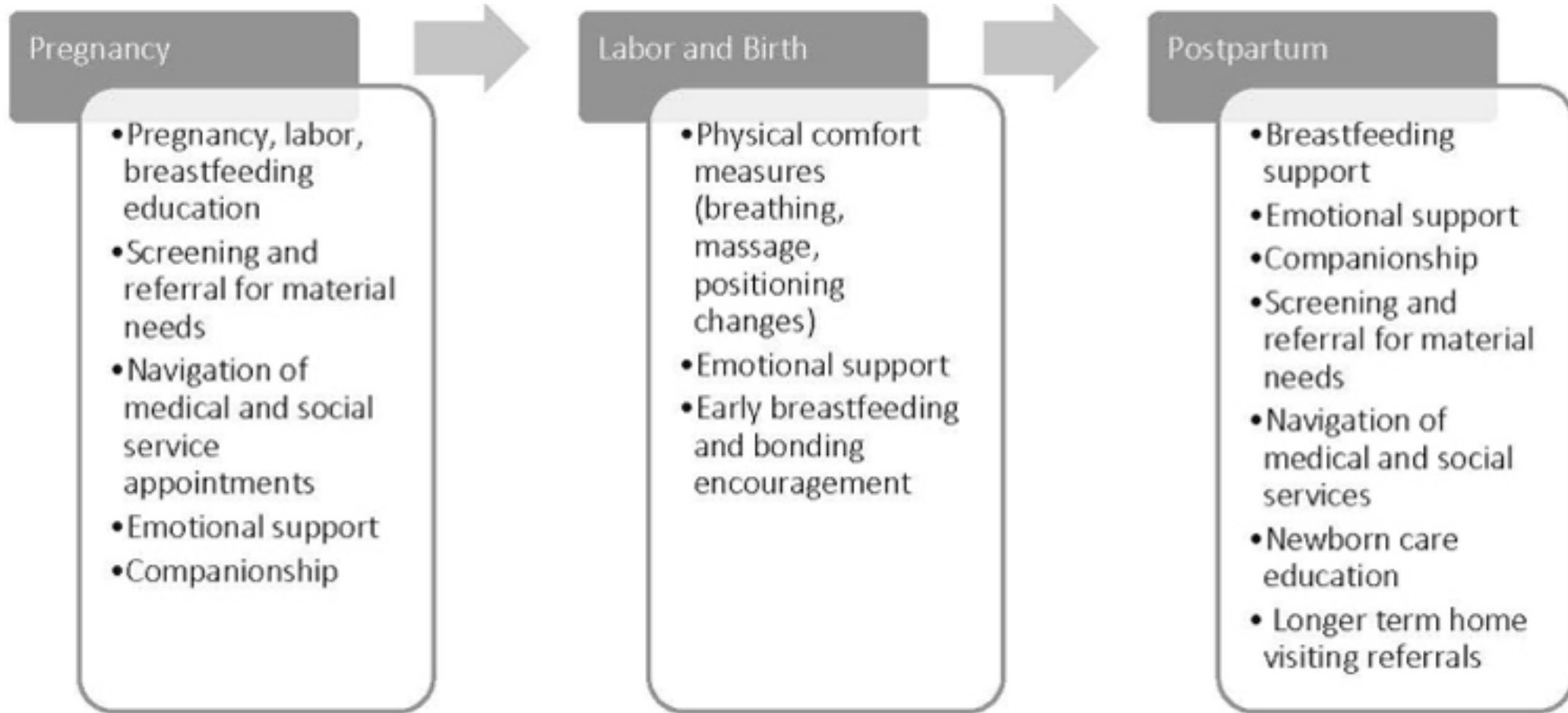


UPMC
LIFE CHANGING MEDICINE



California
Preterm Birth
Initiative

The Birth Sisters Program: A Model of Hospital-Based Doula Support to Promote Health Equity



Limitations

- Many states lack perinatal access programs
- As we moved through the continuum from least to most integrated, we had fewer examples and evidence to draw upon
- Several programs relied on grant funding or donations that ultimately ended, leaving the future of programs and reimbursement uncertain
- In other words, we're still in the infancy of effective and widespread perinatal mental health services!

Wrap-up



Key take aways

Multiple cascading factors affect access to maternal mental health care that begins before a person even sets foot in a health care facility.

What can providers do?

- **Support policies** to expand Medicaid and to have parity reimbursement between Medicaid and private payers
- **Accept Medicaid** patients
- **Implement care models** that have mental health in the maternity workflow and provide mental health supports through maternity care
- **Educate and train providers** on integrated practice

Resources

- [National Curriculum in Reproductive Psychiatry](#)
- [Lifeline4Moms](#)
 - [Network of Perinatal Psychiatry Access Programs](#)
 - [Perinatal Mental Health Toolkit](#)
- [Massachusetts Child Psychiatry Access Program \(MCPAP\) for Moms](#)
 - [Perinatal Depression Toolkit](#)
 - [A Primer for Pediatric Providers](#)
 - [Substance Use Disorder Toolkit](#)
- [Maternal Mental Health Leaderships Alliance \(MMHLA\) resource hub](#)
- [Postpartum Support International patient and provider resources](#)
- [Strategic roadmap to address perinatal mental health disorders](#)
- [National Maternal Mental Health Hotline](#)



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References

1. Zivin K. Perinatal Mental Illness Nearly Ended My Life. *Health Affairs*. Oct 2021;40(10):1663-1666. doi:10.1377/hlthaff.2021.00706
2. Luca DL, Margiotta C, Staatz C, Garlow E, Christensen A, Zivin K. Financial toll of untreated perinatal mood and anxiety disorders among 2017 births in the United States. *American Journal of Public Health*. Jun 2020;110(6):888-896. doi:10.2105/AJPH.2020.305619
3. Margiotta C, Gao J, O'Neil S, Vohra D, Zivin K. The economic impact of untreated maternal mental health conditions in Texas. *BMC Pregnancy and Childbirth*. 2022/09/12 2022;22(1):700. doi:10.1186/s12884-022-05001-6
4. O'Neil SS, Platt I, Vohra D, et al. Societal cost of nine selected maternal morbidities in the United States. *PLoS One*. 2022;17(10):e0275656. doi:10.1371/journal.pone.0275656
5. Spencer B. Diagnosis and Treatment of Perinatal Mood and Anxiety Disorders (PMADs) in Black, Indigenous, and People of Color Populations (BIPoC), and Gender and Sexual Minority Populations. Connections Wellness Group; 2022. <https://connectionswellnessgroup.com/blog/diagnosis-and-treatment-of-perinatal-mood-and-anxiety-disorders-pmads-in-black-indigenous-and-people-of-color-populations-bipoc-and-gender-and-sexual-minority-populations/>
6. Spencer B. Perinatal Mood and Anxiety Disorders: More Common and Life-Threatening than You Might Think. Connections Wellness Group; 2022. <https://connectionswellnessgroup.com/blog/perinatal-mood-and-anxiety-disorders-more-common-and-life-threatening-than-you-might-think/>
7. Khatri RB, Alemu Y, Protani MM, Karkee R, Durham J. Intersectional (in) equities in contact coverage of maternal and newborn health services in Nepal: insights from a nationwide cross-sectional household survey. *BMC Public Health*. 2021/06/09 2021;21(1):1098. doi:10.1186/s12889-021-11142-8

References (cont.)

8. Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The Perinatal Depression Treatment Cascade: Baby Steps Toward Improving Outcomes. *Journal of Clinical Psychiatry*. 2016;77(9):1189-1200.
9. Keisler-Starkey K, Bunch LN. Health Insurance Coverage in the United States: 2021. *United States Census Bureau*. 2022;
10. Kaiser Family Foundation. *Women's Health Insurance Coverage*. 2021. Oct. <http://files.kff.org/attachment/fact-sheet-womens-health-insurance-coverage>
11. Kaiser Family Foundation. Mental Health Care Health Professional Shortage Areas (HPSAs). 2022.
12. March of Dimes. *Nowhere to go: maternity care deserts across the US*. 2022. https://www.marchofdimes.org/materials/2022_Maternity_Care_Report.pdf
13. Wachino V. Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children. Center for Medicare and Medicaid Services; 2016.
14. Britt R, Burkhard J. U.S. Maternal Depression Screening Rates Released for the First Time. 2022. <https://www.2020mom.org/blog/2022/11/14/us-maternal-depression-screening-rates-released-for-the-first-time>
15. Kozhimannil KB, Trinacty CM, Busch AB, Huskamp HA, Adams AS. Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women. *Psychiatric services (Washington, DC)*. Jun 2011;62(6):619-625.
16. Ranji U, Gomez I, Salganicoff A. *Expanding Postpartum Medicaid Coverage*. 2019:1-8. *Issue Brief Women's Health Policy*. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>
17. Falconi AM, Bromfield SG, Tang T, et al. Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. *eClinicalMedicine*. 2022;50doi:10.1016/j.eclinm.2022.101531

References (cont.)

18. Sabini C, Spitzer E, Ahmed O. *Strengthening Federal Network Adequacy Requirements for ACA Marketplace Plans: A Strategy To Improve Maternal Health Equity*. 2022. <https://www.americanprogress.org/article/strengthening-federal-network-adequacy-requirements-for-aca-marketplace-plans/>
19. Sullivan J, Pearsall M, Bailey A. *To Improve Behavioral Health, Start by Closing the Medicaid Coverage Gap*. 2021. <https://www.cbpp.org/sites/default/files/9-9-21health.pdf>
20. Blunt EO, Maclean JC, Popovici I, Marcus SC. Public insurance expansions and mental health care availability. <https://doi.org/10.1111/1475-6773.13311>. *Health Services Research*. 2020/08/01 2020;55(4):615-625. doi:<https://doi.org/10.1111/1475-6773.13311>
21. Ollove M. Health Worker Shortage Forces States to Scramble. 2022. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/03/25/health-worker-shortage-forces-states-to-scramble>
22. Simas TAM, Flynn MP, Kroll-Desrosiers AR, et al. A Systematic Review of Integrated Care Interventions Addressing Perinatal Depression Care in Ambulatory Obstetric Care Settings. *Clinical Obstetrics and Gynecology*. Sep 2018;61(3):573-590. doi:Doi 10.1097/Grf.0000000000000360
23. Marcus S, Malas N, Dopp R, et al. The Michigan Child Collaborative Care Program: Building a Telepsychiatry Consultation Service. *Psychiatric services (Washington, DC)*. 2019/09/01 2019;70(9):849-852. doi:10.1176/appi.ps.201800151
24. Byatt N, Straus J, Stopa A, Biebel K, Mittal L, Simas TAM. Massachusetts Child Psychiatry Access Program for Moms Utilization and Quality Assessment. *Obstet Gynecol*. Aug 2018;132(2):345-353. doi:10.1097/Aog.0000000000002688

References (cont.)

25. Lavallée JF, Gray TA, Dumville J, Russell W, Cullum N. The effects of care bundles on patient outcomes: a systematic review and meta-analysis. *Implementation Science*. 2017/11/29 2017;12(1):142. doi:10.1186/s13012-017-0670-0
26. Sutton A. Maternal Mental Health Safety Bundle: An Opportunity for Public Health-Provider Partnership in California. 2017.
27. Alliance for Innovation on Maternal Health. *Perinatal Mental Health Conditions*. 2022. https://saferbirth.org/wp-content/uploads/R2_AIM_Bundle_PMHC.pdf
28. Lomonaco-Haycraft KC, Hyer J, Tibbits B, et al. Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations. *Prim Health Care Res*. Jun 18 2018;20(e77):1-8. doi:10.1017/S1463423618000348
29. Miller ES, Jensen R, Hoffman MC, et al. Implementation of perinatal collaborative care: a health services approach to perinatal depression care. *Prim Health Care Res*. 2020;21:e30. e30. doi:10.1017/S1463423620000110
30. Mottl-Santiago J, Herr K, Rodrigues D, Walker C, Feinberg E. The birth sisters program: a model of hospital-based doula support to promote health equity. *Journal of Health Care for the Poor and Underserved*. 2020;31(1):43-55.
31. Baxter S, Johnson M, Chambers D, Sutton A, Goyder E, Booth A. The effects of integrated care: a systematic review of UK and international evidence. *BMC Health Services Research*. 2018/05/10 2018;18(1):350. doi:10.1186/s12913-018-3161-3
32. Deichen Hansen ME, Londoño Tobón A, Kamal Haider U, et al. The role of perinatal psychiatry access programs in advancing mental health equity. *General Hospital Psychiatry*. 2023/05/01/ 2023;82:75-85. doi:<https://doi.org/10.1016/j.genhosppsych.2023.03.001>
33. Byatt N, Yonkers KA. Addressing Maternal Mental Health: Progress, Challenges, and Potential Solutions. *Psychiatric Times*. 2021

Post-presentation Skills and Comfort Poll

After attending this webinar, please rate your current skills and comfort with describing the personal and societal impact of perinatal mental health conditions, the factors driving poor perinatal mental health and its inequitable impacts, and promoting coordination between maternal, mental, and primary care.

- Very Low
- Low
- Moderate
- High
- Very High

Office Hour



office hours

you've got questions... we might have answers

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