

NJ MOMD State Theory of Change

Key Context

- Population Health Summit focused on Maternal Depression, disparities
- Supportive Program Officer for SMI Block Grant
- Maternal depression is a “hot topic” in NJ (recent news coverage)
- MOMD Team’s work is reported up to the commissioner on a weekly basis
- Enrolled in Maternal Depression Policy Academy

Inputs

Stakeholder Engagement

- Voices of people with lived experience
- Convening stakeholders

Research

Technical Assistance

SMI Block Grant for addressing disparities

Outputs

Strategies to advance goals

Sustainable/ Replicable Model

Creative Screening/ Implementation Tools

Data Inventory

Service Inventory/ Reference Manual

Outcomes

Work in non-traditional spaces

Range of provider types engaged

Broaden definition of maternal depression to include

- Anxiety
- Prevention
- Lifespan focus
- Child age 0-6
- Pregnancy
- Child Loss

Systems Changes

- Cross-sector Partnership
- Racial Equity and Cultural Responsiveness
- Authentic Engagement of Mothers

Change in proportion of population screened

More women treated

- Change in number of referrals used (uptake)

Traditional treatment spaces are more mom friendly

Aligned data systems to identify mothers impacted

Impacts

Systems that reduce stigma

Holistic Health addressed

Increased Focus on Prevention

Change in Services Covered

Diversification of providers/ Types of providers reimbursed

Equitable and accessible mental health care

- More personalized care
- Culturally effective/reflective mental health care
- No wrong door to engage

Improved patient and family perceptions of care

Assumptions

New Opportunities are exciting

Strengthened Relationships are key

Change will happen that’s outside of the team’s control

There are many more resources in the state than you might think, but they operate in isolation

This is a learning experience

Examine the issue from a multifaceted approach