

#strongmomstrongbaby

Addressing Postpartum Depression by Driving Policy to Leverage Early Intervention

A. Award category: Innovation in Policy and Advocacy

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

The objective of the #StrongMomStrongBaby (#SMSB) campaign is to simultaneously create a pathway to service for mothers with postpartum depression and their infants that is statewide, non-stigmatizing, home-based and available without regard to family income. After testing several models, it was decided to build a Pennsylvania campaign to add postpartum depression as an “at-risk condition” under existing Early Intervention (EI) law (Act 212 of 1990). This designation would allow family-oriented developmentalists to serve mothers who screened at risk for depression in their own home, discuss their infants’ development (as well their own mental health and engagement with services), and offer supports until the infant turns three.

The campaign’s chief innovation lies in a model leveraging the existing EI system – already funded and operational statewide – to address concerns about moms and babies simultaneously. Several years ago, the foundation community and major health insurers in Western PA convened to improve maternal and child health, testing several models to improve access to care. The resulting [RAND Corporation](#) analysis confirmed that using Pennsylvania’s EI system as an entry point to care doubled the rate at which mothers received services. EI can meaningfully collaborate with the adult public mental health system to significantly increase the rate that (a) babies receive services to prevent/minimize developmental delays and (b) mothers engage in family-oriented care. #SMSB was created to turn those findings into lasting public policy.

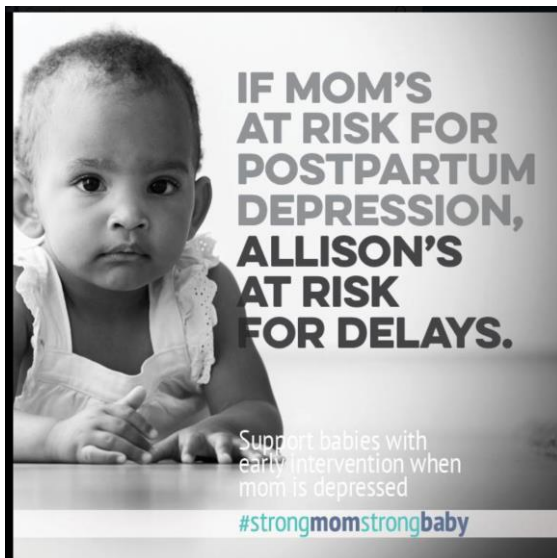
Another key innovative element was the campaign’s Day One emphasis on identifying, engaging with, and supporting key legislators – two Republicans, two Democrats – in the Pennsylvania General Assembly to serve as champions for the associated legislation, HB 200 and SB 200. #SMSB selected these lawmakers because they came from key areas of the state, sat on the right committees, had a personal connection to the issue, and were bipartisan. At the center of their ongoing engagement was (a) an active, creative social media campaign, (b) a diverse statewide coalition, and (c) a series of in-district “town hall” events hosted by the legislators featuring panels of experts in the fields of psychiatry, family medicine, obstetrics, and EI. As a result, the legislators became tireless advocates for the proposed legislation, and helped push the bills through their respective chambers and committees.

C. Program details, key personnel and timeline

To reach its goal of amending existing law, #SMSB engaged lawmakers via three distinct spheres of influence: grassroots, earned media, and direct government relations.

At the grassroots level, #SMSB initiated a social-media driven effort to raise public awareness of maternal mental health concerns and leverage that awareness into advocacy, while simultaneously building a coalition of nearly 40 state and national organizations. This was coupled with a sophisticated earned media strategy that generated extensive press coverage of the legislation and its sponsors. Finally, the campaign’s government relations strategy incorporated not only direct lobbying and the aforementioned town hall events, but also a “hill day” for coalition partners and affected mothers, and advanced “geofencing,” a digital advertising technique targeting mobile ads to key lawmakers within the state capitol building.

#StrongMomStrongBaby is an initiative of the Campaign for What Works, a groundbreaking effort to promote good human services policy convened six years ago by The Pittsburgh Foundation and United Way of Southwestern Pennsylvania.



Charlie Lotz, Denny Civic Solutions, served as lead for #SMSB, with key oversight from Bob Nelkin and Julie DeSeyn, United Way of Southwestern Pennsylvania; Maxwell King and Khalif Ali, The Pittsburgh Foundation; and John Denny, Denny Civic Solutions. Communication was created and managed by Blender, Inc. (Kris Knieriem, Katy Albert, Abby Mathieu, Chris Hays). Bev Mackereth, Mark Campbell, and Kerry Lange, Ridge Policy Group, and Chuck Kolling and Meghan Fisher, Buchanan Ingersoll & Rooney, managed government relations. Ray Firth and Brian Baxter serve as key consultants.

The #StrongMomStrongBaby campaign itself was developed in early 2016, based on the

2013 Rand study. The bill was introduced September 2016, reintroduced in January 2017, and unanimously passed the Health and Human Services Committee in April before receiving second consideration and referral to the Appropriations Committee in May, where it currently stands. The house bill unanimously passed the Children and Youth Committee in May before second consideration and referral to Appropriations in June, where it also currently stands.

D. Source of initial and sustained funding/support

Primarily funded by United Way of Southwestern Pennsylvania and The Pittsburgh Foundation, the effort receives substantial support from a number of community foundations and United Ways across the state, as well as corporate donations.

E. Length of time in operation and sustainability plans

#SMSB has been active for roughly a year and a half. We expect the legislation to pass before the end of 2017, though the funders' intense interest in addressing mental health needs in the state – coupled with the strong network of coalition partners that rallied around the effort – make it very likely that the campaign will continue in some capacity beyond that milestone.

F. Summary of results and evidence of impact

To date, SB 200 has 23 cosponsors (roughly half of the Pennsylvania State Senate). HB 200 has 41 cosponsors in the House. This widespread bipartisan support sped the legislation through first consideration, passage through relevant committees, and second consideration by both full chambers. Approval by each Appropriations Committee is the final step before full passage.

More than 1,200 people have signed [#SMSB's petition](#); more than 400 have joined our social media channels. Nearly 30 organizations wrote letters of support or contacted lawmakers. Town hall events generated discussions between providers and affected families statewide, #SMSB gave hundreds of moms a platform to engage, advocate, share their stories and gain support.

G. Discussion of scalability

The #StrongMomStrongBaby model of providing direct support for both mom and baby through the EI system is inherently scalable because: (1) many of the RAND recommendations have already been scaled to the county level in Allegheny (home to Pittsburgh and the second largest county in PA) and #SMSB is simply taking these practices statewide; (2) EI exists in all 50 states and is mandated by Part C of the Individuals with Disabilities Education Act (IDEA) of 1990; and (3) adding an additional at-risk category to qualify for those services is a relatively simple change to existing legislation (in Pennsylvania, other at-risk categories include low birth weight, elevated blood lead levels, and infants who are homeless). Our team has already discussed enacting similar legislation with MMH advocates from Florida, and it stands to reason that many other states would be able to utilize the same evidence-based model.