

Commonwealth of Massachusetts General Court

The Ellen Story Commission on Postpartum Depression

2018 Annual Report

Report Submitted on June 30th 2018

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Table of Contents

Message from the Chairs.....	4
Enabling Statutes.....	5
List of Commission Members.....	7
Summary of Meetings and Events.....	8
Future Goals.....	10
Appendices.....	11

Special Legislative Commission on Postpartum Depression
2018 Annual Report

June 30, 2018

His Excellency, Charlie Baker
Governor of the Commonwealth
State House, Room 360
Boston, MA 02133

The Honorable Senator Harriette L. Chandler
President of the Senate
State House, Room 332
Boston, MA 02133

The Honorable Representative Robert A. DeLeo
Speaker of the House
State House, Room 356
Boston, MA 02133

Dear Governor Baker, President Chandler, and Speaker DeLeo:

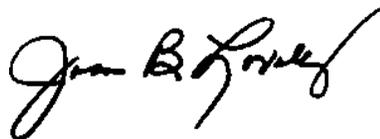
On behalf of the Special Legislative Commission on Postpartum Depression, and in accordance with Chapter 313 of the Acts of 2010, we present you with the Commission's annual report.

The Commission has continued to make excellent progress over the last year on the issue of perinatal mental health, which would not have been possible without your support. The Department of Public Health (DPH) has continued to be an invaluable partner. MCPAP for Moms and the PPD Pilot Programs continue to support many women and families across the Commonwealth.

We are deeply grateful for your continued support for MassHealth's reimbursement policy to cover the cost of PPD screening across the Commonwealth. The routine screening and referral mechanisms we have established in the perinatal and postpartum period across the Commonwealth are already making an essential impact on the well-being of women and families, but we know there is more work to be done. Rates of reported screening show that there are women with PPD who are not being identified, and there are significant equity issues within these screening rates. At this year's Perinatal Mental Health Awareness Day, we gathered together to hear from mothers, families, and providers working towards recovery from substance use disorder. The issue of substance use in pregnant women and new mothers presents another urgent and under-resourced need that the Commission has worked diligently over the past year to address.

Finally, our perinatal mental health work in the Commonwealth is leading the way in how other states work on this issue. Members of our Commission provide crucial assistance to federal policy makers and nationally-recognized professional associations to help address perinatal mental health issues across the country. Thank you again for your support. We hope you find this report informative.

Sincerely,



Joan B. Lovely
State Senator
2nd Essex District



James O'Day
State Representative
14th Worcester District

Enabling Statute of the Commission

The Acts of 2010

Chapter 313. AN ACT RELATIVE TO POSTPARTUM DEPRESSION

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

The department of public health may consult with health care providers, including, but not limited to, obstetricians, gynecologists, pediatricians and primary care providers, non-profits and health insurance carriers regarding postpartum depression to develop a culture of awareness, de-stigmatization and screening for perinatal depression so that residents of the commonwealth may be assured of the most effective and affordable provision of public health services possible. The department shall develop standards for measuring effective screening for postpartum depression using recognized clinical standards and best practices and shall make recommendations for health plan and health care provider data reporting. The department shall issue regulations that require providers and carriers to annually submit data on screening for postpartum depression. Following the receipt of the data, the commissioner of public health shall issue an annual summary of the activities related to screening for postpartum depression, including best practices and effective screening tools. The department shall annually file the summary with the commissioner of public health and the clerks of the house of representatives and the senate not later than June 30; provided, however, that the first report is due not later than June 30, 2011.

There is hereby established a special legislative commission, pursuant to section 2A of chapter 4 of the General Laws, to be known as the Ellen Story commission on postpartum depression, to consist of 5 members of the senate, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, 5 members of the house of representatives, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, the commissioner of the department of public health, the commissioner of the department of mental health, the commissioner of insurance, the commissioner of the department of children and families, the commissioner of early education and care, and the director of Medicaid, or their designees, all of whom shall serve as ex officio members, and 18 persons to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Association of Social Workers, 1 of whom shall be appointed jointly by the Massachusetts Midwives Association and the Massachusetts Affiliate of the American College of Nurse Midwives who shall be a midwife licensed to practice in the commonwealth, 1 of whom shall be a representative from the Nurses United for Responsible Services who shall be an advance practice psychiatric nurse, 1 of whom shall be a representative from the Massachusetts Coalition of Nurse Practitioners who shall be a nurse practitioner, 1 of whom shall be a representative of the Massachusetts Psychological Association who shall be a psychologist, 1 of whom shall be a representative from the children's behavioral health advisory council

established in section 16Q of chapter 6A of the General Laws, 1 of whom shall be a representative from the Massachusetts Behavioral Health Partnership or a managed care organization or managed care entity contracting with MassHealth, 5 of whom shall be representatives of the Massachusetts Medical Society appointed in consultation with their relevant specialty chapters, including a pediatrician, an obstetrician, a family physician, a psychiatrist and a child and adolescent psychiatrist, 1 of whom shall be a woman who has experienced postpartum depression, 1 of whom shall be a representative from a regionally-based nonprofit group currently serving women suffering from postpartum depression, 1 of whom shall be a representative from the Massachusetts Association of Health Plans and 3 of whom shall be representatives from commercial health insurance carriers or managed care organizations doing business in the commonwealth, is hereby established for the purpose of making an investigation and study relative to postpartum depression, including, but not limited to: (i) an assessment of current research on the subject and whether there exist evidence-based, best or promising practices on the prevention, detection or treatment of postpartum depression; (ii) a review of current policies and practices with respect to screenings for postpartum depression, including the frequency and location of screenings and training personnel administering the screenings, the availability of reimbursement and issues relative to medical necessity and third-party coverage; (iii) provision of assistance to the department of public health, other state agencies and organizations in the development of professional and public educational materials and programs on postpartum depression, in the development of referral lists for postpartum depression treatment, building on existing resources and in the designation of authorized validated screening tools; (iv) provision of assistance to the department of public health, other state agencies and organizations relative to applications for federal funding to support efforts consistent with the mission and purpose of the commission; and (v) any other matters that the commission considers relevant to the fulfillment of its mission and purpose. The co-chairs of the commission may each appoint up to 3 additional commission members to fulfill the purpose of the commission.

Said commission shall provide guidance and advice to the governor, the general court and the secretary of health and human services relative to current research on postpartum depression including, but not limited to, best and promising practices in the prevention, detection and treatment of postpartum depression and recommend policies, including legislation, to promote greater public awareness, screening and treatment of postpartum depression. The special commission may conduct public hearings, forums or meetings to gather information and to raise awareness of postpartum depression, including the sponsorship of or participation in statewide or regional conferences.

Said commission shall file an annual report at the end of each state fiscal year with the governor and the clerks of the house of representatives and the senate, who shall forward the same to the joint committee on public health and the joint committee on financial services, along with recommendations, if any, together with drafts of legislation necessary to carry those recommendations into effect. The special commission may file such interim reports and recommendations as it considers appropriate.

Approved, August 19, 2010; Amended November 2, 2015 and December 19, 2016

List of Commission Members

Sen. Joan Lovely, Co-Chair

Rep. James O'Day, Co-Chair

Kristin Alexander, Department of Children and Families, Designee

Jamie Zahlaway Belsito, Senate Co-Chair Appointment

Dr. Lee Cohen, Psychiatrist, Massachusetts Medical Society

Jessie Colbert, Representative Co-Chair Appointment

Karen Crowley, Massachusetts Coalition of Nurse Practitioners

Karin Downs, Department of Public Health, Designee

Rep. Kimberly N. Ferguson, House Member

Elizabeth (Fluet) Murphy, Esq., Massachusetts Association of Health Plans

Liz Friedman, Representative from a regionally-based nonprofit group currently serving women suffering from postpartum depression

Dr. Janice Goodman, the Nurses United for Responsible Services

Margaret Hannah, House Co-Chair Appointment

Dr. Gordon Harper, Department of Mental Health, Designee

Dr. Julie Johnston, Family Physician, Massachusetts Medical Society

Peggy Kaufman, National Association of Social Workers

Divya Kumar, A woman who has experienced postpartum depression

Kerry LaBounty, Health New England, Commercial health insurance representative

Dr. Monica Le, Director of Medicaid, Designee

Dr. Tiffany A. Moore Simas, Obstetrician, Massachusetts Medical Society

Rep. Carole Fiola, House Member

Sen. Richard Ross, Senate Member

Dr. Alison Schonwald, Pediatrician, Massachusetts Medical Society

Rebecca Butler, Commissioner of Insurance, Designee

Dr. Jayne Singer, Massachusetts Psychological Association

Dr. Joshua Sparrow, Child Psychiatrist, Massachusetts Medical Society

Sen. Bruce Tarr, Senate Member

Anne Boffa, Harvard Pilgrim, Commercial health insurance representative

Commissioner Thomas Weber, Department of Early Education and Care

Dr. Michael Yogman, Children's Behavioral Health Advisory

Timoria McQueen Saba, House Co-Chair appointment

Dr. Lisa Scarfo, Neighborhood Health Plan, Commercial health insurance representative

Summary of Meetings and Events

Meeting 20 – October 11, 2017

At this meeting, Commissioner Karin Downs presented data from the Department of Public Health on PPD Screening. Data were collected and cleaned from CY 2014-2015 and the reported percentage of new mothers screened was 6.7%. Several reasons named for the low percentage were that there was no legal requirement to code for the screen and there was no payment assigned to the code. Notably, OBs and family practitioners are reporting in this data set, but pediatricians are not. Commissioners discussed limitations of the data and suggestions for new analysis and improvements, including incentivizing screening as part of the ACO structure.

This meeting also featured a presentation from Tim Nielsen, CSTE Applied Epidemiology Fellow in the MCH division of DPH on the Chapter 55 Report on Opiate related Overdoses, Section III.f *Mothers with OUD*. He detailed the risk for fatal and non-fatal overdoses among pregnant and postpartum women. The overdose rate sharply increases in the first 42 days postpartum, reaching its highest risk 6 months to 1 year following delivery. Mothers with OUD had particularly high levels of co-occurrence with homelessness and SMI. Rates of PPD and related mood disorders were not a part of this data set. Commissioners discussed the particularly vulnerable nature of this population and posed the question of who the Commission could partner with to pursue solutions to this issue going forward.

Dr. Monica Le also presented on MassHealth preliminary PPD data analysis. The S3005 code was collected beginning in October 2015. Payment systems were put in place May 2016 and saw 66% increase in billing, although these numbers were still very low. These data come from primarily OB/GYNs and very few pediatricians. Provider education is also an issue in the accuracy of reporting & the validity of data. In August 2017 rate regulations were set for what CMS will pay which solved some more data issues. Commissioners then discussed several difficulties in coding for specific time periods related to peripartum diagnoses, the value of this MassHealth data, and the limitations of this data set.

Commissioners then discussed future goals of the commission and suggested potential working groups, including web presence, public awareness, mothers with opioid use disorder, and legislative advocacy.

Meeting 21 – January 24, 2018

At this meeting, commissioners and members of the public engaged in a discussion of areas the Commission should work on and ways it can improve. Issues raised included using time effectively, including and elevating voices of women of color, and taking more concrete action

steps, finding better avenues of communication as a commission, mission creep, the narrow scope of the name “PPD Commission,” and increased public awareness. The Commission organized several responses to this discussion, including the creation of a website with a Commissioner directory (www.ppdcommission.com), increased emails to Commissioners and public contact lists, the formation of working groups, and a broadened scope of the upcoming Awareness Day.

The Commissioners then broke up into 4 working groups to organize scope, goals, and timelines. The 4 working groups were centered on:

1. Mothers with Substance Use Disorder
2. Public Awareness
3. Legislative Advocacy
4. Web Presence

Finally, the Commissioners held a discussion to begin planning a theme for 2018 Awareness day. The theme Commissioners came to a consensus on was promoting recovery from substance use disorder for mothers and families.

Meeting 22 – March 28, 2018

Commissioners shared updates from the following working groups:

Mothers with Substance Use Disorder

1. Dr. Leena Mittal delivered an update on the proposal for MCPAP for Moms House FY19 budget amendment to expand provider education and consultation services specific to mothers with SUD. The proposal aims to extend expert consultation to SUD specialists and broaden the reach of MCPAP for Moms. Dr. Mittal noted that treating mothers with SUD is even more distinct specialization than mental health, providers often need specific consultation on SUD-specific language & resources, yet currently MCPAP for Moms is not getting calls for consultation from SUD providers.
2. Dr. Monica Le delivered an update on the data analysis MassHealth is collaborating on with Dr. Gene DeClerq regarding maternal mortality and an investigation into the impact of current enhanced benefit period for pregnant women and what the potential impact would be of extending that benefit period to longer than 60 days postpartum.

Public Awareness Campaign

1. Maureen Whitman, intern for Co-chair Senator Lovely, delivered an update regarding the goals of the group, including community outreach, identifying a fiscal agent to handle any funds that could be obtained for the purpose of an awareness campaign, sharing the Commission website widely, and partnering with more specific populations to make greater impact. The Commission also began

inquiries to House Counsel regarding capabilities and limitations of legislative commissions collecting grant funding.

Legislative Advocacy

1. Cate McNulty updated the Commission on the work of the advocacy group, including adding a lobbying portion to this year's Awareness day. This meeting's presentation on MassHealth ACO quality metrics were additionally a product of this working group. Margaret Hannah and Cate McNulty investigated shared goals and opportunities for collaboration between this Commission and the Promote Prevent Commission (promoteprevent.com), a MA Commission focused on behavioral health prevention on which Margaret Hannah and Yaminette Diaz-Linhart are Commissioners.

Website

1. Cate McNulty shared the current draft of the PPD Commission website and solicited feedback from the Commission. Feedback included: creating a page highlighting Massachusetts-specific news, making sure Massachusetts is visible on all pages, increasing MCPAP for Moms visibility & sharing the Lifeline4Moms link, providing resources for other states, and including the link to the MassAIMH professional development compendium.

Commissioner Beth Buxton then shared a brief update of the current work at DPH on various PPD initiatives.

Dr. Alon Peltz, Associate Medical Director, Payment and Care Delivery Innovation, MassHealth & Josh Twomey delivered a presentation on the 2018 MassHealth ACO structure. Discussion developed around continuity of care for patients and their providers and the role of commissioners advocating for said continuity. Discussion was limited due to time and the scope of the presentation prepared, which focused primarily on quality metrics. Commissioners shared feedback on best screening tools; Edinburgh was suggested as the most appropriate given removal of symptoms commonly associated with pregnancy. Commissioners also submitted additional written feedback to the presenters.

Meeting 23 – May 2, 2018

Commissioner Dr. Monica Le shared a presentation on MassHealth PPD Screening data showing an increase in PPD screening since payment was implemented in 2016. The number of screens nearly doubled in maternal care settings and increased six-fold in pediatric settings. She noted that there are some providers who still do not use a modifier and they are investigating ways to incentivize its use. She also noted they are looking into pediatric access points for provider training to increase utilization.

Commissioner Beth Buxton shared an update on the work that went into creating the MA Maternal Mortality and Substance Use Bulletin. The data indicates an increase in maternal mortality, many with mental health and substance use disorders. She also noted areas in which they are seeking to increase data access in the future. Beth additionally noted that Massachusetts maternal mortality numbers are too low to report on racial inequities in mortality, so they are looking into maternal morbidity as a way to investigate racial inequities.

Commissioners then shared brief updates from the following working groups:

Public Awareness

1. Maureen Whitman shared an update on the grant application she completed as part of her studies, which has been shared with PSI of Massachusetts. The grant would use funding to update the PSI of Massachusetts website, run the PSI warmline, create a resource and referral guide of existing groups, programs, and resources, and identify underserved health centers/providers for PSI to offer in-person training and resource sharing. The grant would PSI of MA now has the ability to choose whether or not to submit said application.
2. Cate shared draft language developed by House Counsel that would create a permanent PPD Commission with express power to fundraise money from grants, federal funding, and other sources so that the Commission would have the capacity to fund an Awareness campaign, the Awareness Day, the website, the PPD Pilot programs, or other future projects. The legislation would not change the role of Commissioners or makeup of the Commission. Commissioners then discussed ways the Commission can break out of its silo and partner with other Commissions to accomplish broader goals.

Mothers with SUD

1. Dr. Nancy Byatt, Dr. Leena Mittal, and Dr. John Straus shared an update on the MCPAP for Moms SUD expansion budget amendment. The house amendment filed by Representative O'Day was not adopted into the House budget. MCPAP for Moms then discussed their advocacy plans for the Senate.

Legislative Advocacy

2. This work group held a conference call one week prior to prepare 4 legislative priorities for the upcoming Perinatal Mental Health Awareness Day. One-page overviews of each priority were prepared. The priorities identified were as follows: (i) MCPAP for Moms SUD Expansion budget amendment; (ii) PPD Pilot Program funding budget amendment; (iii) H1156 An Act relative to Postpartum Depression Screening; (iv) H2172 & S1048 An Act Establishing a Paid Family and Medical Leave Insurance Program

Commissioners then prepared for the 2018 Perinatal Mental Health Awareness Day.

Perinatal Mental Health Awareness Day – May 9, 2018

The fourth annual Perinatal Mental Health Awareness Day was held in the Great Hall of the State House to promote recovery from substance use disorder for mothers and families. Lieutenant Governor Karyn Polito and Commissioner Monica Bharel offered opening remarks. Please see Appendix II of this report for the program of the event and summary of the speaking series.

PPD Commission Subcommittees – January 2018-present

Four different subcommittees convened around the topics of Web Presence, Public Awareness, Mothers with Substance Use Disorder, and Legislative Advocacy.

Future Goals

In the coming year the Commission will continue to work on multiple projects promoting better screening, treatment, and awareness of prenatal and postpartum mental health of mothers and fathers, as well as the dissemination of lessons learned from PPD initiatives in the Commonwealth. The Commission will work to share this information locally and nationally through its new website, ppdcommission.com, and twitter account, twitter.com/ppdcommission. The Commission will continue to assist MCPAP for Moms and the PPD Community Health Center pilot programs through continued advocacy and legislative support. The Commission will continue to focus on developing and ultimately launching a public awareness campaign on postpartum depression and other perinatal mental health complications. The Commission will pursue legislation to create a permanent PPD Commission with the goal of enabling the Commission to collect and utilize grant funds and partner with other Commissions and organizations. Furthermore, the Commission will continue to support the Department of Public Health on multiple PPD-related initiatives. Finally, the Commission will continue the goals of the individual working groups and will pursue other goals as determined by the Commission.

Appendices

- I. 2017-2018 PPD Commission Subcommittee Reports**

- II. 2018 Perinatal Mental Health Awareness Day Program**

Appendix I.

2017-2018 Working Group Reports

Working Group: Legislation & Advocacy

Members: Michael Yogman, Liz Murphy, Liz Friedman, Jessie Colbert, Matt Pecoraro, Margaret Hannah, John Straus, Carolyn Broudy, Jamie Belsito

Meetings:

January 24, 2018: Initial working group meeting

February 12, 2018: Conference call with working group members

March 23, 2018: Conference call with working group members

April 25, 2018: Conference call with working group members

Summary of Activities:

This working group organized several priorities, including advocating for current state legislation relating to perinatal mental health, investigating opportunities for new legislation, and coordinating systems for advocacy that Commissioners can participate in. To these ends, the working group accomplished the following:

1. Invited Alon Peltz, Associate Medical Director of Payment and Care Delivery Innovation at MassHealth to a discussion among commissioners on adding PPD screening to the list of quality metrics
2. Created a one-page informational brief on H1156, An Act relative to postpartum depression screening
3. Investigated several areas for potential new legislation, including maternal mental health in the criminal justice system, maternal mortality overview, a MassHealth eligibility extension for pregnant women, reimbursement for both mental health and substance use screenings, and increased funding for MCPAP for Moms
4. Consulted with House Ethics to determine scope of Commissioner advocacy and shared consensus among Commissioners: In writing or advocating in favor of legislation, Commissioners must specify which undersigned members of the Commission are in support or simply advocate in their personal professional capacity. Agency employees and private organizations may recuse themselves as needed.
5. Coordinated advocacy efforts among interested and able Commissioners for MCPAP for Moms substance use disorder expansion funding in the FY19 budget, PPD Pilot Program FY19 budget funding, H1156 An Act relative to postpartum depression screening, and Paid Family & Medical Leave
6. Organized a designated lobbying hour at the 2018 Perinatal Mental Health Awareness Day for attendees to visit their legislators and advocate for perinatal mental health policies

Recommendations:

This working group discussed the importance of continued funding for policy priorities, including PPD screening pilot programs and MCPAP for Moms. It also discussed other policy goals, including adding PPD screening and outcome measures to MassHealth ACO structures, passing Paid Family & Medical Leave, and making postpartum psychosis admissible in the criminal justice system.

Next steps:

This group will continue to investigate and pursue new legislation based on the aforementioned ideas. It will also continue to coordinate advocacy efforts for Commissioners and community members to engage with their legislators on current policy issues. Finally, it plans to continue the conversation with MassHealth regarding ACO quality metrics of perinatal mental health outcomes.

Working Group: Mothers with Substance Use Disorder

Members: Peggy Kaufman, Jayne Singer, Monica Le, Josh Sparrow, Janice Goodman, Leena Mittal, Representative James O'Day, Beth Buxton, Gordon Harper, Linda Jablonski

Meetings:

January 24, 2018: Initial working group meeting

February 28, 2018: Conference call with most working group members

March 9, 2018: Phone call with Carmen Norona, LCSW regarding Child-Parent Psychotherapy (CPP)

March 18, 2018: Phone call with MCPAP for Moms regarding substance use disorder expansion proposal

Summary of Activities:

This working group organized several priorities, including expanding the capacity of MCPAP for Moms to provide consultation to providers on substance use disorder in pregnant women and new moms, and addressing increased maternal mortality due to substance use. To these ends, the working group accomplished the following:

1. Coordinated with MCPAP for Moms to develop a proposal for the expansion of substance use disorder-specific services
2. Drafted an amendment to the FY19 budget to allocate an additional \$175,000 to accomplish this expansion
3. Added substance use disorder resource and recovery links to the Commission website
4. Investigated the prevalence, efficacy, and potential for growth of parent-child dyadic care as a response to mothers struggling with substance use disorder
5. Advocated for the MCPAP for Moms budget expansion in the House, Senate, and Conference Committee

Recommendations:

This working group discussed the importance of increasing resources for pregnant women and new mothers through the MCPAP for Moms SUD expansion and other programs.

Next steps:

This group will continue to connect expecting and new mothers to resources in the Commonwealth through MCPAP for Moms and other avenues, and investigate ways to increase access to care and effective treatment modalities, including Child-Parent Psychotherapy (CPP).

Working Group: Public Awareness

Members: Timoria McQueen Saba, Kerry LaBounty, Mary Elizabeth Gamache, Barrie Baker, Tiffany Moore Simas, Nancy Byatt, Maureen Whitman, Representative Carole Fiola

Meetings:

January 24, 2018: Initial working group meeting

February 28, 2018: Conference call with most working group members

April 24, 2018: Meeting between Cate McAnulty and Maureen Whitman, intern in Senator Lovely's office

Summary of Activities:

This working group organized several priorities, including a public awareness campaign, community outreach, training for support group facilitators, and resource sharing among providers. To these ends, the working group accomplished the following:

1. Investigated funding opportunities for the Commission, including using a fiscal agent/external agency to handle funds and the creation of a permanent Commission
2. Drafted a grant proposal for the PSI of Massachusetts PPD Awareness and Outreach Initiative, which would fund maintenance and upgrades to the PSI Warmline and website and outreach designed to educate and raise awareness about the multiple resources available in Massachusetts for professionals who work with pregnant or postpartum clients and families.
3. Investigated tactics to reach high risk populations such as young mothers; proposed prioritizing Community Health Centers and organizations that serve similarly high-risk women
4. Investigated organizations to partner with on public awareness and provider engagement, including MCPAP for Moms
5. Drafted legislation to create a permanent PPD Commission with language enabling the Commission to solicit grant funding and to coordinate and share resources with other special legislative commissions with shared goals
6. Coordinated with House Counsel and House Ethics to identify capabilities and limitations of Commission fundraising; Commission Co-Chairs may need to file appearance of conflict of interest forms in certain situations should this legislation be enacted

Recommendations:

This working group discussed the important role the Commission website and social media plays in connecting advocates, parents, and providers to resources in Massachusetts. This group additionally recommends that PSI of Massachusetts submit the draft grant proposal or a similar funding application to accomplish the goals of the grant application mentioned above.

Next steps:

This group will continue to pursue a Commission-funded public awareness campaign and other goals as the working group determines. In order to accomplish these priorities, the Commission will file legislation, sponsored by the Co-chairs, to create a permanent PPD Commission capable of collecting and distributing funds.

Working Group: Web Presence

Members: Cate McAnulty, Divya Kumar, Karen Crowley, Rebecca Butler

Meetings:

January 24, 2018: Initial working group meeting

Summary of Activities:

The primary goal of this working group was to increase the web presence of the PPD Commission. Previously, the PPD Commission existed on the DPH website and on a Facebook page. In order to accomplish this goal, the working group completed the following:

1. Created a PPD Commission website (www.ppdcommission.com) with the following elements: (i) resources for providers, parents, and advocates; (ii) a complete list of commissioners and bios; (iii) background information on the Commission; (iv) archives of annual reports, meeting minutes, and past events; (v) information on upcoming meetings and events; (vi) relevant news articles and scientific reports; and (vii) Commission contact information
2. Secured funding for the PPD Commission website through the offices of the Co-chairs
3. Created a PPD Commission twitter account (www.twitter.com/ppdcommission) to share upcoming events, meetings, accomplishments, relevant news, and to increase the reach of the Commission locally and nationally
4. Created and disseminated flyers for the 2018 Perinatal Mental Health Awareness Day

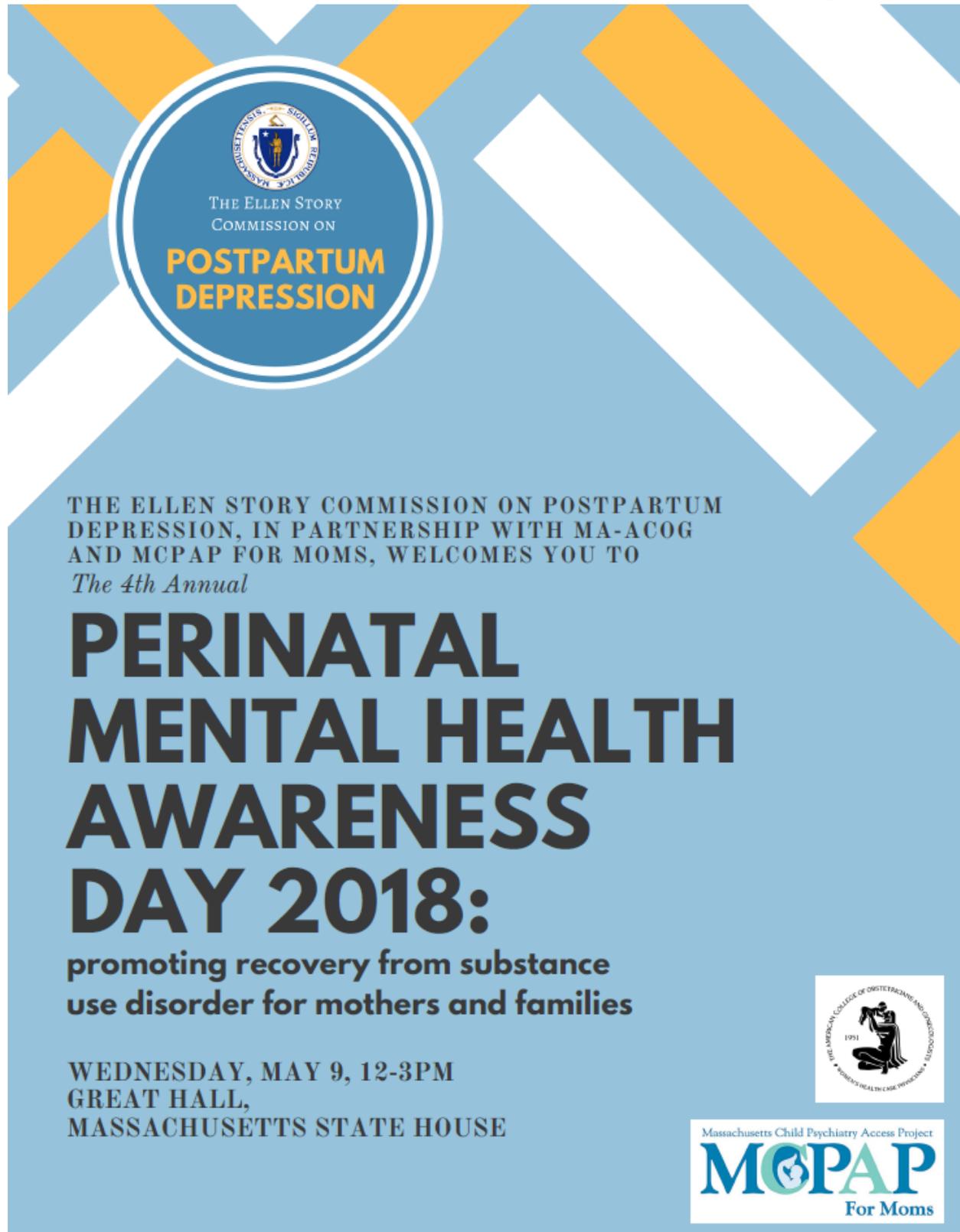
Recommendations:

This working group discussed increasing the state and national presence of the PPD Commission and supports broadening the Commission's reach through continued website and social media updates and posts.

Next steps:

This group will continue to add resources and updates to the Commission website and social media as determined by the working group and Commission as a whole.

Appendix II. 2018 Perinatal Mental Health Awareness Day Program



The poster features a blue background with a pattern of white and orange diagonal stripes. At the top left is a circular logo for the Ellen Story Commission on Postpartum Depression, which includes the state seal of Massachusetts. The main text is centered and reads: 'THE ELLEN STORY COMMISSION ON POSTPARTUM DEPRESSION, IN PARTNERSHIP WITH MA-ACOG AND MCPAP FOR MOMS, WELCOMES YOU TO The 4th Annual PERINATAL MENTAL HEALTH AWARENESS DAY 2018: promoting recovery from substance use disorder for mothers and families'. Below this, the date and location are listed: 'WEDNESDAY, MAY 9, 12-3PM GREAT HALL, MASSACHUSETTS STATE HOUSE'. In the bottom right corner, there are two logos: the American College of Obstetricians and Gynecologists (ACOG) logo and the Massachusetts Child Psychiatry Access Project (MCPAP) logo, which includes the text 'Massachusetts Child Psychiatry Access Project' and 'For Moms'.

THE ELLEN STORY COMMISSION ON
**POSTPARTUM
DEPRESSION**

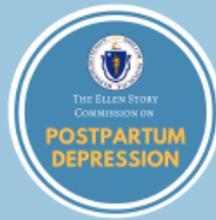
THE ELLEN STORY COMMISSION ON POSTPARTUM
DEPRESSION, IN PARTNERSHIP WITH MA-ACOG
AND MCPAP FOR MOMS, WELCOMES YOU TO
The 4th Annual

**PERINATAL
MENTAL HEALTH
AWARENESS
DAY 2018:**
promoting recovery from substance
use disorder for mothers and families

WEDNESDAY, MAY 9, 12-3PM
GREAT HALL,
MASSACHUSETTS STATE HOUSE

1951
THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
A COMMITMENT TO THE HEALTH OF WOMEN

Massachusetts Child Psychiatry Access Project
MCPAP
For Moms



Senator Joan Lovely & Representative James O'Day
Co-Chairs, The Ellen Story Commission on Postpartum Depression

OPENING REMARKS:

Lieutenant Governor Karyn Polito
The Commonwealth of Massachusetts

Karyn Polito is the 72nd Lieutenant Governor of Massachusetts. She began her public service in local government, serving as a member of the Shrewsbury Board of Selectmen and then as a state representative for five terms. Preventing sexual assault and domestic violence have been priorities for Lt. Governor Polito, and she now serves as chair of the Governor's Council to address these important issues. Lt. Governor Polito is a lifelong resident of Shrewsbury where she lives with her husband and two children.

Commissioner Monica Bharel
Massachusetts Department of Public Health

Monica Bharel, MD, MPH, became Commissioner of the Massachusetts Department of Public Health in February of 2015. As Commissioner, she is responsible for implementing the state's response to the opioid crisis, as well as leading the Department's efforts in reducing health disparities, finding public health solutions for health care reform, developing innovative solutions using data and evidence-based practices, and other health care quality improvement initiatives.

Nancy Byatt
Massachusetts Child Psychiatry Access Project (MCPAP) for Moms, Co-sponsor

Nancy Byatt, DO, MS, MBA, is the Director of the Division of Women's Mental Health with the Department of Psychiatry at the University of Massachusetts Medical School. As a psychiatrist, physician-scientist, and perinatal mental health expert, Dr. Byatt has focused her career on improving health care systems to promote maternal mental health. She is an Associate Professor of Psychiatry, Ob/Gyn, and Quantitative Health Sciences. She is the Founding Medical Director of MCPAP for Moms, a statewide program that has impacted state and national policies and funding regarding perinatal mental health and increased access to perinatal mental health care for thousands of women. She frequently serves on national advisory boards and expert work groups focused on improving perinatal mental health. Her academic achievements have led to over 100 peer-reviewed publications, book chapters and national presentations and numerous national awards. In her role, Dr. Byatt oversees the clinical, educational, research and educational initiatives related to Women's Mental Health.



SPEAKING PROGRAM:

The Lullaby Project

The Lullaby Project, initiated by Carnegie Hall, brings pregnant women and new mothers together with professional musicians to write original lullabies for their babies. The project is completed in three sessions: reflection and brainstorming, songwriting, and recording. The project provides innovative prenatal support to families in difficult circumstances, supporting maternal health and child development and strengthening the bond between parent and child. Palaver has completed two Lullaby Projects in a partnership with Boston Medical Center. In June 2017, project participant Caitlin Gillespie performed her lullaby, “Harper Rose,” at Carnegie Hall, alongside two members of Palaver.

In December 2017, we worked with several mothers who were invited to perform their lullabies alongside Palaver Strings at the Huntington Ave Theater. The concert program, a *dormir a sonar*, will explore the dynamic of unconditional love between parent and featured a special collaboration with pianist Moisés Fernández Via.

Roseanna Means, MD

Founder, Health Care Without Walls

Roseanna H. Means is the Founder and President of Health Care Without Walls (formerly: Women of Means), a non-profit organization of volunteer physicians and staff nurses who have provided free medical care and care coordination for homeless and battered women and families in Boston since 1999.

She has been recognized for distinguished community service by Massachusetts Medical Society, Health Care for All, MIT Alumni Association, Tufts University Alumni Association, and Harvard Medical School. In 2008, Dr. Means was awarded an honorary Doctor of Humane Letters by Babson College. In 2010, she was recognized as a Community Health Leader by the Robert Wood Johnson Foundation and in 2011, she was named a CNN Hero. In 2012, she was recognized as a Woman of Courage and Conviction by the Boston Chapter of the National Council of Negro Women and in 2017, was named one of Boston’s Top Doctors by Boston Magazine.

In addition to her role as President of Health Care Without Walls, Dr. Means has been a primary care physician on the staff of Brigham & Women’s Hospital since 1984 and serves as an Associate Professor of Medicine at Harvard Medical School. Prior to launching HCWW, Dr. Means was the Program Medical Director of the Boston Health Care for the Homeless Program, where she was also the Medical Director of the Barbara McInnis House, a 75-bed residential recuperative facility for homeless persons.

A graduate of MIT (BS and MSc) and Tufts University School of Medicine (MD), she completed her residency in Internal Medicine at the Brigham and Women’s Hospital.



Ilse Rosario & Junior Rosario

A family in recovery

Ilse and Junior Rosario are a couple who have battled long term addiction together and after much suffering have been set free by the saving grace of Jesus Christ. They now have 4 years clean and sober. They have 2 lovely daughters and eagerly await the birth of their third.

Kristen Piskator, Peer Mom

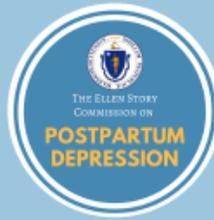
Moms Do Care

Kristen is a mother of 4 who has been in recovery for 6 years. She used medication assisted treatment in the form of methadone to gain both recovery and positive thinking. Her youngest daughter was born on methadone and because of that experience she decided to work with pregnant and post-partum mothers. She has been working with these women for about 2 years now and she loves what she does. Her main goal is to give these women hope and make it possible for them to parent their children.

Katherine Callaghan, MD

University of Massachusetts Medical School Green Clinic

Katherine M Callaghan is a graduate of UMassMedical School as well as a residency in Obstetrics and Gynecology from UMassMemorial in Worcester Mass. Upon joining the faculty of the University of Massachusetts Medical School in 2014, she set out to specifically to improve the medical management of pregnant patients dependent on opioids. She led a committee of nurses, pharmacists, addiction specialists and administrators in drafting, finalizing and implementing in-patient protocols for initiating Medication Assisted Treatment (MAT) in the pregnant patient, including both a methadone protocol and a buprenorphine protocol. As part of the Massachusetts Perinatal Quality Collaborative, she helped create a toolkit for providers working with pregnant women with Opioid Use Disorder. In 2015, she founded the Karen W Green Clinic for Pregnancy and Recovery, a multidisciplinary clinic providing comprehensive prenatal care and addiction treatment to women with a variety of substance use disorders. "The Green Clinic" now provides obstetrical care, Medication Assisted Treatment, psychiatric care, social work support and other services to women seeking recovery or actively using substances. As an Ob/Gyn, buprenorphine provider, and community leader in the care of women with opioid use disorder, she continues to fight to improve care and services for this underserved and unique population.



PARTICIPATING ORGANIZATIONS:

Beverly Hospital
Boston North Post Partum Health Coalition
Brazelton Touchpoints Center and the Brazelton Institute
Brigham and Women's Mental Health
Child & Family Services
DPH
Family Connections
Greater Lynn PPD/Lynn Comm. Health Center
Group Peer Support
LC Home Visits
Leggett Group
Mass Lactation Consultant Assoc.
MCPAP for Moms
MGH Center for Women's Mental Health
Moms Do Care
North Shore Postpartum Help
Pentucket Perinatal Mental Health Coalition/Anna Jacques Hospital
Postpartum Support International
Sage Therapeutics
The Children's Trust
UMASS Departments of Ob/Gyn
William James College- CFD



THANK YOU TO OUR SPONSORS:



Massachusetts Child Psychiatry Access Project

MCPAP
For Moms

A three-part approach for addressing high rates of untreated mental and substance use disorders has dramatically expanded the clinical workforce available to detect, assess, and treat mental and substance use disorders among pregnant and postpartum women. Targeted to obstetricians and other frontline providers, the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms helps providers identify, assess, and treat mental and substance use disorders by providing (1) in-person training, educational resources and tool-kits, (2) immediate access to telephone consultation, and rapid access to in-person consultation when indicated, and (3) referrals to help women access community resources. MCPAP for Moms provides access to referral to mental health resources and immediate psychiatric telephone consultation with perinatal psychiatrists for obstetric, pediatric, adult psychiatric, adult primary care providers, or any other provider serving pregnant or postpartum women. Practices throughout Massachusetts have access to MCPAP for Moms Provider Toolkit (available at www.mcpapformoms.org) and real time telephonic consultation. Consultations address and provide support on many topics including diagnoses, treatment planning, advice on psychotherapy and community supports, strategies for medication treatment (when indicated) and adjustments, and review of the evidence regarding medication treatment during preconception, pregnancy, and lactation. MCPAP for Moms perinatal psychiatrists are also available to see patients for one-time face-to-face consultations, after which they send a detailed written assessment that includes treatment recommendations to the referring provider. All MCPAP for Moms services are payor-blind and available to all patients regardless of insurance status. MCPAP for Moms Resource and Referral Specialists work with health care providers and patients and provide information about, and referrals to, individual and group psychotherapy, psychopharmacologic providers, and family based treatments such as support groups that are geographically convenient for the patient and compatible with her insurance.

To date, the program has trained 70% of the state's obstetric practices, which covers >80% of the 72,000 annual deliveries in Massachusetts. The program allows every pregnant woman in the state of Massachusetts to have access to mental health care because all providers in the state, caring for pregnancy and postpartum women, can call for consultation and access resources.

