PA MOMD State Theory of Change

Key Context

- •A lot of state attention focused on young children and many initiatives that could be an asset
- •DHS/DOH "Ready to Start" report focused on ages 0-3 includes a maternal-child health section with maternal mental health components
- •Existing multi-sector infrastructure with opioid work and plans of safe care.
- Perinatal Quality Collaborative includes targeted cross-sector stakeholders and developed ground work for MOMD project.
- •These initiatives are not well connected; How to keep maternal depression front and center in these initiatives with different focuses
- Legislation introduced related to home visiting. maternal depression, and early intervention.
- •Top level priority areas to coordinate with includes, Suicide Prevention Task Force, Parent Pathways initiative, Medicaid and CHIP strategic alignment, statewide resource and referral tool development.
- Opportunity to build on state momentum around infants and toddlers.
- Strong philanthropic opportunities

Inputs

Stakeholder Engagement

- Voices of people with lived experience
- Convening stakeholders

Research

Technical Assistance

Collaboration across agencies

Survey to crosssector providers

Outputs

Strategies to advance goals

Sustainable/ Replicable Model

Identify where people have entered system and appropriate screening tool

Cross-systems trainings for agency staff

Strengthened Communication

- Shared Messaging
- Joint documentation
- Joint Policy Recommendations

Communications Strategy/tools for the field

 Maternal Depression/MH 101

> Cross-sector training/convening

Safe care plans

Outcomes

Staff working with are more respectful, welcoming, and noniudgmental

Increased understanding of user friendly services

Informed mothers, partners, spouses, extended family

 Patient Activation and **Empowerment**

Range of provider types engaged in prevention, screening, and identification

Broaden definition of maternal depression to include

- Anxiety
- Prevention
- Lifespan focus
- •Child age 0-6

Change in proportion of population screened

Change in proportion of positive screens referred

Systems Changes

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

Impacts

Systems that reduce stigma

Holistic Health addressed

Integrated Services

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

Increased focus on prevention

More women treated

•Change in number of referrals used (uptake)

Assumptions

Embed the work in other efforts in the state on behalf of young children for sustainability

It is important to address all types of barriers that moms experience with a SDOH framework

There is political will around this issue right now with the current administration

There are conflicting perspectives in the state legislature and amongst providers in terms of supporting (as opposed to punishing) moms