Moving on Maternal Depression (MOMD)

New Jersey
1) Enhanced data capacity and data sharing across all offices invested in treating maternal
Depression.

2) Increased access to services for those with maternal depression.

3) Reduced disparities across races, ethnicities, socioeconomic status, and citizenship status in the delivery of necessary services to mothers with maternal depression.

New York
1. Within 18 months New York will have successfully leveraged and coordinated the significant interest and activity at state and local levels for maternal health and early childhood health and development, and cultivated a strong community of diverse voices working to ensure that all women receive screening and treatment for maternal mental health that is accessible, affordable and culturally appropriate. (These initiatives are presently not optimally connected.)

2. Within 18 months, we will have meaningfully engaged in the policy-making process diverse voices of women who have experienced maternal depression, with an emphasis on the inclusion of people from communities that have been historically marginalized.

3. Within 18 months, New York will have in place key metrics that we will aim to (in future) utilize for implementing continuous improvement activities on maternal depression across state agencies and through health care providers and community-based organizations. This will include steps to develop prevalence data differentiated by race and ethnicity and key performance indicators to drive improvement in process (i.e. connecting women to treatment, reducing provider stigma, reducing disparities).

4. After 18 months, New York will better understand the capacity in each region of the State for screening and treating women with maternal depression and have a plan focused on workforce capacity for screening and treatment options. The landscape assessment will aim to understand the needs of geographic areas and populations that have been historically underserved.

5. After 18 months, New York will have a plan to integrate policies and information on maternal depression across State agencies and with partnerships at the community level that are working in the areas of maternal health, child health, early childhood development and family economic security with an emphasis on strategic alliances to advance health equity.

Pennsylvania
1) Improve the identification of low-income mothers at risk of developing maternal
depression.

2) Increase capacity and coordination in home visiting and behavioral health systems by establishing cross-system networks, communication channels, and referral processes.

3) Create widespread screening of low-income mothers at risk of depression.