

Commonwealth of Massachusetts General Court

The Ellen Story Commission on Postpartum Depression

2019 Annual Report

Report Submitted on June 30th 2019

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Special Legislative Commission on Postpartum Depression
2019 Annual Report

June 30, 2019

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:

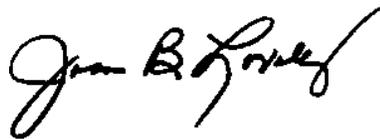
On behalf of the Special Legislative Commission on Postpartum Depression, and in accordance with Chapter 313 of the Acts of 2010, we present you with the Commission's annual report.

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 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 racial and ethnic inequities issues within both screening and incidence rates. At this year's Perinatal Mental Health Awareness Day, we gathered together to hear from mothers, families, and providers working to address disparities in perinatal mental health outcomes. The current divide in outcomes for pregnant and postpartum women of color in particular presents another urgent and under-resourced need that the Commission has worked diligently over the past year to address.

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 24 – September 12, 2018

At this meeting, the Commission welcomed our two newest commissioners, Dr. Lisa Scarfo, Medical Director at Neighborhood Health Plan, filling the role of Representative of MA Behavioral Health Partnership/Managed care org. contracting with MassHealth; and Anne Boffa, Director of Quality and Clinical Compliance at Harvard Pilgrim; filling the role of Representative of Commercial Health Insurers/Managed Care Orgs Operating in MA. Representative O'Day delivered a recap of the end of formal legislative session, having secured \$170,000 for substance use disorder-specific expansion of the Massachusetts Child Psychiatry Access Project (MCPAP) for Moms and \$200,000 for 4 postpartum depression screening pilot programs. Rep Fiola's PPD screening bill passed in the House, and the Commission discussed continued support next session.

This meeting also featured a presentation from Josh Twomey and Aditya Mahalingam-Dhingra on MassHealth ACO quality metrics. Topics discussed include the depression measures utilized by MassHealth ACOs in chronic illness prevention and in integrated behavioral health. Data from ACOs will be captured in late 2019.

Beth Buxton also presented an update on DPH PPD initiatives. Topics included quarterly trainings with DCF, contracting for PPD Pilot Programs, and screening rates. Data from the last two years showed that of eligible women based on birth certificate data, only 6-8% of women were receiving a screen. Commissioners then discussed potential reasons why providers might not be using the code, potential incentives and methods to increase buy-in.

Dr. Leena Mittal then shared an update on the MCPAP for Moms substance use disorder expansion. The organization had hired consultants to develop new materials on substance use disorder, and had a job posting for a project coordinator for expansion.

Commissioners then discussed future goals of the commission for next legislative session and suggested potential issues, including postpartum psychosis in the court and criminal justice system, public awareness and methods of funding, and diaper subsidies.

Meeting 25 – December 19, 2018

At this meeting, commissioners and members of the public engaged in a discussion of two legislative proposals. One proposal to create a permanent PPD Commission with the ability to collect grant funds was laid aside due to unavoidable constitutional issues. The Commission discussed pursuing a fiscal partnership with DPH to carry out the previously discussed awareness campaign. The second proposal regarding potential legislation regarding

sentencing and treatment for women with postpartum psychosis was shared with commissioners for review and feedback. Commissioners discussed making important edits to the definition of postpartum psychosis, managing an awareness campaign to ensure appropriate information is given to the public, and the risk of perinatal mood disorder-related stigma associated with discussing postpartum psychosis. The importance of Massachusetts-specific incidence data was also noted.

Dr. Audra Meadows and Dr. Ron Iverson shared the work of the Massachusetts Perinatal Quality Collaborative, a cooperative voluntary program involving Massachusetts maternity facilities and key perinatal stakeholders, designed to promote the sharing of best practices of care. Dr. Meadows also discussed the Perinatal-Neonatal Quality Improvement Network of Massachusetts (PNQIN), a joint venture of the Massachusetts Perinatal Quality Collaborative (MPQC) and the Neonatal Quality Improvement Collaborative of Massachusetts (NeoQIC). PNQIN is partnering with the Alliance for Innovation on Maternal Health (AIM), a national collaborative of providers, public health, and advocacy organizations, to support implementation of evidence-based action steps (maternal safety bundles) on high risk maternal conditions in birthing facilities, clinics, and hospitals across the state to address the rise in maternal mortality and severe maternal morbidity rates across the US. These maternal safety bundles include Obstetric Care for Women with Opioid Use Disorder and Reduction of Peripartum Racial/Ethnic Disparities, among others. The collaborative, volunteer approach avoids legislative mandates and enables organizations to access valuable data and improve their care systems. The organization proposed a line item in the budget to fund their ongoing projects, which currently operate entirely on project-based grants, throughout the year. The ask discussed was for \$500,000, and they discussed an additional budget prepared for a \$200,000 line item.

Beth Buxton shared with the Commission the preliminary discussions regarding partnering with DPH to fund and disseminate an awareness campaign. Similar DPH awareness campaigns, such as the safe sleep campaign, have cost \$400,000. This sum paid for the research, testing, creative design, and media buy. DPH contracted out for the campaign, and the majority of the money went to the media buy. The campaign was disseminated on the MBTA, Facebook, Youtube, and several parenting sites. Commissioners discussed potential FY20 budget funding to begin work on such a campaign, although grant funding and potentially private funding are also options.

Beth also shared with Commissioners the current status of the DPH-funded PPD screening pilot programs. Three community health centers (Worcester, Holyoke, and Lynn) accepted the funding. Due to the timeline of appropriations and contracting, each organization only receives the funding for 4 months of each year, which is why Southern Jamaica Plain declined the funding. Commissioners then discussed potential modifications to the pilot programs, including whether to add additional community health centers.

Kelley Hiland, RN BSN then shared the work being done by the North Shore Mother Visiting Partnership. This group of public health nurses makes home visits to new moms and serves as a bridge to care. The home visit is a one-time 90 minute assessment that prioritizes

meeting the mother where she is at and addressing her specific needs, ranging from breastfeeding to childcare. The visits also come with a baby box of helpful supplies, including hand knit hats and blankets made by local senior centers. They officially launched in January 2018, receive referrals from family members and providers, and started working with the city clerk to access birth certificates. They discussed looking to connect to an ACO or a larger organization for billing, such as a hospital or a community health center. They additionally discussed funding sources to expand their work.

Amanda Donovan, an intern with NSMVP, then shared her work on intimate partner violence/domestic violence and its relation to perinatal mood and anxiety disorders. The presence of IPV increases the risk of PMAD threefold. When the situation allows, the NSMVP asks screening questions related to IPV and has worked to train their nurses in addressing the issue.

Finally, the Commissioners held a discussion to begin planning a theme for 2019 Awareness day. Commissioners came to a consensus on a theme around disparities in perinatal mental health outcomes.

Meeting 26 – March 13, 2019

The Commission held a discussion of the primary goals of an awareness campaign, to be funded through a partnership with DPH. Commissioners discussed pursuing two primary avenues: 1) targeted messaging aimed at increasing empowerment & access and reducing stigma for marginalized groups based on specific, quality market data through participatory research and focus groups; and 2) incentivized workforce training aimed at increasing knowledge and decreasing implicit bias across the field, including physicians, NPs, midwives, doulas, support groups, etc. The discussion was condensed into a written proposal that was shared electronically with Commissioners after the fact.

Commissioners then discussed priorities in the FY20 budget, including:

- a. Massachusetts Perinatal Quality Collaborative
- b. DPH Awareness Campaign funding
- c. PPD Pilot Programs, including an expansion to share best practices with the goal of spreading the program to other CHCs
- d. Perinatal Mental Health outcome measures: a proposal was created to develop preliminary report on perinatal mental health outcome measures, including what data is available, what data can be collected, and how it can be institutionalized.
- e. MCPAP for Moms SUD expansion

Commissioners then held a discussion of the theme of the upcoming Awareness Day, particularly on the difference between disparities and inequities in terms of messaging. The theme discussed was “addressing inequities in perinatal mental health.” Goals for the

awareness day include reaching more workforce students hopes of raising awareness of implicit bias and racial disparities among future professionals. The Commission has begun inviting speakers to address the 3 core themes of the event: data, language, and representation. Commissioners were encouraged to submit speaker suggestions, particularly patients who can speak to lived experience.

Dr. Gordon Harper then shared an update on the new United States Preventive Services Task Force recommendations for perinatal depression prevention. Dr. Tiffany Moore Simas shared additional information on one of the two recommended programs, ROSE (Reach Out, stay Strong, Essentials for mothers of newborns). Additional information was shared with Commissioners electronically.

Meeting 27 – May 8, 2019

Dr. Cindy Liu, Director of Developmental Risk and Cultural Disparities Program, BWH and founder of coordinated perinatal program between South Cove Community Health Center and Boston Chinatown Neighborhood Center, shared a presentation of her research on group perinatal supports and parent-child separation in the Chinese Immigrant community. A copy of the presentation was shared with Commissioners electronically.

Cate McAnulty shared an update on Commission budget priorities in the House FY20 budget.

Commissioners then prepared for the 2019 Perinatal Mental Health Awareness Day.

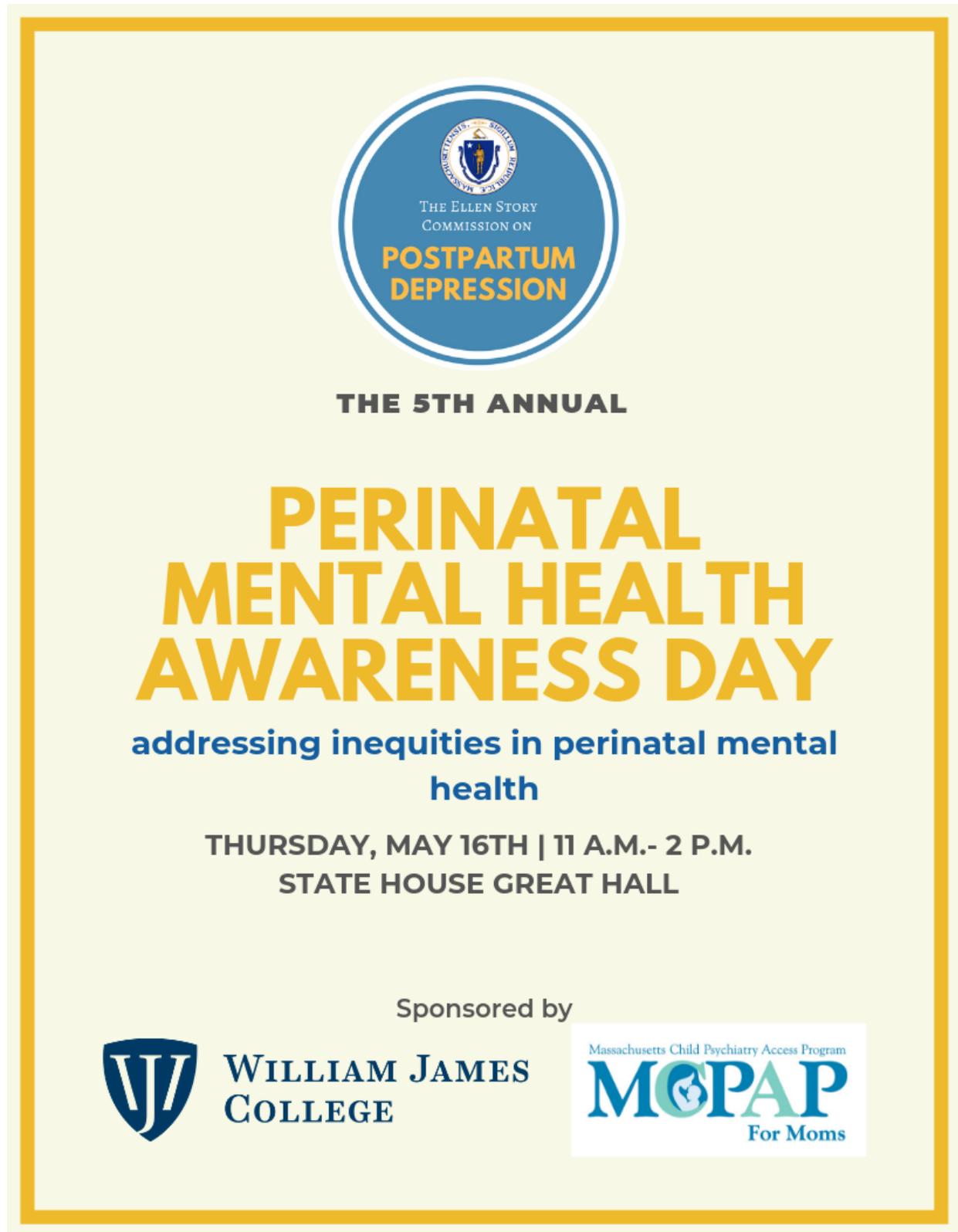
Perinatal Mental Health Awareness Day – May 16, 2019

The fifth annual Perinatal Mental Health Awareness Day was held in the Great Hall of the State House to address inequities in perinatal mental health. Commissioner Joan Mikula offered opening remarks. Please see Appendix II of this report for the program of the event and summary of the speaking series.

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 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. Furthermore, the Commission will continue to support the Department of Public Health on multiple PPD-related initiatives. Finally, the Commission will pursue other goals as determined by the Commission.

Appendix I: 2019 Perinatal Mental Health Awareness Day Program



The flyer is enclosed in a thick yellow border. At the top center is a circular logo with a blue background. Inside the circle is the seal of the Commonwealth of Massachusetts, with the text "THE ELLEN STORY COMMISSION ON POSTPARTUM DEPRESSION" below it. Below the logo, the text "THE 5TH ANNUAL" is centered. The main title "PERINATAL MENTAL HEALTH AWARENESS DAY" is written in large, bold, yellow capital letters. Below the title, the subtitle "addressing inequities in perinatal mental health" is written in blue. The date and time "THURSDAY, MAY 16TH | 11 A.M.- 2 P.M." and the location "STATE HOUSE GREAT HALL" are centered below. At the bottom, the text "Sponsored by" is centered. To the left of the text are the logos for William James College (a shield with "WJ") and the Massachusetts Child Psychiatry Access Program (MCPAP), which includes the text "Massachusetts Child Psychiatry Access Program", "MCPAP", and "For Moms".

THE 5TH ANNUAL

PERINATAL MENTAL HEALTH AWARENESS DAY

addressing inequities in perinatal mental health

THURSDAY, MAY 16TH | 11 A.M.- 2 P.M.
STATE HOUSE GREAT HALL

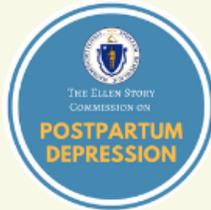
Sponsored by



WILLIAM JAMES COLLEGE



Massachusetts Child Psychiatry Access Program
MCPAP
For Moms



OPENING REMARKS

Commissioner Joan Mikula

Massachusetts Department of Mental Health

Joan Mikula was appointed Commissioner of the Massachusetts Department of Mental Health (DMH) on May 11, 2015. Commissioner Mikula has worked for DMH since 1985, serving as Deputy and Assistant Commissioner of the Department's Child, Youth, and Family Division. She has dedicated her career to ensuring that children, youth, families and adults have every opportunity to participate in their growth and recovery and to be successful in their homes, schools and communities. Passionate about family voice and choice among individuals served and their families, Commissioner Mikula's experience in education, child welfare, adult corrections, and juvenile justice as well as mental health administration in the private sector is significant and has guided the Department during her tenure. She brings a strong foundation of building collaborative partnerships which underscore the importance of culture and community in effective prevention, early intervention and treatment approaches that can make a difference in people's lives.

Nadja Reilly

William James College, Event Co-sponsor

Nadja Reilly, PhD, is the Associate Director of the Freedman Center for Child and Family Development at William James College. She is the training director for the Freedman Center's American Psychological Association approved internship. She received her MS and PhD degrees in clinical psychology from the University of Miami, Florida and completed her clinical internship and post-doctoral fellowship at Boston Children's Hospital. Dr. Reilly is a clinical psychologist with over twenty years of experience specializing in children, adolescents, and families and is the author of the book *Anxiety and Depression in the Classroom: A Teacher's Guide for Fostering Self-Regulation in Young Students*. She is the co-director of William James College's Graduate Certificate in School Climate and Social Emotional Learning.

Nancy Byatt

MCPAP for Moms, Event Co-sponsor

Dr. Byatt is a perinatal psychiatrist and physician-scientist focused on improving health care systems to promote maternal mental health. She is an Associate Professor of Psychiatry, Ob/Gyn, and Population and Quantitative Health Sciences at UMass Medical School. She is the Founding Medical Director of MCPAP for Moms (www.mcpapformoms.org), 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 is the Director of the Division of Women's Mental Health within the Department of Psychiatry at UMass Medical School. She is also the Founding Executive Director of Lifeline4Moms (www.lifeline4moms.com), a center which aims to help the health care community optimize maternal mental health. Dr. Byatt has had continued federal funding for research focused on developing and testing scalable interventions for addressing perinatal mental health and substance use disorders in medical settings. She frequently serves on national advisory boards and expert work groups focused on improving perinatal mental health. Her academic achievements have led to over 60 peer-reviewed publications and book chapters, over 200 presentations and numerous national awards.



SPEAKING PROGRAM

Hafsatou Diop

Dr. Hafsatou Diop, MD, MPH is the Office of Data Translation Director at the Massachusetts Department of Public Health. She serves as the State Maternal and Child Health (MCH) Epidemiologist and the Pregnancy Risk Assessment Monitoring System (PRAMS) Program Director. Dr. Diop is also the Director for the Massachusetts Pregnancy to Early Life Longitudinal (PELL) project. She completed the 21st International Course of Epidemiology held at the Center for Research (INSERM) in Paris and did her field practicum at the Head Quarters of the World Health Organization in Geneva, Switzerland in 1996. She received her Masters of Public Health degree with concentration in MCH in 2000 from the University of Honolulu, Hawaii.

Jo-Anna Rorie

Dr. Jo-Anna Rorie, CNM, MSN, PhD is the nurse coordinator for the Bridges to Moms program, one of three programs offered by Healthcare without walls, a nonprofit volunteer program of physicians and nurse practitioners who offer free medical care to homeless women across the life span. The Bridges to Moms is a program specifically designed to support homeless pregnant and postpartum women and their families around 4 key social determinants of health: housing, food security, transportation and personal safety. She has an extensive background in nurse midwifery, public health, diversity workforce development, social justice advocacy and has held many well-known leadership roles in midwifery at the local, regional and national levels. Dr. Rorie began her career in the late 1980's at a time in when Massachusetts was faced with an infant mortality crisis, especially in the Boston neighborhoods of North Dorchester, Mattapan and Roxbury. An extensive needs assessment led to a city-wide maternal and child health (MCH) agenda. Jo-Anna fingerprints were all over that agenda; and the subsequent recommendations calling for community-based perinatal initiatives that would utilize nurse-midwifery services as a critical element of care for underserved communities. She was the featured midwife in a provocative and pivotal Boston Globe series that highlighted the "Death Zones of Boston" – bringing the devastating statistics about racial and ethnic disparities within Boston's infant mortality crisis into the light of day. She has worked in several sectors of the public health arena, including Maternal and Child Health and Health Policy. Her zest to be part of the next generation of solutions to public health challenges has not wavered in 35 years. She continues to do clinical practice as the post-partum rounder for the Nurse Midwifery practice at Boston Medical Center. A graduate of Simmons College (BA) in Nursing, Yale School of Nursing (MSN, CNM) and Brandies University the Heller School (PhD).

Jasmine Sealy-Norvin

Jasmine is a native of Boston who grew up in the Mattapan neighborhood. She is a graduate of Latin Academy and Boston University. She met her husband in high school, got married, and had 2 children. It was during the second pregnancy that she ended the relationship with her husband and soon found herself homeless. She met the Bridges to Moms team in February 2018 and began the long and difficult journey back to self sufficiency. She is employed at Boston University, MIT and Casa Myrna. Currently Jasmine is studying at Lesley College to earn a master degree in mental health counseling and school adjustment counseling by May of 2020.

Lucy Chie

Lucy Chie, MD, MPH, FACOG is Director of OB/GYN at South Cove Community Health Center, Director of the Beth Israel Deaconess Medical Center OBGYN Community Health Initiative, staff physician at Beth Israel Deaconess Medical Center, and Assistant Professor of Obstetrics, Gynecology, and Reproductive Biology at Harvard Medical School.



Yoyo Yau

Man Yung (Yoyo) Yau, MA, LMHC, is the director of programs at the Boston Chinatown Neighborhood Center and adjunct professor of Lesley University. Yoyo is a licensed mental health counselor and certified Del Giacco neuro art therapy practitioner with a background in early intervention, mental health counseling and brain injury recovery. She has worked with non-profits, hospital settings and state agencies to provide assessment, therapy, treatment and crisis intervention. She graduated the emerging leaders program of Leadership Education for Asian Pacific, Inc in 2016. She is an alumna of the Institute for Nonprofit Management and Leadership at Boston University (BU) School of Management. In 2013-2014, she was selected in the Boston-Haifa Exchange Learning Program which she had firsthand experienced the dimensions of social justice and leadership in America and Israel. She was trained as a facilitator by Cordoba Group International LLC in 2012 and conducted a series of Boston Public School student assignment community meetings. She presented "neuro-art therapy and brain injury" at the 2008 American Art Therapy Conference in Ohio, and at the 2006 Del Giacco art therapy annual conference in New York. Yoyo has a bachelor's degree in social work from Hong Kong Polytechnic University, a master's in expressive therapy from Lesley University, and post graduate training in the Existential Psychotherapy Institute and the American Neuro Arts Therapy Institute.

Nneka Hall

Nneka Hall is the mother of four (2 Sunshines ages 18 and 13, an Angel baby who would be 8 and a Rainbow who is 4). She is a whole woman advocate who provides in person and virtual support to women through any life phase. She is a Pregnancy and Infant Loss Awareness Advocate with a primary focus on infant and maternal mortality within the African American Community. She is a Full Spectrum Doula, International Bereavement Specialist, a Community Centered Herbalist, and a Womb Health Advocate. In June of 2016 Nneka had the pleasure of being selected due to her work in the pregnancy and infant loss community to participate in the US of Women's Summit as a Nominated Change Maker which was hosted by former First Lady Michelle Obama and Oprah Winfrey. She is a member of Vital Village, Boston's Community Action Network, Boston's Breastfeeding Coalition and This Is My Brave. In January 2019, Nneka was one of the people featured in the This Is My Brave Documentary.

Timoria McQueen Saba

Timoria is a maternal health advocate, speaker and writer with a focus on mental and physical trauma due to childbirth and pregnancy- quite a change from her former career as a professional makeup artist! Immediately following the birth of her oldest daughter, Gigi, in April 2010, she suffered a near fatal postpartum hemorrhage. Timoria underwent a life-saving surgery and was later diagnosed with PTSD (post-traumatic stress disorder). Thirteen months later, she had a miscarriage in a frozen yogurt shop in front of several people, which triggered the difficult emotions from the hemorrhage she suffered the year prior. Resources and support for mothers who had survived a near miss were scarce. Timoria began sharing her story publicly in 2012 and has since connected with thousands of women across the world who have experienced similar birth and pregnancy complications; and the lingering psychological effects. Timoria is the coordinator of resources and support for Postpartum Support International (PSI), in the Boston Metro West and Central areas. In this role, she connects women suffering from postpartum mood disorders and their families to local therapists and support groups. She is a member of the PSI President's Advisory Council. Timoria facilitated a free peer-to-peer mother's support group, Emotional Wellbeing After Baby, at Milford Regional Hospital in Milford from February 2017-November 2018. In 2017, she was honored to be appointed by MA State Rep. James O'Day to a House chair seat on the Senator Ellen Story Special Commission on Postpartum Depression. Timoria also serves as the Project Lead for Patient Voice and Engagement for PNQIN-MA and is also a member of the Massachusetts Title V Maternal and Child Health (MCH) Block Grant Advisory Committee. Timoria's goal is to keep patients centered in the conversations about healthcare. She wants all mothers to have their birth experiences validated, no matter the outcome. She is passionate about helping mothers and families feel supported, and know they are not alone in whatever their personal struggles may be.



Audra Meadows

Dr. Meadows cares for women before, during and after pregnancy to ensure positive pregnancy and birth experiences. As an Obstetrician and Gynecologist at The Brigham and Women's Hospital and faculty at Harvard Medical School, Dr. Meadows teaches residents and medical students and devotes time to prenatal care practice innovation and advocacy. Her clinical, public health and policy initiatives aim to prevent preterm birth and infant mortality, achieve health equity and create value. At BWH, she is the Director of Practice Quality and Innovation in the Ambulatory Obstetrics Practice. In Massachusetts, Dr. Meadows holds leadership roles with the Massachusetts Perinatal Quality Collaborative (MPQC) and PNQIN (the Perinatal Neonatal Quality Improvement Network of Massachusetts). Dr. Meadows completed the Commonwealth Fund Harvard University Fellowship in Minority Health Policy at Harvard Medical School and obtained a Master of Public Health from the Harvard School of Public Health in 2008.

Divya Kumar

Divya Kumar holds a Masters in Public Health and a Masters in Social Work, and is a Certified Lactation Counselor. She is a South Asian American woman whose work connects perinatal support with public health by addressing unmet needs in direct perinatal mental healthcare and the structure and delivery of perinatal support services. She is one of the Co-Founders of the Perinatal Mental Health Alliance for Women of Color, a program within Postpartum Support International that builds capacity within the perinatal professional community to better support individuals, families, and communities of color during the perinatal period. In 2013, she helped create a postpartum depression prevention pilot program in four community health centers in Massachusetts and provided comprehensive perinatal support at Southern Jamaica Plain Health Center for the duration of the pilot program. She is a Commissioner on the Ellen Story Commission on Postpartum Depression in Massachusetts and also a Co-Founder of the Every Mother Project, an organization that provides training and support for women's health professionals around addressing perinatal emotional complications. A writer and a truth-teller, Divya brings a fresh voice, compassion, and humor to her work with new families. She lives in Jamaica Plain with her husband and two children.



PARTICIPATING ORGANIZATIONS

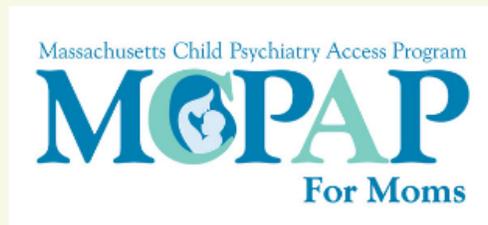
- **AllWays Health**
- **Beverly Hospital**
- **Boston North Post Partum Health Coalition**
- **Bureau of Substance Addiction Services/Moms Do Care**
- **Brigham and Women's Developmental Risk and Cultural Disparities Group**
- **Brigham and Women's Mental Health**
- **Center for Early Relationships & Support**
- **Department of Public Health**
- **Harvard Pilgrim**
- **Fisher College**
- **LC Home Visits**
- **Leggett Group**
- **Mass PPD Fund**
- **Massachusetts Lactation Consultant Association**
- **MCPAP for Moms**
- **North Shore Mother Visiting Program**
- **North Shore Postpartum Help**
- **Ovia Health**
- **Perinatal-Neonatal Quality Improvement Network of Massachusetts**
- **Pentucket Perinatal Mental Health Coalition/Anna Jacques Hospital**
- **Postpartum Support International**
- **Sage Therapeutics**
- **WIC**
- **William James College Freedman Center for Child and Family Development**

THANK YOU TO OUR SPONSORS



WILLIAM JAMES COLLEGE

Founded in 1974, William James College is an independent, non-profit institution and a leader in educating the next generation of mental health professionals to support the growing and diverse needs of the mental health workforce. Integrating field work with academics, the College prepares students for careers as organizational leaders and behavioral health professionals who are committed to helping the underserved, multicultural populations, children and families, and veterans. William James College alumni can be found making an impact in a variety of settings, including schools, the courts, clinical care facilities, hospitals, the community and the workplace.



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 toolkits, (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.

