

Maternal Mental Health NOW 2019 Innovations Award Application

A. Award category

Innovation in Policy and Advocacy

B. Program objectives and overview of innovation: how is this innovation addressing MMH?

Maternal Mental Health NOW's mission is to remove barriers to the prevention, screening and treatment of prenatal and postpartum depression in Los Angeles County. Highly treatable and often preventable, perinatal depression and related mood disorders are often not diagnosed due to lack of screening, inaccessibility of informed treatment, stigma and lack of reimbursement from payors. MMH-NOW works to remove these barriers by building the capacity of health care systems, county departments and community-based organizations to recognize and respond to maternal mental health disorders, reducing stigma associated with perinatal depression and anxiety and advocating for policies and practices that increase access to quality perinatal mental health care. The advocacy and ultimate passage of California's first ever maternal mental health related legislation (AB 2193, AB 3032 and AB 1893) is bringing additional attention and resources to maternal mental health care across the state of California.

C. Program details, key personnel and timeline

In 2018, Maternal Mental Health NOW joined forces with 2020 Mom to co-sponsor three bills that would reduce stigma surrounding maternal mental health disorders and increase resources for screening and treatment: AB 2193, AB 3032 and AB 1893. All three bills passed and were signed into law by September 2018 - the first ever pieces of maternal mental health legislation in the state of California.

AB 2193, effective July 1, 2019, requires OB/GYNs, nurse practitioners, physician assistants, nurse midwives, naturopathic doctors, and licensed midwives to screen for perinatal mood disorders; and orders health insurers to develop maternal mental health programs that promote quality and cost-effectiveness (a requirement that is unique to California in that it goes beyond screening to include coordinated care and treatment). **AB 3032**, effective January 1, 2020, requires all birthing hospitals in California to provide education and information to postpartum patients and their families about maternal mental health conditions, post-hospital treatment options, and community resources; provide information and education about maternal mental health disorders to all regular staff in labor and delivery departments (e.g. registered nurses and social workers); and develop an additional service (to be determined by the hospital) to ensure optimal care. Finally, **AB 1893** requires the State Department of Public Health to investigate and apply for federal funding opportunities, including but not limited to the 21st Century Cares Act, to support maternal mental health.

The three bills were the result of April 2017's California Task Force on the Status of Maternal Mental Health Care report entitled *California's Strategic Plan: A catalyst for shifting statewide systems to improve care across California and beyond*.

D. Source of initial and sustained funding/support

Initial funding for these advocacy efforts was acquired through Maternal Mental Health NOW general operating support and leveraging its partnership with 2020 Mom. Maternal Mental Health NOW's general operating funds are secured through foundation grants, individual donations, and revenue generated from is contracted trainings and online training registrations.

E. Length of time in operation and sustainability plans

Maternal Mental Health NOW was founded in 2007 by Kimberly Wong, Esq. following her personal experience with severe postpartum depression. Although Maternal Mental Health NOW (formerly the Los Angeles County Perinatal Mental Health Task Force) has been advocating for statewide legislation in support of maternal mental health care since 2009, with AB 159 Healthy Mothers Act, 2018 marked the first time that the organization engaged in statewide advocacy by travelling to Sacramento, visiting local legislators, sending action alerts to its constituents and providing testimony at Assembly and Senate Health Committee hearings. MMH-NOW will support its current advocacy work through the development of a comprehensive fundraising plan which includes individual donor development, foundation grants, and the active marketing of our in-person and online training programs.

F. Summary of results and evidence of impact

All three bills passed and were signed into law last year! As a result, the California Department of Public Health submitted an application to the federal 21st Century Cares Act. Unfortunately, the application was unsuccessful. In preparation of AB 2193 and AB 3032 becoming effective, Maternal Mental Health NOW has experienced an increase in inquiries regarding its in-person training program and online training registrations.

G. Discussion of the likelihood others could replicate your program

In 2018, California became the 5th state in the country (following New Jersey, Illinois, Massachusetts, and West Virginia) to require screening for perinatal mood and anxiety disorders. Although screening at least once during the perinatal period is recommended by the American College of Obstetrics and Gynecology (ACOG), historically it has not been the standard of maternal care, nor has it been mandatory, in California. Alongside these other states, the legislative model in California can be a useful framework for additional states to adopt screening and coordinated care health programs.

H. Optional: Documented Policies or Workflows, Budgets, and illustrative timelines

Maternal Mental Health NOW has created an [online implementation guide](#) as a resource for providers who will be affected by the new legislation. It includes information about each bill, and shares resources and best practices based on the lessons we've learned throughout Maternal Mental Health NOW's history of working locally and beyond with physicians, health care providers and mental health clinicians, diverse community organizations and public agencies, hospitals, clinics, and many other stakeholders.

I. Primary contact name, title, e-mail address and telephone number

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