

# Together Moving Mountains 2022-2025 Strategic Framework



**POLICY CENTER**  
FOR Maternal Mental Health™

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## The Problem We are Working to Solve

Up to **1 in 5** of those who are pregnant and in the postpartum period will suffer from a maternal mental health disorder like postpartum depression



Less than **15%** receive treatment



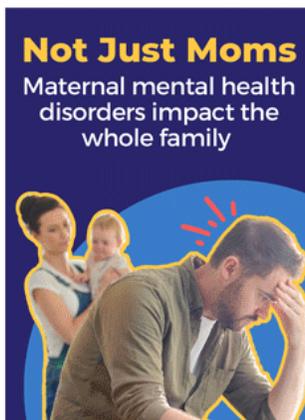
**1 in 4** will experience depression during pregnancy



Up to **56%** of those living in poverty experience postpartum depression



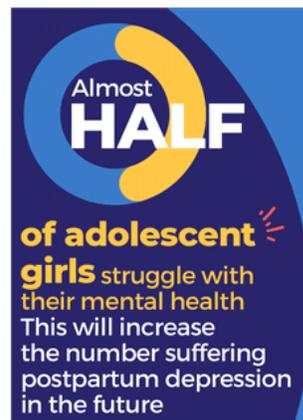
**Not Just Moms**  
Maternal mental health disorders impact the whole family



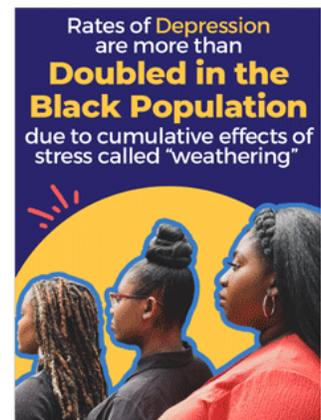
More Than **600,000** will suffer from a maternal mental health disorder in the U.S. every year



Almost **HALF** of adolescent girls struggle with their mental health. This will increase the number suffering postpartum depression in the future



Rates of Depression are more than **Doubled in the Black Population** due to cumulative effects of stress called "weathering"



## Where We've Been

In our first ten years, we were focused on introducing the problem and prevalence of maternal mental health disorders and identifying and sharing barriers and pathways to change.

Our approaches included:

- engaging critical cross-sector players
- coalescing non-profit partners
- identifying best practices
- creating tools to support change agents
- launching and leading U.S. awareness campaigns
- centering mothers' stories
- advancing the narrative from postpartum depression to maternal mental health
- laying the preliminary groundwork in federal and state policy

## Our Brand Story



- 2020 Mom was founded in 2011 with a mission to close gaps in maternal mental health care, to lay the foundation for maternal mental health in the U.S. by the year 2020.
- In 2021, our logo was updated to include a / to signify the vision for the field.
- Also in 2021, after 18 months of strategic planning work, a strategic framework was approved which acknowledged our unique position in the field: understanding the complex U.S. healthcare system and technical levers for change.
- In 2023, the organization was renamed the Policy Center for Maternal Mental Health.
- A new brand identity was adopted to define and depict the work we do:
  - Inform policy, including public policy & health delivery policy
  - Catalyze cross-sector players to advance change

## Where We're Headed

***In our next ten years,  
the Policy Center will double down on implementation  
of evidence-based and promising practices in the  
healthcare system.***

## ***Introduction***

This strategic plan provides our vision for the future and a set of strategic tactics we will focus on for the next four years.

### **The North Star**

Explorers have used the **North Star** for navigational purposes for centuries.

The north star is the brightest and is located at the handle of the little dipper - it is visible to the naked eye.

A strategic plan, or framework, provides a map for an organization to reach its north star. It also acknowledges that great outcomes can come from clarity of what an organization seeks to achieve and:

- A framework for measurement,
- A process of testing ideas/projects against data,
- The need to purposefully iterate based on learnings,
- Clearly defining what is out of our scope, as not to distract us,
- The need to be anticipatory and responsive to our environment.

### **Our North Star: Our Vision**

A health care system that routinely detects and treats maternal mental health disorders for every mother, every time.

## Who We Serve

We put **mothers** at the center of our work.

We directly serve, through both “push and pull” strategies, cross-sector leaders & change agents in the U.S.:

- healthcare systems/providers
- insurers/plans and benefit administrators
- non-profits
- government

## Our Values

- Innovation & Creativity
- Courageousness & Urgency
- Collaboration & Partnership
- Empathy & Understanding
- Excellence & High Performance

## What Makes Us Unique

Of the other organizations and leaders focusing on maternal mental health in the U.S., **the Policy Center is most known for understanding the complex health delivery system, including how change can be driven through:**

- Integration of mental health care into medical health care
- provider payment strategy
- insurance/coverage benefit design, and
- provider networks

This understanding has helped the Policy Center lead the way in identifying the most pressing barriers to screening and treatment.

We have also been applauded for **our ability to convene and communicate clearly**. We convene cross-sector stakeholders and we have a knack for translating and tying unique stakeholder stories, challenges, and solutions to one another.

## ***Our Approaches***

### **We Will Use the Pareto Principle**

We are purposeful in strategically identifying where we can use our limited resources and our unique assets to have the greatest impact. Project Returns on Investments should be high - 20% effort equaling 80% impact.

### **We Will Plant Seeds and Create Domino Effects**

We also wish to continue to “plant seeds” and create “domino effects” by creating new champions in existing and related fields, and we focus on solutions that are likely to trigger a positive chain reaction, accelerating implementation.

### **We Use Partners**

Not only because it takes a village but also because we work with incredibly smart and innovative organizations. We are purposeful in using partners who serve our key stakeholders to co-create, pilot test, disseminate best practices, and scale change.

### **We Address Equity Head-On**

We work with leaders in communities who have been marginalized to lift up their voices, ideas, and needs. We ask what these leaders, our partners, need, and we back them by working together to pass policy, we support resource attainment, and we collaborate to pilot solutions.

We report how inequities lead to maternal mental health disorders and we share data that illuminates these inequities. We weave an equity lens into all of our projects and presentations.

We work to foster a universal understanding of the impact of racial and economic inequities on maternal mental health care and outcomes.

# *Definitions*

## **How We Define Mother:**

We use the term mother and mom to refer to those we ultimately seek to serve. We ultimately serve those who are pregnant, actively birthing, in the postpartum period, or parenting young children. We advocate for all mothers, whether pregnant, postpartum with a baby, or postpartum, and suffering from losing a baby. We advocate for all mothers regardless of sexual orientation and gender identity. We advocate for and work hard to bring the voices and needs of mothers facing racial and economic inequities to key stakeholders.

## **How We Define Treatment:**

We define treatment broadly to include traditional treatments such as mental health therapy, medication, inpatient services, and other outpatient services.

We also define treatment to include preventive evidence-based interventions, including peer support and culturally responsive healing practices.

## **How We Define Providers:**

We define providers as medical, mental health, and community professionals and facilities, including clinics, residential, and hospital-based programs.

We believe community-based organizations providing evidence-based care should be considered and reimbursed as healthcare providers.

# Our Focus Areas & Strategies

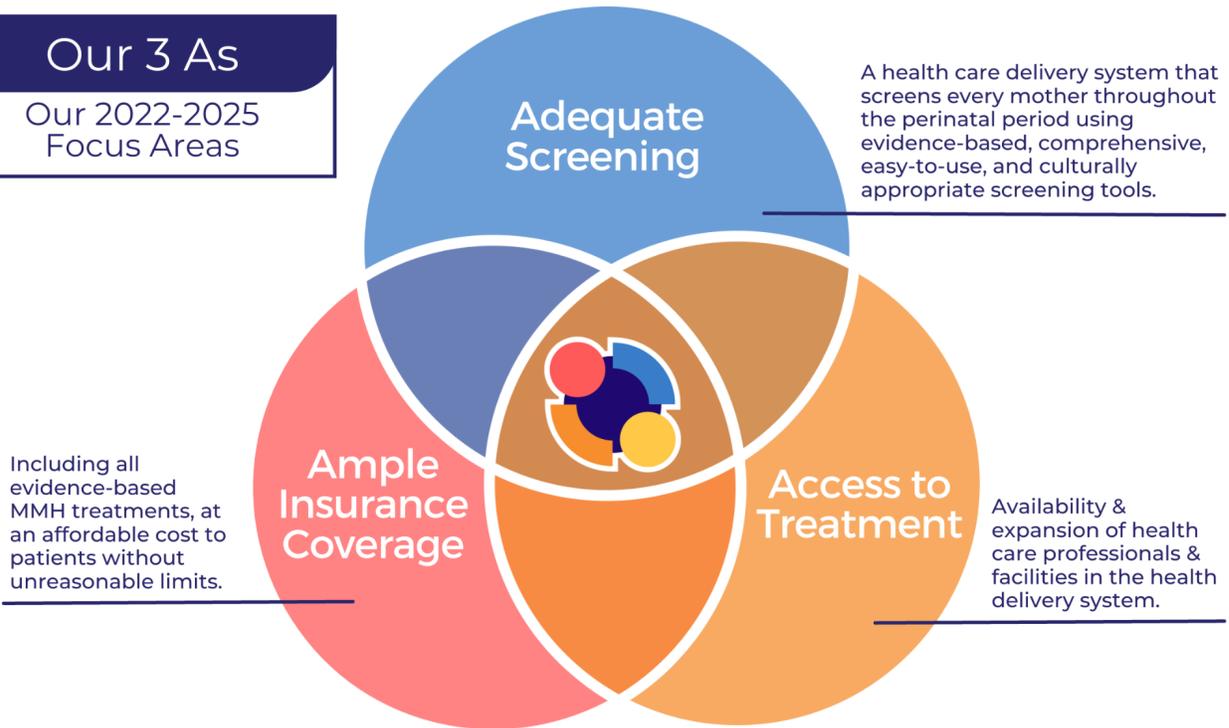
## Our Focus Areas: The Three As

Adequate Screening

Access to Treatment

Ample Insurance Coverage

**Our 3 As**  
Our 2022-2025  
Focus Areas



### Adequate Screening

**Goal:** Obstetric providers adopt a standard protocol for screening, and they monitor screening rates and improved outcomes (reduced scores over time). We believe screening should occur early so interventions and care can be implemented quickly.

### Access to Treatment

**Goal:** A broad range of qualified maternal mental health providers so evidence-based care options are readily available to mothers in the U.S.

### Ample Insurance Coverage

**Goal:** Private insurers and Medicaid plans provide timely access to in-network providers and care without requiring mothers and those who support them to jump through hoops.

This includes the promotion of payment reform to support mental health integration in obstetric/primary care and addressing benefit coverage limitations, utilization management prohibitions, and provider network restrictions.

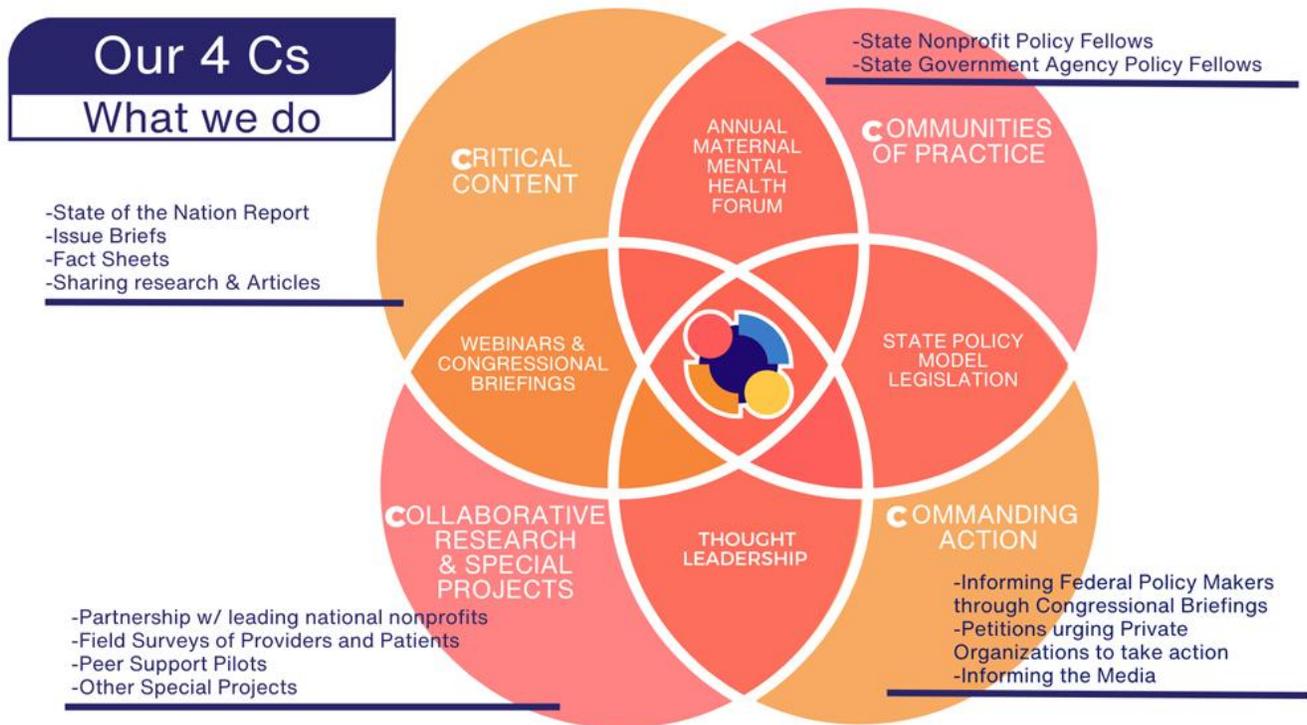
## Our Strategies: The Four Cs

Critical Content

Communities of Practice

Co-Laboratory & Co-Laborations

Commanding Action



These 4-C strategies support “turning the curve” or “moving the needle” in meeting our focus area goals.

### Critical Content

This strategy builds on the Policy Center’s track record of curating and communicating cutting-edge content to those we serve. This content is centered around the development of issue briefs and “State of the State of Maternal Mental Health in America” reports.

Distribution of such content occurs through FORUM sessions, webinars, blogs, infographics (including graphic illustrations), storytelling, and social media memes and messaging.

## **Communities of Practice**

We connect change agents working to solve the same problems or who work in similar settings to learn how to close gaps in maternal mental health care efficiently and together.

These communities may include our fellowship programs and the further development of the maternal mental health LinkedIn groups, for example.

Certain communities of practice could center around adopting the Policy Center's "Whole Mom" standard checklists.

## **Co-Laboratory & Co-Laborations**

Our Co-Lab is where implementation science comes to life. We experiment and test ideas with partners to find solutions that work (and don't). We iterate on learnings and promote wide-scale adoption of solutions that work.

We collaborate with critical stakeholder organizations to support the adoption and scaling of solutions.

## **Commanding Action**

Commanding Action means that the Policy Center will actively push for the adoption of solutions among stakeholder groups. Strategic tactics can include letters, petitions, and legislative and legal solutions.

## Focus Areas and Strategic Tactics in Detail:

### Availability of Providers & Care

#### Goal:

A broad range of and adequate numbers and distribution of qualified maternal mental health providers and facilities, so evidence-based care is readily available in the U.S.

### Sample Strategic Tactics

Craveable Content	Co-Laboratory & Co-Laborations
<p>Issue briefs, webinars, surveys, and FORUM panels addressing workforce shortages, provider capacity, and novel treatments.</p>	<p>Develop and launch pilots to address the use of Certified Peer Support Specialists (CPSSs) in obstetric &amp; community-based settings.</p> <p>Develop and launch a pilot to address the use of CPSSs as care coordinators.</p>
Communities of Practice	Commanding Action
<p>Develop a hospital community of practice for the creation of inpatient and outpatient MMH programs with webinars and technical assistance and an online discussion board.</p>	<p>Introduce and pass state and federal legislation that addresses:</p> <ul style="list-style-type: none"> <li>● Creation of Inpatient, and Outpatient treatment programs</li> <li>● Certification and adequate reimbursement for certified peer specialists providing mental health support</li> <li>● Reproductive psychiatry and maternal mental health care specialist consultation services</li> </ul>

## Appropriate Screening/Testing

### Goal:

Obstetric providers adopt a standard protocol for screening for maternal mental health disorders, including risk for suicidality, and obstetric providers monitor screening rates for improved outcomes over time.

### Sample Strategic Tactics

Craveable Content	Co-Laboratory & Co-Laborations
<p>Raise awareness of barriers to screening and solutions centered around the development of an issue brief and distributed through webinars, infographics, social media memes, the FORUM, etc.</p> <p>Provider surveys/reports about screening barriers and adoption rates of effective screening practices.</p> <p>Share validated screening tools and novel detection developments via blogs and website resource pages.</p>	<p>Promote the development, testing, and proliferation of an electronic screening tool with built-in logic that increases the efficiency, accuracy, and adoption rate of screening.</p> <p>Advocate for finalization and roll-out of pending HEDIS maternal depression measures to monitor obstetric provider screening rates and advocate, as needed, for other interim solutions.</p> <p>Lead expert working groups in partnership with the International OCD Foundation to identify evidence-based screening tool(s) and more.</p> <p>Develop a pilot in partnership with the American Hospital Association to test and promote hospital adoption of the Zero Suicide framework for screening for and preventing maternal suicide.</p>

Communities of Practice	Commanding Action
<p>Scale the adoption of screening protocols among front-line providers through the Nonprofit State Policy Fellows Program and affiliate program.</p> <p>Develop a Community of Practice with webinars, technical assistance, and an online discussion board for front-line screening providers, like obstetricians and ERs.</p>	<p>Further develop and promote the use of model state MMH legislation, including screening mandates.</p>

## Ample Coverage

### Goal:

Private insurers and Medicaid plans provide ready access to providers and care. Including addressing coverage limitations, utilization management prohibitions, and provider network restrictions.

### Sample Strategic Tactics

Craveable Content	Co-Laboratory & Collaborations
<p>Raise awareness about coverage issues and solutions in issue briefs, the FORUM, and supporting webinars, infographics, etc.</p> <p>Conduct Patient/Provider surveys about coverage barriers and issue findings in reports.</p>	<p>Partner with CAQH (the organization that standardizes the insurer/health plan provider credentialing process) to promote the collection of / display of the PMH-C credential and race/ethnicity in provider directories.</p>
Communities of Practice	Commanding Action
<p>Develop a Fellowship and/or a LinkedIn Group for Insurers addressing the Insurer MMH Best Practices (“Whole Mom Standards”).</p>	<p>Lead federal and state legislative policy to address:</p> <ul style="list-style-type: none"> <li>● The minimum level of low cost/no-cost visits and treatments</li> <li>● Mandate Insurer / Health Plan Maternal mental health provider (PMH-C) network adequacy</li> </ul> <p>Launch petitions aimed at individual insurers to reduce coverage limitations.</p> <p>Support Individual Mothers Case Advocacy &amp; Media Engagement.</p>

## ***Implementation of our Framework***

This plan was approved by the Board of Directors in October 2021.

In 2022-2023, we will take the following steps to Implement this strategic plan.

Development of an implementation plan that will include:

- a comprehensive resource needs assessment (people and technology strategies)
- creation of Key Performance Indicators (KPIs) by project
- development of a “Turn the Curve” Progress Scorecard using a results-based accountability framework

This will include the roll-out of infrastructure updates, including staffing and technology changes.