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PATH & MOMD

LESSONS FOR MENTAL
HEALTH SYSTEMS AND
POLICY CHANGE

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EXECUTIVE SUMMARY

Youth and maternal mental health are critical targets for systems and policy change. Between 2018 and 2020, the Center for Law and Social Policy (CLASP) engaged state and local leaders in technical assistance initiatives targeting mental health systems and policy change in several jurisdictions. Focused on youth and mothers, these two initiatives were Policies Advancing Transformation and Healing (PATH), addressing young people ages 16-25, and Moving on Maternal Depression (MOMD), aimed at mothers experiencing depression and other mental health challenges. This report identifies cross-cutting lessons learned from the initiatives and offers implications for policymakers and advocates in other communities pursuing mental health policy and systems change.

Participants in both the PATH and the MOMD initiatives indicated shifts in their systems over the course of this effort. Partners experienced significant progress in:

- cross-sector collaboration;
- integrating a racial equity lens;
- engaging lived experience; and
- deepening their understanding of the complexity of addressing maternal and youth mental health.

Initiative partners also faced key challenges, including:

- sustaining partnerships with youth workforce development, child care, and Medicaid sectors;
- managing the often-slow timeframe for policy change; and
- being forced to deal with the COVID-19 pandemic

Despite these challenges, most jurisdictions identified one or more needed policy changes to better support youth or maternal mental health.

These innovative model proposals include:

- **changing minor consent laws;**
- **updating medical necessity criteria with a transition-age youth service exception;**
- **establishing cross-agency data sharing agreements; and**
- **enhancing Medicaid reimbursement.**

Based on these initiatives, states and localities looking to improve their systems and policies can draw key lessons that include:

- **seeing the value of integrating a racial equity lens into their work;**
- **engaging lived experience as critical expertise for identifying needed policy and systems changes;**
- **generating better policy solutions by intentionally creating and cultivating the time and space for partnership and collaboration; and**
- **understanding that meaningful change takes time because of problems within systems, what is holding them in place, and available leverage points.**

We urge state and local leaders to learn from the successes, challenges, and innovations in the PATH and MOMD initiatives. Broad adoption of these systems and policy changes can spread change across the country to better meet the long-standing and growing mental health needs of young people and mothers.



INTRODUCTION

People living in poverty and their families experience major consequences to their well-being and long-term success when mental health needs are not addressed. In 2018, 3 million Americans living in poverty were either a mother who had experienced depression or a young adult who had experienced serious psychological distress.¹ These populations are unlikely to have their mental health needs met in our existing mental health systems. Policymakers must pinpoint the underlying challenges and inequities behind this unmet need to create systems and policy that better meet the mental health needs of mothers and young people. Doing so will ensure their healthy development and long-term success.²

Youth and maternal mental health remain critical targets for systems and policy change. Between 2018 and 2020, the Center for Law and Social Policy (CLASP) engaged state and local leaders in technical assistance initiatives targeting mental health systems and policy change focused on two populations: Policies Advancing Transformation and Healing (PATH), focused on young people ages 16-25; and Moving on Maternal Depression (MOMD), addressed mothers experiencing depression and other mental health challenges. This report identifies cross-cutting lessons learned from the initiatives, with implications for policymakers and advocates in other communities pursuing mental health policy and systems change.

This report details how the PATH and MOMD initiatives shifted systems in our partner jurisdictions. Specifically, we describe changes in:

- cross-sector collaboration
- incorporation of a racial equity lens and lived experience as expertise, and
- deepened understanding of issue complexity.

We also share **challenges** and state **policy proposals** identified during the project that are instructive for other communities interested in improving their maternal and youth mental health systems. Finally, we conclude with a summary of lessons for the field and a call to action for system leaders and policy makers.



OVERVIEW OF INITIATIVES

Policy Advancing Transformation and Healing (PATH)

The PATH initiative focused on systems and policy changes to support well-being for transition-age youth (ages 16-25). It included a cohort with two partners: the state of Utah and Prince George's County, Maryland.

Goal: Expanding the concept of "health care" to include key approaches:

- prevention;
- addressing social determinants of health;
- physical/behavioral health integration;
- clinical treatment; and
- wellness promotion, including strengths (abilities/skills), assets (values/contributions), and safety.

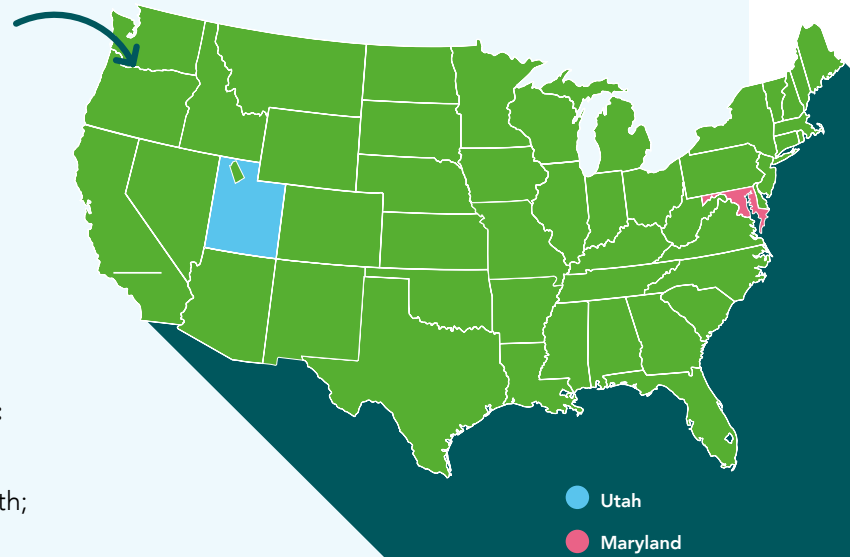
Systems-change strategies:

- effective adult-child system collaboration;
- authentic youth engagement;
- effective cross-sector partnership; and
- a racial equity/cultural relevance lens.

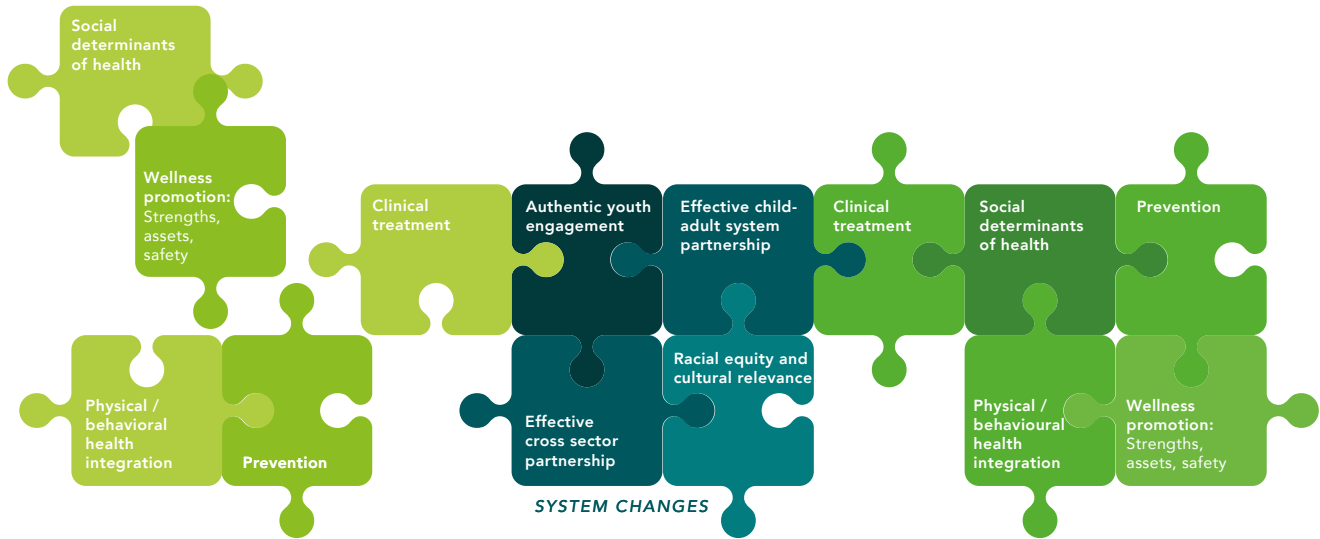
Each partner set its own unique goals (see Appendix A) to help transition-age youth and young adults gain better access to quality mental health services.

The jurisdictions were selected through a request for proposals (RFP) process because of their commitment to:

- bridging infrastructures across child- and adult-serving systems;
- addressing social determinants of health; and
- improving cross-system collaboration.



Guiding Framework: Youth / young adult mental health



MEDICAL NECESSITY:
Medicaid pays for health care (medical model)



Current State: Service Model

POLICY CHANGES:



Transformational Goal: Push the boundaries of how healthcare is defined to include innovative frameworks that are critical to supporting youth/young adults with low incomes.

MEDICAL NECESSITY:
Medicaid pays for health care (holistic model)



Target State: Transformational Model

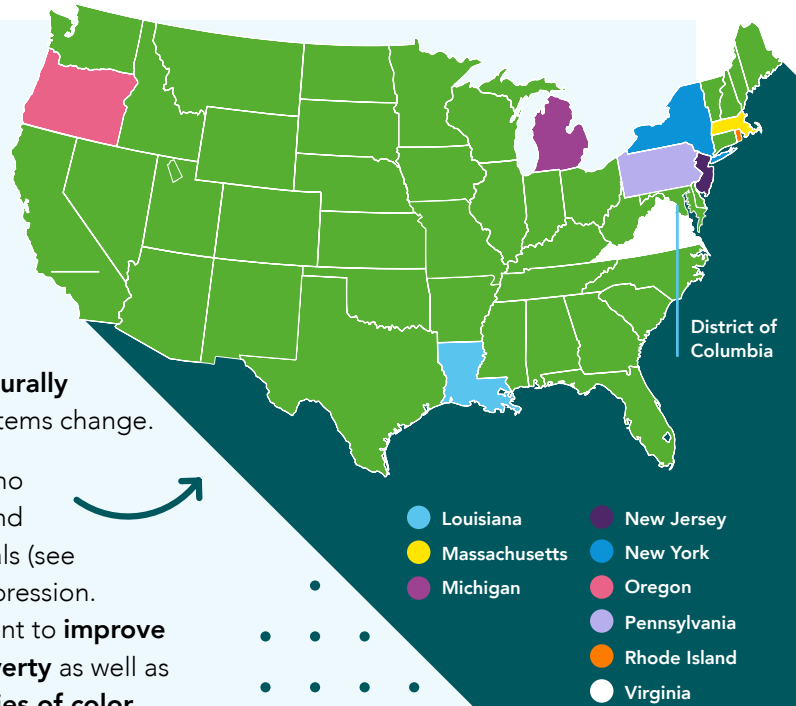


Moving on Maternal Depression (MOMD)

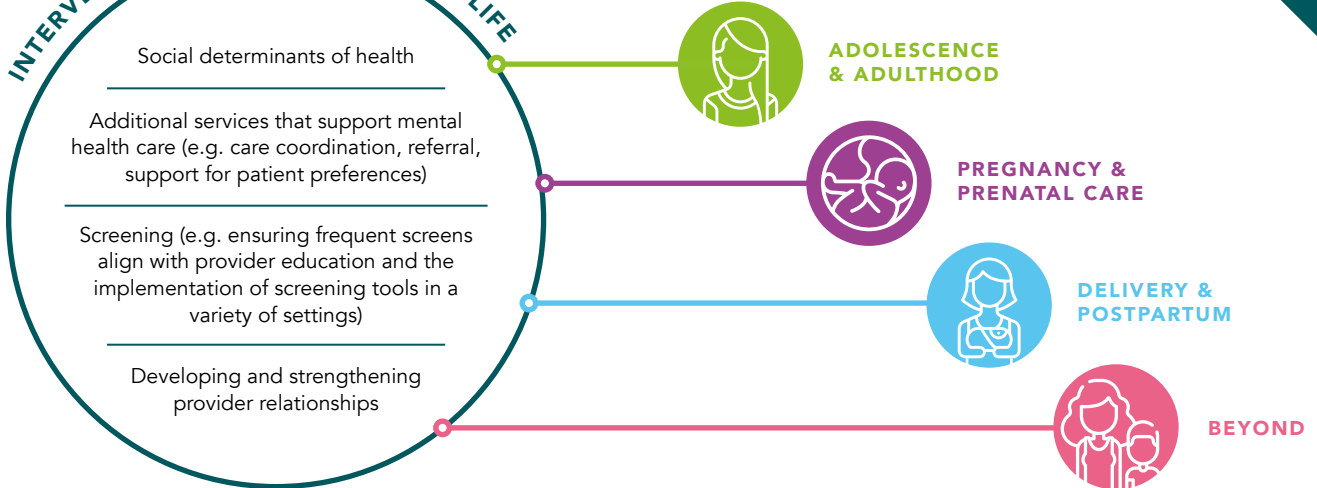
The MOMD initiative focused on advancing policies that improved maternal depression prevention, screening, and treatment among mothers with young children.

Working across sectors, MOMD placed an emphasis on embedding **racial equity** and **culturally relevant services/practices** into policy and systems change.

The project included a cohort of three states who responded to an RFP: New Jersey, New York, and Pennsylvania. Each state set its own unique goals (see Appendix A) to help mothers with maternal depression. They were selected because of their commitment to **improve access to treatment for mothers living in poverty** as well as their proposals to **address inequities for families of color**.



INTERVENTIONS AT EVERY STAGE OF LIFE



The initiative also included a Learning Community comprised of 10 states addressing maternal depression prevention, screening, and treatment: District of Columbia, Louisiana, Massachusetts, Michigan, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, and Virginia.

These states varied in how far along they were in their goals related to maternal mental health

and their previous policy work to address gaps in maternal mental health service provision. The Learning Community provided a platform to:

- share ideas;
- troubleshoot barriers to implementing systems change;
- learn from experts; and
- support one another in their policy work.

TECHNICAL ASSISTANCE OVERVIEW

Throughout the initiatives, the PATH and MOMD cohorts received technical assistance including access to a Mental Health Advisory Board³ and other national experts. Technical assistance included work with states/localities to define and clarify goals; ensure the right people were at the table; work through and develop project plans and timelines; provide relevant trainings and written materials; research policy topics; and connect core teams with experts and other partners. CLASP facilitated meetings, in-person convenings, monthly calls, and site visits. Partners also had peer to-peer learning opportunities through joint calls within cohorts, learning community calls, and webinars to address shared issues and solve problems. Each participating jurisdiction received a \$25,000 pass-through grant that it could use to support one or more of their project goals. In June of 2019, the initiatives held a convening of all partners in Baltimore. There, the five MOMD and PATH state and locality teams were able to meet with each other, along with experts in the field, CLASP staff, and members of CLASP's Mental Health Advisory Board. The convening provided teams with face-to-face time to refine goals and approaches.

TRACKING CHANGE

Evaluating systems and policy change initiatives is relatively rare. This is because most evaluation tools and models have been developed to evaluate programs, not systems or policy. Further, system and policy changes are perceived by funders and advocates as harder to measure, particularly on a short time frame.⁴ Despite limited resources, we used an evaluation framework to guide how the PATH and MOMD initiatives tracked change over the course of the project. The tools that we used to track change are described below.

Theory of Change

A theory of change is an evaluation tool that is used to map key elements of a program or initiative and inform outcome assessment.⁵ Through initiative technical assistance, the state and local teams developed a theory of change for the work in their states. Each team worked collaboratively to identify inputs (required resources), outputs (things produced), outcomes (near-term change), and impacts (longer-term change) targeted by the initiative. The teams also identified key contextual factors that could potentially influence their work (whether positively or negatively), and underlying assumptions shaping their efforts.

Survey

Based on the theories of change developed by each state team, and a cross-cutting theory of change developed by the CLASP technical assistance team (Appendix B), we developed a set of survey questions for each cohort. The survey intended to capture the current state of systems and policy in each place. Survey questions asked respondents to rate the degree to which their systems engaged in strategies such as incorporating a racial equity lens or engaging with lived experience, on a scale from 1–5 (with 1 meaning strongly disagree and 5 meaning strongly agree). The survey also asked about engagement of key sectors in youth or maternal mental health work.

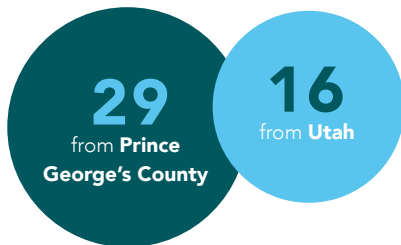
The MOMD survey also included questions about the state's definition of maternal depression, current rates of screening and treatment, and the role of different providers in meeting the needs of mothers (see Appendix C).

The MOMD cohort completed the baseline survey between April and June of 2019; the PATH cohort completed the baseline survey between June and August of 2019. We conducted a follow-up survey approximately one year later. Because we were interested in tracking change at the systems level, we did not necessarily have the same respondents for the initial and follow-up survey. Our goal was to

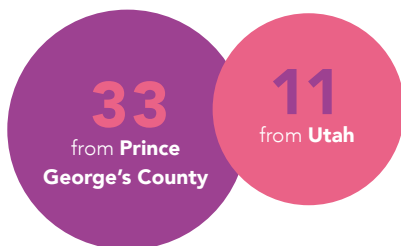
understand how system members' perceptions of the state of their systems shifted over time.

At baseline, 29 individuals from the Prince George's County team responded to the survey. We collected 16 responses from the Utah team. In total, 44 individuals completed the PATH follow-up survey: 33 from the Prince George's County team and 11 from Utah from sectors including Medicaid, Human Services, Health/Public Health/Mental Health, Child Welfare, K-12 and Postsecondary Education, Federally Qualified Health Centers, Youth Workforce/Leadership Development, Housing/Homeless Services, Corrections, individuals representing racial/ethnic populations (e.g. American Indians and Pacific Islanders), and executive team representatives. While both jurisdictions had strong representation at follow up from Health and Mental Health sectors, Prince George's County also had a large share of respondents from Youth Development and Housing/Homeless Services.

PATH Baseline Survey



PATH Follow-up Survey



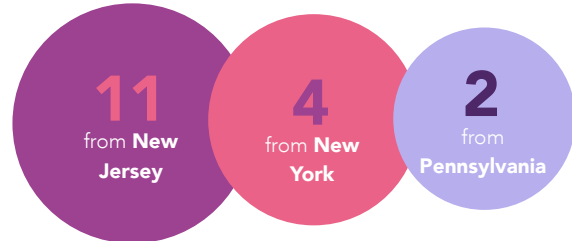
We received 19 completed responses from the Tristate region for the initial MOMD survey, conducted after the start of the project. Out of the 17 follow-up survey respondents from the three MOMD TA states, 11 were from New Jersey,

four were from New York, and two were from Pennsylvania. Respondents came from a variety of sectors participating in the project. The largest share of respondents reported working on mental health and public health issues in their state.

MOMD Baseline Survey:



MOMD Follow-up Survey:



Who Responded to the MOMD Surveys?

Respondents came from a variety of sectors participating in the project. The largest share of respondents reported working on mental health and public health issues in their state. We combined responses across the three MOMD states to address low response rates in certain states.

Qualitative Interviews

In addition to the survey, we conducted key informant interviews with partners from each of the five participating jurisdictions. We conducted individual interviews with two members of each state or local team. We also held group interviews for each cohort. The lessons learned in this report draw on a combination of the results from the survey and the individual and group interviews.

MOVING SYSTEMS

Systems change is defined as shifting the conditions that hold problems in place.⁶

These conditions include:

- practices and norms,
- resource flows,
- relationships,
- power dynamics, and
- mental models.

Both the PATH and the MOMD cohorts indicated shifts in their systems over the course of the initiatives.

PATH

Overall, respondents reported that during the course of the PATH project, ratings increased between surveys of policies and systems focused on Transition Age Youth (TAY) and engagement of multiple sectors in the PATH work. The increase in scores indicates that respondents felt there was a change in the effectiveness of system processes working with TAY. An alternative explanation is that respondents were more attuned to thinking about TAY work with a racial equity focus, authentically engaging lived experience, and being asset-driven. The exception was Utah's rating of sector engagement, which, on average, decreased between surveys.



MOMD

At the end of the MOMD TA project, respondents from Pennsylvania, New Jersey, and New York did not make large changes to their ratings of the systems and policy statements or the engagement of sectors in maternal depression work. Their ratings of systems and policies were largely stable, while the ratings of sector engagement decreased moderately. However, this generalization disguises significant variation in how different statement and sector ratings changed between surveys. Ratings for statements regarding integrating racial equity and authentically engaging with lived experience improved through the initiative.

There is also reason to believe that even when scores decreased, it was due to respondents' improved knowledge of their state's maternal depression work because of the TA provided. For example, one New Jersey partner noted, "one thing that we've learned is what we don't know." The share of respondents who were unsure about the proportion of mothers accessing care decreased between surveys. Respondents broadened their definition of maternal depression to include anxiety and lifespan focus. Respondents also reflected a more informed view of what roles different providers are engaged in.

INITIATIVE IMPROVEMENTS IN KEY AREAS

According to the PATH and MOMD surveys, partners experienced significant changes in their systems regarding cross-sector collaboration, racial equity, and lived experience. The evaluation results also showed that partners deepened their understanding of the complexity of addressing maternal and youth mental health. The following sections will further explore these consistent systems changes across cohorts.

Collaboration

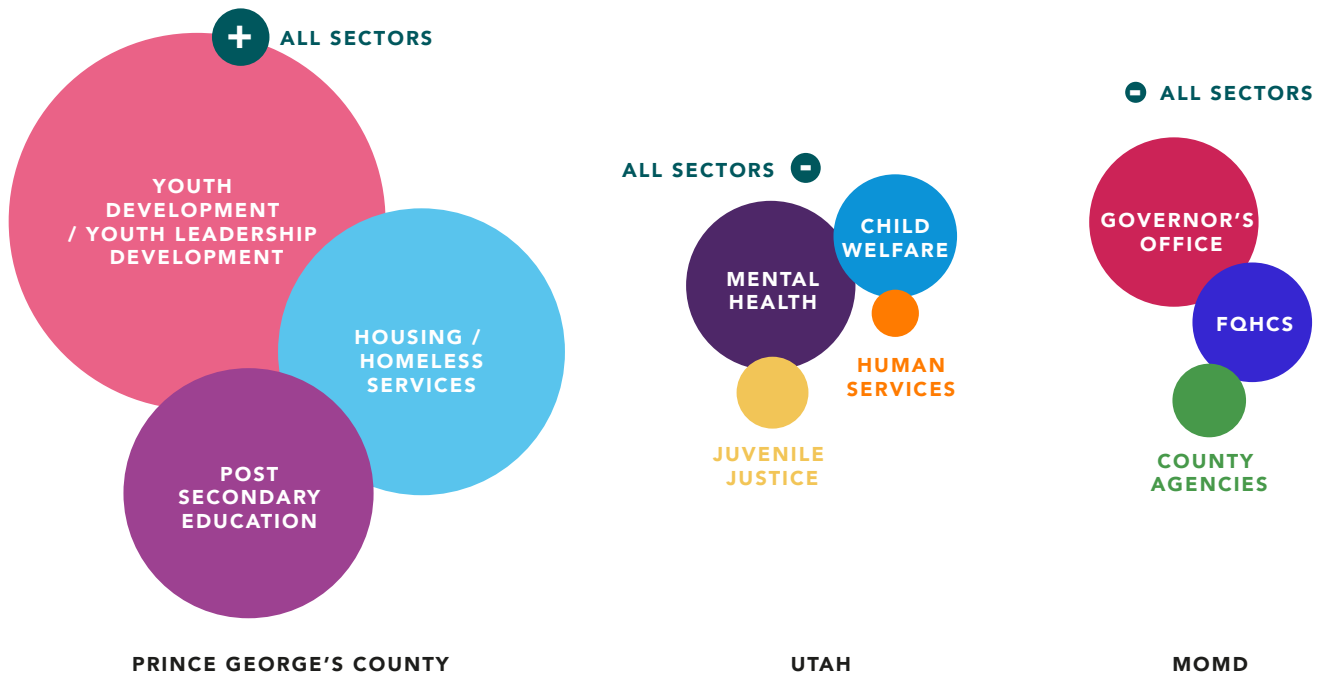
Increased collaboration with different agencies was one key change in how PATH and MOMD partners worked in the areas of maternal depression/mental health, or young adult mental health and well-being. Prior to the project, state agencies often worked on maternal depression/young adult well-being in parallel but not in collaboration with one another. For example, child and adult systems previously had limited collaboration. This created service gaps and cliffs as young people moved across the transition age range.

As a result of the initiatives, agencies developed and deepened cross-agency partnerships. For example:

- **Prince George's County** stakeholders reported increased engagement from the youth development/youth leadership development; housing and homeless services; and postsecondary education sectors. They saw a net increase in engagement rating across all sectors included in the survey.
- **Utah** stakeholders also reported increased engagement across a variety of sectors, including mental health, child welfare, juvenile justice, and human services.
- **Both PATH partners'** child and adult systems reported increased collaboration with each other to better address the needs of Transitional Aged Youth (TAY). Their ratings improved around half a point (12.5 percent) during the initiative.
- **MOMD stakeholders** noted increased engagement from governor's offices, Federally Qualified Health Centers (FQHCs) and county agencies.



CHANGE IN SECTOR ENGAGEMENT



The survey data demonstrates that effective engagement varied across sectors and communities. The data also shows overall trends in engagement over time. Throughout the initiatives, partners understood that deliberate and thoughtful partnership with key sectors was essential to changing systems. The nature of these collaborations depended on the goals of the states/ locality. For example, in Utah, the team leads in human services collaborated with child welfare and juvenile justice to work toward their goal of building a TAY office. Pennsylvania's team leads in human services worked with the health agency to improve how the state identifies mothers experiencing postpartum depression, providing that information to the state's Perinatal Quality Collaborative (PQC).

Cross-sector collaboration was a key theme in our stakeholder interviews as well. They focused on team composition and structure; alignment of goals and priorities across agencies; increased communication; and shared learning across agencies.

Team Composition and Structure

Identifying key agency stakeholders and involving them in the project from the beginning was central to the initiatives. This group of key stakeholders from specific agencies defined meeting structures and follow-through of activities. Teams noted which key stakeholders from specific agencies needed to be involved in the projects from the beginning. Agency staff, in turn, brought partners from outside of government and who work on maternal mental health and the well-being of young adults. CLASP technical assistance leads also continuously encouraged team leads to include perspectives not represented on their teams (e.g., from people with lived experience), as well as to provide guidance on how other states overcame bureaucratic barriers to bring people to the table.

The structure of teams differed by place. For example, New York chose to ask a nonprofit partner already focused on maternal and child health, The Schuyler Center for Analysis and Advocacy, to facilitate collaboration between stakeholders. The organization also agreed to house a website and webinars for the MOMD work in New York.

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“I’m pretty sure that CLASP...outlined for us who the team members should be, which entities should be represented there, and...so we assembled a team according to... those parameters, and that was really helpful...On our end, in New York State, I’m from the State Mental Health Authority. Obviously we needed to be at the table and our Medicaid authority had to be there too. And...we have a really good relationship. We’ve been working together with the Medicaid people at our State Health Department for many, many years now, but to have specifically... an expectation that we’d be talking about maternal depression was...very helpful.”

– NY MOMD Partner



Many of the states held meetings with a core group of agency partners, as well as with a larger group of agency and non-governmental stakeholders, to move the work forward. Bringing more stakeholders to the table solidified buy-in, and in some areas, sustainability.

The MOMD states, New Jersey, New York, and Pennsylvania, ended up handing over their subgrant funds to other entities: New Jersey's three maternal health consortia; the Schuyler Center in New York as a non-profit partner; and Pennsylvania's Perinatal Quality Collaborative. This helped move the work forward, speaking to the importance of collaboration across a broad group of stakeholders. In some cases, funds were re-directed to state partners because of agency limitations with directing funds. In others, it was an issue of capacity, as the initiative subgrants did not include enough funds to hire a full-time employee.

Aligned Priorities and Goals

Another key component of the initiatives was aligning goals and priorities among governmental and non-governmental partners. Bringing governmental and non-profit partners together on monthly calls and site visits provided time to share specific agency project deliverables, align priorities with each other, and figure out where overlaps existed. For example, state Departments of Public Health and Mental Health Services collaborated with academic, advocacy, and community-based organizations on maternal depression in MOMD states.

Another prime example was coordinating and defining the work with partners. Prince George's County received two federal grants throughout the course of the PATH initiative: a SAMHSA System of Care (SOC) expansion grant and the Youth Homelessness Demonstration Program (YHDP) grant. The leads of both grants were part of the PATH core team. This allowed for strong communication, as these leaders provided updates during monthly PATH TA calls. Further, PATH technical assistance supported the team leads to align their project goals across grants to illustrate how each sector needed to work together to best achieve them. With the momentum created by the PATH initiative, the core team was able to align

workplans across initiatives, building synergy and buy-in with over 180 stakeholders. Notably, PATH core team members solidified the relationship with Prince George's County's Youth Advisory Board (YAB). This strengthened the relationship between the YAB and multiple sectors, which built an awareness and working relationships lasting beyond PATH. Additionally, Prince George's County's PATH team's technical assistance included analysis of county-level data from national data sets. This allowed the team to fill in gaps in locally collected quantitative data, helping them identify their target population more clearly for systems improvements.

The opportunity to share was often aided by defining common goals and objectives and by strong facilitation, particularly with PATH partners. Most state/locality teams noted that the MOMD and PATH initiatives allowed the space for agencies to collaborate. However, trust and communication among teams took time. As a result of the initiatives, state agency representatives now have a better idea of what is happening in community outreach and vice versa.

Increased Communication

Both MOMD and PATH initiatives carved space through site visits and monthly calls for a diverse set of partners to talk about maternal and young adult mental health. This helped broaden the audience around topics that had not been shared beyond agencies and helped agencies deepen their expertise.

One example is state-level data. New Jersey's maternal and perinatal health consortia noted how MOMD state calls enabled staff to understand what datasets existed across the state and the story the data was telling about postpartum women. The state's Division of Mental Health Services expanded its perspective of how other agencies' and outside partners' data helped create a full picture. They worked across mental health, addiction services, and public health, to define variables directly related to maternal depression and its contributing factors (e.g. insurance status, prior history of depression, housing status, and race/ethnicity).

“...[A] big change is the fact that we are now connected...we started having conversations, and we have started to kinda come up with ideas together that we really think could be put into practice, and we’ve met people...that we never had [collaborated with] before. So I would say the silos within the state, as they relate to perinatal mood disorders have been broken down entirely, and we’re now talking to each other. And we’re going to continue to talk to each other and see what changes we can make, whether it’s about data, racial equity, that kind of thing...”

– *Domenica Nicosia, NJ MOMD*

The MOMD and PATH initiatives helped to break silos, expanding how agencies perceived both interagency partnerships and governmental-nonprofit relationships. Bringing agency and nonprofit leaders together helped to expand services.

Examples of Increased Communication:

- **New Jersey’s** strengthened communication with the state’s maternal and child health consortia led them to develop common language to implement the Reach Out, Stand Strong, Essentials for New Mothers (ROSE) intervention⁷ and similar small group sessions to prevent postpartum depression across New Jersey.
- **Pennsylvania** handed off the MOMD project to a foundation that was already funding the state’s Perinatal Quality Collaborative; they continued the conversation and MOMD implementation through the PQC.,

- **Utah’s** Division of Substance Abuse and Mental Health is now building a strategic plan with the Divisions of Child and Family Services and Juvenile Justice for a new, Youth in Transition Office for the state. This collaboration was a result of each agency recognizing the other’s expertise in serving Transitional Aged Youth (TAY) and the importance of shared ownership and responsibility for the office across agencies.

Shared Learning

The MOMD and PATH efforts also included learning communities. These were opportunities for states/localities beyond those receiving intense technical assistance to learn from each other and about key topics, including a bird’s eye view of the mental health policy landscape. Benefits of the learning community included broader sharing and learning about best practices and challenges experienced by other states/localities, and opportunities to connect.

Example: MOMD Learning Community

The MOMD Learning Community had a call focused on the Centers for Disease Control and Prevention’s Pregnancy Risk Assessment Monitoring System’s (PRAMS’s) maternal depression data in Pennsylvania. They discussed how agencies were working with each other to learn from the data. During the call, New Jersey MOMD team leads noted their struggles with data collection. As a result of the call, they now have a state partner to speak with for guidance as they move forward with data-sharing agreements.

Example: PATH Affinity Calls

The Prince George's County PATH team noted the initiative helped them "cross-pollinate" ideas with Utah's team on how to approach systems and policy issues for young adults. From collaborating, the PATH teams learned the value of sharing background information early across teams, so that participants could better understand where their peers were starting from, in terms of knowledge and policy development, and better follow where they were heading. PATH stakeholders from both teams reported growth in understanding young people's needs and development. Prince George's County stakeholders' ratings of the statement "staff working with TAY in our system understand adolescent and young adult development" increased 16.5 percent, while Utah stakeholders' ratings of the same statement increased 13.5 percent.

The strong focus on maternal and young adult mental health and well-being helped partners know who else worked on these issues and feel comfortable reaching out to them, and to better define roles. In New York's MOMD team, collaborating partners included mothers with lived experience, the Office of Health Equity, and the district chapter of the American College of Obstetricians and Gynecologists (ACOG). Working together enabled them to make distinctions between maternal mental health and mortality. It also helped to build a case as to why addressing maternal mental health is important to maintain and uphold family health.

Overall, the MOMD and PATH projects supported relationship-building within and across agencies, organizations, and states/localities, which partners believe will continue to develop. The four states and one locality have made plans to continue these collaborations, even with shifts in leadership and priorities due to COVID-19.



Racial Equity

As an outcome, we achieve racial equity when race no longer determines one's life outcomes; when everyone has what they need to thrive, no matter where they live. As a process, we apply racial equity when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.⁸

At the core of CLASP's mental health perspective is how policies and systems impact communities of color, particularly communities often left out of policy discussions. MOMD and PATH partners were in entirely different stages in adopting a racial equity framework. At the start of the initiative, New Jersey and Pennsylvania's MOMD teams needed to learn more about how different communities of color see the mental health system. By contrast, Prince George's County's, where people of color are the majority, had a more nuanced understanding of which racial and ethnic groups were well-served by county services. No matter where they started, initiative teams grew in their ability to apply a racial equity lens by considering representation of diverse communities, leaning into discomfort, and taking advantage of targeted technical assistance opportunities.

"CLASP created a space where I was able to say, what I felt I needed to say, especially as a woman of color. It was very well received. I appreciated that conversation. It was a strong signal that we were going to be able to move the work forward."

– Wilma Alvarado-Little, NY MOMD

Community Representation

Initiative technical assistance encouraged state/locality teams to push beyond current boundaries to ensure diverse representation, bolstering these efforts with national and state data. For example, Utah's team came to understand the need for diverse representation and recognized the importance of including Pacific Islander-represented groups within the team, inviting collaboration from new partner organizations serving people of color. In New York, as a result of MOMD's focus on racial equity, MOMD core team leads ensured that diversity officers from the state's Department of Health and Office of Mental Health were included in regular conversations.

Leaning into Discomfort

A notable aspect of the technical assistance effort was that the work "led conversations that forced people to lean into their discomfort," as noted by Wilma Alvarado-Little in New York. This involved having people at the table who were open to having those discussions. Being vulnerable about race in those conversations helped to start building trust and gave stakeholders an opportunity to see who is truly passionate and supportive of the goals. In some cases, it allowed people of color in teams a space to feel comfortable sharing where systems fail people of color.

Conversations in teams consequently encouraged a deeper focus to gather information and data that were representative of more communities, shown in New Jersey, Utah, and Pennsylvania.





New Jersey

As a result of going through CLASP's Racial Equity in Maternal Mental Health memo and working with the state's consortia, the MOMD team leads created a racial equity workgroup. This workgroup included more diverse representation in a workbook including mothers who experienced postpartum depression (Project INSPIRE); and collaborated with the data workgroup to develop a stronger race/ethnicity and social determinant focus to data collection processes. The state's future plans also include assessments of implicit bias among providers.

Utah

Statewide data helped the team to recognize voices missing from the table. This includes Pacific Islander and LGBTQIA+ communities. The Utah team also experienced challenges engaging the Latino community. Community members expressed concern that their population's unique issues were being diluted in a larger diversity and inclusion initiative focused on disability and LGBTQIA+ communities. By connecting to a mental health advisory board member with expertise in mental health in Latino communities, the project lead was able to better understand the community's concerns. The work group then restructured to focus on the unique needs of specific racial and ethnic communities in Utah.

Pennsylvania

Through MOMD funds, the state's core team and key partners participated in a systemic racism training. It helped team members to see barriers to access and the importance of recognizing how different communities of color approach care. In addition to this training, the team participated in a workshop on racial equity system dynamics held during the CLASP convening in June 2019. These events paved the way for team leads to think critically about leadership trainings on implicit bias and race. In the summer of 2020, the MOMD work was folded into the state's Perinatal Quality Collaborative. The project is now using an anti-racism lens based on feedback from the new leads and partner sites who have a strong racial equity focus; thoughtfully incorporating community voices through the development of their processes.

Targeted Technical Assistance

Both initiatives stressed approaching different communities of color from the start, providing resources and support in this process. For example, the MOMD racial equity memo defined racial equity and when we've "achieved" it; included key data demonstrating that people of color have disproportionate health outcomes for moms and babies as compared to their white peers; and listed

barriers to access. The New Jersey team indicated that the memo helped them realize that access for mental health was different for different races/ethnicities. As a result of looking through the memo as a team, members started thinking about how to address cultural barriers to mental and behavioral health access⁹ for the first time.

“CLASP was able to provide a much-needed training on systemic racial bias which was well needed and well received by the group attending the training. The training provided the opportunity to begin the conversation about how to change the culture of racism in Pennsylvania government. I think that this provided insight about our lack of understanding on how to educate the people that need educating in order to move policies forward and truly make change in Pennsylvania. As well as our need to develop a comprehensive plan to help people understand that racial equity is an important problem that must be addressed.”

– PA MOMD Partner

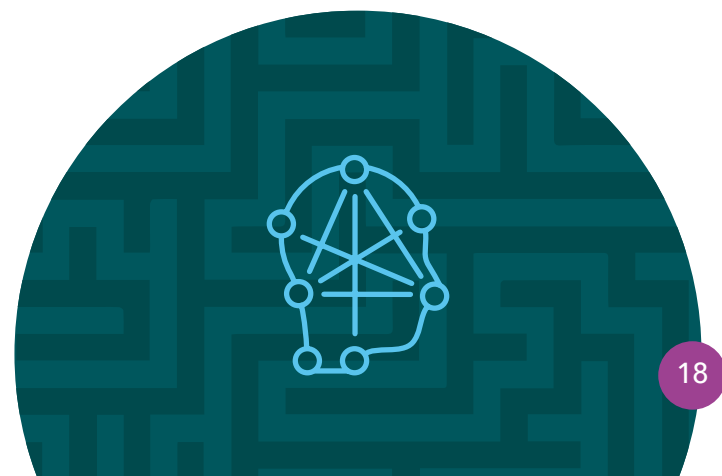
Early in 2020, Pennsylvania’s MOMD team participated in a training on systemic racism by outside consultants. The training was well-received and provided the state with a starting point to “change the culture of racism in Pennsylvania government,” as noted by one PA MOMD participant. The training resulted in a racial equity review of the Department of Human Services’ policies and a plan for the Department’s executive team to receive a future systemic racism training. This targeted technical assistance also helped team members to better recognize racial/ethnic groups who were not being reached. They then developed a plan incorporating racial equity and stressing its importance in the work.

During the initial site visits for both PATH teams, the CLASP team facilitated a conversation using a Racial Equity Impact Analysis tool.¹⁰ Through these conversations, both teams identified ways to strengthen the team’s membership to be more reflective of their demographics. This intentionality continued throughout the project. For example, Prince George’s County sought to ensure diverse representation on its Youth Advisory Board (YAB), and Utah sought policy solutions that could reduce race-based health disparities in the state.

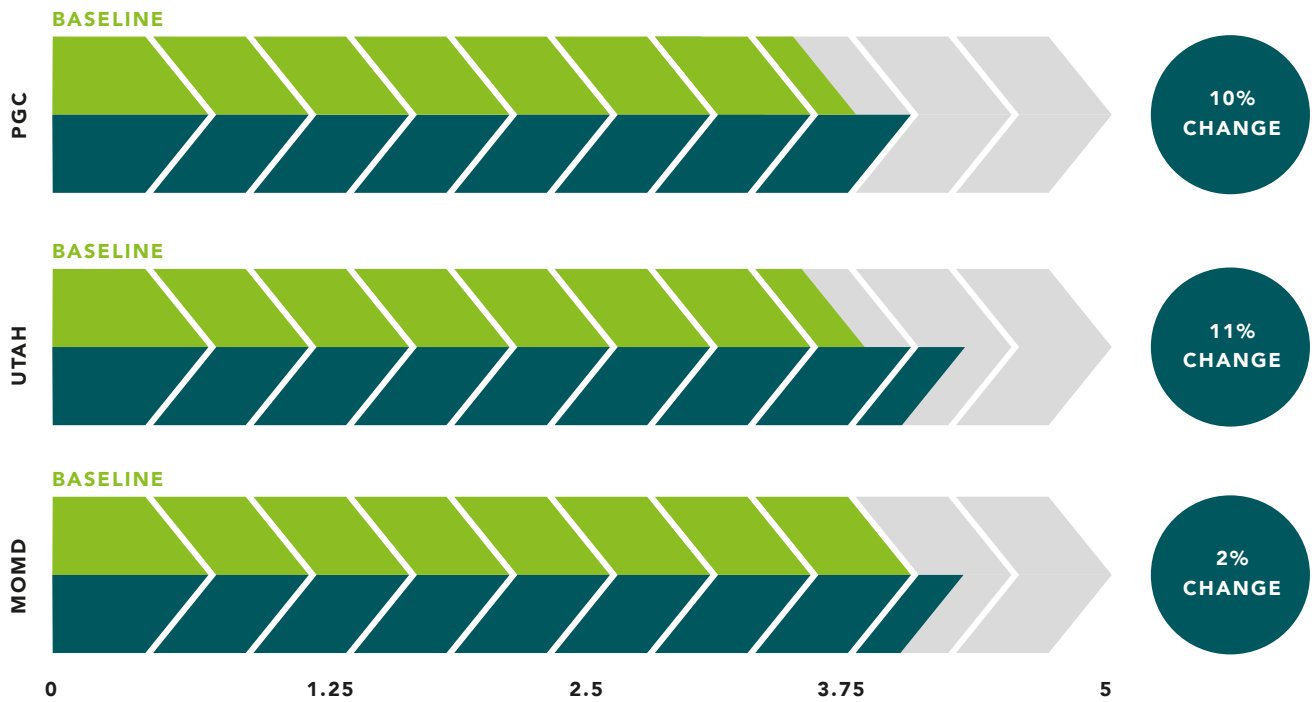
Integrating a racial equity lens into technical assistance provided some partners with new perspectives to look at mental health, helping partners to:

- Identify language access and cultural responsiveness gaps;
- See how other jurisdictions were incorporating approaches to different communities of color into their work; and
- Recognize differences in how mental health is perceived across different communities, which impacts what service delivery approaches are effective.

All participating jurisdictions reported an increase in the degree to which their teams were infusing a racial equity lens into their work over the course of the initiative.



OUR TEAM IS INFUSING A RACIAL EQUITY LENS INTO OUR MENTAL HEALTH WORK



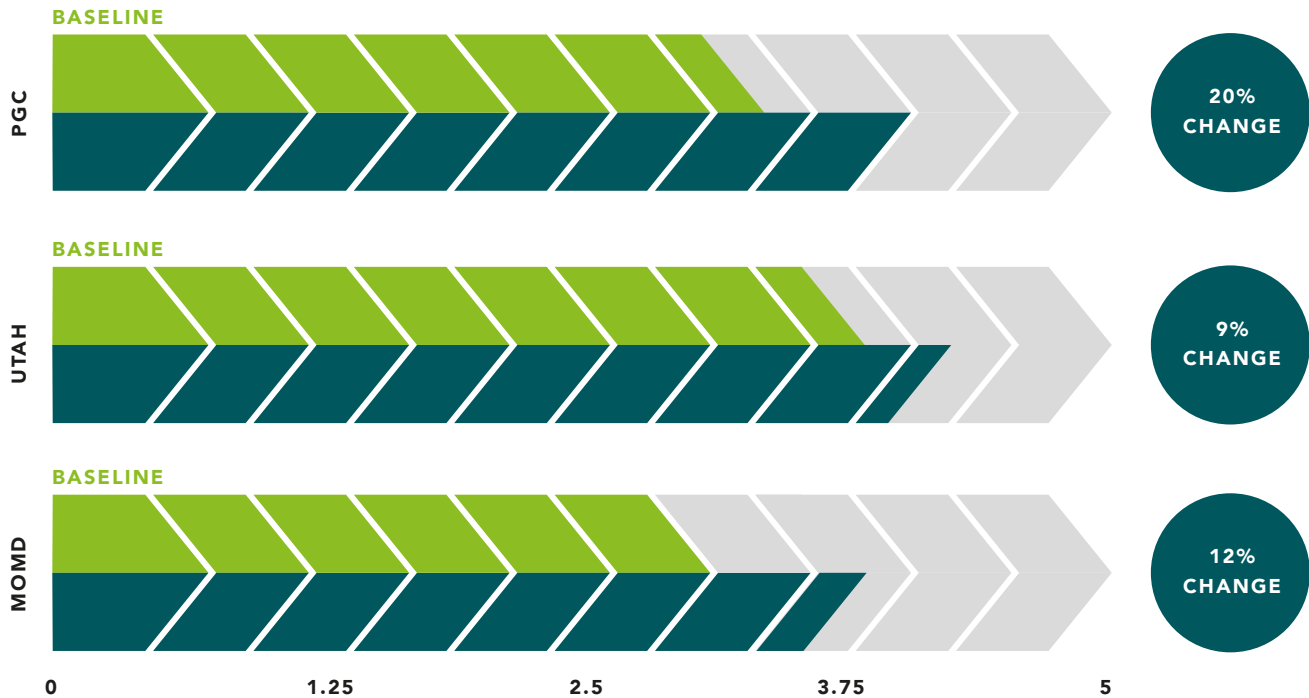
New Jersey, New York, and Pennsylvania had a collective mean score of 4.18 on the survey question about infusing a racial equity lens into MOMD work, indicating broad agreement with the statement (4=agree, 5=strongly agree). MOMD partners, on the whole, reported infusing or having plans to include a racial equity/culturally responsive lens into their work.

For example, as part of the MOMD project, Pennsylvania's Perinatal Quality Collaborative (PQC) is using an anti-racist lens to help a number of pilot sites in the state improve screening and referral practices for communities of color. The PQC is intentionally and thoughtfully adopting a racial equity lens in screening and referral uptake, as well as in data analysis of quality measures. The aim is that the PQC MOMD pilot work done through an anti-racist lens will impact state quality metrics and reimbursement incentives.

PATH partners also recognized the importance of deliberately incorporating an equity lens to improve access. Survey respondents noted that a racial equity and/or culturally responsive lens is being incorporated into state and local goals. By the end of the project, Prince George's County and Utah had mean scores of 4.03 and 3.82 (3=neutral, 4= agree), respectively, a more than 10 percent increase from the baseline survey.



WE ARE AUTHENTICALLY ENGAGING LIVED EXPERIENCE AS EXPERTISE



Engaging Lived Experience

Centering lived experience is core to CLASP's mental health work. CLASP's technical assistance continually stressed the importance of making sure that people with Medicaid coverage or without insurance directly experiencing barriers from state/local policies would have the opportunity to actively shape policies to improve their lives. MOMD and PATH partners recognized this, realizing they had to determine how best to ensure individuals experiencing maternal depression and transition age youth were at the table. Across the initiatives, participating jurisdictions reported increases in their engagement of lived experience as expertise.

As a result of the work, state and local agency officials are listening more to people affected by systems and policies they create and manage. There is a greater recognition from agencies to better engage young people and mothers and recognize their experiences as expertise. New Jersey, New York, and Pennsylvania's teams collectively increased their rating of this item by 12 percent; Prince George's County increased its score by 19.5 percent, and Utah increased its score 8.5 percent. Slowly, narrative shifts are happening as more stories and context are brought forward. This is already resulting in better identification of gaps and barriers in service delivery.

"So far, people are hearing, like our stories, whether it's in a creative way, or if it's, like, if we're talking, the way we're talking right now...You [have] to look back and listen to them and figure out why they are in the situation they are in and figure out ways to help them, instead of trying to, like shunning them in the community."

– Daejanae Day, Prince George's County PATH

Redefining Expertise

Partners noted the role of a national partner in normalizing lived experience as valuable expertise. State partners also recognized the importance of incorporating voices of lived experience in team discussions, particularly when meetings would have an impact on system delivery. Through all MOMD and PATH jurisdictions, leaders created partnerships with organizations working with communities willing to share their experiences.

Both PATH teams included youth advocates among their attendees at the Baltimore Convening and at core team meetings. Utah's youth advocate became more involved with the PATH work after dedicating time to the project in Baltimore, and the Prince George's County youth advocate co-authored a report with CLASP staff.

One of Prince George's County's goals for the initiative was to develop and begin to implement a cross-sector, system-wide youth engagement strategy focused on system capacity to address social determinants of health. The county established a Youth Action Board (YAB) in support of another grant-funded initiative; CLASP helped to coordinate and align efforts across multiple funded initiatives in the county and strengthen youth participation across them. CLASP also attended

YAB meetings to solicit their feedback on multiple activities proposed by the core team, facilitating a communication feedback loop. Utah leaders made similar efforts for the state's PATH team. The youth coordinator of the state's Department of Mental Health facilitated communications between the Transitional Aged Youth Council and the core team.

Better collaboration between government and nonprofit partners helped agencies see the importance of engaging people with lived experience. Prioritizing voices of lived experience across PATH and MOMD initiatives created some thoughtful changes, such as:

- a discussion in New Jersey about what data variables need to be included to better understand barriers in receiving care;
- members of New York's MOMD team already had years of experience supporting the family peer movement, but not specifically in maternal mental health. They created a Voices workgroup, comprised of mothers with lived experience of perinatal mood and anxiety disorders. This helped the team better understand which populations are in the most need of service; and
- Pennsylvania's PQC initiative now includes women with lived experience as project leads.

"...I think having more people at the table, who are part of these marginalized identities, who have this lived experience, who are pushing us forward, has been incredibly helpful, because...my boss [my boss] is very progressive... [and] supportive of lived experience. But she's only one person, you know... in a room of 30 people, I might be pushing lived experience and authentic engagement and so might [my boss] but 28 other people with MSWs or LCSWs don't listen...I think having just that extra support and more voices to add to that discussion has really helped us kind of gain leverage. And I think CLASP carries its own... professional credentials with it as well. So when they are also pushing...the concept of like authentic engagement, I think...it incentivizes other people to listen more....I don't have a degree when I tell people, 'This is really important. We need to listen to this.' Because I don't have clinical licensure...they write it off. It's how it works. And I think having CLASP there bringing their own professional...credits with them has helped immensely.

– Colin Dively, UT PATH

Collaborating more with people willing to share their personal experiences changed team dynamics. In the follow-up survey, participants indicated that TAY were recognized as more informed, activated, and empowered. Both Prince George's County (12.2 percent) and Utah (12.5 percent) increased their ratings of this item by more than 12 percent. CLASP encouraged states/localities to include other stakeholders at the table. Additionally, CLASP facilitated connections between state/local partners and members of our mental health advisory board, many of whom have lived experience of navigating the mental health system. The mental health advisory board has a vast set of expertise, advising on how to better center lived experience, including changing meeting times and approaches to soliciting feedback.

Meaningful and Respectful Engagement

Over the course of the project, teams also grew in their understanding of the resources required to authentically and sustainably engage young people and mothers in systems work. Some agency staff already understood the importance of including people who were affected by the lead agency's programs and policies. The initiatives deepened this understanding among leaders and core teams. It helped them see the necessity to treat people with lived experience as equals.

One partner noted, "I think people are more inclined to be mindful to have conversations with people with lived experiences before developing programming, rather than sitting at a desk somewhere looking at the data and deciding that

this is what people need." However, concerns of tokenism are still at play; system leaders must make sure people are adequately compensated and that their time is valued. The initiatives' pass-through funds of \$25,000 provided an initial infusion of resources to support stipends for young people in Prince George's County. The YAB has continued to develop its pay and governance structure to ensure equity in compensation and time spent on governmental activities.

Challenges in sustaining involvement of those with lived experience lie in a couple of areas. At the forefront is ensuring agency leaders understand the importance of including young people and mothers/parents representing various identities at the table and that their perspectives are valued. For example, PATH partners identified challenges with lived experience not being equally valued across agencies. In Prince George's County, YAB members often faced adultism, or being patronized, in meetings with behavioral health partners. In Utah, a "youth coordinator" title was perceived as carrying less weight than a "program assistant" title. Alongside this, federal and state policymakers must understand that programs need capacity investments to ensure that the suggestions provided by those with lived experience will be implemented. Teams were consistently concerned about turnover among youth advocates. The teams recognized that agencies must put in more energy to ensure perspectives outside government are valued and respected. One approach to consistent engagement included prioritizing young people's perspectives in what they would like the agency to accomplish and how they would like to participate.

"...so we want to keep all of this work going, but particularly the lived experience, because I think we've found that to be the most...it's refreshing, right?...if you're a state policy person...you talk to other policy people...But you have to be driven by the people who actually use the services. You can't get too far away from that, and so that's something that's like a no-brainer to...keep continuing with that workgroup so that they can inform our work."

– NY MOMD Partner

Deepened Understanding of Issue Complexity

PATH and MOMD initiative stakeholders noted that initiative technical assistance was critical to their ability to reflect and adapt as they came to more deeply understand their current systems. This TA also helped them learn the larger local, state, and national policy context affecting maternal and young adult well-being. This deepened understanding meant that teams evolved their strategies and proposed solutions over the course of the project, including goals, definitions, and guiding frameworks.

Evolving Goals

An overarching outcome of both the PATH and MOMD projects was that partners had dedicated time to determine paths forward to better serve maternal and young adult mental health. Over the course of both initiatives, goals shifted due to financial and leadership constraints and challenges, as well as better knowledge of the issue areas.

Examples include:



Utah

Utah's PATH core team initially wanted to develop a bundled rate for TAY services. However, after Utah's Department of Health- Medicaid noted it was not currently feasible, Utah adapted. Instead, the team shifted its focus to develop a blueprint for integrated health, which aligned with the Medicaid department's existing priorities.

New Jersey

New Jersey's MOMD team noted how the project focused on data at the start. Yet, by the end of the project, the team recognized the importance of improving and expanding access to services by learning from mothers who have received care and treatment in New Jersey.

New York

Two teams identified provider professional development and training as central to achieving their goals. New York's team created a comprehensive training model for providers to screen and refer women to treatment. The intention of this model is to increase capacity and resources to train various provider types to screen, refer, and treat mothers with mental health conditions.

Prince George's County

PATH technical assistance included developing a set of "core competencies" for youth-serving providers, which Prince George's County adopted. As a result of this work, the county will train providers with the core competencies as a framework.



"I think the lessons learned for me is just continue to be adaptable and allowing opportunities to come along and to help to reshape the initial vision. Just like how we're going to allow...cross division for the Youth in Transition office rather than only with mental health and substance abuse. Pursuing integrated behavioral health rather than looking at a waiver, just continue to be adaptable. But sometimes when we're being adaptable, it's very easy to lose sight of why we want to do it in the beginning. And that's something that CLASP has done is helping me to look at being adaptable but also don't lose sight of...why do you want to have a Youth in Transition office? And by doing this cross division,...let's still keep in mind the role of that. So I think that that's the lessons I learned is one year is short. But it's very long because changes happen all the time and with the COVID and just how do we stay to be adaptable and maybe turning challenges into opportunities?"

– Ming Wang, UT PATH

Evolving Language

The MOMD initiative helped agency leaders distinguish the importance of addressing mental health in mothers as a part of stemming maternal mortality. It also helped them see parents as a key part of the parent/child dyad, rather than only looking at children's health. MOMD state partners are starting to pay greater attention to maternal mental health and its association to maternal morbidity and mortality. They are expanding agency definitions to include perinatal mood disorders, anxiety, and child loss. Partners reported a substantial shift in maternal depression/mental health definitions.

New York is creating a needs assessment for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and Maternal and Child Health block grant¹¹, likely as a result of the MOMD work. Prior to the MOMD work, New Jersey's Division of Mental Health and Addiction Services was focused primarily on serious mental illness; this initiative helped the team build out work to address maternal mental health.



“I think that it’s really looking at the whole person approach, rather than just mental health care. And PATH is really good at when they get the input from everybody. And then what they’ve heard is that it’s not just mental health. Health care is also a lot of other things. And then, making sure that we pay attention to it...I still remember how [CLASP staff] was saying this...because I attended wanting to do what I think is right. And then [CLASP staff] comes back and says, but this is what everybody else was saying: the supported employment is important. So, you...want to make sure that, I don’t forget what other people want to have included, not just what I want to have included, and they’re really good at that.”

– Ming Wang, UT PATH

Evolving Mental Models

Mental models are defined as habits of thought—deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.¹² Both initiatives helped to change stakeholder mental models on how to approach these two populations, often broadening the scope beyond mental health policy to include other sectors. Collaborations helped teams better understand the importance of including a wider net of stakeholders and determining who is missing from datasets. PATH state partners are broadening their scope of partners to include in discussions, going beyond those focused solely on mental health and including supported employment, child welfare, and justice.

Utah stakeholders’ mental model is evolving to include asset-driven perspectives that view young people as active participants and contributors, rather than being deficit/diagnosis-based. (Utah’s score from initial to follow-up survey increased 15.5 percent for this question).

These projects affected team members personally, too. They changed some agency member perspectives on how and why services are

currently provided in the way that they are and what needs to change to better serve communities who do not find the current service array to be effective or accessible.

Collaboration, racial equity, and lived experience expertise intersect in complex ways. At times, progress in one area was undermined by challenges in another:

- New York’s Voices group brought lived experience to its maternal depression work, but it was not sufficiently racially diverse.
- Pennsylvania’s efforts to introduce quality measures that reduce disparities increased the state’s potential to document inequities. However, they did not create accountability around reducing disparities.
- As Utah’s team worked to more closely partner with Latino and Pacific Islander communities in the state, past collaboration challenges hindered their efforts to bring these communities into PATH conversations.

System leaders gained a greater understanding of these complexities over the course of the project. That lesson will better position them to build synergy in these different areas going forward.

”

“...having passion for the subject matter and...being a champion of system shifts is not enough. That you really have to deeply, simultaneously, build core capacity in the broader network of people that are going to have to carry out that work. And that’s a much harder, much more time consuming, much more exhausting process than simply getting a group of like-minded people together who are risk takers, who are willing to go on a journey. That if you’re really doing significant system change and system shift, you have to be willing to stop, go back, relearn, retrain, reinvigorate, re-energize re-educate. Not just once, not twice, not three times, sometimes 42 times, and you have to be willing as a champion to be frustrated in that process, but not let that frustration stop the process. And so I feel like there should be therapy for those of us that are doing this, to be able to say ‘it’s OK to be ticked off and frustrated that things aren’t moving as fast as you want. That...sometimes, it’s gonna take awhile for things to evolve.’ If you’re really doing the work organically.”

– Renee Ensor-Pope, Prince George’s County PATH



CHALLENGES

Our stakeholder conversations and surveys identified several notable challenges to the work of state and local partners. These challenges included key partners the initiatives identified as important to youth or maternal mental health, but that were not successfully engaged during the course of the initiatives, the relatively short time frame of the initiatives, and the unanticipated impact of the COVID-19 pandemic. Embedded in each of these challenges are important considerations for other jurisdictions interested in policy and systems change to improve youth and maternal mental health.

HURDLES TO ENGAGE KEY PARTNERS

CLASP entered the technical assistance relationship with state and local partners with certain expectations for the membership of project teams. Prior to launching the TA initiatives, CLASP conducted state and local policy scans about maternal depression¹³ and young adult¹⁴ mental health. These scans indicated a key role for youth workforce providers to support of youth and young adult mental health. Youth workforce providers identify unaddressed trauma and unresolved mental health challenges key barriers to connecting or reconnecting with education and career pathways. The scans also showed that childcare providers can support maternal mental health. Childcare providers and other early education professionals potentially have a key role to play in screening and referring the parents of young children to mental health services.

Despite these goals, state and local teams were not very successful engaging these sectors in the PATH and MOMD initiatives. MOMD and PATH survey participants rated the level of engagement of different key sectors from not engaged to leading the work. Among the PATH teams, the youth workforce development sector broadly was not one of the three lowest rated sectors in terms of team engagement. However, vocational rehabilitation, which focuses on employment and training for adults with disabilities, was among the lowest rated sectors for both Utah and Prince George's County. Engagement from this sector declined according

to stakeholder ratings in both places over the course of the initiative, coupled with declining engagement from youth workforce development in Utah.

Childcare and other early childhood providers (i.e. Head Start, PreK) were two of the lowest rated sectors for level of involvement in maternal mental health work at the start of the initiative. Their level of participation remained the same or declined, based on stakeholder ratings, across the course of the project. Only one of three states in the MOMD project had an early childhood person as a member of the core team.

In addition, both the MOMD and PATH efforts saw declining engagement from Medicaid over the course of the initiatives. This loss of engagement from Medicaid stakeholders represents a real challenge to implementing the critical policy proposals identified by project teams.

These partnership challenges suggest that focused and consistent attention is required by agency leaders to effectively make connections between the youth workforce development and childcare sectors and the mental health system. It is also critical to sustain engagement between Medicaid stakeholders and teams working on youth and maternal mental health to build buy-in for implementing policy solutions. State and local leaders must intentionally connect these specific sectors to increase the political will and momentum for mental health reform.

TIMEFRAME FOR POLICY CHANGE

A second challenge identified by PATH and MOMD stakeholders was the length of the initiatives.

Although partners were able to achieve meaningful system change during the 18-month timeframe of the project, no team was able to execute the policy changes that they identified. A longer initiative timeframe would have helped to mitigate against leadership and staffing changes that happened in several jurisdictions during the project and capacity issues generated by competing demands. Several stakeholders noted that these staffing changes and capacity issues resulted in stalled progress, changes to the project goals, or loss of momentum that translated into lost time.

Based on these initiatives, 18 months is enough time to identify needed policy changes using a collaborative, inclusive process and to build buy-in for such changes. Our partners identified meaningful opportunities for policy improvements, but the initiatives ended before they could finalize the advocacy planning needed to achieve these changes. Achieving policy change often requires at least three to five years of sustained effort, in the context of an intensive technical assistance initiative¹⁵ States and localities interested in achieving meaningful policy change could benefit from the accountability structure and support of technical assistance partners over a longer timeframe to increase the chance of enacting lasting change.

“With COVID’s impact on mental health, we need to work together and take advantage of our strengths without reinventing the wheel.”

– Irina Ventura, NJ MOMD

THE COVID-19 PANDEMIC

The COVID-19 pandemic was an unanticipated challenge that had substantial consequences for the PATH and MOMD technical assistance initiatives.

On one hand, the initiatives had some infrastructure in place to support the transition to virtual technical assistance, as many meetings with the state and local teams were already conducted by phone and video conference. Unfortunately, two of the MOMD teams did not receive planned racial equity training due to pandemic shutdowns and delays.

The main challenge for the initiatives was that addressing the pandemic became the central focus of many of the health departments involved, undermining their ability to engage effectively on other topics. This was particularly the case in New York and Prince George’s County, Maryland, early epicenters for the virus outbreak. In addition, the economic consequences of the pandemic for state and local budgets resulted in furloughs (New Jersey) and hiring freezes (Utah) that stressed the capacity of state and local team members. This forced states to work creatively. The MOMD and PATH projects helped to keep goals in focus.

The pandemic has underlined and exacerbated existing health inequities and exploded the need for mental health services and supports. Yet, federal policy has yet to effectively address these realities. The COVID-19 pandemic ultimately created some opportunities for teams to tackle existing priorities. For example, a new law passed in Maryland that permanently redefined telehealth opened the possibility of increasing young people’s access to text and app-based mental health services.

A key challenge for states and localities interested in improving youth and maternal mental health will be to respond to the anxiety and trauma caused by the pandemic. In addition, leaders will need to build the bandwidth and political will to tackle these challenges as central to resolving the public health and economic crisis.

POLICY CHANGE PROPOSALS

An 18-month initiative was not enough time for any of the teams that we worked with to implement policy change. Most jurisdictions did identify one or more needed policy changes to better support youth or maternal mental health. These innovative model proposals include:



Changing minor consent laws to ensure that adolescents can consent to their own mental health and substance abuse treatment (Utah);



Updating behavioral health regulations with a “transition-age youth exception” that will allow young people ages 16-25 to access key services (targeted case management, mobile treatment, residential rehabilitation, and psychiatric rehabilitation program) without meeting specific diagnostic criteria for those services (Prince George’s County);



Establishing cross-agency data sharing agreements to increase capacity to collect and analyze maternal mental health data (New Jersey); and



Enhanced Medicaid reimbursement rates for maternal screening and treatment, structured as a maternal health bundled rate (Pennsylvania).

These policy proposals include legislative, regulatory, and administrative changes across policy domains. Once implemented, these policy proposals have high potential to reshape youth and maternal mental health care to be more equitable and effective. As jurisdictions look to improve access to care; medical necessity criteria; provider capacity; data interoperability; and payment models, the opportunities identified through the PATH and MOMD initiatives represent the types of best practice, cutting edge policy change that should be adopted across the country.



CONCLUSION:

LESSONS FOR THE FIELD

As states and localities across the country face an on-going global pandemic, and recover in its aftermath, they must confront the challenge of escalating mental health needs. This is a moment for innovation. The state leaders who were a part of the PATH and MOMD initiatives have identified a number of promising strategies that merit broad consideration. Key lessons for states and localities looking to improve their systems and policies include:

- **State and local governments see the value of integrating a racial equity lens into their work.** Even as the federal government limits access to racial equity training and technical assistance,¹⁶ state and local leaders embrace this type of support, even in more conservative political environments. State and local leaders who want to effectively meet the needs of communities of color and other marginalized communities should continue to actively seek technical assistance and engagement opportunities that center racial equity.
- **Lived experience is critical expertise for identifying needed policy and systems changes.** Because this expertise is valuable, it must be compensated. State and local governments must work to reduce bureaucratic red tape that makes it difficult to pay stipends, provide incentives, and hire community members with lived experience.
- **Better policy solutions are generated when the time and space for partnership and collaboration are intentionally created and cultivated.** Relationship-building across agencies, priorities, and budgets takes time. Young people and mothers do not live their lives on parallel tracks, and mental health is not the sole purview of any single agency. System leaders must be intentional in making space for collaboration, with particular attention to non-traditional partners in non-traditional sectors.

- **Understanding problems within systems, what is holding them in place, and leverage points for meaningful change takes time.** States and localities must be prepared for sustained investment to achieve policy change and to build the momentum and capacity needed to see innovative changes come to fruition.

The PATH and MOMD initiatives provided resources that helped a small group of state and local leaders create time and space for reimagining systems to better support maternal and youth mental health. This report amplifies their progress and challenges and serves as a call to action for other jurisdictions committed to this type of change. State and local leaders can magnify the impact of these initiatives by learning from their successes and engaging in similar efforts to spread change across the country. Over three million young people and mothers deserve nothing less.



APPENDIX A.

STATE/LOCALITY PATH AND MOMD GOALS

Policy Advancing Transformation and Healing (PATH)

Utah

Goal 1: Improve Division of Substance Use and Mental Health's (DSAMH's) organizational infrastructure to address issues unique to the transition-age youth (ages 16-17) and young adults (ages 18-24) in low-income communities through the establishment of a Youth-in-Transition Office with management and oversight responsibilities to improve services for youth and young adults (Y/YAs) throughout the state of Utah.

Goal 2: To introduce changes to Medicaid financing that will cover clinical treatment, recovery support, prevention, and promotion services for youth in transition.

Prince George's County

Goal 1: Align eligibility criteria and definitions across the child and adult systems to reduce gaps and cliffs for young people currently accessing services

Goal 2: Deliver training and technical assistance to local behavioral health, education, and social service providers to enhance county-wide capacity to address transition aged youth (TAY) needs in a culturally/linguistically competent and developmentally appropriate manner

Goal 3: Develop and begin to implement a cross-sector, system-wide youth engagement strategy focused on system capacity to address social determinants of health.

Moving on Maternal Depression (MOMD) Goals

New Jersey

Goal 1: Enhance data capacity and data sharing across all offices invested in treating maternal depression and mental health broadly.

Goal 2: Increase access to services for those with maternal depression.

Goal 3: Reduce disparities across races, ethnicities, socioeconomic status, and citizenship status in the delivery of necessary services to mothers with maternal depression.

New York

Within 18 months:

Goal 1: Successfully leverage and coordinate maternal health and early childhood health and development stakeholders, cultivating a strong community of diverse voices to ensure that all women receive screening and treatment for maternal mental health that is accessible, affordable, and culturally appropriate.

Goal 2: Meaningfully engage in the policy-making process diverse voices of women who have experienced maternal depression, with an emphasis on the inclusion of people from communities that have been historically marginalized.

Goal 3: Integrate key metrics that we will aim to (in future) utilize to implement continuous improvement activities on maternal depression across state agencies and through health care providers and community-based organizations. This will include steps to develop prevalence data differentiated by race and ethnicity and key performance indicators to drive improvement in process (i.e., connecting women to treatment, reducing provider stigma and disparities).

After 18 months:

Goal 4: Better understand the capacity in each region of the state for screening and treating women with maternal depression and have a plan focused on workforce capacity for screening and treatment options. The landscape assessment will aim to understand the needs of geographic areas and populations that have been historically underserved.

Goal 5: Have a plan to integrate policies and information on maternal depression across state agencies and with partnerships at the community level that are working in the areas of maternal health, child health, early childhood development, and family economic security with an emphasis on strategic alliances to advance health equity.

Pennsylvania

Goal 1: Identify screening gaps for maternal depression in Medicaid, CHIP, and Department of Health programs. Inventory a process for screening, referrals, and follow up on maternal depression. Determine where and when women receive the first touch point and who is responsible for managing the process with the woman from the prenatal through

postpartum, up to one year after birth. Identify and examine relevant data for baseline and ongoing monitoring. Identify barriers related to underserved populations, including racial and ethnic disparities and geographical gaps.

Goal 2: Identify, develop, or refine best practices for maternal depression screening, referral, and follow-up processes. Incorporate cross-sector partner roles, such as child welfare, early intervention (EI) providers, home visitors, pediatricians, OB/GYNs, behavioral health, and primary care providers.

Goal 3: Develop a communications, education, and outreach strategy aimed at reducing stigma of maternal depression and educating relevant parties on the issue of maternal depression, focusing on the general population and underserved populations.

Goal 4: Hold a cross-sector convening, webinar series, or live stream convening to share information on best practices indicated in Goal 2, cultural competency training for underserved populations, and communications/education strategy developed in Goal 3. Utilize this group of stakeholders to discuss long-term sustainability on maternal depression issues.

APPENDIX B.

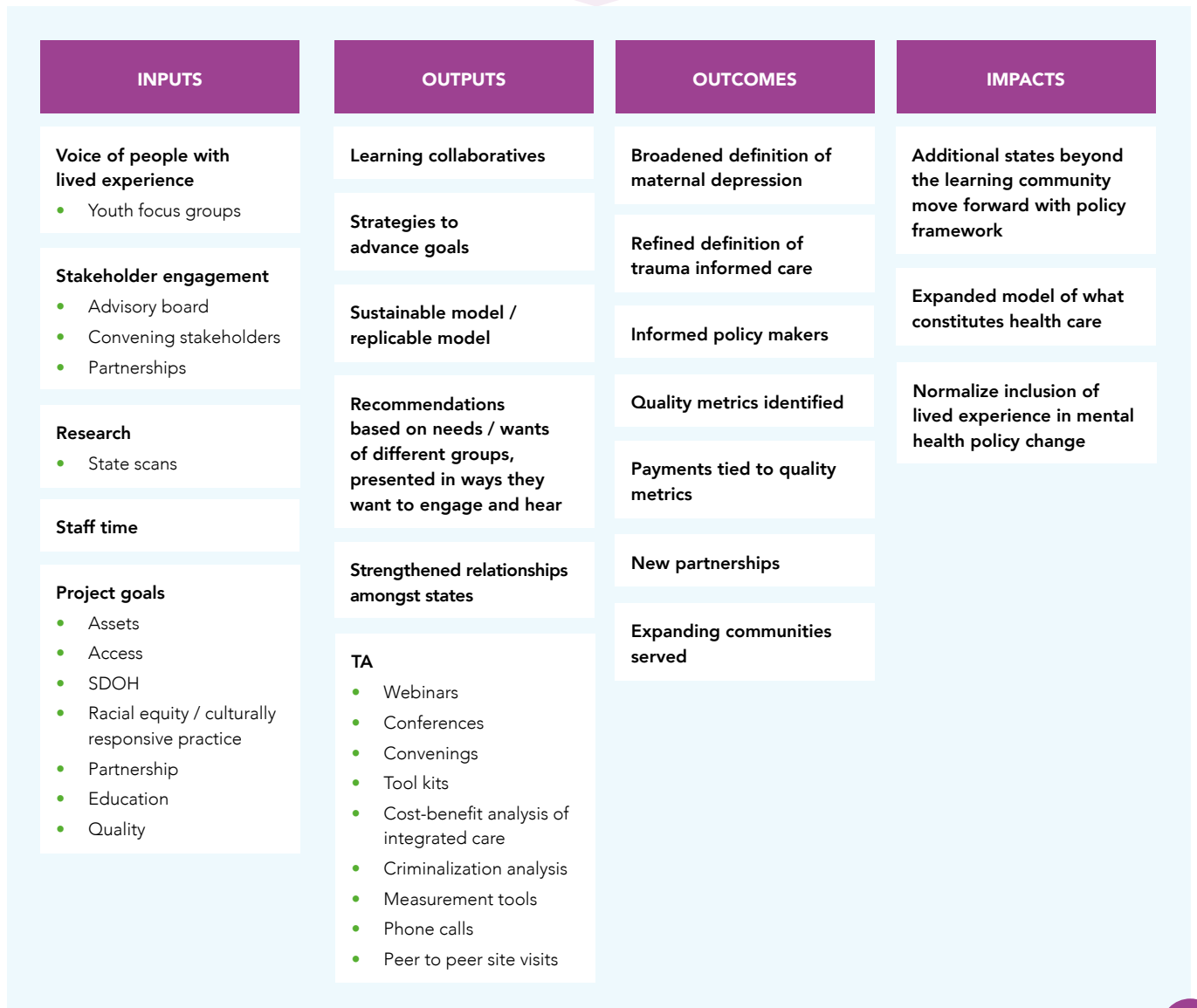
CLASP PATH/MOMD PROJECT THEORY OF CHANGE

Key Context

- Opioid legislation
- SAMHSA and HRSA maternal depression funding opportunities
- Gubernatorial elections
- Maternal mortality legislation
- Congressional elections
- ACA threats
- Anti-immigrant sentiment / racially charged environment
- Potential for Trump impeachment
- Public charge

Assumptions

- Funded project through April 2020
- States will need help to embed racial equality
- There's opportunity for and commitment to change these systems
- Systems change now, policy change later
- Everybody's schedules are busy
- CLASP can be helpful to states / we have something to offer



APPENDIX C.

PATH Survey Questions

Please indicate how much you agree or disagree with the following statements related to transition age youth (TAY):

Responses: 1=Strongly Disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree

	1	2	3	4	5
Our PATH work is authentically engaging youth and their lived experience as expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our PATH work is authentically engaging families and their lived experience as expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our team is infusing a racial equity and/or culturally responsive lens into our PATH work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our adult and child-serving systems partner effectively to serve TAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We collaborate effectively across all of the youth serving systems in our state/locality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff working with TAY in our system are respectful, welcoming, and non-judgmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff working with TAY in our system understand youth culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TAY in our state/locality are informed, activated, and empowered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of TAY's support systems in our state/locality are informed, activated, and empowered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional mental health treatment spaces in our system are youth friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our system's TAY interventions/services are asset-driven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our existing system serves most TAY well (including LGBTQ youth, youth with disabilities, undocumented youth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our system provides services to TAY in non-traditional settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our policies support integrated physical and behavioral health care to meet the needs of TAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Our policies support addressing the social determinants of health to meet the needs of TAY (i.e. housing, poverty, education, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our policies support addressing prevention to meet the needs of TAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our policies support addressing wellness (strengths, assets, safety) to meet the needs of TAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the level of engagement of each of the following sectors in your team's PATH work based on what you know right now:

Responses: 1=Not Engaged, 2= Low Engagement, 3=Moderate Engagement, 4=High Engagement 5=Leading the Work

	1	2	3	4	5
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Juvenile Justice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K12 Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-secondary Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Executive Branch (Governor's Office, County Executive, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Service Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Service Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed Care Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Federally Qualified Health Centers (FQHCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County-level Behavioral Health Authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grass-Roots Organizations (i.e., NAMI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Workforce Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Development/Youth Leadership Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/Homeless Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MOMD Survey Questions

Please indicate how much you agree or disagree with the following statements:

Responses: 1=Strongly Disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree

	1	2	3	4	5
Our state had a single clear definition of maternal depression prior to the start of the MOMD Learning Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our state currently has a single clear definition of Maternal Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our state's definition of maternal depression has changed since the start of the MOMD Learning Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our team is infusing a racial equity and/or culturally responsive lens into our maternal depression work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our state's maternal depression work is authentically engaging mothers and their lived experience as expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff working with mothers in our state are respectful, welcoming, and non-judgemental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mothers in our state are informed, activated, and empowered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of mothers' support systems in our state (partners, extended family members) are informed, activated, and empowered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional mental health treatment spaces in our state are mom friendly (e.g., accommodating mom's schedule, providing childcare on site, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Maternal depression treatment occurs in non-traditional settings (outside of healthcare facilities) in our state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our state data systems are aligned to identify impacted mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our state policies support screening and access to treatment for mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our policies support mental health workforce engagement around maternal depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our state's maternal mental health interventions/services are asset-driven (language focuses on strengths and potential of people and communities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions to the best of your ability:

Responses: Less than 25%, 25-50%, 50-75%, 75-100%, out state does not currently have data available, unsure

	< 25%	25 - 50%	50 - 75%	75 - 100%	N/A	Unsure
What proportion of low-income mothers are currently screened for depression in your state?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What proportion of positive maternal depression screens in your state are referred to treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What proportion of women who are referred to treatment in your state are able to access it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following are included in your state's definition of maternal depression?

Select all that apply:

Anxiety	<input type="checkbox"/>
Prevention	<input type="checkbox"/>
Lifespan Focus	<input type="checkbox"/>
Child Age 0-6	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>

Child loss



Other



Please rate the level of engagement of each of the following sectors in your state’s maternal depression work:

Responses: 1=Not Engaged, 2= Low Engagement, 3=Moderate Engagement, 4=High Engagement
5=Leading the Work

	1	2	3	4	5
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visiting/MIECHV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Early Childhood Providers (Head Start, PreK)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EPSDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governor’s Offices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed Care Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federally Qualified Health Centers (FQHCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County Agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grass-Roots Organizations (i.e., NAMI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check which of the following activities (prevention, screening, referral, treatment) each provider type works on in your state.

Select all that apply:

	✓
Pediatricians	<input type="checkbox"/>
Home Visitors	<input type="checkbox"/>
OB/GYNs	<input type="checkbox"/>
Primary Care Providers	<input type="checkbox"/>
Nurses	<input type="checkbox"/>
Mental Health Clinicians (Social workers, Psychologists, Psychiatrists)	<input type="checkbox"/>
Care Managers	<input type="checkbox"/>
Lactation Consultants	<input type="checkbox"/>
Community Health workers/Promotoras/Family Peer Specialists	<input type="checkbox"/>
Head Start Staff	<input type="checkbox"/>
Midwives/Doulas	<input type="checkbox"/>
Medication Prescribers / Medication Management	<input type="checkbox"/>
Community Settings (Grocery stores, Churches, Libraries, Community Centers)	<input type="checkbox"/>
Other	<input type="checkbox"/>

ENDNOTES

1. Nia West-Bey, Ruth Cosse, & Stephanie Schmit, *Maternal Depression and Young Adult Mental Health: Policy Agenda for Systems that Support Mental Health and Wellness*, CLASP, 2018. <https://www.clasp.org/sites/default/files/publications/2018/02/2018.02.12%20Maternal%20Depression%20YA%20MH%20report.pdf>
2. Nia West-Bey, Ruth Cosse, & Stephanie Schmit, *Maternal Depression and Young Adult Mental Health: Policy Agenda for Systems that Support Mental Health and Wellness*, CLASP, 2018. <https://www.clasp.org/sites/default/files/publications/2018/02/2018.02.12%20Maternal%20Depression%20YA%20MH%20report.pdf>
3. <https://www.clasp.org/publications/fact-sheet/members-clasps-mental-health-advisory-board>
4. Annette L. Gardner & Claire D. Brindis, *Advocacy and Policy Change Evaluation: Theory and Practice*, 2017.
5. Ibid.
6. John Kania, Mark Kramer, & Peter Senge, *The Water of Systems Change*, FSG, 2018. <http://efc.issuelab.org/resources/30855/30855.pdf>
7. Division of Public Health, College of Human Medicine, Roes, Michigan State University, Retrieved 2020, <https://publichealth.msu.edu/flint-research/the-rose-sustainability-study>
8. Shiva Sethi, *Advancing Racial Equity in Maternal Mental Health Policy: A Guide for Policy Makers and Advocates*, CLASP, 2020. <https://www.clasp.org/sites/default/files/publications/2020/04/Advancing%20RE%20in%20MMH.pdf>
9. Ibid Sethi, Shiva, *Advancing Racial Equity*
10. <https://viablefuturescenter.org/racemattersinstitute/resources/racial-equity-impact-analysis/>
11. Both the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and Maternal and Child Health Block grant are federal programs.
12. John Kania, Mark Kramer, & Peter Senge, *The Water of Systems Change*, FSG, 2018. <http://efc.issuelab.org/resources/30855/30855.pdf>
13. Stephanie Schmit & Christina Walker, *Seizing New Policy Opportunities to Help Low-income Mothers with Depression: Current Landscape, Innovations, and Next Steps*, CLASP, 2016. <https://www.clasp.org/sites/default/files/publications/2017/04/Seizing-New-Policy-Opportunities-to-Help-Low-Income-Mothers-with-Depression-FINAL.pdf>
14. Nia West-Bey, Shiva Sethi, & Paige Shortsleeves, *Policy for Transformed Lives: State Opportunities for Young Adult Mental Health Policy and Systems Change*, CLASP, 2018. https://www.clasp.org/sites/default/files/publications/2018/11/YA%20MH%20Scan_Policy%20for%20Transformed%20Lives_State%20Opportunities_.pdf
15. Cemeré James, *Work Support Strategies Initiative: 12 Lessons on Program Integration and Innovation*, CLASP, 2016. https://www.clasp.org/sites/default/files/publications/2017/04/WSS_Lessons_4.1.16-.pdf
16. Executive Order 13950 of September 22, 2020, Executive Order on Combatting Race and Sex Stereotyping, <https://www.whitehouse.gov/presidential-actions/executive-order-combating-race-sex-stereotyping/>

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