2020 *mom*™

Community Action Toolkit

a guide for assessment and action by maternal mental health coalitions

Acknowledgements

This toolkit is published by 2020 Mom, an organization dedicated to closing gaps in maternal mental health care through education, collaboration, and advocacy. 2020 Mom has issued a national call to action that sets forth an aggressive new path for solving what some have called one of the biggest public health concerns of our time: *the silent maternal mental health crisis impacting up to 20% of expecting and new moms*. 2020 Mom serves as a catalyst for policy and systems change by building nationwide partnerships with dedicated stakeholders, pursuing advocacy opportunities, providing training and tools, and promoting recommendations for hospitals, insurers, and providers.

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constellationco.org | zomafoundation.com

UPbrella authored, designed, and customized this toolkit and all supplemental materials expressly for 2020 Mom with their direction and support. As an organization with a mission to *facilitate positive partnerships and build collaborative capacity to deliver measurable impact in community health*, UPbrella was born to support coalitions. UPbrella wishes to thank 2020 Mom, and Joy Burkhard, for recognizing our mission and entrusting us with the management of this project from day one. Thank you also to the volunteers who contributed to this toolkit via frenzied email exchanges, interviews with our team, and multiple reviews of draft materials. We are incredibly proud of this project and look forward to learning about your coalition's experience putting the tools to work for improved maternal mental health care in communities across the country.

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Disclaimer: This toolkit is intended for educational and information purposes. References to specific companies, nonprofit organizations, or coalitions have been included solely to advance these purposes and do not constitute an endorsement, sponsorship, or recommendation by 2020 Mom or its partners.

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Key Players:
✦ Project Manager

Learning Objectives:
By the completion of the introduction, users will be able to:
1. Describe the purpose of the *Community Action Toolkit*.
2. Recognize the 2020 Mom Action Cycle process.
3. Describe the Phase 1 *Triple A* process and the Phase 2 *Taking A.I.M.* process.
4. Articulate an overview of maternal mental health disorders.
5. Reference the MMH Resources Listing for additional background information.

Resources:
– Action Project Flowchart
– Toolkit Progress Checklist

Welcome to the 2020 Mom Community Action Toolkit!

a new resource to mobilize your community and implement change for improved maternal mental health

WHY: 2020 Mom developed this toolkit to serve as a roadmap for coalitions working to improve the continuum of care for maternal mental health (MMH) disorders in their communities. 2020 Mom is committed to facilitating A.C.T.I.O.N. (Advancing Collaboration through Toolkits, Initiatives, and Online Networking) among community coalitions.

WHO: This project is intended for existing maternal child health community coalitions or group leaders looking to improve screening and treatment rates for MMH disorders in their communities. We believe local leaders understand the unique needs in their regions and are best suited to address gaps in care, drive policy change, and build partnerships to improve maternal mental health.

WHAT: The Community Action Toolkit is a manual for creating an MMH community action plan by working through the 2020 Mom Action Cycle. This process includes: assessing the community's MMH services, analyzing findings, setting priorities, determining local interventions, and ultimately drafting an evidence-based MMH Action Plan.

The toolkit includes templates for developing a membership invitation, meeting agendas, meeting minutes, project workplans, a strategy grid, SMART objectives, a logic model, and the action plan with built-in evaluation. The toolkit also provides a menu of interventions with guidance for selecting those that will address local issues within a realistic budget.

A series of webinar trainings has also been developed to support this project. To maximize this experience, coalition leaders are strongly encouraged to utilize all available resources.

WHEN: Each coalition will work at their own pace through Phase 1 and Phase 2 of the project.

Phase 1 involves conducting the 'Triple A' process: Assessment, Analysis, and Action-Planning.
This includes bringing together a multi-stakeholder team, discovering MMH barriers, identifying the MMH services in your community, understanding the range of available interventions, and developing an evidence-based action plan. Groups can expect to complete this process in 12-18 months.

Phase 2 involves 'Taking AIM' through: Action, Implementation, and Evaluation.
This includes implementing the planned interventions and evaluating outcomes. Depending on the activities identified in your coalition's action plan and the resources secured to support your work, this phase could take anywhere from six months (for an intense single-focused intervention) to five years (for a range of more complex interventions).

HOW: Participating coalitions will be expected to dedicate time and obtain funding or resources to meet project needs. During Phase 1, these might include monthly meeting space, refreshments, printing, local travel, software, and staff time. Your members, local universities, hospitals, insurers, and other community stakeholders may be willing to contribute these resources at no cost.

During Phase 2, additional resources may be needed to support action plan implementation, such as deducated staff, programs, services, events, training, travel, public relations, evaluation, software and other technology/tools.

QUESTIONS? Contact 2020 Mom for more information about the Community Action Toolkit.

Project Purpose

This project centers around the Community Action Toolkit, a resource for maternal mental health assessment and action-planning conducted by a community taskforce, coalition, or collaborative workgroup. 2020 Mom has prepared these tools to assist states, counties, and other agencies in identifying existing and emerging issues and implementing evidence-informed initiatives to improve awareness, screening, diagnosis, and treatment of maternal mental health disorders. Our purpose is to mobilize communities to address maternal mental health at the local level in big ways!
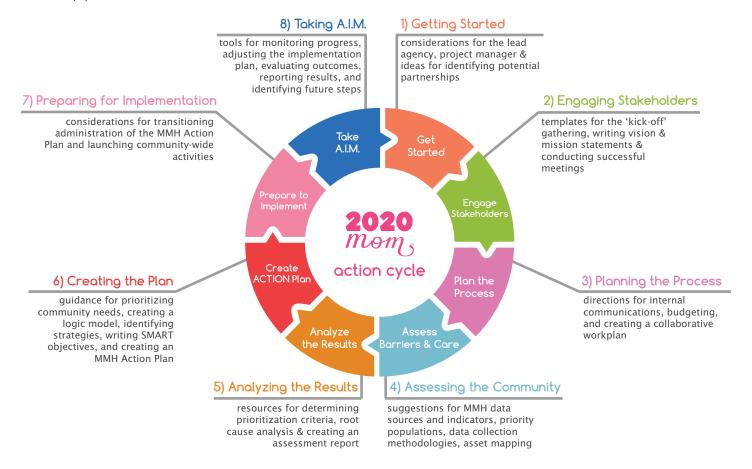
Your coalition will be setting customized goals for conducting this project in your community during Module 2. The goals for all groups using this toolkit will likely be similar and aligned with the action cycle wheel below. We suggest that the coalition will:

1. Engage stakeholders in all aspects of the planning and action process.
2. Establish group structure to support MMH (assess / analyze / action) project.
3. Conduct community maternal mental health care assessment.
4. Analyze data, review community input, and determine priorities for action.
5. Develop customized MMH Action Plan to improve systems of care.
6. Determine strategies to launch, mobilize support, and manage implementation of the plan.
7. Take action, monitor progress, evaluate efforts, and celebrate outcomes.

Action Cycle Process

This toolkit provides a roadmap for convening a coalition, understanding universal barriers to care, and conducting a needs assessment, data analysis, and action-planning through the 2020 Mom action cycle. We will begin the action cycle process in the next toolkit module.

The 8-step process includes:

8) Taking A.I.M.
tools for monitoring progress, adjusting the implementation plan, evaluating outcomes, reporting results, and identifying future steps

1) Getting Started
considerations for the lead agency, project manager & ideas for identifying potential partnerships

7) Preparing for Implementation
considerations for transitioning administration of the MMH Action Plan and launching community-wide activities

2) Engaging Stakeholders
templates for the 'kick-off' gathering, writing vision & mission statements & conducting successful meetings

6) Creating the Plan
guidance for prioritizing community needs, creating a logic model, identifying strategies, writing SMART objectives, and creating an MMH Action Plan

3) Planning the Process
directions for internal communications, budgeting, and creating a collaborative workplan

5) Analyzing the Results
resources for determining prioritization criteria, root cause analysis & creating an assessment report

4) Assessing the Community
suggestions for MMH data sources and indicators, priority populations, data collection methodologies, asset mapping

2020 mom action cycle

Take A.I.M. · Get Started · Engage Stakeholders · Plan the Process · Assess Barriers & Care · Analyze the Results · Create ACTION Plan · Prepare to Implement

Toolkit Phases

To see effective community change, this toolkit guides coalitions to take action in two phases:

Phase 1 involves conducting the *Triple A* process: Assessment, Analysis, and Action-Planning.

This includes bringing together a multi-stakeholder team, discovering MMH barriers, identifying the MMH services in your community, understanding the range of available interventions, and developing an evidence-based action plan. Groups can expect to complete this process in 12-18 months.

Phase 2 involves *Taking A.I.M.* through: Action, Implementation, and Measurement.

This includes implementing the planned interventions, evaluating outcomes, and adjusting the MMH Action Plan accordingly. Depending on the activities identified in your coalition's MMH Action Plan and the resources secured to support your work, this phase could take anywhere from six months (for an intense single-focused intervention) to five years (for a range of more complex interventions).

Action Project Flowchart

The **Action Project Flowchart** can be printed from **Appendix A**. This helpful flowchart provides a guide for moving through the steps of the action cycle and highlights Phase 1 and Phase 2 activities. Please plan to view each webinar and complete the subsequent tasks before moving onto the following webinar and the next module in the toolkit.

Toolkit Tips

We were thinking of YOU when we designed this toolkit and hope that you will find it relevant, user-friendly, and incredibly helpful! Here are some important tips to help you navigate the tools inside:

1. Read the roadmap. You wouldn't go on a road trip without looking at a map and planning your desired driving route in advance. Please don't start this voyage without first reading through the entire toolkit, our roadmap for this road trip. Taking the time to do this at the beginning will help you anticipate the journey and prevent surprises and detours later down the road.

2. Notice that there are 8 modules. Although they build upon each other, it is not necessary to utilize all of them or to complete the steps in the exact order described. Just use what works for your group.

3. Note that each module has its own color. The titles of each module listed in the Table of Contents, the steps of the 2020 Mom action cycle, and the Printable Resources in Appendix A are all coordinated by module color to make it easier to find what you're looking for throughout the toolkit.

4. Click on the links to access outside resources. If you read the PDF on screen, note that the pink text in the document is hyperlinked. Links are also spelled out in the text if you prefer to print the document. All links were active as of the toolkit's last update in June 2018.

5. Navigate by clicking. The toolkit is *clickable* throughout. From the Table of Contents, you can easily jump to each of the listed modules, sections, or appendices. Each module also has its own title page. From a module title page, you can jump back to the main Table of Contents by clicking on the 2020 Mom logo near the top left corner of the page.

6. Check out the *Project Pep-Talks* for advice and added support with difficult tasks; these are intended to guide the project manager, facilitator, and/or other leaders. Each pep talk is numbered, color coordinated, and related to the activities in the current module. There are 20 Project Pep-Talks throughout the toolkit.

7. Look for tools referenced throughout the toolkit in the appendices.

Appendix A contains Printable Resources that can be shared with coalition or community members in their current form. Simply click on the name of the tool in the teal highlighted text, or the printer icon found next to these tools throughout the toolkit, to jump to the printable document.

Appendix B contains Templates that can be customized by your group. Templates are available in an editable format (Microsoft Word, Excel, or PowerPoint files) and can be downloaded from the Templates folder. To access, simply click on the name of the template in the purple highlighted text, or the toolbox icon found next to these tools throughout the toolkit.

Appendix C compiles all of the examples created by our fictitious MMH coalition, from the Sample State community. As you move through the toolkit, you will find examples from the Sample State MMH Coalition's action project. You may choose to model your own work after these make-believe examples. The green Sample State logo indicates an activity completed by this pretend community.

8. Jump backwards. When you are visiting any of the Appendices, you can always return back to your previous page in the toolkit by clicking on the dot in the upper right corner of the document. This feature serves as a bookmark, making it easier to jump between the toolkit and the appendices without losing your spot.

9. Use the Toolkit Progress Checklist to track your activities as you advance through the toolkit. This will help you determine when you are ready to move on to the next module. You can either click the checkboxes within the toolkit or print the checklist in Appendix A to jot down notes and check the boxes as you make progress.

10. Please take note of navigation features that could work better or suggestions for improving the functionality and content of the toolkit in the future. We plan to review and update these tools periodically and welcome your ideas and feedback!

Common Acronyms

The fields of public health and medicine are notorious for their use of abbreviations, technical jargon, and acronyms. To help navigate this sometimes foreign language, we've included a listing of some of the most common acronyms affiliated with maternal mental health care.

AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
ACA	Affordable Care Act
ACNM	American College of Nurse-Midwives
ACOG	American College of Obstetrics & Gynecology
ACT	Acceptance and Commitment Therapy
AHIP	America's Health Insurance Plans
AMCHP	Association of Maternal and Child Health Programs
APA	American Psychiatric Association
ASTHO	Association of State and Territorial Health Officials
ATOD	Alcohol, Tobacco and Other Drugs
AWHONN	Association of Women's Health, Obstetric and Neonatal Nurses
BRFSS	Behavioral Risk Factor Surveillance System
CBT	Cognitive Behavioral Therapy
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
CES-D	Center for Epidemiologic Studies Depression Scale
CHA	Community Health Assessment
CHIP	Children's Health Insurance Program
CHIP	Community Health Improvement Plan
CHIPRA	Children's Health Insurance Program Reauthorization Act
CHNA	Community Health Needs Assessment
CHW	Community Health Worker
CME	Continuing Medical Education
CMS	Centers for Medicare and Medicaid Services
CoIIN	Collaborative Improvement & Innovation Network to Reduce Infant Mortality
CPP	Child Parent Psychotherapy
CPSM	Community-based Perinatal Support Model
CPT	Current Procedural Terminology
CSAT	Center for Substance Abuse Treatment
DBT	Dialectical Behavioral Therapy
DHHS	United States Department of Health and Human Services
DONA	Doulas of North America
DRG	Diagnosis Related Grouping
EMR	Electronic Medical Records
EPDS	Edinburgh Postnatal Depression Scale
FIMR	Fetal Infant Mortality Reduction
FQHC	Federally Qualified Health Center
GIS	Geographic Information System
HEDIS	Healthcare Effectiveness Data and Information Set
HIT	Health Information Technolocy
HMHB	Healthy Mothers, Healthy Babies Coalition
HRSA	Health Resources and Services Administration
IBCLC	International Board Certified Lactation Consultant
ILCA	International Lactation Consultant Association
IPT	Interpersonal Psychotherapy
LBW	Low Birth Weight
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LOI	Letter of Intent
MAPP	Mobilizing for Action through Planning and Partnership
MCAH	Maternal, Child and Adolescent Health
MCH	Maternal and Child Health
MCO	Managed Care Organization

MIECHV	Maternal Infant Early Childhood Home Visiting
MMH	Maternal Mental Health
MoD	March of Dimes
NACCHO	National Association of County & City Health Officials
NASPOG	North American Society for Psychosocial Obstetrics and Gynecology
NCHS	National Center for Health Statistics
NHIS	National Health Interview Survey
NIH	National Institutes of Health
NIMH	National Institute of Mental health
OBGYN	Obstetrician-Gynecologist
OCD	Obsessive-Compulsive Disorders
OTIS	Organization of Teratology Information Specialists
PCP	Primary Care Provider
PHAB	Public Health Accreditation Board
PHQ-2	Patient Health Questionnaire-2
PHQ-9	Patient Health Questionnaire-9
PMAD	Perinatal Mood and Anxiety Disorders
PMD	Perinatal Mood Disorders
PPD	Postpartum Depression
PPTSD	Postpartum Post-Traumatic Stress Disorder
PQC	Perinatal Quality Collaborative
PRAMS	Pregnancy Risk Assessment Monitoring System
PSI	Postpartum Support International
QIO	Quality Improvement Organization
RFP	Request for Proposals
SES	Socio-Economic Status
SMART	Specific, Measurable, Attainable, Realistic and Time-oriented
SNAP	Supplemental Nutrition Assistance Program
SUD	Substance Abuse Disorder
TIPCM	Targeted Intensive Prenatal Case Management
USPSTF	United States Preventive Services Task Force
VLBW	Very Low Birth Weight
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

MMH Background

To hit the ground running in Module 1, we recommend a refresher course in maternal mental health. Your homework is to review the following resources:

✦ MMH Background
✦ History of 2020 Mom
✦ MMH 101 Webinar

Module 1: Getting Started

2020 mom

action cycle

- Get Started
- Engage Stakeholders
- Plan the Process
- Assess Barriers & Care
- Analyze the Results
- Create ACTION Plan
- Prepare to Implement
- Take A.I.M.

Webinar:
Getting Started

Contents:
Defining the Service Area
Taking the Lead
Facilitation
Considerations
Potential Partners
Core Leader Intro Meeting

Key Players:
✦ Project Manager
✦ Up to 5 core leaders

Learning Objectives:
By the completion of Module 1, users will be able to:
1. Assess barriers, benefits, and capacity of organizations to identify an appropriate lead agency for the MMH coalition.
2. List at least three important skills, knowledge and/or behaviors of a project manager and/or group facilitator.
3. Discuss important considerations and implications when establishing an MMH coalition.
4. Identify at least ten potential partnering organizations or individuals to support the Triple A (assessment, analysis, action-planning) process during Phase 1.

Resources:
– Facilitation Skills, Knowledge & Behavior
– Considerations for MMH Coalition Formation
– Core Leader Intro Meeting Agenda Template

It is our hope that many states, counties, coalitions, and workgroups will employ this toolkit as a guide for collaborative efforts to assess, analyze, and act toward an improved maternal mental health care system in your defined communities. Just as each of these communities is unique, the composition, structure, and considerations for your coalition will vary significantly. Module 1 begins the action cycle by calling attention to important formation factors and opportunities for reflection as your initial team members work to establish your maternal mental health group.

Defining the Service Area

Before identifying a lead agency and recruiting partner organizations, it's important to set the parameters for your group's service area. This is the region that will be assessed to determine maternal mental health assets, gaps, and opportunities in Phase 1. It can be helpful to consider the locations of birthing hospitals when constructing the service area. Although some groups may have the capacity to conduct a statewide or multi-county assessment, we recommend limiting the service area to a region served by just two or three birthing hospitals to ensure it will be manageable. Following the assessment, the group will analyze collected data to identify target locations for Phase 2 implementation of activities in the MMH Action Plan, further focusing the service area throughout this process.

Taking the Lead

Throughout this toolkit, the terms taskforce, workgroup, and coalition will be used interchangably when referring to your MMH community action group. Regardless of how your group identifies, it should be collaborative - bringing together organizations and individuals representing different sectors to take action to improve maternal mental health care in your defined community.

By its very nature, the work of a coalition is not owned by one agency, but rather distributed across all participating organizations. Despite this fact, collaboratives still need a place to call home, or a lead organization responsible for providing strategic direction, serving as a neutral convener, nurturing stakeholder relationships, facilitating data collection and analysis, managing financial resources and reporting, and communicating project activities and outcomes.

The structure of your workgroup will depend on many factors, including the initial impetus for this project, the intended outcomes, and the scope of your assessment and action-planning process during Phase 1. Across the nation, we see great diversity in the organization of MMH action projects and their lead organizations. Although there's no right or wrong way to establish your coalition, it's helpful to weigh the pros and cons of various scenarios as you get started.

Your MMH coalition could operate within any variations of the following examples:

State Public Health System – A group may form in connection with your Title V Maternal and Child Health Services Block Grant with the responsibility of conducting the five-year MCH needs assessment. Likewise, if maternal mental health was identified as a priority area in a previous assessment, the responsibility to develop and implement an action plan may be the driving force for the coalition. In either case, the state's Title V program will likely serve as the lead agency.

Local Public Health Department – A county health department could be conducting a community health assessment (CHA) related to their public health department accreditation process (discover more at phaboard.org). A coalition may form to assess the state of maternal and child health (MCH) services, and thus, the state of maternal mental health care within the county. The county health department (and it's MCH division) would be the logical lead agency.

Existing Community Coalition – A maternal and child health coalition or a more targeted perinatal mental health coalition may already exist in your community. The collaborative's strategic planning process may involve conducting an assessment of maternal mental health services to prioritize needs and identify strategies the coalition will use to reach their goal of improving MMH outcomes. In this situation, the group's lead agency would be dependent on the structure of the coalition. If they are a nonprofit organization with 501(c)(3) tax-exempt status, the coalition serves as the lead agency. If not, the coalition should have a fiscal sponsor agreement in place with another organization and the MMH action project would operate under that same agreement.

Special Project – An MMH action group could also develop as a result of grant funding, legislation, or a university research project. In these cases, the collaborative is formed to conduct the assessment, analyze the findings, and/or create the MMH Action Plan in Phase 1, but may not be responsible for implementing the planned activities during Phase 2. Instead, the MMH Action Plan is developed by the group and handed off to another partner, such as a larger community coalition or local health department. When in doubt about the appropriate lead agency for a Phase 1 group formed as a special project with specific funding, the role should be assigned to the organization that will be held accountable for managing the grant budget and submitting reports to the funder. It can also be helpful to consider which agency will provide the project manager assigned to manage the day-to-day operations leading to the project deliverables.

As these examples demonstrate, the selection of a lead agency is dependent on numerous variables. Ideally, the lead organization for your MMH coalition will have many of these characteristics:

☐ Ability to serve as an umbrella organization providing private, nonprofit 501(c)(3) status and associated responsibilities through a fiscal sponsor relationship agreement
☐ Strong links to and respect for the local community
☐ Understanding of community health issues, priority populations, and public policy
☐ Belief in collaboration, as well as the patience and confidence to *trust the process* of community engagement and shared decision-making
☐ Access to resources to support the basic administrative needs of the workgroup (office space, phone / internet service, computer hardware / software, printing, etc.)
☐ Capacity to provide dedicated staff support and facilitation, if needed
☐ Commitment to leveraging its development, media, and advocacy capabilities to promote and support the coalition's activities
☐ Experience managing projects related to community collaboratives, health assessments, or action-planning processes

When considering a lead organization, think about both the barriers and benefits to entering into a formalized relationship. Some helpful reflection questions include:

1. **Are there community partners that will be offended or excluded due to bad relationships or perceived competition with the potential lead agency?**

   EXAMPLE: *facilitating the coalition under a nonprofit hospital could alienate other hospitals from participating and restrict willingness to share data*

2. **Does the potential lead agency have the capacity to manage the facilitation, communication, reporting requirements, and financial needs of the workgroup?**

   EXAMPLE: *a lead agency may not be able to provide a project manager with the skills and experience needed to support the group (see next section for details about facilitation)*

3. **Is the potential lead agency's mission aligned with the workgroup's priorities (community health, maternal mental health, and collaboration in health) and are they invested in the success of the project?**

   EXAMPLE: *a community foundation focused on educational initiatives and improving graduation rates may not be able to foster relationships with health-related organizations*

4. **Does the potential lead agency have competing priorities, infrastructure barriers, or other challenges that will negatively impact the workgroup?**

   EXAMPLE: *if you suspect your MMH Action Plan developed in Phase 1 could include advocating for legislative change, a lead agency's organizational policies might restrict these implementation activities during Phase 2*

5. **What resources (knowledge, experience, skills, financial, relationships, etc.) will be gained by the coalition through a formalized relationship with the potential lead agency?**

   EXAMPLE: *your group may lack leadership and require additional nurturing and support in specific areas, such as grant-writing, qualitative data collection, or facilitation of group decision-making processes*

The selection of an appropriate lead agency is crucial to the success of your project. In most cases, the day-to-day operations for your MMH workgroup will be lead by a project manager employed by, contracted with, or somehow connected to the lead agency. As you'll learn in the next section, the wrong leader can impede results while the right leader can generate collaborative success. Make sure to discuss the relationship between the project manager and the lead agency while making determinations regarding the structure of your MMH coalition.

Facilitation

The importance of selecting a strong leader, or co-leaders, with the right mix of skills, knowledge, and actions cannot be overstressed. Although we call the group leader a project manager in this toolkit, your coalition may refer to this person as the director, coorinator, or project manager. The project manager of your maternal mental health coalition must be able to develop relationships, facilitate meetings, build consensus, resolve disputes, empower the group, employ systems thinking, consider evaluation, and demonstrate dedication to the project outcomes. Notice that knowledge of maternal mental health disorders is not listed. Members of your taskforce will likely have extensive experience and knowledge in this area and 2020 Mom will provide additional training throughout this process. Therefore, the project manager's organizational skills, diplomatic nature, community assessment experience, and results-oriented approach outweigh a background in maternal mental health. In fact, a neutral manager can concentrate on the timeline, objectives, and group process, whereas an MMH professional might remain too focused on their specialty area to see the bigger picture and appropriately guide the group activities. Having co-facilitators or delegating different aspects of facilitation to different coalition members are strategies that can help decrease personal bias, distribute the workload, and generate buy-in (the group will review and assign stakeholder roles in Module 2). For example, the group may have a project coordinator managing most activities and use a meeting facilitator to run focus groups (during assessment) and/or help prioritize needs (during analysis) and/or determine the best interventions (during action-planning). Professional facilitators are employed to remain neutral while helping groups sort through complex problems to build consensus.

Project Pep-Talk

1 Do you feel clueless about maternal mental health disorders? Don't stress! Your role is to facilitate and manage the group process. Along the way, you will gather background knowledge, develop an understanding of how policies affect MMH, and discover systemic approaches to improving screening and treatment. Allow the coalition members to serve as the experts and be confident in your responsibilities of coordination and facilitation.

Facilitation Skills, Knowledge & Behaviors

The International Association of Facilitators has developed a core competencies framework for facilitation. Although not specific to MMH groups, you could utilize the listing when considering important facilitator characteristics, developing a job description, identifying your project manager, and later conducting performance reviews. Use the list (adapted from The Core Competencies framework developed by the International Association of Facilitators) as a starting point when considering the facilitation needs of your coalition. This list of Facilitation Skills, Knowledge & Behaviors is available in Appendix A for print.
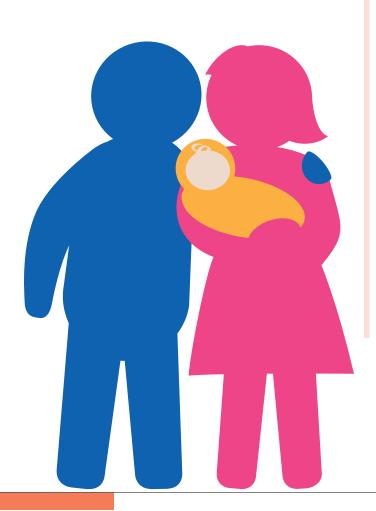
2 This toolkit was developed to nurture your coalition's process of assessing needs and taking action and to help you be successful in meeting goals; however, the collaborative process is a complicated one. Be on the lookout for these common problems that can contribute to the failure of an MMH group (and review the associated modules for tips to prevent these challenges):

- *poor leadership or facilitation (Module 1)*
- *lack of support from lead organization (Module 1)*
- *inadequate member expertise, diversity, commitment (Module 1)*
- *lack of trust due to competition and conflict (Module 1)*
- *ineffective meetings / inconsistent meeting attendance (Module 2)*
- *lack of follow-through on assigned tasks (Module 2)*
- *inadequate workplan to guide the process (Module 3)*
- *inconsistent or inadequate communication (Module 3)*
- *milestones and accomplishments are not recognized (Module 3)*
- *lack of contributed in-kind or financial resources (Module 3)*

Did you notice that the list starts with leadership and facilitation? That's your role – yikes! Throughout this project it will be helpful to take a step back, check-in with a simple self-assessment, and be honest about how you are contributing to the project.

- How are you managing your roles and responsibilities?
- Are you meeting the expectations of the group members?
- What are you doing well? Why?
- What are you doing poorly? Why?
- What additional support is required for you to excel?
- What resources are available to provide this support?
- What steps will you take to improve? By when?
- With whom can you share these self-assessment results?
- How will you celebrate your personal growth and leadership success?

In many ways, the project manager is crucial to the success of an MMH workgroup. Although challenging, being honest, realistic, and critical of your role as the facilitator will decrease the chances of failure and enhance the effectiveness of the coalition.

Considerations

As you begin the collaborative journey through the Triple A process to assess, analyze, and take action in maternal mental health, it is essential to plan for the process. The first step is taking time to consider some key questions, such as those outlined below. This can be done individually by the project manager or as a group activity during an introductory meeting. Simply distribute the Considerations for MMH Coalition Formation worksheet found in Appendix A and allow 10-15 minutes for completion (turning on some background music should help eliminate side conversations and keep everyone focused on completing their worksheet). Then, engage the group in a discussion, compile the responses and collect the worksheets. The activity helps to build rapport, especially if the members are unfamiliar, and to gain consensus about group structure and direction. It also helps to identify potential pitfalls before diving in.
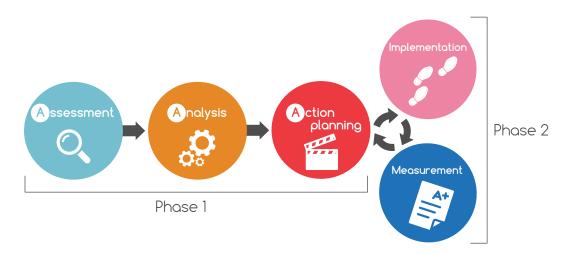
Project Pep-Talk

As this activity is often presented at one of the first meetings, it is essential that the project manager resists and refrains from sharing personal preferences. Just allow the group to brainstorm! Although unreasonable, unrealistic, and even some downright impossible ideas might emerge, it is your job to FACILITATE: keep the conversation on TRACK (you'll only have 4-5 minutes to discuss each of the 10 sections), ENGAGE everyone, WATCH body language, and LISTEN! You might discover personality conflicts, hidden agendas, and other pitfalls that can be anticipated and managed during the upcoming assessment process.

1. Who will serve as the lead organization? Who will be responsible for managing any funding associated with this project? Who will be the main point of contact or the project manager of the project?

2. Which organizations need to be engaged in the collaboration? Which key stakeholders are already involved? Who is missing that could improve our chances for success? How will we involve moms in the process?

3. What is the purpose of the coalition? What will be the key activities? How long will the work take to complete? What do we hope to accomplish? What will change as a result of our activities?

4. What are the expectations of participating members and/or their organizations? Will we have an application or interview process for new members? Will we have any formal agreements? Will we have a written expectation policy?

5. How will the group communicate? How frequently will emails be sent? How will we share documents? Will we have a website? What communication tools will be needed immediately? Long-term?

6. Who will facilitate meetings and other key activities? Who will fill in if they are unavailable? How will the project manager be held accountable? What will happen if the leader leaves?

7. How large will the group be? How will we recruit and retain members? How will new partners become involved? How will we handle group challenges or conflict?

8. What is needed to hold successful meetings? How often will we meet in-person or via web / phone conference? How will meetings be structured? Location? Length? Frequency?

9. How will we measure success? How can we evaluate our process? How will we include evaluation throughout our community assessment, analysis, and action-plan implementation?

10. Why am I personally involved with this project? What will I be able to contribute? How much time am I able to dedicate? What other resources can I access to support this work? How can I make the most of this experience?

Potential Partners

Regardless of your group's title as a taskforce, workgroup, or coalition, your effort is classified by the engagement of community stakeholders in maternal mental health improvement. The recruitment of stakeholders should be dependent upon the envisioned scope of your group's Triple A process, aka Phase 1. Remember that Phase 1 includes only assessment, analysis, and action-planning, while Phase 2 involves the actual implementation of your MMH Action Plan. The team responsible for the Phase 1 project will be a subset of your larger coalition - a specialized group with expertise in community needs assessment.

When determining who should participate in your Phase 1 group, be sure to consider the:

- Influence of the individual and their organization on MMH and overall community health
- Level of commitment (to the project goals) and participation (for the project duration)
- Role as a *queen bee* (responsible for leadership and oversight) or *worker bee* (responsible for assessment activities and implementation)
- Experience as a researcher, clinician, public health professional, service provider, or community advocate
- Representation of mothers and overall diversity of the group
- Possible barriers to recruiting, engaging, and sustaining relationships with proposed members

Reflect on the *movers and shakers* in your community, the current infrastructure for maternal mental health care, and the resources necessary to complete this project. In our experience, the organizations listed on the next page have been valuable contributors to the assessment, analysis, and action-planning process. However, you will have to customize the relationships to meet the needs for your project. By engaging different organizations in different ways, you can limit the number of *cooks in the kitchen* and keep your group size manageable. For example, some partners will be part of the entire Phase 1 process as a member of the leadership team, others may only contribute by distributing surveys or hosting focus groups, some might only be involved in data gathering and analysis, while others won't become engaged until the action plan is fully developed and ready for implementation in Phase 2.

Use this list as a starting point to gather your Phase 1 group members (and as a reference for involving additional partners throughout the process):

Public Health
» Your state's Title V Maternal & Child Services Program
» Centering Healthcare Institute's Centering Pregnancy / Centering Parenting Sites
  centeringhealthcare.org
» WIC in your state
  nwica.org/wic-basics#row-states
» State, county & city public health departments –
  healthfinder.gov/findservices
» Strong Start for Mothers & Newborns Initiatives
  innovation.cms.gov/initiatives/strong-start/
» Home-visiting programs (such as local Nurse-Family Partnership programs)
» Federally Qualified Health Centers
» Community Health Centers
» State Public Health Association
» Local early childhood council
» Early Headstart / Headstart programs
» First 5 programs

Community Orgs
» Quality Improvement Organizations –
  qioprogram.org/contact
» Local March of Dimes chapter
» Family resource / community outreach centers at local hospitals
» AHEC – Area Health Education Center
» Employee health & wellness representation from area employers
» State Healthy Mothers, Healthy Babies Coalitions
  www.hmhb.org/about-us/
» Other coalitions or collaboratives already engaged in MMH work

Moms
• Local new mom support groups
• Local mom bloggers

No one maternal mental health disorder is experienced in the same way and each woman interacts with the healthcare system in different ways. Consider addressing this reality by inviting mothers to share their experiences during coalition meetings and/or to participate in the action project.

Research & Data
» Universities & research centers
» Think tank organizations

Clinician Networks
» American Nurses Association, state associations
  nursingworld.org/membership/find-my-state/
» Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
  awhonn.org/?SectionsAndChapters
» Birthing hospitals & children's hospitals
» Cappa: certified doulas, childbirth educators, and other perinatal professionals
  icappa.net/search/custom.asp?id=438
» Community Health Workers Associations
» healthconnectone.org/nachw-progress-and-purpose
» Local American College of Obstetrics & Gynecology (ACOG) chapter
» Local American Academy of Pediatrics (AAP) chapter
» Local American Academy of Family Practitioners (AAFP) chapter
» Midwives Alliance of North America
  mana.org/about-midwives/state-by-state
» State Primary Care Associations
  bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html
» National Black Nurses Association, local chapters
  nbna.org/chapdirect
» Insurers / Health Plans / Medicaid
» State Board of Nursing
» State Hospital Association
» Behavioral Health Programs

As you approach potential members, it is necessary to be able to articulate how they will benefit personally or professionally from participation in the project. Some benefits may include:

- Greater knowledge of other service providers in the community
- Development of new partnerships
- Enhanced understanding of local or regional MMH care
- Cultivation of relevant MMH data at local level
- Expansion of community services and referral resources for population served
- Creation of structured and shared action plan for improved MMH

Keep in mind that as groups become larger and more diverse, they can also become less focused and more difficult to manage. Before you begin recruiting, determine the ideal size and diversity of your group. You might create a *wishlist* of names, organizational affiliation, and each individual's role on the project. Below is the member wishlist created by the **Sample State** MMH Workgroup. They started with 10 members, but you'll see they end up with a few more in future modules. When getting started, your checklist might look very similar to this:

Sample State Stakeholder Wishlist

☑ **Me - Judy Genius, MPH** - administrator of county maternal & child health program
to facilitate assessment and action planning process, coordinate with health department

☑ **Survey Smartypants, PhD** - professor / researcher at Community University
to conduct surveys & lead qualitative assessment

☑ **Nancy Nurse, RN (or other staff members: she's always so busy!)** - home-visiting program
for access to high-risk new mommies - ask if they screen for and collect any PPD data?

☐ **Someone(?)** – quality department at Sample State Medicaid
to assess providers & policies, provide recommendations for Medicaid action plan

☑ **Henry Hospital, MD** - Cheerful Hospital's Psychiatry Department
to make recommendations re: hospital survey, reproductive psychiatry expertise - maybe we can hold meetings there?

☑ **Abby Administrator, MD** – Fabulous Federally Qualified Health Center
see if they will share data? or at least give us access to conduct focus groups with their patients?

☑ **Mary Mommy** – breastfeeding support group at downtown WIC clinic
to provide 'mom perspective' and access to other new parents

☑ **Nerdy Number-Cruncher, PhD, MPH** – public health researcher at University of Awesomeness
to lead data analysis & guide action plan justification – maybe they have student volunteers or interns?

☑ **Oscar Obstetrics, MD** – large Ob/Gyn practice
to provide insight on screening practices, serve as liaison to our ACOG Chapter

☐ **Someone(?)** – United Way of Sample State
to assist with rollout of action plan, integration into their routine needs assessment, media and other local communications

Core Leader Intro Meeting

Module 1 offers a great deal of *food for thought* and these important considerations can be overwhelming for an individual facilitator, leader, or coalition chairperson to work through alone. Calling an informal meeting with a handful of the *core leaders* who will be involved with the Phase 1 process can help sort through the information and garner consensus for the direction of the project early on. We suggest including up to five stakeholders who are familiar with maternal mental health care in your community and are likely already a member of the MMH coalition. The intro meeting should require less than two hours and provide an overview of the action cycle process, together with a discussion of the concepts introduced in Module 1. Please note that if your coalition is brand new, these discussions will take much longer and may be spread over several meetings.

Below is a suggested agenda and outline for this preliminary meeting (editable template available in **Appendix B**):

Welcome & Introductions *(5 mins)* – The project manager should welcome everyone and give this small group of leaders an opportunity to briefly introduce themselves and their MMH work.

Purpose of Community A.C.T.I.O.N. Project *(5 mins)* – Explain that 2020 Mom has created a set of tools to serve as a roadmap for coalitions to gain understanding of the universal barriers to MMH care, conduct a needs assessment, analyze local data, and create an MMH Action Plan for improving MMH care in their communities.

Overview of the Action Cycle Process *(10 mins)* – Provide a handout or utilize slide #3 from the **Kickoff Meeting Draft Slide Deck** with the action cycle process overview and discuss the scope of activities and available tools to accomplish this process (this is good practice for later sharing the project process with the larger group).

Phase 1 Triple A Process vs Phase 2 Taking A.I.M. *(5 mins)* – Highlight the difference between Phase 1 and Phase 2 activities and discuss how different individuals and organizations will be involved at different times in the action cycle process.

Considerations for MMH Taskforce Formation *(45 mins)* – Brainstorm responses to the worksheet questions individually; then share in a group discussion to establish expectations for the project. Collect the worksheets to review in greater detail following the meeting.

Lead Agency Discussion & Evaluation *(10 mins)* – Use scenarios and questions from Module 1 to determine appropriate lead agency for your group.

Leader / Facilitator Roles & Responsibilities *(10 mins)* – Discuss the role of the Phase 1 project manager in relation to the role of other leaders within the coalition (director, chairperson, meeting facilitator, etc.) and set clear responsibilities for project leadership.

Potential Partners Identification *(20 mins)* – Finally, poll this small group to identify potential community partners and their possible role during Phase 1 and Phase 2 of the project. Use the format of the **Sample State** wishlist above as a fill-in-the-blank example.

Request for Support *(10 mins)* – The next step in the action cycle process involves engaging stakeholders. The core leaders should discuss who will be responsible for emailing and calling potential partners to invite them to participate in the project and who will help with logistics for the *kickoff meeting* to be held in the next two months.

Following this intro meeting of the core leaders, the project manager should make notes summarizing the discussion, review the collected worksheets, follow up on any outstanding items, and respond to additional inquiries from the group. Be sure to note the leaders that volunteered or were assigned to help with engaging stakeholders, as you'll need to follow up with them shortly.

Module 2: Engaging Stakeholders

2020 mom
action cycle

- Take A.I.M.
- Get Started
- Engage Stakeholders
- Plan the Process
- Assess Barriers & Care
- Analyze the Results
- Create ACTION Plan
- Prepare to Implement

Webinar:
Engaging Stakeholders

Contents:
- Stakeholder Roles
- Graphic Representation
- Kickoff the Action
- Meeting Evaluation
- Vision, Mission & Goals

Key Players:
- ✦ Project Manager
- ✦ Meeting Facilitator
- ✦ Core Leaders
- ✦ Potential Partners

Learning Objectives:
By the completion of Module 2, users will be able to:
1. Create and send an invitation to participate in the project to the wishlist of potential partners and recruit 8 to 15 members.
2. Utilize the meeting checklist to host a successful kickoff meeting of the MMH group members.
3. Write the vision statement, mission statement, and project goals.
4. Facilitate a group discussion to determine ground rules for meetings and collaborative conduct.
5. Determine stakeholder roles, organizational chart, and/or a sector wheel diagram depicting the group members.
6. Conduct an evaluation of the kickoff meeting and make changes to improve future meetings.

Resources:
- – Project Leadership Roles: Skills & Expertise Checklist
- – Stakeholder Commitment Form
- – Meeting Planner Checklist Template
- – Stakeholder Invitation Draft Template
- – Kickoff Meeting Draft Slide Deck
- – Kickoff Meeting Draft Agenda
- – Meeting Notice Template
- – Meeting Agenda Template
- – Meeting Sign-In Sheet Template
- – Meeting Minutes Template
- – Follow-Up Email Template
- – Meeting Evaluation Template

Module 1 offered guidance for the identification of a lead organization, a project manager, group members, and the overall project structure. Now, you are prepared to get to the ♥ of this process – stakeholder engagement! Module 2 provides support and tools to expand beyond the original conveners, or core leaders, to begin engaging additional partners.

Stakeholder Roles

To be successful, your collaborative must co-labor! Building a team of diverse stakeholders provides a range of skills, knowledge, and perspectives for your community assessment and action-planning process. The project manager and initial conveners cannot be solely responsible for carrying out this work. As a group, you must divide and conquer! Use the Project Leadership Roles: Skills & Expertise Checklist in Appendix A to determine and assign support for key roles within the coalition.

Graphic Representation

When building your wishlist, assigning leadership roles, and depicting the structure of your collaborative, a visual graphic can be a helpful tool. As the common expression states, *a picture is worth a thousand words*. We have included two samples for your reference below; similar diagrams can be easily created using SmartArt in Microsoft Word or PowerPoint programs.

Sector Wheel

One way to demonstrate the various sectors collaborating in a group is through a sector wheel diagram. In the example below, the Sample State Maternal, Child & Adolescent Health Coalition has created a sector wheel to show the diversity within their coalition. This could be a useful tool when considering organizations or individuals that are already engaged in the larger coalition and might also contribute to the new MMH action project group forming to conduct Phase 1. It will be beneficial to invite individuals from each of these sectors – community, moms, public health, clinicians, and research & data – to participate in the MMH workgroup.

Sample State Sector Wheel

SAMPLE STATE

Research & Data
University of Awesomeness, School of Public Health
Sample State Family Research Institute
Donald Donor's Center for Child Development
Sample State DPBH, Epidemiology & Informatics
United Way of Sample State
Sample State U - Center for Policy Priorities

Moms
First Time Mama Meetup
La Leche League of Sample State
Mommy & Me Support Group
Stroller Strides Walking Club
SS Sentinel's Merry Mommy Blog
YMCA Prenatal Yoga Club
Baby Bump Book Club
Mompreneurs of Sample State
Crawlers & Climbers Gym
NICU Support – Jewish Hospital
Sample State PSI Chapter

Public Health
Sample State Title V MCH Program
WIC Clinics of Sample State
Western Region Public Health Dept.
Early Intervention Services of SS
Eastern Region Public Health Dept.
Sample State Div. of Public & Behavioral Health (DPBH)
West Region Federally Qualified Health Center
Lakeside Federally Qualified Health Center
Governor's Prenatal Care Committee
Sample State Early Childhood Council
SS Public Health Association
Immunization Registry of Sample State
Sample State Early Head Start Program
First 5 of Sample State
Nurse-Family Partnership Program
CYSHCN Resource Centers
Lakeshore Head Start Program
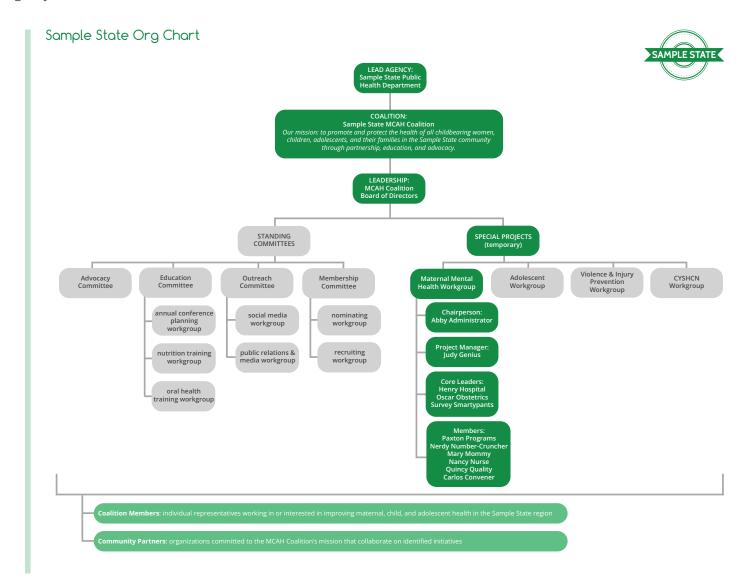Sample State Division of Quality Assurance

Clinical Care
Lakeshore Health System
High-Risk Pregnancy Center
ACOG - Sample State Chapter
AAP - Sample State Chapter
AAFP - Sample State Chapter
Behavioral Treatment Services, Inc.
Sample State Medicaid
Insurers, such as Aetna and UnitedHealth Group
Sample State Hospital Association
Lakeshore Behavioral Health
Sample State Association of Pharmacists
Dignity Health
Jewish Hospital of Sample State
Sample State Midwives Association
Sample State eHealth Records

Community
March of Dimes – Sample State Chapter
Catholic Hospital Family Resource Center
NAMI of Sample State Region
Sample State Chapter of Mental Health America
Susie Q's Women's Care Center
Sample State School District
Area Health Education Center of Lake Region
Whole Foods of Southern State Region
Special Needs Support Center
Sample State Breastfeeding Council
Motor Manufacturing Employee Wellness
University of Awesomeness Student Nurses Assoc.
Teen Pregnancy Prevention Council
Sample State Chamber of Commerce
Bellies and Binkies Retail Store
Sample State Library System
Rainbow Children's Foundation
SS Community Health Worker Association
Concerned Car Dealership
Lakeshore Ministries United
Hispanic Women's Leadership Council

Org Chart

Depending on the complexity of your MMH group and its position within a larger coalition or a different entity, your structure might be best conveyed with another type of visual graphic, an org chart. In the example below, the **Sample State** MMH group is shown within the hierarchy of the MCAH coalition. The green boxes trace the chain of command from the project manager and members of the MMH action project group all the way up to the lead agency.

Sample State Org Chart

Stakeholder Commitment

No matter how your MMH coalition is structured, members must make a commitment to participate, contribute, and support the group in achieving their goals. We have provided a Stakeholder Commitment Form Template that can be customized to reflect the needs of your group. This form should be edited and printed for distribution at the project's kickoff gathering. It will allow you to obtain a commitment and gather contact information from all members.

Kickoff the Action
Extend an Invitation

During Module 1, you developed a *wishlist* of potential MMH action project group members for Phase 1; now it's time to extend an invitation to those identified. The initial invitation should come in two forms – an emailed calendar invite and a personal phone call – and should target your wishlist first.

The invitation should explain the purpose of the group, the expectations of members, the project timeline, the kickoff meeting details, and most importantly, the expected outcomes. A **Stakeholder Invitation Draft Template** is included in **Appendix B**. You may also use the **Outreach One-Pager** in **Appendix A** to introduce potential partners to the project.

Project Pep-Talk

In this age of email and text messaging, it's tempting to skip the phone call invitation. Resist that temptation! Much like a handwritten thank you note, a personal phone call might seem outdated or *old-school* but is always appreciated and will generate results...trust us! As a bonus, you won't spend the next month battling nagging negative thoughts...*Why hasn't anyone responded?...Maybe they don't care about MMH?...Maybe this project is a terrible idea?...Maybe nobody likes ME?...* Stop the madness, pick up the phone, connect with your stakeholders, and salvage your personal mental health. **You're welcome!**

The phone call is your opportunity to make a first impression, establish a relationship with stakeholders, and build support for the project – be sure to:

EXPLAIN the details included in the invitation (it sounds silly, but smile while you're on the phone – your enthusiasm will be obvious and hopefully contagious, too!).

LISTEN and learn about their work in MMH, experience with community assessment or action-planning, and other areas of expertise.

ASK if they have questions, suggestions, and if they will participate in the project.

Will you be able to serve as a member of our MMH action project group?
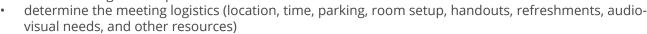
YES!
- **ALLOW** them to explore and identify their role on the project. Pay attention to their areas of interest but don't make assignments, yet. Take notes!
- **CONFIRM** their attendance at the kickoff meeting, participation in key activities, and commitment to taking action for improved MMH.
- **THANK** them for their commitment and remind them of upcoming meeting details!

NO!
- **THROW** a temper tantrum (just kidding!) and then gracefully accept their response. Remember that these are busy professionals with chaotic schedules and multiple commitments.
- **REQUEST** their assistance to identify a co-worker or colleague with similar experience / expertise as a substitute for the group.
- **INVITE** them to receive occasional communications from the project. Don't give up – a "no" right now is not necessarily a "no" forever – keeping stakeholders informed throughout the process could result in participation with later activities.
- **THANK** them for any member suggestions (don't forget to request contact information) and for their valuable work in the community!

Arrange Meeting Logistics
The kickoff meeting is an important one. Be sure to:
- determine the meeting logistics (location, time, parking, room setup, handouts, refreshments, audio-visual needs, and other resources)
- provide adequate notice (4-6 weeks) with a calendar invite,
- send a reminder email with the agenda (3-4 work days in advance),
- remind the member(s) assigned to collect the sign-in sheet and take meeting minutes.

If offering options for members to participate via phone or videoconference, it's a good idea to test the technology ahead of time. We also recommend encouraging members to arrive early and/or stay late for networking; this helps to keep meetings on track while fostering positive group dynamics.

The **Meeting Planner Checklist Template** can be a helpful tool when preparing for group meetings.

Determine Kickoff Agenda
The agenda for the kickoff meeting should be planned and distributed ahead of time. We have provided a **Kickoff Meeting Draft Agenda** so you won't have to start from scratch. Consider hosting a half-day kickoff meeting to include breakfast and a mid-morning break (or lunch and a mid-afternoon break). Be sure to allow time for the members to:
- Sign-in, shake hands, get a cup of coffee, chit-chat, and exchange business cards
- Share introductions
- Establish ground rules
- Determine vision, mission and project goals (see next section)
- Possibly complete the **Considerations for MMH Coalition Formation worksheet** (from Module 1)
- Assign leadership roles
- Create list of *next steps*
- Complete stakeholder commitment forms

Introduce Coalition Members
Since this will likely be the first time all members are meeting, we recommend allowing time for detailed introductions. Facilitating a meaningful and fun introduction session will help to break the ice, set the tone, make connections, and gain group consensus quickly. We recommend using PowerPoint to guide the introductions and have included a **Kickoff Meeting Draft Slide Deck** that can be customized for use at your kickoff meeting. Ask members to introduce themselves by responding to these five questions on Slide #3:

> **Let's Meet Our MMH Action Project Team**
>
> **1. Who are you?**
> Share your name, title & organization.
> **2. Why are you here?**
> Describe past / current experience in MMH or related work.
> **3. How will you help?**
> Explain your area of interest within our project's scope of work.
> **4. What makes you awesome?**
> Reveal one personal & memorable tidbit, such as: I operate a golden retriever rescue, I have 17 grandchildren ranging from age 2 to 32, I speak four foreign languages including Klingon, my wife and I spent last month in Greece, I'm known for starting presentations with a good knock-knock joke, I love to talk like a pirate, etc.
> **5. Where are we headed?**
> Provide one outcome that you expect to result from our activities.

Set Ground Rules
Establishing ground rules at the initial meeting sets expectations for conduct, improves effectiveness and efficiency, and should help keep the group on track in subsequent meetings. Members should discuss and agree to ground rules. It can be helpful to post your ground rules at all meetings as a reminder of the agreed upon policies.

Sample ground rules:
- » Silence your devices at the start of each meeting.
- » Plan accordingly – meetings will start and end on time.
- » Maintain confidentiality, if requested by members. If not, information shared in meetings can be shared with others.
- » Ensure that everyone participates and no one dominates.
- » Avoid distracting sidebar conversations.
- » Consider the group process and be open to compromise.
- » Project manager has an open door policy; concerns should first be directed to the project manager.

Tools
Facilitating a successful workgroup requires time, technique, and tools.

2020 Mom has included these helpful templates for productive meetings in **Appendix B**:
- **Meeting Notice Template**
- **Meeting Agenda Template**
- **Meeting Sign-In Sheet Template**
- **Meeting Minutes Template**
- **Follow-up Email Template**

5

Get set for success! When asking others to share personal history, ideas, or feedback, it's best to model the intended behavior first. This helps to avoid misunderstandings, uncomfortable silence, or painful, long-winded responses.

Model the introduction:

1. Start by introducing the activity:
   "Now we're going to meet our MMH team."

2. Then, explain the process:
   "We will each respond to the five questions on the slide: (read the bolded questions)."

3. Next, model an appropriate response:
   "I'll go first - 1) I'm Judy Genius, the director for the county Maternal and Child Health program. 2) Although I do not have experience specifically with maternal mental health, I served as chair of a coalition dedicated to serving the local homeless population in the downtown area. I hope that experience will be valuable in our work. 3) I am serving as the project manager for this project and will be your point of contact for day-to-day operations. I will be responsible for managing our budget and timeline, for membership communications and for ensuring we meet our overall goals and objectives throughout the assessment and action-planning process. 4) I'm awesome because my office is covered in happy meal toys that I've been collecting for over 20 years - you'll have an opportunity to check them out if we ever meet at my office. 5) And finally, I hope that our work will provide a snapshot of MMH hospital practices throughout the Sample State area."

4. Write your response to #5 on a whiteboard or flipchart, under the heading *Expected Taskforce Outcomes*. Continue to add to the list as introductions are shared.

5. Finally, ask for a volunteer to go next. Then, continue around the room.
   "Who would like to go next?"

NOTES:
- Don't forget to thank each person for sharing. Then, give an encouraging nod toward the person next to them. After the first couple, the introductions should naturally progress around the room.
- You earn facilitator bonus points by taking a photo of the *Expected Taskforce Outcomes* listing. Imagine including this photo in a final presentation at the end of this process! This will provide an opportunity to reflect back on where the group started and how the desired outcomes were accomplished.

Meeting Evaluation

There's no way around it, collaboration requires meetings...lots and lots of meetings! It's easy to get into a routine and go from meeting to meeting assuming that they are efficient, productive, inclusive, and just plain awesome. However, since MMH coalition work is largely dependent on successful meetings, it's important to take a *pulse check* once in a while to ensure that you are maximizing everyone's time, talent, and resources during your meetings. Here are a couple of easy tools for evaluating your meetings:

Plus / Delta (with optional delta improvement plan)
This activity will only take a few minutes and can be a useful tool for evaluating how well things are going. At the completion of your meeting, the facilitator will simply ask:

PLUS – "What are the pluses from today's meeting?"
Pluses are the elements, activities, actions, and ideas that are positive and that the group wants to see repeated.

DELTA – "What are the deltas from today's meeting?"
Deltas (referring to the Greek symbol used to signify change) are not negatives or bad things, but rather things the workgroup would like to change or do better the next time around. This is a way to acknowledge the *elephants in the room* without negatively impacting the group dynamic.

All feedback should be captured and incorporated into the next meeting; you might add the feedback to the meeting minutes or next meeting agenda. Deltas should not be written as complaints but as suggestions for the future. To ensure that the deltas are acted upon, your group might add additional considerations of WHO, WHAT, and WHEN to the list of deltas.

WHO – identifies the best person to get the delta (change) completed
WHAT – describes the action, improvement, or decision needed for the delta
WHEN – sets a deadline to complete the delta (or at least give a status update)

Sample State Plus / Delta Meeting Evaluation

Delta Improvement Plan

+	△	WHO	WHAT	WHEN
We finally have the right decision makers in the room.	We need clarity on roles and responsibilities to avoid duplicating efforts.	Judy Genius, MPH	Facilitate creation of a roles and responsibilities matrix	August 15
We are doing a better job identifying milestones during the MMH assessment process.	We need to review samples of existing qualitative data collection tools to make decisions about our survey.	Survey Smartypants, PhD	Gather, present, and answer questions regarding survey samples	Next meeting on July 12
We resolved the parking problem with our new space.	We should have audio speakers available so that the group can view videos at future meetings.	Henry Hospital	Request audio equipment be provided in meeting room	Next meeting on July 12
The refreshments sponsored by the hospital were great. Thanks for the coffee!				

Anonymous Evaluation
For a more in-depth review of your meetings, ask members to complete a written evaluation. We have included a Meeting Evaluation Template in Appendix B that can be customized for your coalition. Reassure members that their responses are anonymous (and mean it!). Resist the temptation to match the comments and scores with individual members. Allow time on the agenda for members to complete the evaluation at the end of the meeting (or send it out ahead of time and ask them to bring the completed evaluation to the next meeting). Then, be sure to collect the evaluations in a confidential manner. The project manager and/or meeting facilitator should review the feedback and make changes to their process and to meetings, as needed.

Vision, Mission & Goals

Members need to have a distinct understanding of their purpose and their role to be effective contributors to your MMH action project. Clearly defined vision and mission statements help members identify key activities, support relationships among partners, and create a sense of direction and commitment. They also serve as the foundation for setting priorities and action-planning.

If your project is part of an established nonprofit, coalition, or other entity, a vision and mission statement may already exist for the larger organization. However, it is important to develop a clear description for the work of the MMH action project. Most likely, your group's vision and mission will relate to those of its host agency.

Planning Pyramid
The hierarchy of vision, mission, goals, objectives, and activities can be confusing. The activities are the tasks at the bottom of the pyramid that push the organization toward achieving their vision at the very top of the pyramid. This pyramid diagram may be helpful when introducing the hierarchy to workgroup members and is included in the Kickoff Meeting Draft Slide Deck. During the kickoff meeting, you will determine the vision and mission for the group and the goals for this project. Then, in Module 3, we will begin drafting the objectives and activities into a workplan for project administration.

VISION

MISSION

GOALS

OBJECTIVES

ACTIVITIES

Vision

A vision is a statement of the big picture, *pie in the sky* dream, or the way things ought to be. It should generate a mental image associated with success. The group will use this powerful and shared dream as motivation for their work.

In developing a vision statement, you might consider these questions:
- If your dreams came true, what would MMH awareness, screening, treatment, support, and care look like in five years?
- What big picture improvements would generate lasting and meaningful impact in maternal mental health care?

Mission

A mission explains your purpose and describes what you will do to accomplish your dream (the vision). A clear mission statement allows those outside your group to understand the problem or need your coalition is trying to address, the activities your group will undertake, and the beneficiaries of your work.

In creating a mission statement, you might consider these questions:
- What are the three most important things that must be accomplished to bring about the improvements described in your vision statement? What are the values that guide this work? Why does this work matter?

Project Pep-Talk

Ideally, the coalition partners should work together to create, refine, and approve the vision and mission statements with the assistance of your extraordinary facilitation skills. However, in our experience and depending on your group's composition, this process can result in a laborious game of *wordsmithing* (we are aware that's not a real word!) and wasting time. This can be avoided by first engaging the group in a discussion using the questions above and then presenting predetermined vision and mission statements that you have already wordsmithed to death. Nine times out of ten, the group will approve the statements as is (or with minimal tweaking), thus avoiding member frustrations and saving valuable meeting time. Hip hip hooray for efficiency!

Sample State Vision and Mission Statements

Vision
Our vision is a healthy Sample State community that surrounds and supports motherhood with coordinated and comprehensive mental health services accessible throughout the perinatal period.

- ✓ Sounds dreamy!
- ✓ Takes a big picture approach!
- ✓ Creates a powerful mental image! ('surrounds and supports' makes us think of a great big bear hug)

Mission
Our mission is to assess, analyze, and take collective action toward improved maternal mental health policies, systems, and resources for mothers and their families across the Sample State region.

- ✓ Lists group activities!
- ✓ Describes the purpose!
- ✓ Includes beneficiaries!

Goals

When starting a new project, goal-setting is an important step that contributes to future success. Project goals should be agreed upon by the members and understood as the guiding force for the group's activities. The goals are generated from the vision and mission statements and describe how the group intends to fulfill their larger plans. Goals and objectives will be refined when developing your administrative workplan and timeline for project activities (in Module 3). However, it's recommended that overarching goals be identified during the kickoff meeting. Remember that goals are general statements of intent, while objectives are the practical steps necessary to achieve your goals.

Workgroups utilizing this toolkit are expected to have similar goals that follow the steps outlined within the action cycle process. For this reason, we suggest using the following list as the foundation for establishing goals that best meet the plan for your project.
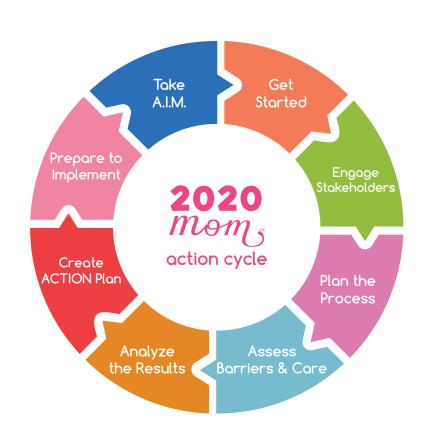
Suggested Project Goals:

1. Engage stakeholders in all aspects of planning and action process.
2. Establish group structure to support MMH (assess / analyze / action) project.
3. Conduct community maternal mental health care assessment.
4. Analyze data, review community input, and determine priorities for action.
5. Develop customized MMH Action Plan to improve systems of care.
6. Determine strategies to launch, mobilize support, and manage implementation of the plan.
7. Take action, monitor progress, evaluate efforts, and celebrate outcomes.

Use the Action Cycle
Notice how goal #1 aligns with the 'Engage Stakeholders' step in the action cycle. Goal #2 relates to the 'Plan the Process' step, and so on. The action cycle is the best tool to reference when establishing project goals. Take advantage of this cheat sheet!

Module 3: Planning the Process

2020 mom action cycle

- Take A.I.M.
- Get Started
- Engage Stakeholders
- Plan the Process
- Assess Barriers & Care
- Analyze the Results
- Create ACTION Plan
- Prepare to Implement

Webinar(s):
Planning the Process

Contents:
Internal Communication
Resources Needed
Administrative Workplan & Timeline
Stakeholder Education

Key Players:
✦ Project Manager
✦ Coalition Members
✦ Lead Agency Representative (for budgeting support)

Learning Objectives:
By the completion of Module 3, users will be able to:
1. Develop a plan for facilitating internal communication and collaboration among members.
2. Set a budget for Phase 1 of project (pre-implementation of the action plan activities).
3. Determine resources needed to complete Phase 1 and request support from community partners.
4. Create an administrative workplan detailig the internal activities during Phase 1, to include assessment, analysis and action-planning.

Resources:
– Administrative Workplan Template

At this point, you've rounded up a diverse team of maternal mental health stakeholders, established the structure for your coalition, and developed enthusiasm and commitment for your mission. Now hit the brakes!!! Before diving into the assessment, the group must create a plan for project administration and figure out how to travel from your current starting point to the completion of a collective MMH Action Plan for your community. Module 3 includes additional considerations and establishes the plan for internal communications, resource allocation, project goals, timeline, and milestones (or the project administration workplan).

Internal Communication

When working with diverse stakeholders, communication should be strategic, focused, and efficient. In-person meetings help to minimize distractions (participants won't be simultaneously checking their email and working on a report for their boss), promote engagement, foster discussion, and build trust. Conference calls, webinars, and online document management systems are helpful tools but can be challenging to facilitate. Here are some additional tools to consider in support of your internal communication efforts:

Meeting Scheduling (tools to help groups identify meeting times that work for everyone)
- Doodle doodle.com
- Meeting Wizard meetingwizard.com

Online Surveys (tools for soliciting input or feedback and analyzing the results)
- Survey Monkey surveymonkey.com
- Survey Gizmo surveygizmo.com

Online Project Managers (tools to upload an action plan and allow participants to select or delegate tasks, also provide a platform for storing documents)
- Basecamp basecamp.com
- Teamwork Projects teamwork.com
- Wrike wrike.com

Video Conference (tools for individuals or groups to hold online meetings, some also allow participants to share their screens)
- Free Conference Call freeconferencecall.com
- Google Hangout google.com/hangouts
- Oovoo oovoo.com
- Skype skype.com

Document Managers (tools for sharing and editing documents collectively)
- Dropbox dropbox.com
- Google Drive drive.google.com

Your MMH coalition will likely use several of these tools in developing your communication strategy to encourage and facilitate member participation. Check in with group members regularly to make sure they are able to access necessary documents and that they are routinely using the available tools. You can also encourage the use of these tools; for example, posting meeting agendas, minutes, and other important documents to a Dropbox account and sending out a link (rather than attaching them to an email) will require members to use Dropbox to access these materials.

Resources Needed

In order to plan appropriately for the coalition's activities, it is necessary to develop a budget that identifies categories of expense and estimated cost and revenue. The entire group does not need to be involved in the budgeting process, although they should be informed of financial limitations when developing the project administration workplan for Phase 1 and later when determining interventions to be implemented in Phase 2.

Community Tool Box provides guidance for developing a budget and managing financials in Chapter 43 of their site. Check out their tools here: ctb.ku.edu/en/table-of-contents/finances/managing-finances

As with any collaborative undertaking, your MMH workgroup will undoubtedly require significant resources. However, with some creativity and coordination the group should be able to function with minimal financial resources. Consider opportunities to leverage your member and partner networks to gain access to low or no cost supplies, services, and support for your operations. Create a list of anticipated project needs and ask your members to contribute in-kind support for the infrastructure needs of the workgroup. Here are a few suggestions to consider when compiling your list:

Support (many partners have access to these resources through their organizations)
- Meeting space with A/V
- Video conference system
- Phone conference line
- Public relations expertise
- Online survey tool
- GIS (geographic information system) mapping tools
- Website hosting
- Office space

Skills (retirees, interns, students, or pro bono consultants might be willing to lend a hand)
- Gathering existing data
- Conducting focus groups
- Graphic design
- Data entry
- Meeting preparation
- Strategic planning
- Grant writing

Stuff (partner organizations such as hospitals, health plans, and large clinics frequently sponsor these items)
- Printing services
- Refreshments
- Postage & mailing supplies
- Lanyards, water bottles, notepads, or other logo goodies (these make great tokens of appreciation and partners will happily donate leftovers from their past events)

Grant funders, fiscal sponsors, and lead agencies should have an opportunity to review the project budget. Depending on the frequency of board meetings, this could take a few months. Be sure to adjust the project timeline to allow adequate time for review and approval.

Project Pep-Talk

We'll admit it: asking for money and other resources is scary, but you're a brave, capable, pioneering MMH action project manager! After all, you conquered your fear of the phone (*remember the invitation horror of Module 2?*) and not only survived, but emerged with a dedicated team of experts enlisted to support this project. It's time to step outside of your comfort zone once again. Reach out to partners and inquire whether their organization can provide any of the items on your resource list. Perhaps they know of a great meeting space or would be willing to provide bottled water at the next meeting? Hint: you already gathered some great leads for in-kind resources if you used the Member Commitment Form Template provided in Module 2. Review those forms as a starting place, make a few calls, and ask for what you need. Then, celebrate your resource acquisition victory with a mid-afternoon trip to the Keurig machine. You deserve it!

Administrative Workplan & Timeline

During the kickoff activities in Module 2, your coalition developed a list of goals that you intend to achieve on your journey to realizing your vision and mission. Now, you will identify the objectives and activities needed to support your goals and pull it all together in the form of an administrative workplan. The workplan document will serve as a blueprint for your internal administration of this project and will help ensure accountability, efficiency, and success. It's important to remember that this workplan is NOT an action plan. It is an internal workplan that defines the steps your group will take during the Triple A process of assessment, analysis, and action-planning; this is the work that occurs while developing your MMH Action Plan.

The administrative workplan is NOT optional; this is a fundamental step in the action cycle process. Here are some tips to help you build the best blueprint for managing this project:

1. It is impossible to develop an administrative workplan without first reading through the remaining toolkit modules. Your workplan will steer the group to: assess the community's MMH services, analyze the data and findings, develop an MMH action plan, and build capacity for implementation of the action plan. You must understand the full scope of the project when developing a task list and timeline for the workplan.

2. Although the project manager may draft the administrative workplan for your Triple A process, it is essential to include core members of the project in this assignment. The objectives (steps) and activities (tasks) necessary to achieve the larger goals of community needs assessment and data analysis should be finalized by the group members with research and data expertise. For example, they will identify the necessary activities when hosting a focus group and advise about realistic timelines for conducting this *local listening* method.

3. Keep in mind that this will become a working document that is frequently accessed, reviewed, and revised as you track progress throughout administration of the action cycle. The workplan should be accessible by all members (it could be stored in a shared GoogleDrive or DropBox account) and reviewed at all meetings (to note completed activities, timeline edits, and other significant changes or additions).

4. Don't underestimate this document...your workplan is one powerful spreadsheet! It keeps members and other stakeholders engaged, demonstrates that something is actually happening, allows you to see and track progress, and provides milestones for celebration throughout this process. Developing a collaborative MMH Action Plan is a complicated undertaking; a strong administrative workplan will help the group avoid any temptation to *give up* by steering the process to successful completion.

Vision & Mission

At the kickoff meeting in Module 2, the group determined the vision and mission statements and set project goals for Phase 1 (aka the Triple A process). Gather the notes from the kickoff meeting for reference as we walk through the rest of the pyramid levels and prepare your administrative workplan for this project.

Goals

What are the project goals for your MMH action project? Module 2 of this toolkit provided a list of suggestions; however, the group may have adapted these to better reflect your circumstances and desired action cycle process. Let's review…
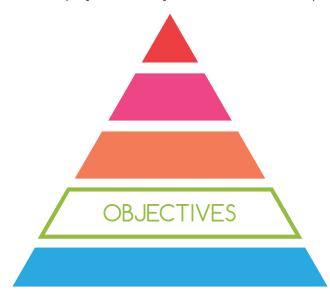
Suggested Project Goals:
1. Engage stakeholders in all aspects of planning and action process.
2. Establish workgroup structure to support MMH (assess / analyze / action) project.
3. Conduct community maternal mental health care assessment.
4. Analyze data, review community input, and determine priorities for action.
5. Develop customized MMH Action Plan to improve systems of care.
6. Determine strategies to launch, mobilize support, and manage implementation of the plan.
7. Take action, monitor progress, evaluate efforts, and celebrate outcomes.

Objectives
If goals explain the overall purpose of the project, then objectives describe the steps needed to reach each goal.

OBJECTIVES

Here are some helpful tips to differentiate between goals and objectives and place them within the hierarchy of the pyramid.

GOALS	OBJECTIVES
Explain what the activities hope to accomplish. They are general statements of intent related to aspirations, purpose, and the long-term vision for the project.	The practical steps necessary to achieve the goals. Objectives break the goal into smaller parts to provide specific actions on the pathway to achievement.
broad	**narrow**
intangible	**tangible**
abstract	**concrete**
difficult to measure	**measurable**

Let's use Goal #1 from the list of Suggested Project Goals as an example:

> *Goal 1: Engage stakeholders in all aspects of planning and action process.*

We can draft objectives by identifying the steps necessary to achieve this goal.

> *Objective 1.1: Brainstorm appropriate stakeholders to serve as group members.*
> *Objective 1.2: Recruit diverse members to participate in MMH action project.*

Activities
Now we can add more detail about the day-to-day tasks needed to support each objective.

What are the tasks necessary to support Objective 1.1: *Brainstorm appropriate stakeholders to serve as group members?*

> *Activities:*
> - *Identify stakeholder needs based on recommendations from 2020 Mom Community Action Toolkit.*
> - *Create list of potential members and possible partner organizations.*
> - *Request review and input from core leaders and manager of Title V Block Grant.*
> - *Consider methods to outreach and include mothers affected by MMH disorders.*

The final step is to assign the person or group of individuals that will be responsible for completing the activities and to determine a timeline for accomplishing the tasks. Then, all of the information can be compiled into an administrative workplan. An Administrative Workplan Template is included in Appendix B.

To help you get started, we have included a snapshot of the **Sample State** administrative workplan below. Please note that this snapshot incorporates the objectives, activities, timeline, and assigned responsibility for Goal #1 only. Your workplan should be customized to meet ALL of your project's goals and will contain the information that is most useful for you.

Sample State Administrative Workplan

SAMPLE STATE

Goal 1: Engage stakeholders in all aspects of planning and action process.													
	Responsible	J	F	M	A	M	J	J	A	S	O	N	D
Objective 1.1: Brainstorm appropriate stakeholders to serve as group members.													
Identify needs based on 2020 Mom action toolkit recommendations.	Judy Genius	x											
Create list of potential members.	Judy Genius & Henry Hospital	x											
Request review and input from Sample State Title V block grant manager.	Judy Genius	x											
Consider methods to outreach and include mothers affected by MMH disorders.	Mary Mommy	x											
Objective 1.2: Recruit diverse members for group.													
List benefits and expectations of participation in project.	Judy Genius	x											
Develop invitation using template in the 2020 Mom toolkit.	Judy Genius	x											
Make phone calls following toolkit script and record notes from conversations.	Judy Genius & Henry Hospital	x											
Email invitation to list of potential members.	Henry Hospital	x											
Review list of initial members and confirmed participants	Judy Genius		x										
Identify gaps in membership and conduct a second round of invitation, if needed.	Judy Genius		x										
Send kickoff meeting reminder to finalized list of members.	Henry Hospital		x										

Activities (row label for Objective 1.1)
Activities (row label for Objective 1.2)

Stakeholder Education

During these intial steps to engage stakeholders and plan the process, it's essential to set aside time to educate members about MMH. Before beginning the assessment in Module 4, every member of your group must have a solid understanding of:
- risk factors
- range of MMH disorders
- symptoms
- screening tools
- treatment options
- health disparities
- barriers to care
- impact on mother, children & society
- policy & research implications

We recommend hosting a 1/2 day meeting to include a viewing of the MMH 101 webinar training, presentations from local guest speakers, and an opportunity for group reflection.

The field of maternal mental health is evolving, research is expanding, and the science is shifting. It's critical that your members have the latest and best information. It's also important that they receive ongoing training; it's not enough to hear about the disorders just once.

We urge you to incorporate additional MMH educational opportunities for members by:
- ✦ inviting guest speakers to present at meetings
- ✦ recruiting a reproductive psychiatrist to serve as an expert for the project team
- ✦ hosting a live webcast of 2020 Mom's Annual Forum
- ✦ attending and/or sending members to the Annual Postpartum Support Conference
- ✦ encouraging members to receive certificate-based training

As the project manager, it is your responsibility to ensure that members are fully prepared to participate in the research, brainstorming, and decision-making required to move through this process and build your community's MMH Action Plan.

Module 4: Assessing the Community

2020 mom action cycle

- Take A.I.M.
- Get Started
- Engage Stakeholders
- Plan the Process
- Assess Barriers & Care
- Analyze the Results
- Create ACTION Plan
- Prepare to Implement

Webinar: *Assessing the Community*

Contents:
- Barriers to Care
- Hunt & Gather
- Local Listening
- Priority Populations
- Quantitative vs. Qualitative
- Data Collection Methods
- Forces of Change Assessment

Key Players:
- ✦ Project Manager
- ✦ Coalition Members
- ✦ Researchers / Data Experts / Epidemiologist
- ✦ Anyone involved with the MMH care system: hospitals, providers (clinicians & social services), community organizations, local programs, targeted underserved populations, moms and their families.

Learning Objectives:
By the completion of Module 4, users will be able to:
1. Describe the three universal barriers to maternal mental health care.
2. Collect secondary (existing) national, regional, and local data illustrating the big picture perspective.
3. Identify priority populations and determine strategies for gathering data about these groups and their experiences with MMH care.
4. Apply local listening methods to collect primary data illustrating the state of MMH care in the defined community.

With the completion of your project administration workplan in Module 3, your collaborative is now prepared to begin the Triple A process with an assessment to gain an understanding of the current state of maternal mental health in your service area. This process will help you discover community needs and identify legislative, grassroots, clinical, and other opportunities to impact and improve the health of mothers and their families. Module 4 guides you through a variety of methods that can be used to gather this information. You will establish a baseline of the current MMH care system supported by data that will inform your decisions for future activities. For example, before creating a media campaign to reduce stigma and raise awareness, or initiating a new mommy group to improve access to social support, you must determine that these are actual MMH needs of the community. Too often, well-intentioned communities take action based on intuition but without evidence to support their activities. Unfortunately, these efforts result in duplicated services, ineffective initiatives, and misused resources. 2020 Mom has designed the upcoming toolkit modules to help your coalition avoid these common pitfalls by first **assessing** the needs and service gaps and then **analyzing** this information to conduct **action-planning** that addresses the true MMH needs in your region.

Barriers to Care
Before your group jumps into the process of assessing MMH needs and resources in your community, it is helpful to understand some of the most common barriers to care. 2020 Mom has identified the following universal gaps in the MMH system of care:

1. **Public Awareness & Education:** Although up to 20% will experience postpartum depression or anxiety, most expecting and new parents are never told about maternal mental health disorders.

   Why don't women and their families speak up when struggling with an MMH disorder?
   • They are unable to recognize the symptoms.
   • They realize the general stigma around mental health.
   • They don't want to appear ungrateful.
   • They fear the baby could be taken away.
   • They don't understand the risks to the baby's health.
   • They are concerned about insurance coverage and the cost of care.
   • They try to speak up, but help isn't available.

2. **Screening & Referral for Care:** Pediatricians and OBGYNs see moms regularly, but most do not screen for maternal depression or anxiety or use a validated screening tool.

   Why aren't moms being properly screened for maternal mental health disorders?
   Providers report that:
   • Pediatricians and OBGYNs don't feel qualified to screen.
   • There isn't enough time to screen and manage an MMH diagnosis during routine visits.
   • They don't know where to send moms or make referrals following screening.
   • Pediatricians raise concerns that the mom is not their patient.
   • There is no financial incentive to conduct screening.
   • They aren't knowledgeable about the importance of using a validated screening tool.

3. **Treatment Availability & Accessibility:** Few doctors and therapists are trained to treat maternal mental health disorders and those who are qualified can be difficult to find.

   What factors influence access to treatment for MMH disorders?
   - There is a national shortage of behavioral health providers.
   - The number of providers with expertise treating pregnant or postpartum women, particularly reproductive psychiatrists, is extremely limited.
   - Even when available, reproductive psychiatrists can be difficult to find as there is currently no clinical designation and they often do not take insurance.

Your community's assessment process will likely confirm all of these barriers to care and more. When designing the administrative workplan for conducting this assessment, your group may choose to investigate how these known barriers to care are encountered and addressed in the local community. Remember, each step of the Triple A process has a different purpose. Assessment focuses on appraising the current state of MMH care, while the following steps of analysis and action-planning allow for exploration of strategies and solutions to overcome the identified barriers and service gaps.

Hunt & Gather
Now you are ready to begin the assessment process with a hunting expedition to identify existing assessments, action plans, and data sets applicable to your mission. National organizations, state health departments, community health centers, and even local coalitions routinely collect data, create plans, and generate reports or white papers. Taking an inventory of current resources (especially those developed within the past five years) will not only provide background information but will also help identify opportunities to build on efforts already underway.

National Data Sources
Unfortunately, we do not yet have national standards for measuring maternal mental health. However, 2020 Mom has identified the following supplemental data sources that may help paint the bigger picture around maternal health, infant health, and health disparities. The first resource listed, PRAMS, includes specific indicators of depression and anxiety; however, less than half of the states participate. Check to see if your state is included at cdc.gov/prams/states.htm.

PRAMS: Pregnancy Risk Assessment Monitoring System cdc.gov/prams

March of Dimes Peristats marchofdimes.org/peristats

Kaiser Family Foundation kff.org/state-category/womens-health

National Network of State and Local Health Surveys statelocalhealthsurveys.net

County Health Rankings & Roadmaps countyhealthrankings.org

Title V National Performance & Outcome Measures mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures

CDC FastStats – Births & Natality cdc.gov/nchs/fastats/births.htm

Child Health USA – Perinatal Health Status Indicators mchb.hrsa.gov/chusa13

PQC: Perinatal Quality Collaboratives cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm

Healthy Mothers Healthy Babies Coalition hmhb.org

Partners in Information Access for the Public Health Workforce phpartners.org/health_stats.html

Within these national data sets, your group may identify indicators that can be linked to maternal mental health. You can then compare your state to others. Here are some examples of available data indicators:

SOURCE: Pregnancy Risk Assessment Monitoring Systems (PRAMS)

Access HERE.

INDICATOR: *Mothers reporting frequent postpartum depressive symptoms*

INDICATOR: *Mothers reporting anxiety during the 3 months before becoming pregnant*

INDICATOR: *Mothers reporting depression during the 3 months before becoming pregnant*

INDICATOR: *Mothers reporting a postpartum checkup following the birth of their child*

SOURCE: Kaiser Family Foundation (based on BRFSS data)

INDICATOR: *Percent of adult women reporting FAIR or POOR health status, by race/ethnicity*
Access HERE.

INDICATOR: *Percent of adult women reporting POOR mental health status, by race/ethnicity*
Access HERE.

INDICATOR: *Percent of women who report having no personal doctor/health care provider, by race/ ethnicity (all non-Hispanic white, non-Hispanic black, Hispanic, Asian or Pacific Islander, AIAN, other)*
Access HERE.

SOURCE: Kaiser Family Foundation (based on Census Bureau data)

INDICATOR: *Health insurance coverage of women 19-64 (employer, other private, Medicaid, other public, uninsured)*
Access HERE.

SOURCE: Kaiser Family Foundation (based on National Vital Statistics Reports)

INDICATOR: *Number of births by race.*
Access HERE.

INDICATOR: *Number of births by Hispanic origin of mother (Mexican, Puerto Rican, Cuban, Central/South American, Other Hispanic)*
Access HERE.

INDICATOR: *Number of pre-term births by race/ethnicity (all races, non-Hispanic Black, non-Hispanic white, Hispanic)*
Access HERE.

SOURCE: Kaiser Family Foundation (based on Women's Health Issues, whijournal.com)

INDICATOR: *Births financed by Medicaid*
Access HERE.

State & Local Data Sources
Although these data sets and indicators offer a national overview of factors influencing maternal mental health disorders, your group must also drill down to gain perspective of the issues affecting families at the community level. A review of resources available in your area is an essential component of this assessment process and will provide a sense of current community efforts.

Sources of localized data vary widely across the country; use this list to initiate the hunt in your community:
- Specialized Surveys - the following are examples of additional data sets accessible in the state of California. Hunt and gather similar resources available in your area:
  - California Maternal and Infant Health Assessment – cdph.ca.gov/Programs/CFH/DMCAH/MIHA
  - California Women's Health Survey – dhcs.ca.gov/dataandstats/Pages/CWHS.aspx
  - California Health Interview Survey – healthpolicy.ucla.edu/chis
- Epidemiology data – available through your state's maternal and child health division – cste.org
- State vital statistics office
- Universities, research centers, and think tank organizations
- County health improvement plans
- Community health assessments conducted by area nonprofit hospitals
- Community health assessments conducted by your local United Way
- Organizations focused on early childhood development
- State hospital association
- State public health association
- Health-related coalitions
- Project members might also reach out to local hospitals, providers, and insurers, including Medicaid, to see if they are willing to share de-identified aggregate data related to hospitalization, prescription use, behavioral health services, and other indicators of maternal mental health care. As an example, health insurance companies collect a great deal of data for internal quality improvement purposes and might be willing to share them with agreed upon restrictions.

Project Pep-Talk

Don't be discouraged if your efforts to gather local data are unsuccessful. Although broad community health assessments and action plans are commonplace in most regions, other areas remain *dried up data deserts*. In our experience, indicators directly related to MMH are not routinely included in data collection systems and are therefore inconsistently reported in communities across the nation. Analyzing the missing information will help identify gaps in the data indicators that are not being collected, compiled, or tracked in your community. Take note of these gaps as opportunities for action. For example, your workgroup's MMH Action Plan might include advocating for the addition of certain postpartum depression and anxiety questions to your state's Behavioral Risk Factor Surveillance System (BRFSS) or Pregnancy Risk Assessment Monitoring System (PRAMS). Strong project managers have the ability to convert a *nasty problem* (such as non-existent data) into a *collaborative challenge* that results in action!

After gathering any existing reports, review them for relevance by asking questions about the:

Author organization
What is their interest in MMH (or why is MMH data absent?)

Co-authors, sponsors and contributing organizations
Could they partner with or contribute to our workgroup?

Data and indicators related to MMH
Is the data telling a story about MMH in our community?

Specific programs or plans related to MMH
How could we collaborate with these existing resources?

Surveys or other data collection tools
Could we partner to avoid surveying the same population again?

New or unfamiliar sources of data
What can we learn about the organization producing or synthesizing data we didn't know about?

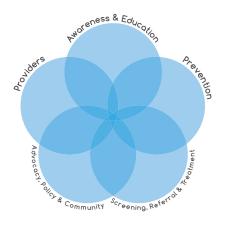**Opportunities to link to existing efforts**
Can we align our efforts with other community agencies or sectors?

All of this secondary data, or hunt & gather data, is most useful for painting a *big picture* perspective of the community's demographics, social determinants of health, health behaviors, and birth outcomes. This is a cost-effective way to begin your assessment as those with limited technical training can find a lot of this information online and it's less time-consuming than our next step, collecting *local listening* data. However, you may discover data sources that conflict with one another or become overwhelmed with the volume of irrelevant data. Before starting, it's important for the group to understand the purpose of collecting broader, big picture data and to determine the type of information that you want to highlight in your assessment report (some ideas include: description of geographic area, racial and ethnic distribution, educational attainment levels, health insurance status, birth rates and outcomes, income levels, etc.). Reviewing the hunt & gather data should generate a list of unanswered questions about the system of care.

Local Listening
After your group has rounded up and reviewed the existing MMH data in your community, it will become obvious that although this secondary data is valuable, it doesn't tell the whole story. In fact, it may generate new questions and additional areas for further explanation. Your next step is to supplement this *big picture* data with primary community input data (or what we like to call *local listening* data) to enhance your understanding of the state of MMH care. This add-on data provides context and a richer understanding of current prevention activities, quality and availability of evidence-based screening programs, local treatment resources, status of provider knowledge and practices, and barriers to accessing and navigating within your community's system of MMH care.

Remember that list of potential partners compiled in Module 1? Now is the perfect time to revisit your list to identify stakeholders that are not yet involved but might be able to contribute to data collection efforts. Perhaps they have valuable insight to share in a key informant interview? Or have access to gather survey data from a priority population? Or could open up their next staff meeting to serve as a focus group? Leverage these relationships to identify partners able to serve as conduits for gathering detailed information about the MMH system of care. As an added bonus, these partnerships will further diversify and enrich your overall assessment process and action plan development. Be sure to include a strategy for recognizing all of the individuals and organizations contributing to this process in your workplan.

MMH Action Areas

Your workgroup may select data collection methods to further investigate details in several of the following categories:

Awareness & Education
- Local efforts to decrease MMH stigma
- Verbal / written education provided during prenatal exams
- Posters displayed in clinic lobbies, exam rooms & bathrooms
- MMH topics included in birth class curricula
- Information / resources included at hospital discharge

Prevention
- Hospital sleep promotion programs
- Use of published MMH helpline phone number
- Access / availability of new parent support groups

Screening, Referral & Treatment
- Frequency before, during, and post-pregnancy
- Location (OBGYN office, hospital, pediatric practice, etc.)
- Use of validated screening tools
- Referral process for inpatient / outpatient treatment
- Reported within quality improvement programs
- Targeting high-risk mothers (such as during a NICU hospital stay)
- Access to a community resource listing
- Availability of maternal depression support groups
- Use of standardized protocols
- Access to specialized therapists / psychiatrists

Providers
- Continuing education opportunities related to MMH care
- Proportion with earned MMH credential
- Routine training of clinical / hospital / support staff
- Perception of MMH network of care
- MMH topic inclusion within local conferences, seminars, and hospital Grand Rounds

Policies & Systems
- Opportunities for new collaborations
- Identification of 'mommy touch points'
- Transportation barriers
- Language / health literacy barriers
- Barriers related to insurance status
- Gaps in continuum of care / follow-up processes
- Common community cultural, religious, or personal beliefs
- Considerations for the role of pharmacists, electronic medical records, fathers and grandparents, large employers, lactation consultants, doulas, faith-based organizations, tribal communities, elected officials, local media, federally-qualified health centers, Medicaid, large medical groups, community advocates, and health navigators

Priority Populations

Underserved

When collecting community input, your group may choose to include vulnerable populations that are disproportionately affected by systems, policies, and access issues impacting maternal mental health care. Although each group will target different populations based on their community's composition, some examples include:

- Uninsured women
- Racial and ethnic minorities
- Economically disadvantaged families
- Undocumented immigrants
- Lesbian women
- Teenage mothers
- Women with disabilities or chronic conditions
- Women with previous mental illness

Reaching these populations can be difficult; however, this challenge presents an opportunity to collaborate with advocacy organizations that represent your targeted priority populations. These partners can help your team gain insight into the needs of the population and guide you to determine the best strategies for gathering the population's perspective through local listening.

HINT: Local listening with underserved populations could be done through surveys or focus groups (see data collection methods).

Providers

Pediatricians, obstetricians, behavioral health providers, midwives, and a range of other practitioners contribute to the maternal health care system and can share their clinical perspective about barriers and challenges experienced within the care continuum for MMH disorders.

You might also consider including providers of social service programs, such as Medicaid, WIC supplemental nutrition program, home visiting programs, Early Head Start, and other resources and agencies frequently utilized by expecting and new parents. Each of these *mommy touch points* provide opportunity for support, navigation, referral, screening, diagnosis, and treatment of maternal mental health disorders. Your group may consider consulting with a variety of service providers while conducting local listening. For example, community health workers, peer counselors, lactation consultants, childcare providers, doulas, and patient advocates can offer a unique perspective about the availability and accessibility of MMH care.

HINT: Local listening with providers could be done through surveys or key informant interviews (see data collection methods).

Hospitals

Rather than placing responsibility for the management of maternal mental health solely on the OBGYN, 2020 Mom has recognized that most moms give birth in a hospital, what we refer to as *Hospital as the Hub*, offering a powerful opportunity to impact maternal mental health care in the hospital setting. Your group may consider using 2020 Mom's standardized Whole Mom Hospital Survey to gather local listening data about hospital practices in your area. This survey asks hospitals about their routines related to staff training, curriculum, programs, policies, and procedures; it can also serve as a self-assessment, helping the hospital to identify deficiencies and opportunities to address them.

HINT: Local listening with hospitals could be done through surveys (such as the Whole Mom Hospital Survey) or key informant interviews.

Quantitative vs. Qualitative

The local listening data collected by your group can be differentiated as either quantitative or qualitative. Gathering both types of data will provide a comprehensive picture of the community's MMH needs and will help prioritize areas for targeted action. An outline of some characteristics to help distinguish between quantitative and qualitative data is included below:

QUANTITATIVE	QUALITATIVE
Focuses on counting and ordering what and when	Focuses on classifying and understanding why and how
Uses mathematical formulas, theories, and hypotheses to measure and quantify the information	Uses observation and categorization for in-depth analysis and understanding of the information
Applies statistical models to quantify information	Applies research methods to qualify information
Attempts to generalize findings to larger audience through selected samples	Attempts to discover human response in specific context through distinct examples

Data Collection Methods

Just as there is more than one way to tie a knot, there is certainly more than one way to gather local listening data. The techniques selected for collecting qualitative and quantitative data will be determined by the goals of your assessment and the resources (financial and in-kind) available to support your project. Different methods are appropriate for different situations. Below, we outline several data collection techniques and offer pros and cons to help you weigh and select the best method for your needs.

Surveys

One way to collect local listening data from your community is by surveying a sample of individuals via phone, mail, online, or in person. Surveys are one data collection tool that can easily generate both qualitative and quantitative data. As with any methodology used to collect data, there are pros and cons to conducting a survey.

Pros
- Ability to reach a large population
- Results can be generalized
- Assurance of privacy
- Results in standardized responses
- Responses can be quantified and compared
- Relatively inexpensive

Cons
- Expertise required for survey development
- Sampling methodology is crucial
- Data collection, entry, and analysis is time consuming
- Unable to clarify respondent information
- Sampling may skew results
- Requires moderate literacy level to complete

Survey development and sampling require expertise to ensure that results are accurate and valid. 2020 Mom recommends engaging researchers from your local university, think tank, or similar partners to aid in this process.

You can find additional survey information at:

✦ Oxford Journals, Public Opinion Quarterly, Survey Methodology for Public Health Researchers - oxfordjournals.org/our_journals/poq/collectionspage.html
✦ RAND Health Corporation, Surveys and Tools - rand.org/health/surveys_tools.html
✦ State Health Access Data Assistance Center, Database of State Surveys - shadac.org/resources/state-survey-resources-and-technical-assistance
✦ National Network of State and Local Health Surveys, Resources for Survey Leaders - statelocalhealthsurveys.net/resources/categories

Focus Groups

Another data collection method employs a skilled facilitator to interact with a small group of individuals (6-10 people with similar characteristics) to gather perceptions about maternal mental health and local assets, barriers, and systems that impact care. Focus groups usually discuss up to 10 questions over the course of 1-2 hours. They can be a great tool to engage priority populations in the assessment process; the pros and cons of this method include:

Pros

- Increased comfort level in familiar setting
- Listening to others promotes new ideas and group sharing
- Ability to gather in-depth information on sensitive issues
- Process is empowering and enjoyable for participants
- Less time consuming and more cost effective than individual interviews

Cons

- Expertise required for survey development
- Sampling methodology is crucial
- Data collection, entry, and analysis is time consuming
- Unable to clarify respondent information
- Sampling may skew results
- Requires moderate literacy level to complete

Key Informant Interviews

Key informant interviews are frequently conducted with stakeholders who have unique, in-depth knowledge of maternal mental health services or perspective about the experiences of a priority population in your local community. A trained interviewer will ask pre-determined questions and record responses so they can be analyzed at a later date. Interviewees might include many of the potential partners identified in Module 2 along with elected officials, community leaders, health administrators and managers of MMH and related programs. Considerations of both benefits and barriers to key informant interviews should be reflected on when creating your workplan for local listening.

Pros

- Adds a depth to existing data sets through discussion
- Facilitates discovery of problems from the perspective of those dealing with them
- Allows for follow up questions and clarification
- Context can be incorporated into the findings
- Highlights issues not previously considered

Cons

- Scheduling, conducting, and transcribing interviews is time intensive
- Sample size is limited; response time cannot be generalized
- Findings are contextualized and not always representative of the whole community
- Data gathering relies on quality / understanding of the interviewer

Asset Mapping

Depending on the geography and population size of your identified community, the group may consider using asset mapping as another method for collecting local listening data. This process focuses on the strengths, rather than deficits in your region, and takes inventory of MMH assets available in your community. Maternal mental health assets can include individuals (reproductive psychologists), organizations (community health centers), institutions (hospitals), programs (support groups), and services (transportation). Mapping these assets not only identifies those working in MMH, but also provides an examination of current intra- and inter-agency collaboration and links between programs.

Asset Mapping 101
1. **Define the community.** The boundaries of an asset map must be clear. Depending on your coalition's focus, it could be a county, a region, the whole state, or another form of community.
2. **Conduct an initial scan.** Start with your partners, an internet search, and review of other databases to identify assets. Surveying the local community can also identify assets that are familiar and utilized by moms in your area.
3. **Create a snowball affect.** After the initial scan, it is helpful to contact the identified assets and ask for referrals to other assets. For example, you could add a request for referrals to your survey or informant interviews.
4. **Assess the strengths and weaknesses.** One fundamental questions to ask at this stage is, "Do the assets meet the needs of the community?" Additional questions about asset awareness, access, utilization, and effectiveness might also be considered.
5. **Identify the gaps.** What needs remain unmet? What assets could meet this need? Think outside the box to include churches, community centers, stroller walking clubs, and daycare centers.

Pros
- Expands and diversifies community participation in the assessment process
- Empowers communities to focus on positive assets within their control
- Creates visual depiction of available assets
- Facilitates referrals and encourages networking among providers and programs

Cons
- May result in large volume of information and complicated analysis
- Requires expertise and mapping software if GIS mapping is desired
- Some assets do not have a physical location and are difficult due to map
- Widespread collaboration is necessary to adequately inventory current resources
- Needs to be updated on an ongoing basis

An MMH asset map would not be complete without investigating provider shortages. Obtaining a list of reproductive psychiatrists in your service area from Postpartum Support International and reviewing the maps of mental health shortage areas provided by the Health Resources & Services Administration is a critical step of the assessment process.

Once developed, your community's MMH asset map could be used to target a particular neighborhood or zip code area (starting a support group on the local Air Force base), identify new ways to connect the dots to bring organizations together (establishing referrals from WIC clinic to nearby group therapy program), or set up a program for asset exchange to lend skills or resources to different regions (bringing in an expert for grand rounds on MMH care at local hospitals).

Additional resources for asset mapping are available from:

UCLA Center for Health Policy Research; Data Collection Methods-Asset Mapping
healthpolicy.ucla.edu/programs/health-data/data-resources/Pages/Asset-Mapping.aspx

University of Wisconsin Cooperative Extension; Identifying, Mapping and Mobilizing Our Assets
uwex.edu/ces/lmcourse/PDFs/assets.pdf

Healthy City; Participatory Asset Mapping Community Research Lab Toolkit
communityscience.com/knowledge4equity/AssetMappingToolkit.pdf

Web mapping applications can be found at:
- Census Data Mapper
- Community Commons Mapping
- Google Map Maker Tool
- HealthyCity Mapping Tool

To download geographic maps of your area, visit:
- Google Maps
- Mapquest
- Yahoo! Maps
- your state, county, or city websites

Forces of Change Assessment

Another method of local listening assesses forces influencing maternal mental health and quality of life for mothers and families in your community. This collaborative process convenes community health leaders to discuss trends affecting MMH and explore opportunities or threats the MMH system faces as a result. Since your coalition likely represents many of the community's leaders in maternal mental health, the coalition can serve as the foundation for this data collection method. Additional leaders could be invited to participate to provide representation from other sectors and populations not represented within the collaborative.

The Forces of Change Assessment provides additional perspective on the factors and trends that shape maternal health in your region. There are three types of forces: trends, factors, and events.

Trends: patterns over time, such as population shifts, growing mistrust of doctors, or changes in rates of uninsured births

Factors: discrete elements, such as a community's large Filipino population, a rural setting, or the lack of mental health professionals in the region

Events: one-time occurrences, such as the passage of new legislation or the presence of billboards during last year's MMH awareness campaign

Forces may include a wide range of categories: societal, economic, political, technological, environmental, scientific, ethical and legal. The group will also identify potential threats and opportunities generated by the identified forces.

Project Pep-Talk

Assessing the forces of change requires strategic thinking from a diverse, engaged, and knowledgeable group of leaders. Although there are many ways to gather local listening data through a forces of change assessment, we recommend using the effective process outlined in this module.

Steps for Assessing Forces of Change

1. Arrange a meeting space that allows participants to meet and discuss in small groups and to comfortably move throughout the space. Tables can be spaced out around the room with flip charts and markers next to each. This activity works well with 20 to 40 participants.

2. Identify a facilitator who can introduce the assessment process and divide the group into small groups of 5-7 participants. Ideally, each small group would be assigned a facilitator and a recorder. At a minimum, there must be at least one facilitator providing guidance to the whole room with a volunteer in each small group keeping the group moving and recording discussion items.

3. Assign a category or two (two for groups of 5 or fewer members and one for groups of more than 5 members) to each group. Categories include societal, economic, political, technological, environmental, scientific, ethical, and legal.

4. Review the definitions of events, trends, and factors, (listed above) and provide examples of each as they relate to a potential force of change on the maternal mental health care system.

5. Allow 20 to 30 minutes for small groups to brainstorm and document forces of change, the potential threat caused by each force, and the potential opportunity created by each force.

6. Ask group members to rotate clockwise, spending 5-10 minutes reviewing the previous group's work and adding any additional forces and corresponding threats / opportunities. Groups should rotate through all categories.

7. Once groups have rotated and reviewed / added to all categories, they will return to their original category. Groups then review the additions.

8. Facilitate a large group discussion to allow group members to clarify anything that may not have been clear and identify themes and observations regarding the greatest forces.

9. Create a list of the themes and priority forces.

At this point, your MMH action project team has collected a significant volume of both qualitative and quantitative data. Module 6 will guide you through the process of synthesizing the information, identifying priorities, and setting the stage for action-planning.

Module 5: Analyzing the Results

2020 mom action cycle
- Take A.I.M.
- Get Started
- Engage Stakeholders
- Plan the Process
- Assess Barriers & Care
- Analyze the Results
- Create ACTION Plan
- Prepare to Implement

Webinar:
Analyzing the Results

Contents:
- Dissect the Evidence
- Root Cause Analysis
- Prioritize Needs
- Summarize the Findings
- Share & Solicit Feedback

Key Players:
- ✦ Project Manager
- ✦ Workgroup Members
- ✦ Researchers / data experts / epidemiologist
- ✦ Members of larger coalition or other community stakeholders to support distribution of the MMH Assessment Report

Learning Objectives:
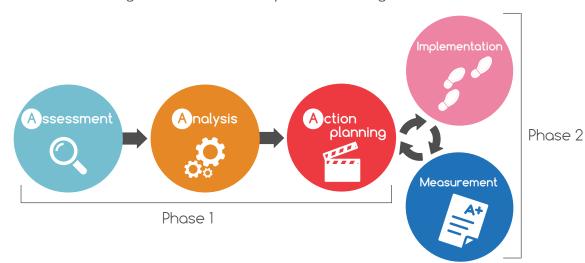By the completion of Module 5, users will be able to:
1. Prepare the assessment data by organizing the data sets into graphs, charts and/or tables, and by grouping the findings into categories with common themes.
2. Define 'root cause' and participate in a root cause analysis for at least one MMH problem identified during the assessment process.
3. Describe 'community capacity' and identify at least three resources that could contribute to increasing local capacity to address MMH problems.
4. Employ at least one structured prioritization method to rank the community's MMH needs.
5. Compile the assessment findings and analysis results into an MMH Assessment Report to be distributed throughout the community.
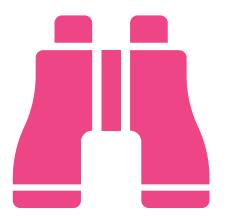
Resources:
- – 3-Round Multi-Voting
- – Prioritization Matrix
- – Strategy Grid
- – MMH Assessment Report Template

Secondary data discovered during your hunt and gather expedition, together with primary data collected through the local listening assessment, will now be analyzed to inform your MMH Action Plan. At this point, your group will be challenged with sorting through all of this data amassed during your assessment. You will identify common themes, catalog assets and resources, determine root causes, and prioritize MMH needs. By the completion of Module 5, the group will summarize the assessment data and analysis results into an MMH Assessment Report to be shared with community stakeholders. This comprehensive report will provide the foundation for action-planning and justification when selecting interventions to be implemented during Phase 2.

Assessment → **A**nalysis → **A**ction planning ⟳ Implementation / Measurement

Phase 1

Phase 2

Project Pep-Talk

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It's time to show off those fabulous facilitation skills once again! Start by sharing the preliminary tables and charts with the entire group. We suggest sending the documents electronically so your members can take time to review and reflect on the data prior to the dissection meeting. During the meeting, the group will review the data sets, share interpretations, discover the root causes, develop findings, and prioritize MMH needs. As explained in previous modules, it is essential to have a strong, neutral facilitator capable of guiding the group through data interpretation and building consensus for the assessment findings.

Dissect the Evidence

Following the completion of the assessment, the project team will convene for a *dissection meeting* to scrutinize the data, exchange observations, and determine priorities for community action. In preparation, your data needs to be organized for review by calculating and comparing averages, frequencies, percentages, and rates to identify patterns and themes in MMH care across your community. The responsibility of analyzing the collected data sets should be delegated and lead by the experts or researchers on your workgroup team.

Here are two helpful resources available from the University of Wisconsin Extension to guide your workgroup's data analysis process:

Analyzing Qualitative Data: learningstore.uwex.edu/Assets/pdfs/G3658-12.pdf
Analyzing Quantitative Data: learningstore.uwex.edu/assets/pdfs/g3658-6.pdf

When possible, we recommend transitioning quantitative data from your local listening process into tables and charts to visually depict the findings. The analysis of qualitative data from interviews, surveys, and focus groups can be challenging and should be directed by an expert familiar with these methodologies. Blending your quantitative and qualitative data sets together can be accomplished by displaying a summary of the main findings in a graph accompanied by direct quotes from local listening input that support the visual data. Summarizing the data in both narrative and visual formats allows the workgroup to dissect all of the evidence to determine what is relevant and what is just *background noise*. These recommendations can also be applied when deciding how to format the MMH Assessment Report. Although most members will appreciate the consolidated data, the raw data sets should also be made available to the full project team.

During the dissection meeting, the group will come together to examine the summarized data sets and prioritize the most important MMH needs in your community. Considering the following factors can provide a starting point, especially when reviewing the quantitative data:

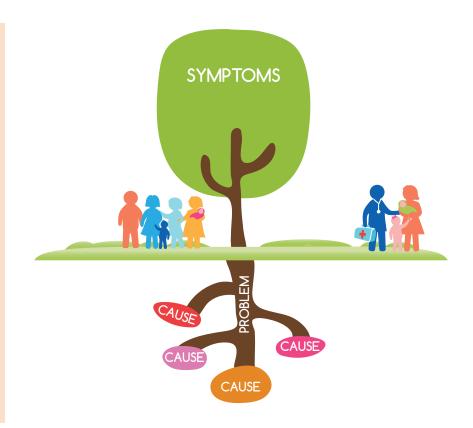|	
Comparison	How do the values for data indicators affecting our community compare to the national value?
Trend	Does there appear to be a trend moving in the right direction, no trend / stable, or a trend moving in the wrong direction?
Disparities	Are there disparities categorized by the variables of age, race, ethnicity, marital status, socioeconomic status, geography, or educational attainment?
Magnitude	What proportion of the population is affected? What is the ripple effect on the community?
Severity	How severe are the consequences regarding mortality, quality of life impairment, impact on the family, and expense to the healthcare system?
Data	What are the availability, timeliness, and accuracy of the data for each of the indicators of maternal mental health status?

Root Cause Analysis

We see symptoms of deeper MMH problems rising up and growing in our communities every day, but it can be difficult to pinpoint the hidden source of these problems. As the project team reviews your assessment data to analyze the challenges present in the local community, it's important to identify the origin, or root, of these problems.

Root Cause Analysis is a technique for considering why the problems occurred in the first place so that you can review what is happening, determine why it is happening, and create an MMH Action Plan that addresses the root causes. The use of this analysis tool leads groups to discover three types of causes (physical, human, and organizational) and will often identify more than one cause for each problem, sometimes leading to disagreements about the root cause. Although this can further complicate data analysis, this technique helps groups focus attention on larger systemic issues, distinguish patterns of negative effects, and identify the reasons or actions contributing to the larger MMH problem. The goal of Root Cause Analysis is to ask questions that will lead to the identification of a root cause that can be changed through community action.

What is a root cause?

Root causes are underlying factors that create community problems and allow these problems to persist even though services may be in place to help moms and families navigate maternal mental health disorders. We continue to see the symptoms of these recurring problems because we don't get to the "root" or real cause.

SYMPTOMS

PROBLEM

CAUSE

CAUSE

CAUSE

CAUSE

The Root Cause Analysis Process

Step 1: Define the Problem
  What do you see happening? What are the specific symptoms?

Step 2: Link to the Data
  What proof do you have that the problem exists? How long has the problem been around?
  What is the impact of the problem?

Step 3: Identify Possible Causal Factors
  What sequence of events leads to the problem? What conditions allow the problem to occur?
  What other problems surround the occurrence of the central problem?

Step 4: Identify the Root Cause(s)
  What is the real reason the problem occurred? Why does the causal factor exist and persist? What keeps the
  problem from being addressed in a meaningful and permanent way?

  ***Note: It can be expected that many of the MMH problems identified in your community will stem from the
  universal barriers to care identified in Module 4. When identifying the root cause, it's helpful to explore causal
  factors that may be especially unique to your service area.

Step 5: Recommend and Implement Counter-Measures (aka action-planning in Module 7)
  What can be done to prevent the problem from occurring? How will the counter-measure be implemented? Who
  will be responsible for it? What are the risks of implementing the counter-measure?

Did you notice that Step 5 suggests identifying *counter-measures* rather than *solutions*? While a solution deals with the situation at hand, a counter-measure is an action or set of actions designed to tackle the root cause to prevent the problem from recurring in the future. Step 5 offers a sneak peek into the process your workgroup will use when drafting your MMH Action Plan and determining activities to be implemented during Phase 2.

Although the workgroup may begin an initial exploration of strategies that could address the root cause in Step 5, this is merely an opportunity to scratch the surface. Do NOT dive into deep discussions or make decisions about interventions yet. This workgroup will revisit Step 5 again in Module 7 and will be guided through a process to objectively review and select interventions at that time.

Check out County Health Rankings & Roadmaps for additional resources for root cause analysis:
countyhealthrankings.org/resources/affinity-diagrams-root-cause-analysis

Project Pep-Talk

When leading the group through a Root Cause Analysis, use good judgment and common sense to determine how far to go with the investigation. Recognize when you've found a significant cause that could be changed to improve the MMH system of care (and when you've hit a dead end and the suggested counter-measures involve ending war and hunger). You can further clarify and focus the discussion (especially during steps 3 and 4) by using the **5 Whys** technique. Although you might feel like a bored, whiny, obnoxious kid during summer vacation, repeatedly asking "why" can lead the group to valuable answers. Asking "why" no less than five times helps to uncover the nature and source of each problem. Check out the **Sample State** example provided on the next page.

Step 1: Define the Problem
Mothers are presenting with severe postpartum depression in non-clinical settings months after their baby arrives. It seems like we aren't catching it early enough...

Step 2: Collect Data
Our qualitative data analysis identified this trend from a focus group discussion of allied health professionals (WIC staff, lactation consultants, community health workers, and social service providers). Several of the key informant interviews with clinicians also acknowledged this problem. We know that ongoing undiagnosed postpartum depression leads to poor health outcomes for the mother, infant, and other family members and that these conditions can worsen over time.

Step 3: Identify Possible Causal Factors
New moms and their support systems do not immediately recognize the signs of maternal mental health disorders and don't ask for help.

WHY? Perhaps they choose to ignore the warning signs because of stigma associated with MMH conditions.

WHY? Possibly because they are not educated about MMH disorders and were never told it could happen to them.

WHY? Maybe there are missed opportunities to provide education at various mommy touch points' such as: OBGYN prenatal care appointments, parenting classes, hospital discharge, newborn pediatrician check-ups, or breastfeeding consultants.

WHY? It's possible that conversations about depression and anxiety during and after pregnancy are not included in routine prenatal and postpartum care by some or all providers in our community.

WHY? Maybe primary care providers do not have educational materials, standing orders, or protocols that include education and screening, or are uncomfortable providing patient education about maternal mental health.

WHY? Another consideration is that providers are unfamiliar with validated screening tools and unsure about reimbursement for MMH screening.

Step 4: Identify the Root Cause(s)
Providers are not consistently educating or screening for maternal mental health conditions during the perinatal period. Conceivably, providers lack support in some or all of the following forms: access to effective patient education materials, access to screening protocols and strategies for implementation in their practice, access to a local resource guide ("we don't screen because we don't know where to send them"), and access to physician continuing education to improve confidence and comfort with educating, screening, and referring moms with suspected MMH disorders.

Step 5: Recommend and Implement Counter-Measures (aka action-planning in Module 7)
Some counter-measures to address the root cause might include:
- Sending an email to OBGYNs in our region with a link to the MMH resource guide, downloadable educational materials, and links to physician continuing education opportunities focused on MMH.
  - We could track the rate of click-through, review the frequency of downloads, and collect contact information for the practices utilizing these resources.
- Developing a sample screening policy for adaptation in primary care practice settings.
  - We could review the work of other groups (such as the Wisconsin Association for Perinatal Care – perinatalweb.org – or Massachusetts Child Psychiatry Access Program, MCPAP for Moms – mcpapformoms.org) and adapt their resources for use in the Sample State community.
- Integrating CE training on MMH into local conferences, promoting online trainings (such as those offered by 2020 Mom and PSI at 2020mom.org/certificate-training), and communicating other provider education opportunities.
  - We could request MMH topic inclusion at upcoming conferences, such as those hosted by local chapters of the March of Dimes, Maternal & Child Health Bureau, AAP (American Academy of Pediatrics), or ACOG (American Congress of Obstetricians and Gynecologists).

Prioritize Needs

The community's MMH problems can feel overwhelming when considering the limited time, resources, and energy necessary to address these challenges in your region. By prioritizing the needs, the group will determine the most critical and feasible maternal mental health issues to be addressed through your action plan activities, thus increasing the likelihood of successful implementation and evaluation that delivers measurable improvement during Phase 2 of the action project.

1. **Categorize the Findings**
   Begin by examining the findings from your data and root cause analyses to classify related problems into chunks or categories. For example, a shortage of providers with specialized MMH experience or credentialing, poor access to CE training opportunities reported by providers, and a lack of MMH topic inclusion in area medical school curriculum, could all be categorized together as *lack of providers trained to handle maternal mental health disorders*. When possible, consolidate the problems into chunks and then create a list with all of the categories identified during your assessment process.

2. **Consider Community Capacity**
   An important consideration when prioritizing needs includes analyzing the community's capacity to address each identified need in a meaningful way. Although it can feel like everything is a priority, it's important to be realistic about the types and levels of resources available to address the identified MMH issues. The following items all contribute to your capacity:

☼ Budget	☼ Equipment	☼ Technology
☼ Expertise	☼ Transportation	☼ Public Relations
☼ Partner Organizations	☼ Volunteers	☼ Training
☼ Facilities	☼ Staff	☼ Relationships (with media, elected
☼ Supplies	☼ Leadership	officials, lead agency, etc.)

   Consider the partners already involved with your coalition and think about opportunities to leverage their organizations' resources. The coalition can also seek new resources to supplement and strengthen your current capacity. This exercise should NOT turn into a conversation about selecting possible interventions, but rather should help eliminate those MMH needs that cannot be realistically addressed at the local level, while highlighting MMH needs that are a better match for your coalition, community, and capacity.

3. **Set Criteria for Considering Priorities**
   Next, the team will establish the criteria they will use to select the priorities to be addressed through your action plan. These criteria will guide the group's prioritization process. The criteria will include the standards, values, and considerations your team will take into account when ranking MMH needs, making difficult choices, and setting the priorities for action. Here are some examples:

   - Size and scope of problem
   - Cost and/or return on investment
   - Availability of existing solutions
   - Seriousness of the problem
   - Ability to evaluate outcomes
   - Capacity to address the problem
   - Disparities resulting from the problem
   - Consequences of NOT intervening
   - Availability of evidence-based strategies to address the problem
   - Potential negative impacts of addressing the problem
   - History of previous attempts to address the problem
   - Time needed to create measurable impact

4. **Select Prioritization Method**
   Communities across the country face a range of competing health concerns, limited resources, budget cuts, and conflicting priorities. It can be easy to succumb to these factors and lose sight of your goals for improving the local system of care for maternal mental health. Using a structured method when prioritizing problems and identifying counter-measures, relative to criteria and capacity, will enable the coalition to create an action plan focused on areas where measurable change in MMH will have the greatest impact for your community.

   The prioritization process(es) followed by your group will depend upon the pre-set criteria, the volume of identified problems, community capacity, and the overall goals for your MMH action plan. There are many methods for establishing priorities and building consensus among a group of stakeholders, including these four recommended by the National Association of County & City Health Officials:

Methods for Setting Priorities

Nominal Group Technique	Multi-Voting Technique
helpful in the early phases of prioritization when there is a need to generate a lot of ideas quickly with input from a large group	useful when a long list of problems or issues must be narrowed down to a few top priorities

Prioritization Matrix	Strategy Grids
beneficial when MMH problems are considered against a large number of criteria or when the group wants to focus on screening vs. treatment vs. awareness, etc.	provide a mechanism to take a thoughtful approach to achieving results with limited resources to get 'the biggest bang for the buck'; useful for determining activities for inclusion in the action plan

Regardless of the method selected, we recommend aiming to narrow down the list of MMH problems to prioritize up to five key issues or areas that could be addressed through your action plan. Some communities may select more while others may concentrate efforts on a single MMH problem; match the number of priorities with the community's capacity to take action in the selected areas. Once again, this is NOT the time to entertain a discussion about interventions or solutions; the facilitator must keep the group focused on the MMH problems. Applying one (or two) of these methods for setting priorities will result in a ranked listing of MMH problems to be highlighted first in your MMH Assessment Report and later addressed through your MMH Community Action Plan.

Nominal Group Technique (NGT)
Instructions
1. Establish group structure – Establish a group of, ideally, 6-20 people to participate in the NGT process and designate a facilitator to take the lead in implementing the process.
2. Silent brainstorming – The facilitator should explain that the group will now review all of the MMH problems discovered during the needs assessment and instruct the members to silently list them on their sheet of paper.
3. Generate list in round-robin fashion – The facilitator should solicit one idea from each participant, listing them on a flip chart for the group to view. This process should be repeated until all ideas and recommendations are listed.
4. Simplify & clarify – The facilitator then reads aloud each item in sequence and the group responds with feedback on how to condense or group items. Participants also provide clarification for any items that others find unclear.
5. Group discussion – A group discussion on how well each listed item measures up to the criteria previously determined by the group is then facilitated.
6. Anonymous ranking – On a note card, all participants silently rank each listed MMH problem on a scale from 1 to 10 (can be altered based on needs of your workgroup) and the facilitator collects, tallies, and calculates total scores.
7. Repeat if desired – Once the results are displayed, the group can vote to repeat the process if items on the list receive tied scores or if the results need to be narrowed down further.

Multi-Voting Technique
Instructions

Step 1 Round 1 vote - Once a list of MMH problems has been established, each participant votes for their highest priority items. In this round, participants can vote for as many MMH problems as desired (or a maximum number of votes per participant can be established).

EXAMPLE: On a note card, all 12 participants anonymously voted for as many priority focus areas as desired.

Step 2 Update list – MMH problems with a vote count equivalent to half the number of participants voting remain on the list and all other health problems are eliminated (i.e. if 20 participants are voting, only problems receiving 10 or more votes remain).

EXAMPLE: All votes were tallied and there were 12 health problems receiving 6 or more votes. These were posted for the group to view.

Step 3 Round 2 vote – Participants vote for their highest priority items from the condensed list. In this round, participants can vote a number of times equivalent to half the number of MMH problems on the list (i.e. if 10 items remain on the list, each participant can cast 5 votes).

EXAMPLE: All participants voted up to 6 times for the remaining 12 MMH indicators.

Step 4 Update list – MMH problems with a vote count equivalent to the number of votes each participant was invited to cast during Round 2 remain on the list while others are eliminated (i.e. if each participant casted 5 votes, items receiving fewer than 5 votes should be eliminated).

EXAMPLE: All votes were re-tallied and the MMH problems receiving 6 or more votes were posted for the group to view.

Step 5 Repeat – Steps 3 and 4 should be repeated until the list is narrowed down to the desired number of MMH priorities.

EXAMPLE: All participants voted up to 3 times and the two remaining items were selected for inclusion in this year's MMH action plan.

Prioritization Matrix

When working through the instructions below, refer to this table as an example of the steps needed to create your matrix:

Example Prioritization Matrix

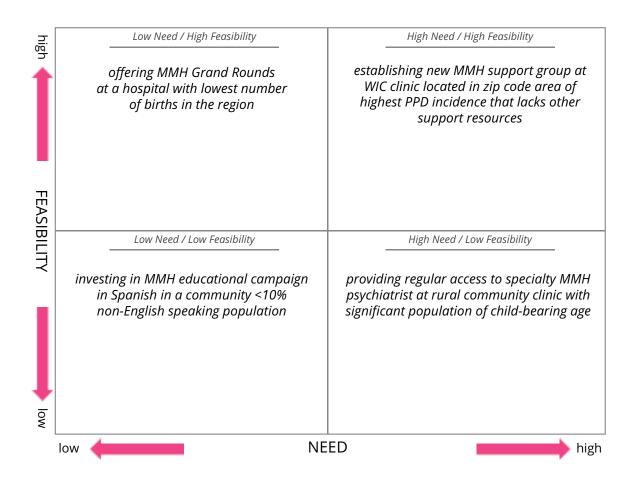|	Criterion 1 (rating x weight)	Criterion 2 (rating x weight)	Criterion 3 (rating x weight)	TOTAL
MMH Problem A	2 x 0.5 = 1	1 x .25 = .25	3 x .25 = .75	2
MMH Problem B	3 x 0.5 = 1.5	2 x .25 = 0.5	2 x .25 = 0.5	2.5
MMH Problem C	1 x 0.5 = 0.5	1 x .25 = .25	1 x .25 = .25	1

1. Create a matrix – List all MMH problem categories vertically down the y-axis (vertical axis) of the matrix and all the criteria horizontally across the x-axis of the matrix so that each row is represented by a problem and each column is represented by a criterion. Include an additional column for the priority score.

2. Rate against specified criteria - Fill in cells of the matrix by rating each health issue against each criterion established by the team above. An example of a rating scale can include the following:

    3 = criterion met well   **2** = criterion met   **1** = criterion not met

3. Weight the criteria – If each criterion has a differing level of importance, account for the variations by assigning weights to each criterion. For example, if Criterion 1 is twice as important as Criterion 2 and Criterion 3, the weight of Criterion 1 could be .5 and the weight of Criterion 2 and Criterion 3 could be .25. Multiply the rating established in Step 2 with the weight of the criteria in each cell of the matrix. If the chosen criteria all have an equal level of importance, this step can be skipped.

4. Calculate priority scores – Once the cells of the matrix have been filled, calculate the final priority score for each problem by adding the scores across the row. Assign ranks to the MMH problems with the highest priority score receiving a rank of '1'.

Strategy Grids

Instructions

1. Select criteria – Choose two broad criteria that are most relevant to the group (importance / urgency, cost / impact, need / feasibility, etc.). Competing activities, projects, or programs will be evaluated against how well this set of criteria is met. The example strategy grid below uses *Need* and *Feasibility* as the criteria.
2. Create a grid – Set up a grid with four quadrants and assign one broad criteria to each axis. Create arrows on the axes to indicate High or Low, as shown below.
3. Label quadrants – based on the axes, label each quadrant as either High Need / High Feasibility, High Need / Low Feasibility, Low Need / High Feasibility, Low Need / Low Feasibility.
4. Categorize & prioritize – place competing activities, projects, or programs in the appropriate quadrant based on the quadrant labels. The example below depicts Need and Feasibility as the criteria and items have been prioritized as follows:
   - **High Need / High Feasibility** – With high demand and high return on investment, these are the highest priority items and should be given sufficient resources to maintain and continuously improve.
   - **Low Need / High Feasibility** – Often politically important and difficult to eliminate, these items may need to be re-designed to reduce investment while maintaining impact.
   - **High Need / Low Feasibility** – These are long term projects, which have a great deal of potential but will require significant investment. Focusing on too many of these items can overwhelm an action plan.
   - **Low Need / Low Feasibility** – With minimal return on investment, these are the lowest priority items and should be phased out allowing for resources to be reallocated to higher priority items.

FEASIBILITY (high)	Low Need / High Feasibility	High Need / High Feasibility
	offering MMH Grand Rounds at a hospital with lowest number of births in the region	*establishing new MMH support group at WIC clinic located in zip code area of highest PPD incidence that lacks other support resources*
FEASIBILITY (low)	Low Need / Low Feasibility	High Need / Low Feasibility
	investing in MMH educational campaign in Spanish in a community <10% non-English speaking population	*providing regular access to specialty MMH psychiatrist at rural community clinic with significant population of child-bearing age*

low ← NEED → high

Summarize the Findings

With the prioritization of MMH needs, the coalition is finally ready to pull the assessment and analysis results together in your MMH Assessment Report. To tell the full story of the state of maternal mental health care in your community, 2020 Mom suggests incorporating some or all of these descriptions into your report to portray MMH needs, resources, and opportunities:

Relevant demographics – How does your community compare to others?
> **EXAMPLES:** women of child-bearing age, rates of uninsured, indicators of socioeconomic status, race / ethnicity distribution, and identified languages spoken in the community

Geographic area description – Where do community members live, work and access healthcare?
> **EXAMPLES:** population density, large counties, metropolitan cities, and square miles encompassing the service area

General status of maternal & child health – How well are we doing in other MCH areas?
> **EXAMPLES:** rates of domestic violence, incidence of pre-term births / preeclampsia / low birth weight, rates of routine prenatal care, rates of insured children, rates of teen pregnancy, etc.

Data collection methods – How did the project team gather this information?
> **EXAMPLES:** Whole Mom Hospital Survey, focus group of breastfeeding moms participating in WIC program, focus group of clinicians, and 15 key informant interviews

Incidence of maternal mental health disorders – Who is affected by MMH disorders?
> **EXAMPLES:** existing data about postpartum depression and anxiety, quality indicators related to MMH for Medicaid beneficiaries, and prescription use data collected by insurance company

Status of MMH screening – What is currently being done to screen for MMH disorders?
> **EXAMPLES:** frequency of screening within Federally Qualified Health Centers, use of validated screening tool in OBGYN offices, and provider knowledge of referral sources for treatment

Availability of MMH treatment – How does the community access and receive treatment?
> **EXAMPLES:** listing of MMH support groups, number of specialty MMH providers, use of validated tools to determine appropriate treatment, and gaps in navigation from screening to treatment

Interconnectedness of MMH resources – How are available resources linked together?
> **EXAMPLES:** existence of an MMH resource hub (such as 211 or a local warmline), description of MMH-specific assets (such as coalitions, home-visiting programs, hospitals that have enacted 2020 Mom's recommendations), and new partners identified during assessment mapping process

Identified barriers to care – What challenges are unique to our community?
> **EXAMPLES:** reported stigma regarding MMH treatment among African immigrants, reported concerns about infant harm from medications, transportation barriers in a low-income zip code, and a reported lack of support from family members in the Asian community

For your convenience, an **MMH Assessment Report** template is provided in **Appendix B**. The coalition may consider utilizing the toolkit template to easily build your report. The template includes a suggested layout, section headings, and an appealing design. However, each group has absolute flexibility to get creative, customize the design, and assemble your findings in the manner that works best for sharing with your community.

Share & Solicit Feedback

Data gathered during the assessment process completed in Module 4 and analyzed during the dissection meeting in Module 5 should be assembled in a format that offers a comprehensive look at the state of maternal mental health in your community. Your assessment report can be compiled using the provided template, pulled together in a PowerPoint presentation, assembled as a PDF document, created as a digital flip book online, or even summarized in a social media-friendly infographic. No matter which format the coalition chooses, sharing the assessment report with community stakeholders and inviting feedback on the findings is a crucial component of the action cycle process. Activities to ensure widespread distribution of the assessment findings should be included in your workplan (developed in Module 3) and might include:

- ✦ hosting a press conference
- ✦ distributing a press release to local media outlets
- ✦ sending an email blast to partners
- ✦ mailing to elected officials
- ✦ announcing on social media
- ✦ posting to workgroup, coalition, or other affiliated websites
- ✦ presenting at regional meetings of professional associations
- ✦ encouraging further distribution by community partners
- ✦ incorporating findings into state or county community health assessment reports
- ✦ distributing to key informants, focus group participants, and other contributing organizations

The findings outlined in your final assessment report will become the foundation upon which the workgroup will build your customized MMH Action Plan in Module 6. Our next step? Transforming these *explanations* into collaborative *actions* that generate *solutions*!

Don't get discouraged if you receive minimal feedback following the distribution of your assessment report. Here are several reasons this might occur and some helpful ideas for overcoming a poor response:

"Data reports are hard to read and boring!"
If the recipient doesn't work directly in maternal mental health, it's unlikely they will read the entire report cover to cover. You might consider developing a concise summary document for distribution alongside the full report. A 1-2 page fact sheet disguised as a newsletter, a well-designed infographic, or even a bulleted list of the most important information is more likely to be read by those seeking the *Cliff's notes* version. As a bonus, we have found that a summary document is more likely to be referenced by the media and redistributed by partner organizations, further expanding your reach.

"Who created this report? It doesn't reflect my organization's experience at all!"
Let's face it - in conducting your assessment, the workgroup had limitations. You didn't talk to every single organization, you were only able to do a handful of key informant interviews, you discovered your region's *data desert*, and the list could go on and on! Avoid denying these circumstances and instead, address the research realities head on. Including a paragraph to describe your data collection methods and limitations can help alleviate inappropriate negative feedback; we suggest including a request for comments and providing an email address or other method for submission in the concluding section of your assessment report.

"We know it's a problem, what's the solution?"
Many of the recipients are already familiar with the problems associated with poor MMH care. They understand the issues and are personally or professionally affected by your community's MMH systems, policies, and practices on a daily basis. They seek more than an explanation; they want solutions and action! Including a call-to-action with the release of the assessment report will engage additional partners and offer concrete ways to get involved in the action planning process. Invite them to participate, encourage them to use 2020 Mom's awareness tools, and request their honest feedback.

Module 6: Action-Planning

2020 mom
action cycle

Take A.I.M.
Get Started
Engage Stakeholders
Plan the Process
Assess Barriers & Care
Analyze the Results
Create ACTION Plan
Prepare to Implement

Webinar:
Action-Planning

Contents:
Promising Practices in MMH
Select & Check Strategies
Create Logic Model
Develop MMH Action Plan
Own the Action

Key Players:
✦ Project Manager
✦ MMH action project members to complete all 10-Steps to Select & Check Strategies, including a logic model and MMH Action Plan
✦ Members of larger coalition and other community stakeholders to participate in steps 1-8 of the 10-Steps to Select and Check Strategies
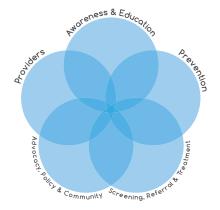
Learning Objectives:
By the completion of Module 6, users will be able to:
1. Discuss promising practices in maternal mental health and recommendations for improved care.
2. Select potential intervention strategies to address the prioritized needs and check to ensure criteria is met, capacity is available, and data trail is followed.
3. Create a logic model illustrating the planned interventions and desired MMH outcomes.
4. Set goals for community action and write S.M.A.R.T. objectives necessary to support achievement of each goal.
5. Complete all components of the MMH Action Plan to address at least one of the prioritized MMH needs.

Resources:
– 10-Steps to Select & Check Strategies Worksheet
– MMH Logic Model Generator

In Module 6, the coalition will synthesize all of the information obtained from your assessment alongside the analysis findings and established priorities to finally draft your MMH Action Plan. This module begins by describing a handful of promising practices in the field of MMH and some local interventions that your community may adopt and integrate into your plan. Then, we provide 10-steps for you, the project manager, to help steer the action-planning process toward completion. We will wrap up Phase 1 with the creation of your community's roadmap for taking action toward improved maternal mental health care.

Promising Practices in MMH

As we've noted throughout this toolkit, MMH problems, their root causes, and the associated counter-measures can be classified into five overlapping categories or MMH Action Areas. Now, let's discuss some of the promising practices, national initiatives, recent trends, and current momentum in each of these areas.

Prevention — Maternal mental health disorders are complex conditions caused by a combination of psychological, social, and biological stressors. Although these disorders cannot be prevented, there are some tools and resources that may decrease the likelihood of occurrence and help prevent the baby blues from progressing into postpartum depression and anxiety.

Soothing & Sleeping – When the baby doesn't sleep, mom doesn't sleep. Severe exhaustion and fatigue contribute to postpartum mood disorders, as evidenced by the Pediatrics article (June 2013), *Inconsolable Infant Crying and Maternal Postpartum Depressive Symptoms*, pediatrics.aappublications.org/content/early/2013/04/30/peds.2012-3316. Strategies for soothing and sleeping range from implementing a patient-centered hospital policy to minimize noise on the maternity unit (frequent interruptions, loud visitors, medical equipment, intercom announcements, and corridor conversations all contribute to sleep deprivation) to teaching and encouraging baby soothing techniques (such as those promoted in The Happiest Baby program: happiestbaby.com).

Social Support – Support from friends, family, and a spouse or partner, can help prevent postpartum depression and comes in many forms, including: receiving help with household tasks, feeling emotionally cared for and listened to, and connecting with other new moms to normalize the experience and emotions. Recognizing the importance of social support, 2020 Mom included 10 Steps for Supporting a New Mom in our Raising Awareness Guide.

Support Groups – Peer connection during the postpartum period reduces isolation and can be protective against depression. Peer support groups may take the form of 'Mommy & Me' classes, where an instructor is reinforcing baby care basics, educating about infant safety, and / or supporting breastfeeding. They may also be offered through a parks and recreation department, baby retail stores, or new mom fitness groups. Scalable models for this type of informal support include:

- MotherWoman: motherwoman.org/groups/
- Fit4Mom & Stroller Strides: fit4mom.com
- Mommy & Baby Yoga classes: there are a variety of training and certification programs; yoga instructors should receive specialized training prior to teaching these classes.

Screening, Referral & Treatment

Postpartum depression is the most underdiagnosed obstetrical complication in the United States; most women are never screened. From screening to diagnosis to treatment, the continuum of care for maternal mental health disorders must include hospitals, pediatricians, insurers, OBGYNs, behavioral health specialists, patient navigators, and social service programs. There are opportunities for healthcare providers to conduct MMH screenings, make referrals, and provide follow up care for new moms at prenatal, perinatal, and well-child checkups. If your MMH Action Plan targets increasing screening rates in any of these settings, it can be helpful to share the evidence in the linked documents below with providers. Best and promising practices to enhance the continuum of care for moms, include:

Referral Pathways – Before initiating screening for MMH disorders, it is essential to have the capacity to make referrals and provide treatment. Providers are hesitant to screen moms without a strategy to make prompt and effective referrals or knowledge about appropriate treatments and recent experience treating MMH disorders. There's no guarantee that moms will follow up with mental health professionals, but having an established local referral pathway encourages screening and referral between providers and eliminates some common patient barriers.

OBGYNs & Midwives – ACOG, The American College of Obstetricians and Gynecologists, recommends that pregnant women be screened for depression at least once during the perinatal period and provides several resources for OBGYNs, including:

- *Screening for Perinatal Depression, ACOG Committee Opinion*, Number 630, May 2015, acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression
- *Use of Psychiatric Medications During Pregnancy and Lactation*, Practice Bulletin, April 2008, acog.org/Womens-Health/Depression-and-Postpartum-Depression

Pediatrics – As recommended in the AAP Bright Futures guidelines and by the AAP Mental Health Task Force, screening for maternal depression should be integrated into the pediatric medical home setting. Evidence and resources for pediatricians are included in the following articles:

- *Addressing Maternal Mental Health in the Pediatric Medical Home*, 11/2014, Child Health and Development Institute of Connecticut, Inc., chdi.org/files/5314/1685/8955/Maternal_MH_IMPACT_11-24-14_FINAL.pdf
- *Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice*, Pediatrics, November 2010, Volume 126, Issue 5, pediatrics.aappublications.org/content/pediatrics/126/5/1032.full.pdf

Primary Care – Family practice physicians should be informed about maternal mental health disorders and contribute to the continuum of care. Resources for family practice include:

- *Postpartum Major Depression: Detection and Treatment*, Am Fam Physician, 1999 April 15; 59(8): 2247-2254, aafp.org/afp/1999/0415/p2247.html
- *TRIPPD: A Practice-Based Network Effectiveness Study of Postpartum Depression Screening and Management*, Ann Fam Med, 2012 Jul; 10(4): 320-329, ncbi.nlm.nih.gov/pmc/articles/PMC3392291/

Hospitals – The majority of women in the United States give birth in a hospital setting (2020 Mom refers to this as 'Hospital as the Hub') offering an opportunity to provide education, screening, early identification, and referrals for support and treatment. The following recommendations target parents with a baby in the NICU, a risk factor for postpartum depression.

- *Recommendations for Mental Health Professionals in the NICU*, Journal of Perinatology (2015) 35, S14-S18; doi: 10.1038.jp.2015.144, nature.com/jp/journal/v35/n1s/pdf/jp2015144a.pdf
- *Interdisciplinary Recommendations for the Psychosocial Support of NICU Parents*, Journal of Perinatology, nature.com/jp/journal/v35/n1s/index.html#rv

Insurers – Health plans can contribute to improving the continuum of care for maternal mental health disorders by promoting early identification and treatment for moms and bringing consistency to the clinical process. Strategies are outlined in the following documents:

- *Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children*, Center for Medicaid and CHIP Services Informational Bulletin, May 11, 2016, medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf
- *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans*, 6/2010, The National Institute for Health Care Management Research and Educational Foundation, nihcm.org/component/content/article/5-issue-brief/1284-identifying-treating-maternal-depression-strategies-considerations-for-health-plans-issue-brief
- *Efficacy and Safety of Screening for Postpartum Depression*, Agency for Healthcare Research and Quality, AHRQ Pub. No. 12-EHC064-1-EF, April 2013, effectivehealthcare.ahrq.gov/topics/depression-postpartum-screening/research
- *Reimbursement Efforts to Address Depression Among Pregnant and Postpartum Women*, Colorado Department of Public Health and Environment, November 2013, colorado.gov/pacific/sites/default/files/PF_Reimbursement-Efforts-to-Address-Depression-Among-Pregnant-and-Postpartum-Women.pdf

Social Services – Early childhood programs, home visiting programs, Healthy Start, WIC clinics, outpatient lactation support, and other non-clinical service providers can also contribute to the continuum of care by providing information about maternal mental health, conducting simple scree **Screening Protocols** – Postpartum Support International (PSI) recommends universal screening for the presence of prenatal or postpartum mood and anxiety disorders, using an evidence-based tool such as the Edinburgh Postnatal Depression Screen (EPDS) or Patient Health Questionnaire (PHQ-9). PSI has also developed recommendations for screening frequency, timing, and cutoff scores. Appropriate screening tools include:

Screening Tool	# of Items	Time to Complete	Sensitivity & Specificity	Spanish?
Edinburgh Postnatal Depression Scale fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf	10	< 5 min.	Sensitivity: 59-100% Specificity: 49-100%	Yes
Postpartum Depression Screening Scale wpspublish.com/store/p/2902/postpartum-depression-screening-scale-pdss#purchase-product	35	5-10 min.	Sensitivity: 91-94% Specificity: 72-98%	Yes
Patient Health Questionnaire 9 phqscreeners.com *followed by* integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf	9	< 5 min.	Sensitivity: 75% Specificity: 90%	Yes
Beck Depression Inventory-II pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdi-ii.html	21	5-10 min.	Sensitivity: 56-57% Specificity: 97-100%	Yes
Center for Epidemiologic Studies Depression Scale cesd-r.com	20	5-10 min.	Sensitivity: 60% Specificity: 92%	Yes
Zung Self-rating Depression Scale fpnotebook.com/Psych/Exam/ZngSlfRtngDprsnScl.htm	20	5-10 min.	Sensitivity: 45-89% Specificity: 77-88%	No

Access to MMH Providers – The national shortage of behavioral health providers, especially those trained to treat pregnant and postpartum women is another significant barrier to receiving and providing care. Many communities do not have access to a reproductive psychiatrist or psychologist; however, they have found creative ways to work around this barrier. For example, some insurers have contracted with psychiatric consultation lines to provide OBGYNs speedy access to the latest research relative to drug therapy during pregnancy and FDA-approved treatment options. Drug therapy can be supplemented with telephone-based counseling, which may be more convenient than traditional office visits, especially for new moms.

Treatment Support Groups – Support groups designed for women with postpartum depression and anxiety are generally offered by a licensed behavioral health clinician in private practice; they are able to bill the behavioral health insurer for these services. Hospitals may also offer MMH support groups but do not bill for services. In general, groups specifically for mothers with postpartum depression are not well attended, even when childcare is provided or moms are encouraged to bring their infants, and are less likely to be sustained. When considering an informal mommy / baby group versus a group limited to those with postpartum depression, the mommy / baby group is favorable as it delivers the benefits of critical social support and sustainability. Online support groups are also available through Postpartum Support International and can be accessed at postpartum.net/psi-online-support-meetings/.

Providers

Many family practice, OBGYN, and ER physicians explain that they do not feel qualified to screen or treat maternal mental health disorders. Professional education, MMH certification, and a recognized credentialing process are strategies to improve confidence and compliance with screening and treatment recommendations.

Training – Since most OBGYNs, pediatricians, and other primary care providers do not receive training about MMH during medical school or residency programs, it is recommended that they receive basic training in MMH disorders. Other hospital or clinic staff that interact with new moms, including lactation consultants, nurses, social workers, community health workers, and others, can also be trained. Free MMH training programs are available:
- StepPPD – step-ppd.com
- MedEd PPD – mededppd.org/panel_discussions.asp

2020 Mom, together with Postpartum Support International, developed a Maternal Mental Health Certificate-Based Online Training for mental health and clinical professionals. This 8-session course is presented by leading experts in the MMH field and covers symptoms, risk factors, screening tools, breastfeeding implications, treatment considerations, social support, evidence-based psychotherapy, cultural competency, and community resources. Continuing education has been approved for physicians, nurses, social workers, psychologists, and certified counselors.
- 2020 Mom & PSI Certificate - 2020mom.org/certificate-training/

Credentialing – There is not yet a national testing and credentialing program that identifies providers with proficiency and experience in MMH. The creation of such a credentialing program is being explored on a national scale by 2020 Mom and partnering organizations from the National Coalition for Maternal Mental Health. In the absence of a nationally recognized credential, health insurers could implement their own verification process to identify MMH providers within their networks and label them in provider directories. In addition, insurers should consider testing whether increased rates of reimbursement would increase the number of trained providers to deliver improved quality of care.

Advocacy, Policy & Community

Improving care systems for maternal mental health requires action beyond the clinical care setting. Communities may choose to address MMH problems through advocacy and legislative change, data collection, and performance improvement.

Understand Social Determinants – All health conditions, including maternal mental health, are linked to many factors, including race and ethnicity, age, income level, education level, sexual orientation, and geographic location. We must acknowledge that social determinants of health, including unemployment, food insecurity, unsafe neighborhoods, poor housing conditions, violent relationships, poor physical health, and inability to access healthcare, also contribute to a mother's stress level and overall maternal mental health status. Exploring these social determinants and understanding how they interact to impact different populations within a community is key to improving maternal mental health in your region. Learn more about social determinants of health at healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

Address Treatment Barriers – Once we take into account the many social determinants of health, it can be easier to understand why moms may not follow through with treatment, despite a doctor's referral following a positive screening. Commonly cited reasons include a lack of childcare / transportation, and language / cultural barriers. The use of Community Health Workers or Promotoras de Salud, home visitation programs, appointment reminder systems, and co-location of services are all strategies being implemented to minimize barriers and improve compliance with treatment regimens.

Engage Elected Officials – So many of the challenges around maternal mental health care can be addressed through policy change at the national, state, and local levels. This work begins with educating your elected officials, building relationships with their staff, and requesting support on measures to improve MMH care. At the federal level, 2020 Mom supports legislation, hosts an annual policy day on Capitol Hill, and advocates as a collaborative voice for MMH policy change. Coalitions and individuals can access advocacy information and join in the nationwide effort by visiting the Advocacy page at 2020mom.org.

Conduct Surveillance – Without a standardized measurement system, it is difficult to monitor performance in detecting and treating MMH disorders. At the state level, coalitions can advocate for standardized measurement, tracking, and reporting systems. Encouraging adoption of the current recommendation is a good starting place:
- The American Medical Association-convened Physician Consortium for Performance Improvement (AMA-PCPI) and the National Committee for Quality Assurance (NCQA), Maternity Care Measure #3: Behavioral Health Risk Assessment at: ahrq.gov/sites/default/files/wysiwyg/CHIPRA-BMI-Maternity-Care-Measures.pdf
- This measure examines electronic health records for the percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug use screening (illicit and prescription, over the counter) and intimate partner violence screening.

Collaborate for Action – When communities come together to take action, they can drive real change! Participating in a community coalition allows partnering organizations to share resources and responsibilities, coordinate services, exchange information, enhance each other's capacity, gain credibility, and collaborate to address community issues at the local level. The number of coalitions working to improve maternal mental health is growing.

Awareness & Education

The stigma associated with maternal mental health disorders is a universal barrier to receiving care (see Barriers to Care in Module 4). Women and their families are not educated about warning signs and symptoms and the general public does not understand postpartum depression, anxiety, or psychosis, further perpetuating the stigma and discouraging moms from seeking help. At both the national and local levels, efforts to raise awareness, educate expectant and new parents, and debunk mental health myths are underway.

The Blue Dot - Numerous organizations, including 2020 Mom, Postpartum Support International, and Postpartum Progress, have adopted The Blue Dot as the international symbol for maternal mental health awareness and support. Displaying this recognizable symbol helps moms know that they are not alone and initiates conversations to raise awareness about MMH. Visit thebluedotproject.org for more information.

Public Awareness Campaigns - Since 2014, 2020 Mom has spearheaded a public awareness campaign to increase knowledge and recognition of the serious emotional complications that many women experience during pregnancy and after the birth of a child. The campaign grows each year and draws attention during the month of May, which is Maternal Mental Health Awareness Month. Posters, sharable social media images, and a press toolkit can be found at thebluedotproject.org. Other evidence-based campaigns to increase public awareness may also be considered.

Storytelling - In this era of binge-watching and Netflix, documentaries have become a powerful way to engage, educate, and raise awareness about important social issues. Community coalitions, nonprofit organizations, universities, and libraries have all hosted successful documentary screening events to educate their communities. The following films offer a powerful look inside the struggle of maternal mental health disorders:
- When The Bough Breaks (2016), facebook.com/whentheboughbreaksdoc/
- My Baby, Psychosis and Me (2016), BBCone, bbc.co.uk/programmes/b07187xv
- Dark Side of the Full Moon (2014), darksideofthefullmoon.com

Prenatal Classes - Expecting parents are seeking knowledge and skills to care for their new baby. They attend childbirth, breastfeeding, newborn care, and infant CPR classes. These classes offer a distinct opportunity to educate parents about the warning signs and symptoms of postpartum depression, as explained in the Journal of Perinatal Education (2009) article, *Postpartum Depression: How Childbirth Educators Can Help Break the Silence*: ncbi.nlm.nih.gov/pmc/articles/PMC2684038.

Each of the communities using this toolkit will determine how to best leverage their MMH Action Plan as the impetus for widespread collaboration. Your community's MMH Action Plan may be turned over to an existing coalition for implementation in Phase 2, it could serve as the foundation for building and evolving into a new coalition focused on maternal mental health in Phase 2, or it could be adopted as a focus area by a larger, broad-focused community coalition in Phase 2. Regardless of how this occurs in your community, it is recommended that the workgroup include coalition-building activities into their MMH Action Plan. Implementation through a coalition, rather than a single organization, increases the likelihood of sustaining the outcomes arising from the programs, policies, and practices identified in your MMH Action Plan.

Select & Check Strategies

Now that you have identified your community's MMH problems, discovered the root causes, and used the criteria definied by your coalition to determine the top priorities, it's finally time to identify the activities that will be used to address these priority areas. Strategies could include focused programs, enhancement of existing interventions, and systemic or policy changes that contribute to improved MMH outcomes.

2020 Mom has developed a 10-step process for selecting, checking, and confirming your community's intervention strategies. The steps below correspond with the **Worksheet: 10 Steps to Select & Check Strategies**, available in **Appendix A**. When meeting to choose interventions, it is suggested that the facilitator print copies, distribute to all project team members, and lead the group through the 10 steps as a collaborative activity. Filling in the blank sections of the worksheet will help to guide the group towards the best interventions for addressing the prioritized MMH needs identified your community.

Step 0
Stop to Summarize
Before diving into the 10 steps worksheet, take a moment to confirm everyone is on the same page. Discuss progress with completing tasks outlined in your administrative workplan, provide a review of the MMH Assessment Report findings, and highlight the community's prioritized needs. This is especially important if new or additional stakeholders have been brought in to participate during action-planning, the final step in Phase 1. Dedicating just 15 minutes to take stock of what has been done, discovered, and decided thus far helps build consensus and sets the direction for a productive 10-step process.

Step 1
Set Criteria for Considering Interventions
Just as you did when determining priorities, the group can identify a set of criteria to be used when considering possible activities to address the prioritized MMH problems. Setting criteria eases decision-making when selecting interventions for inclusion in your MMH action plan; here are some examples of criteria for considering interventions:

- Impact on health status, policies or systems
- Feasibility of intervention
- Expertise needed to implement strategy
- Expected return on investment
- Evidence-base / effectiveness of solution
- Ease of implementation and maintenance
- Potential negative consequences
- Legal considerations

- Ability to evaluate outcomes
- Time needed to implement identified strategy
- Duplication with existing programs or initiatives
- Ability to combine / *piggyback* with existing programs or initiatives
- Tools and resources available to support implementation (see step #5 below)

Select a handful of criteria that the coalition believes to be most important and relevant for your community. Fill these into Step 1 of the worksheet.

Steps 2, 3 & 4
Categorize Prioritized Needs
Begin by reviewing the MMH problems identified during the assessment process and prioritized during the analysis process. Identify the root cause for each of these prioritized needs (if necessary, conduct another round of root cause analysis – refer to Module 5). The root cause will fall into one of the following MMH Action Areas:

Assign the corresponding MMH Action Area to each of the prioritized MMH needs or problems. Fill in Steps 2-4 on the worksheet.

Brainstorm Strategies

During the final step of root cause analysis, the group began the process of identifying possible counter-measures or interventions to address the identified MMH problems. Now is a good time to revisit that list and brainstorm additional counter-measures or interventions your community could implement.

Review Sample Interventions

To get the brainstorming process going, we've listed some sample intervention activities, grouped by MMH Action Areas, that could be considered by your coalition.

Prevention
- Promote PSI warmline or local emergency number
- Support institution of hospital sleep promotion programs
- Add new parent support group in high-risk area

Screening, Referral & Treatment
- Encourage routine measurement of screening rate
- Recommend reporting within quality improvement programs
- Target high-risk mothers (such as during NICU stay)
- Increase rate at hospital registration and discharge
- Institute referral process for inpatient / outpatient treatment
- Encourage use of validated screening protocol
- Promote use of Community Health Workers (CHWs) to improve continuum of care
- Encourage both inpatient / outpatient treatment programs
- Foster access to reproductive psychiatrist to consult with general practitioners
- Advocate for on-call psychiatrist trained in MMH at birthing hospitals
- Initiate social support groups for new moms & promote existing groups

Providers
- Provide certificate-based training opportunities for non-physician staff
- Encourage teaching hospitals to train residents & students in MMH
- Promote MMH continuing education opportunities
- Include MMH topic at local conferences, seminars & Grand Rounds
- Ask insurers to designate MMH specialists within provider directories
- Develop MMH billing / reimbursement handbook to guide clinical practices

Advocacy, Policy & Community
- Research policy change to support increased coverage of MMH services
- Establish annual state policy day during MMH Awareness Month (May)
- Develop media talking points and train MMH coalition members to use
- Advocate for addtion of MMH data indicators to annual statewide survey
- Expand MMH Coalition for diverse, cross-sector, community-wide membership
- Work with transportation authority to improve bus routes to downtown clinics

Awareness & Education
- Provide support for MMH inclusion in birth class curricula
- Distribute educational materials to doctor offices
- Encourage display and distribution of educational materials
- Coordinate with local payers to educate health plan members
- Partner with hospitals to enhance info given at time of discharge
- Develop localized MMH resource guide
- Offer training for faith-based leaders during annual meeting
- Integrate available resources into 211
- Develop local media campaign to decrease stigma around MMH
- Partner with large employers to include educational materials for pregnant staff
- Collaborate with breastfeeding coalition, promote MMH at *Milkin' Mamas* event
- Utilize 2020 Mom's Community Awareness Guide materials

Consider 2020 Mom Framework
By now, your coalition should be familiar with many of the best practices and policies that can be implemented for improved MMH care. In addition to the resources discussed in the Promising Practices section above, 2020 Mom has developed some bonus tools and resources to support your MMH Action Plan activities.

Use the table below to identify 2020 Mom tools that align with the MMH Action Areas for each of your prioritized MMH problems.

2020 mom™ Tools	MMH Action Areas				
	Awareness & Education	Prevention	Screening, Referral & Treatment	Providers	Advocacy, Policy & Community
Community Awareness Guide	X	X			X
Hospital Recommendations	X	X	X	X	
Behavioral Health Insurers Recommendations	X		X	X	
Doctor Recommendations	X	X	X	X	
Insurer / Payer Recommendations	X		X	X	
Policy Recommendations	X	X	X	X	X

You can access our Raising Awareness Guide and the 2020 Mom framework with detailed recommendations for insurers/payers, providers, hospitals, and employers.

After reviewing the Promising Practices in MMH, Sample Strategies, and the 2020 Mom Tools, brainstorm (and list) all possible counter-measures or interventions that might address the prioritized needs.
Fill in Step 5 on the worksheet.

Step 6
Test Against Criteria
From the brainstormed list of potential interventions, the team will choose the intervention that you believe best addresses the prioritized need. Now you will test that intervention against the criteria the group established in Step 1. Testing your selections helps to eliminate interventions that don't meet the criteria and increases the likelihood that implementing the group's selected intervention will get to the root cause of the MMH problem. Additionally, working through this process as a team builds consensus and confidence in the community's ability to implement the selected activities during Phase 2.

Fill in Step 6 on the worksheet to test the selected intervention strategies.

Consider Capacity (Again)

While *planning the process* in Module 3, the group identified the resources needed (support, skills, and stuff) to support the Phase 1 Triple A process. Now, the group must discuss the resources needed and determine the community's capacity to implement each of the selected interventions during Phase 2. Although the resources required will differ based on your selected activities, here are a few areas for consideration:

Support (partnering organizations may be willing to provide or share many of these resources)
- Meeting space with A/V
- Video-conferencing system
- Phone line
- Website & email hosting
- Office space
- Ability to award continuing education credits
- Dedicated staff
- IT support

Skills (volunteers, interns, consultants, students, and retirees may help support these needs)
- MMH expertise
- Graphic design
- Grant writing
- Media & public relations
- Data collection & evaluation
- Provider training
- Budgeting & accounting

Stuff (local companies and coalition partners may be approached to sponsor these items)
- Printing services
- Refreshments
- Postage & mailing supplies
- Costs affiliated with travel
- Software & hardware
- Office supplies

Fill in the resources needed to support each of the selected strategies into Step 7 of the worksheet.

Follow the Data Trail

Each step of the Triple A process - from Assessment to Analysis to Action-Planning - should connect.

1. The **Assessment** was conducted to supply evidence of the community's MMH problems.
2. The **Analysis** was completed to dissect evidence, document findings, and prioritize needs.
3. Now, **Action-Planning** will produce a roadmap for addressing the community's most important MMH needs.

Your selected strategies must tie back to the MMH problems discovered during the assessment and analysis processes. *Can you follow the trail to connect each strategy back to the assessment report?*

Selected Strategy ⟶ Prioritized MMH Need ⟶ MMH Action Area ⟶ Assessment Data / Findings

Complete Step 8 of the worksheet to confirm the data trail.

The last two steps in the 10-Steps to Select & Check Strategies Worksheet are detailed in the following sections of Module 6 and will result in the creation of a logic model and development of your MMH Action Plan.

Create Logic Model (Step 9)

Have you ever assembled a jigsaw puzzle? There are many tips and tricks to make the process easier and more enjoyable. Clearing an appropriate workspace, flipping all of the pieces upwards, constructing the border with the edge pieces, sorting the remaining pieces into piles by color, and tackling small sections as a time, are all strategies used by the puzzle pros.

Throughout these six toolkit modules, the coalition has employed countless tips and tricks to pull together the pieces of your community's MMH puzzle. Although the group is not obligated to develop a logic model, it's an excellent tool for organizing all of those MMH puzzle pieces so they can be easily assembled in your MMH Action Plan. A logic model helps to visually link your priorities, activities, and expected outcomes together, and makes it easier to see the full picture.

The purpose of a logic model is two-fold; it is used:
1. to identify the logical, strategic, and causal relationships between the selected strategies for your action plan and the ultimate maternal mental health goals, and
2. to provide direction for your evaluation or measurement of outcomes throughout action plan implementation.

By drawing upon the root causes and community conditions, a logic model can help identify the best route to achieving the desired outcomes and can serve as a way to measure progress over time. The following components are usually incorporated in the development of a logic model:

Logic Model Framework

Component:	Description:	Fill in the blank:
VISION	Statement describing long-term aspirations of the MMH coalition	*Our vision statement developed in Module 2 says:*
INPUTS	Infrastructure, resources, and investments that go into supporting implementation of the action plan	*In order to accomplish our set of activities, we will need the following:*
ACTIVITIES	Activities, services, events, or policies that reach the targeted populations	*In order to address our MMH problem, we will implement the following strategies:*
OUTPUTS	Measurable evidence that activities were performed as planned	*We expect that once accomplished, these activities will produce the following evidence:*
SHORT-TERM OUTCOMES	Results or changes for individuals, groups, communities, organizations, or systems of MMH care [can be broken into short-term (1-3 years) and intermediate (4-6 years)]	*We expect that if accomplished, these activities will lead to the following changes in 1-3 then 4-6 years:*
INTERMEDIATE OUTCOMES & LONG-TERM IMPACT	Ultimate long-term results that support the vision for MMH care in your community (includes *bigger picture* goals accomplished in 7-10 years)	*We expect that if accomplished, these activities will lead to the following changes in 7-10 years:*
ASSUMPTIONS	Beliefs about the action plan, people involved, and the context in which we think the program operates	*In creating this model, we make the following assumptions:*
EXTERNAL FACTORS	Elements or trends that interact with and influence the action plan implementation	*The activities will take place under the following conditions or environment:*

Let's take a closer look using an example from the **Sample State** Root Cause Analysis (from Module 5) when the following problem was identified:

Identify the Root Cause(s)
Providers are not consistently educating or screening for maternal mental health conditions during the perinatal period. Conceivably, providers lack support in some or all of the following forms: access to effective patient education materials, access to screening protocols and strategies for implementation in their practice, access to a local resource guide ("we don't screen because we don't know where to send them"), and access to physician continuing education to improve confidence and comfort with educating, screening, and referring patients with identified MMH disorders.

You might recall that the **Sample State** coalition went a step further to brainstorm some potential counter-measures.

Recommend and Implement Counter-Measures (aka action planning in Module 6)
Some counter-measures to address the root cause might include:
- Sending an email to OBGYNs in our region with a link to the MMH resource guide, downloadable educational materials, and links to physician continuing education opportunities focused on MMH.
  - We could track the rate of click-through, review the frequency of downloads, and collect contact information for the primary care practices utilizing these resources.
- Developing a sample screening policy for adaptation in primary care practice settings.
  - We could review the work of other groups (such as the Wisconsin Association for Perinatal Care: perinatalweb.org or Massachusetts Child Psychiatry Access Program, MCPAP for Moms: mcpapformoms.org) and adapt their resources for use in the Sample State community.
- Integrating CE training on MMH into well-attended local conferences, promoting online trainings (such as those offered by 2020 Mom and PSI at 2020mom.org/certificate-training), and announcing other provider education opportunities.
  - We could request MMH topic inclusion at upcoming conferences, such as those hosted by local chapters of the March of Dimes, Maternal & Child Health Bureau, American Academy of Pediatrics, or the American Congress of Obstetricians and Gynecologists.

Then, **Sample State** plugged their proposed counter-measures or intervention strategies into a logic model to see how well they correspond with the vision and overall goals for improved maternal mental health care. Let's take a look...

Sample State Logic Model

Our vision is a healthy Sample State community that surrounds and supports motherhood with coordinated and comprehensive mental health services accessible throughout the perinatal period.

					OUTCOMES	IMPACT
INPUTS → ACTIVITIES		CONTEXT	OUTPUTS →	SHORT-TERM	MEDIUM-TERM →	LONG-TERM
Sample State MCAH Coalition (with ongoing consult from workgroup members) Email newsletter software Coalition website Facilitator = staff Sub-grant from state MCH Title V funding Graphic design Monthly workgroup meetings Coordination with Sample State Breastfeeding Taskforce Technical assistance from 2020 Mom	Develop provider awareness campaign to include MMH resource guide, downloadable educational materials, and links to physician CE opportunities	Reference 2020 Mom's Doctor Recommendations, online CE certificate program, and Community Awareness Guide (CAG)	# of email click-throughs / year # CAG and other downloads / year # contact info collected from participating practices / year # receiving MMH-specific training / year # of providers adopting 2020 Mom's Doctor Recommendations	Improve provider knowledge and utilization of available MMH educational materials, local resources, and training opportunities		
	Review MMH screening policies from other communities and adapt for distribution across the Sample State region	Reference Wisconsin (perinatalweb.org) & Massachusetts (mcpapformoms.org) programs	Creation of sample screening policy recommendations by end of year 1 # of providers utilizing Sample State screening policy materials by year 2 # of practices reporting routine use of a screening protocol by year 3	Increase number of providers with a documented screening policy and / or protocol in use	Increase routine integration of evidence-based screening and protocols for MMH into practice	Increase early detection and rate of treatment for Sample State women experiencing MMH disorders
	Collaborate with local organizations to include MMH topic in upcoming conferences and provider seminars	Opportunities include local chapters of the March of Dimes, MCH Bureau, AAP & ACOG	# of providers participating in MMH continuing education / year self-reported level of awareness of local referral network for MMH care by year 3	Increase provider knowledge, confidence, and skills related to MMH screening, treatment, and navigation of local system of care	Increase successful referrals for women experiencing MMH disorders through utilization of local care network	

ASSUMPTIONS	EXTERNAL FACTORS
The assessment report indicates that adequate treatment resources are available and a local MMH resource listing has been created and will be updated quarterly and posted on the coalition website. Providers include pediatric, family medicine, and OBGYN specialists. Nurses, clinical social workers, community health workers, and other allied health professionals are also included in the Sample State system of care.	The state was awarded funding to create a media campaign to decrease stigma and increase awareness of perinatal mental health earlier this year. If successful, the campaign may lead to increased demand for MMH services. Additional priorities, such as breastfeeding and immunization, should be considered and when possible, action plan implementation should identify creative solutions for partnering rather than competing with other community efforts related to maternal and child health.

The **Sample State** logic model example is tied to several MMH Action Areas: providers, screening / treatment, and awareness / education. The table of 2020 Mom Tools (from Step 5 above) can be used to identify tools to support action in all of these areas. The Sample State workgroup selected the Community Awareness Guide and the Doctor Recommendations for inclusion in their logic model **CONTEXT** and again to measure results in the **OUTPUTS**. Your workgroup can also revisit the 2020 Mom Tools, integrate them into your logic model, and encourage adoption of these recommendations within your MMH Action Plan. The 2020 Mom Framework may be recommended and reinforced throughout your interventions with local maternal mental health care systems.

There is no right or wrong method for developing your logic model. Some groups may choose to download specialized software or an iPad app, while others may be able to connect their activities to the intended outcomes in a simple diagram. In fact, the Sample State logic model was created as a table in Microsoft Word. Here are some different methods for developing a logic model:

- **Post-its** can be used to jot down each input, activity, output, outcome, and impact. Then, move them around on a large table or wall to get the desired logic model layout.

- **Microsoft Office Suite** includes tools you probably use every day. A logic model can be built as a table in Word, by grouping shapes in PowerPoint, or creatively using the cells in Excel.

- **Microsoft Visio** is useful for creating diagrams, flowcharts, timelines, and concept maps: products.office.com/en-us/visio/flowchart-software

- **Innovation Network** offers a free online Logic Model Builder that walks you through the process of developing a logic model: innonet.org

- **TOCO** or Theory of Change Online is an easy to use and flexible tool for creating logic models and educates about mapping and connecting outcomes: theoryofchange.org

- **DoView** is a great software tool designed for visualizing outcomes and creating logic models: doview.com

- **XMind** is mind-mapping software with the flexibility to be adapted for logic models: xmind.net

- **Cmap** is a free tool for developing concept maps from the Institute for Human and Machine Cognition: cmap.ihmc.us

Here are some helpful hints for organizing the logic model components – your MMH puzzle pieces.

- ✦ It can be helpful to work backwards; start with the pieces you have already sorted through.
- ✦ Begin by filling in your vision (from Module 2) and inputs (from Step 7 above).
- ✦ Then, fill in the desired outcomes (changes to the root causes), followed by the activities (or implementation strategies) designed to generate them.
- ✦ Finally, complete the context, outputs, assumptions, and external factors. Review the Logic Model Framework above and fill in the blanks.
- ✦ Now, take a step back and check the logic. Does the model explain why the activities selected are the best solutions to tackle the prioritized MMH needs / problems? Does the model show the logic of how change happens? Does the model help make predictions for the future desired impact?

Notice that the recommended **ACTIVITIES** are measured as **OUTPUTS**, placed into **CONTEXT** with supporting tools and resources, lined up with expected **OUTCOMES**, linked to long-term **IMPACT**, and tied back to the overall **VISION**. A logic model helps fit the pieces of your MMH puzzle together with your selected implementation strategies and evaluation plans.

Your logic model can be used in numerous ways, including to:
- • Assess the potential effectiveness of an approach
- • Set priorities for allocating resources or funding
- • Ensure focused discussion and efficient use of planning time
- • Explain the project to external stakeholders
- • Determine how parts of the action plan will be measured
- • Write a grant proposal
- • Document milestones
- • Tell the story of your MMH Action Plan
- • Make mid-project adjustments
- • Identify appropriate outcome targets
- • Align efforts of many organizations

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How are you doing? Feeling logical or feeling lost? In some cases, the activities needed to improve MMH will be evident from your assessment report but other times, you'll have to brainstorm creative strategies to address the prioritized needs of your community. To help guide your selection of activities, we have included a comprehensive **Logic Model Generator** in **Appendix A** but don't jump to the back of the toolkit quite yet...
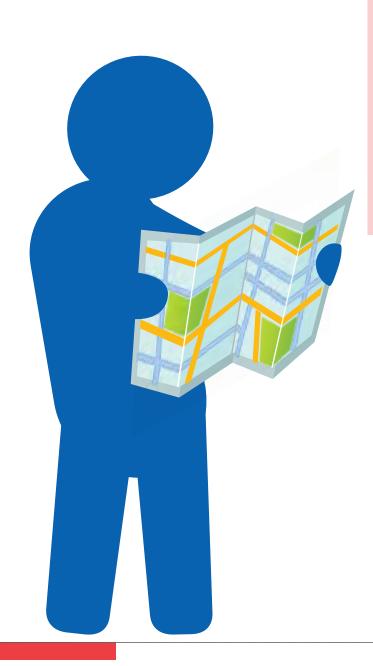
Alert! Warning! Beware!

Our logic model is not a realistic expectation of the model that will be developed by most MMH workgroups; it's far too broad, extensive, and overwhelming. It is, however, a great *idea generator* and should not be duplicated but can be referenced as you customize an action plan for your community. Please use this great tool to help guide your MMH logic model...

Now you may proceed with caution!

Keep in mind that your coalition's logic model could look completely different. It doesn't have to be linear or even use the same headings as the examples provided. Logic models are incredibly diverse and have the flexibility to be formed from a flow chart, concept map, or web diagram to describe the relationships among your action plan components. Get inspired with a quick Google image search, then pick a format that works for your project, and start filling in the blanks with the components outlined in the Logic Model Framework above.
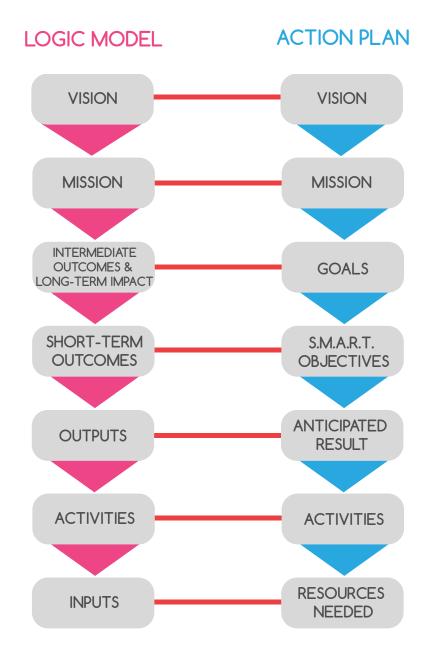
Creative challenge accepted!

Develop MMH Action Plan (Step 10)

Developing a solid MMH Action Plan lends credibility to the organization responsible for the work, demonstrates dedication to the mission, prevents missteps and overlooked barriers, guides the community to address priorities within their capacity, creates efficiencies, and establishes accountability for achieving the objectives. Your completed action plan will tie all of your project activities together while establishing and clarifying desired outcomes, goals, objectives, strategies, assignments, and deadlines for implementation. The MMH Action Plan provides built-in deliverables for evaluation and focuses on community engagement to support priority MMH needs and service gaps.

Although your MMH Action Plan will link to the logic model, there will be differences in the level of detail. The graphic below illustrates how the action plan components parallel the pieces of the logic model.

LOGIC MODEL	ACTION PLAN
VISION	VISION
MISSION	MISSION
INTERMEDIATE OUTCOMES & LONG-TERM IMPACT	GOALS
SHORT-TERM OUTCOMES	S.M.A.R.T. OBJECTIVES
OUTPUTS	ANTICIPATED RESULT
ACTIVITIES	ACTIVITIES
INPUTS	RESOURCES NEEDED

Write S.M.A.R.T. Objectives
Let's take a journey back in time! If we flashback to Module 2 and 3, can you recall how the project team set goals and objectives when writing your administrative workplan? Good! Now return to the present so we can use those same skills to write goals and objectives for your MMH Action Plan. You've already determined priorities, reviewed potential strategies, and tested the logic for your selected intervention strategies. The next step is to develop goals and S.M.A.R.T. objectives for inclusion in your action plan. Remember that goals and objectives support each other, but also have distinct differences.

GOALS	OBJECTIVES
Explain what the activities hope to accomplish. They are general statements of intent related to aspirations, purpose, and the long-term vision for the project.	The practical steps necessary to achieve the goals. Objectives break the goal into smaller parts to provide specific actions on the pathway to achievement.
broad	**narrow**
intangible	**tangible**
abstract	**concrete**
difficult to measure	**measurable**

Using the S.M.A.R.T. format will help your coalition develop quality objectives that address the identified MMH priorities in your community.

	Definition	**Guiding Questions**
S	**Specific** The objective is concrete, detailed, focused, well-defined, straightforward, and identifies the outcome. It clearly communicates what is to happen, by whom, where at, by when, and why it is important.	Who is going to do what? What needs to be involved? Where will this take place? When does this need to be completed? How is this going to be done? Why is this important to do?
M	**Measurable** Measurement is the standard used for comparison and answers the question of quantity – how much, how often, how many? It applies to both the end result and the milestones along the way. Baseline measurement allows change or improvement to be recorded from beginning to end.	What is the baseline measurement? How will we know the change has occurred? Can these measurements be obtained? Is the objective quantifiable and measurable?
A	**Attainable** Standards are set by understanding the commitment, abilities, strengths, and challenges of those responsible for implementation. Objectives need to be attainable to keep the community engaged and focused on achieving them.	Can it be done in the proposed timeframe? Do we understand the limitations and constraints? Can we do this with the available resources? Do we have dedicated people to do this? Has anyone else done this successfully?
R	**Realistic** Objectives must be relevant to what you want to achieve from short-term to long-term goals, and aligned with the vision and mission. Resources such as people, funding, skills, equipment, and knowledge are necessary to support the tasks required to achieve the objective.	Do we have the resources to achieve this? Is the timeframe proposed reasonable? Is it possible to achieve this objective?
T	**Time-Bound** Deadlines create a sense of urgency and necessary collaborative focus, while helping to set priorities and prompting action. Without deadlines, it's difficult to keep the group motivated.	When will this objective be accomplished? Is there a determined deadline?

Let's once again use the **Sample State** example from our logic model. Upon review, we can pull out three major goals for the project and several objectives related to each.

Take a look below... Are the goals appropriate? Are the objectives S.M.A.R.T.?

Sample State S.M.A.R.T. Objectives

Goal 1: Improve early detection of MMH disorders in Sample State women.

Objective 1.1: Create sample MMH screening policy, protocol, and recommendations for implementation in clinical practices by end of year 1.

Objective 1.2: Disseminate model MMH screening tools, facilitate adoption in at least 25 practice sites, and monitor utilization by end of year 2.

Objective 1.3: Integrate evidence-based screening protocol for MMH among pregnant, postpartum, and post-loss women into at least 50% of primary care and OBGYN practices by end of year 3 and increasing to 75% by end of year 5.

Goal 2: Increase referrals and rate of treated MMH disorders among Sample State women.

Objective 2.1: Develop and distribute online MMH treatment resource guide to include support groups, MMH-credentialed providers, inpatient and outpatient programs, and other community MMH assets by end of year 1.

Objective 2.2: Seek funding to support the development and implementation of an MMH navigation pilot program at the Sample State Health District by end of year 2.

Objective 2.3: Evaluate referral process from patient, provider, and public health perspective and determine rate of treated pregnancy-related mental health disorders by end of year 5.

Goal 3: Improve provider knowledge, skills, and confidence in MMH screening, treatment, and navigation of available services in Sample State community.
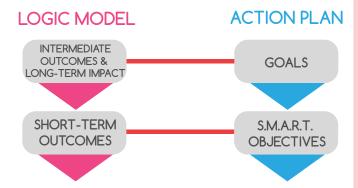
Objective 3.1: Promote 2020 Mom's Doctor Recommendations in all provider interactions and measure number of practices adopting the recommendations in Sample State community each year.

Objective 3.2: Incorporate continuing education opportunities and promotion of MMH certificate program in all provider communications with a minimum of four CE-specific announcements annually.

Objective 3.3: Select at least three local training opportunities for MMH topic inclusion, provide related support to hosting organizations, and assess provider participation by end of year 2.

Objective 3.4: Diversify and expand provider participation in MMH coalition activities by end of year 1.

Now it's your turn! Review the outcomes and impact from your logic model and convert these into goals and S.M.A.R.T. objectives that link to the prioritized MMH needs for your community.

LOGIC MODEL   ACTION PLAN

INTERMEDIATE OUTCOMES & LONG-TERM IMPACT		GOALS
SHORT-TERM OUTCOMES		S.M.A.R.T. OBJECTIVES

Be sure your objectives are S.M.A.R.T. (specific, measurable, attainable, realistic and time-bound) and avoid objectives that are passive, vague and difficult to measure.

Here are some examples of poor verb choices:

Appreciate	Facilitate	Coordinate
Devise	Understand	Make aware
Realize	Enhance	Enjoy
Feel	Support	Learn

These are very difficult to quantify and measure. Instead, use action verbs that can be observed, measured, and communicate the intent of the objectives.

Here are a variety of action verbs to help you compose brilliant S.M.A.R.T. objectives:

Adjust	Design	Locate
Analyze	Determine	Measure
Apply	Develop	Organize
Assess	Evaluate	Prepare
Build	Establish	Recall
Calculate	Examine	Research
Change	Explain	Select
Compare	Identify	Transfer
Define	Indicate	Utilize
Describe	Interpret	Validate

Challenge your coalition to use these clever action verbs and avoid the monotony of using 'provide' over and over again in your MMH Action Plan. Then, celebrate your newfound status as *Verb Virtuosos* (insert applause here)!

Now, you will add the tasks or activities that will support achievement of the objectives. The fictional **Sample State** workgroup has selected a handful of activities for each of their objectives. Below is an example of the activities identified to support goal 1.

Sample State Activities Selection

SAMPLE STATE

GOAL 1: Improve early detection of MMH disorders in Sample State women.	
OBJECTIVE 1.1: Create sample MMH screening policy, protocol, and recommendations for implementation in clinical practices by end of year 1.	
ACTIVITIES Timeline: year 1	Gather successful resources from other communities by communicating with MMH groups in at least 5 states.
	Review MMH screening policies and protocols used in other communities and present overview to coalition leadership team.
	Adapt policies and protocols to fit the needs of the Sample State community.
	Determine appropriate format for distribution and prepare materials accordingly.
	Create announcement about the availability of new materials to support MMH screening to provider practices.
OBJECTIVE 1.2: Disseminate model MMH screening tools, facilitate adoption in at least 25 practice sites, and monitor utilization by end of year 2.	
ACTIVITIES Timeline: year 2	Distribute materials via e-newsletter, website coalition member organizations, professional organizations, state quality improvement organization, and social media channels.
	Track utilization by number of downloads, website traffic, e-newsletter click-through rate, and inquiries.
	Collect participating provider information and compile database of those using the MMH screening tools.
	Develop quality improvement survey to evaluate initial stages of project.
	Conduct a survey of participating clinical practices to assess utilization, perceived benefits and challenges, areas for improvement, and satisfaction.
	Respond to all provider inquiries related to the new screening tools.
OBJECTIVE 1.3: Integrate evidence-based screening protocol for MMH among pregnant, postpartum, and post-loss women into at least 50% of primary care and OBGYN practices by end year 3 and increasing to 75% by end of year 5.	
ACTIVITIES Timeline: year 3	Solicit additional feedback about screening tools and recommendations for further integration from coalition members.
	Review evaluation results from initial rollout and recommend changes to materials to coalition leadership team.
	Adjust MMH screening tools following leadership review and additional coalition recommendations.
	Announce 'new & improved' tools to MMH care network via e-newsletter, website, coalition members organizations, professional organizations, state quality improvement organizations, and social media channels.
	Continue to track utilization and collect participating provider information.

The MMH Action Plan will be more extensive and detailed than your logic model and will include some new sections with additional information:

- **Background & data**: Provides justification for the selection of each priority area and specifies the data source that will be used as a baseline for comparison
- **Audience**: Describes the target population to be reached or served with each identified activity
- **Responsibility**: Identifies by name the person, committee or organization who will initiate the activity, provide direction for the work and monitor progress
- **Progress notes**: Allots space to make note of updates as progress is made or when efforts are redirected

Take a look at how these new sections come together in the hollow action plan below:

MMH Action Plan Layout

GOAL 1:						Background & Data:	
Objective 1.1:		**Audience:**	\	**Time**	**line:**	/	**Progress Notes:**
		Responsible:	Q1	Q2	Q3	Q4	
Activities	*	*					*
	*	*					*
	*	*					*
	*	*					*
	*	*					*
	*	*					*
Resources Needed:							
Anticipated Result:							

Objective 1.2:		**Audience:**	\	**Time**	**line:**	/	**Progress Notes:**
		Responsible:	Q1	Q2	Q3	Q4	
Activities	*	*					*
	*	*					*
	*	*					*
	*	*					*
Resources Needed:							
Anticipated Result:							

Now you can fill in these blank sections within the MMH Action Plan Template. With so many sections and details to include, you'll soon discover that the MMH Action Plan becomes an extensive document. In fact, the only Sample State example that was too large to include within the toolkit is their MMH Action Plan. However, you can review the **Sample State's Action Plan** for Goal #1 in **Appendix C**. Keep in mind that we have only provided details from one of their selected priority areas (based on a Root Cause Analysis). From that single priority, we developed three goals. From Goal #1, we have identified three objectives and 16 supporting activities. You can imagine that many objectives and numerous activities would be added in support of Goals #2 and #3. You can imagine that the Sample State coalition would likely select a couple other priority areas to be addressed in their action plan, also. This example further demonstrates the importance of prioritizing the MMH needs in your community and limiting the number of related goals, objectives, and activities included in your action plan. It's better to identify a few key priorities and focus the collaborative's efforts in these areas than to select too many areas and become overwhelmed with the implementation of your MMH Action Plan.

Own the Action

By assigning responsibility for the activities to individuals, committees, or community organizations, the coalition can ensure widespread adoption of the planned activities. This will also drive partnerships and sustained engagement during Phase 2, the implementation of the MMH Action Plan. In fact, if efforts are already underway to support the goals of the action plan, it is appropriate to include them. For example, if a Federally Qualified Health Center is in the process of integrating a HEDIS-like quality measure for MMH screening with a validated tool during prenatal visits, their initiative could be integrated into the community's MMH Action Plan and results reported back to the coalition. There's no need to *reinvent the wheel* when you can build from what is currently being done. Although it requires a fresh mindset, acknowledging the disappointments and celebrating the accomplishments of all MMH-related activities occurring throughout the community is a fundamental part of the collaborative process. When one organization wins, the community wins...this way of thinking nurtures community-wide ownership of the MMH Action Plan.

When possible, 2020 Mom advises identifying occasions to *piggyback* your action plan activities onto existing programs. Rather than competing with other health priorities, such as breastfeeding or immunization, look for opportunities to partner and mutually reinforce maternal mental health alongside other pregnancy and infant-related health initiatives.

Now that the coalition has a finalized MMH Action Plan, it's time to follow through. Remember the 80-20 rule: successful community impact results from 80% follow-through on planned actions and 20% planning for success. You've completed the planning process and although your plan may not be perfect, it provides a feasible timeline for the implementation of activities and is supported through active partnerships. Remember, this is a working document that should be reviewed frequently and revised to meet the evolving needs of your community. Your MMH Action Plan will serve as a collaborative roadmap for improvement of the community's maternal mental health care system. Don't wait - take your MMH Action Plan and run with it!

Module 7: Prepare for Implementation

Take
A.I.M.

Get
Started

Prepare to
Implement

2020
mom
action cycle

Engage
Stakeholders

Create
ACTION Plan

Plan the
Process

Analyze
the Results

Assess
Barriers & Care

Webinar:
Preparing for Implementation

Contents:
Determine Future Role
Plan for Phase 2 Administration
Take Stock & Transition
Avoid Pitfalls & Problems
Communicate Action

Key Players:
✦ Project Manager
✦ Phase 1 group members
✦ Larger group of coalition members
✦ Media and public relations support

Learning Objectives:
By the completion of Module 7, users will be able to:
1. Consider a range of options for future involvement and identify the role of the MMH action project team during Phase 2.
2. Develop an administrative workplan to manage operational logistics during Phase 2.
3. Evaluate Phase 1 process and make recommendations for Phase 2.
4. List at least three common coalition pitfalls or problems that could occur during Phase 2.
5. Develop a strategy to launch the MMH Action Plan, to convene stakeholders during implementation, and to regularly share progress with the community.

Congratulations! Over the course of Phase 1, you have built an MMH workgroup, engaged partners, developed an administrative workplan for your process, conducted a community assessment of maternal mental health services, analyzed collected data, created a collaborative MMH Action Plan, and reported activities to community stakeholders. The journey will continue in Phase 2 with the implementation of your MMH Action Plan. During Module 7, the group will reflect on their Triple A process, determine logistics for the future, and prepare to take collaborative A.I.M. – taking action by implementing the planned interventions and measuring outcomes – in Phase 2.

Determine Future Role

Depending on your circumstances and the needs of the community, the Phase 1 team may consider a variety of options when establishing their role during Phase 2, including: expanding to grow or take on a different focus, spinning off into something new, maintaining the group as is, or turning over the implementation responsibilities and disbanding.

Disband
In Module 4, an administrative workplan was created with an outline of goals and tasks that have now been completed. You have accomplished the goals of the project and are ready to turn the action plan implementation over to the community (see the *Hand Off* section below). MMH action project teams are not immortal and should not be expected to carry on forever. Simply put, your taskforce has completed their tasks. There's no need to feel disappointed or guilty about the decision to disband. In a situation where the group disbands, your portion of the project is ending, but the relationships and resources developed will undoubtedly live on and continue to benefit the community as the MMH Action Plan is brought to fruition.
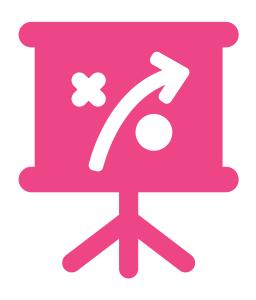
Maintain
In some instances, the group may choose to continue their collaborative efforts. If the group decides to take responsibility for implementation of the MMH Action Plan, they will need to expand, include new partners, and re-focus away from assessment and toward action (review the *Grow* section below). Another option occurs when the group goes dormant for a period of time to allow the implantation of the strategies identified in the action plan. Then, they will reconvene a year or two later to assess the impact and evaluate outcomes. A final option occurs when the group has effectively achieved their objectives, discovered that they work well together, and becomes motivated to take on another project. In this situation, they could change focus completely to repeat the assessment / analysis / action process for another health issue, such as preeclampsia, childhood asthma, prenatal care, or substance abuse. Your group might even consider a hybrid of these options to maintain the collaborative and remain involved in efforts to improve maternal mental health care.

Hand Off
Your action project team took on this MMH challenge and you were victorious...but only up until the
point of actually implementing the activities. We might equate this to the two-phase process of building a
massive skyscraper. In Phase 1, the owner communicates ideas for the building, the market analyst makes
recommendations for the skyscraper's location, the accountant drafts a project budget, the architect draws the
blueprints, the engineers select building materials, the city approves the permits, and the entire team agrees on
the proposed plans and construction timeline. Then, the Phase 1 stakeholders hand off the actual implementation
responsibilities to the contracting company. In the construction world, this transition is signified through a
groundbreaking ceremony; it's a great opportunity to thank those who made the project possible, create *buzz* about
the project, and provide a photo op of the project's stakeholders wearing hard hats. In the same way, it could be
time to hand off the final execution of your MMH Action Plan. Spinning off the Phase 2 process to another partner
or coalition can bring new expertise and energy. In preparation for the hand off, both groups need to agree on the
rules of engagement, ongoing responsibilities, and approach that will give the MMH Action Plan the best chance for
survival. You might consider a period of project manager consultation and technical assistance during the transition
but should also set a timeline for turning over decision-making responsibilities and control of all ongoing activities
to the action plan's new home.

Grow
A group created for the sole purpose of conducting an assessment, analysis, and action-planning for maternal
mental health care with the intention of dissolution upon project completion may decide to switch directions to
grow and mature instead. Perhaps your team members agree that the project has been incredibly successful, the
group has received grant funding to support implementation of the planned activities, and new organizations have
expressed interest in participating in an expanded collaborative effort. These are all positive signs that the group
is prepared to expand and evolve into a full-blown community coalition with a continued focus on MMH. In some
communities, further expansion to an organization with an inclusive mission encompassing maternal and child
health concerns could also be an option. Either way, growth will require substantial resources and place additional
pressure and increased responsibilities on leadership. However, with proper planning these challenges can be
overcome and the collaborative effort can thrive.

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Project Pep-Talk

The development of the MMH Action Plan may mark
the completion of the group's activities and dissolution
of the collaborative. It could also signal the beginning
of a new project focused on implementing and
evaluating the MMH Action Plan. Regardless of your
next steps, take time to acknowledge the project
completion, to celebrate with the team members, and
to commemorate this important milestone. Members
deserve a round of applause (and a nap, a massage,
a cocktail, a high five, or whatever makes them feel
valued)! At a minimum, printing an acknowledgement
of the partners' contributions within the action plan
document, hosting a wrap-up meeting to commend the
group, and sending personalized letters of appreciation
should be carried out as the process comes to an end.
The Phase 1 partners could also be invited to participate
in a *groundbreaking* ceremony to promote the MMH
Action Plan, launch the Phase 2 implementation effort,
and turn responsibility over to new leadership.

Plan for Phase 2 Administration

Regardless of the future role determined by your group, 2020 Mom encourages including the transition procedures and the accompanying steps in the initial administrative workplan for your Triple A process. In other words, plan ahead! If the goal is growth, strategizing to support this goal throughout the action cycle is especially important. Below are some questions for consideration when transitioning to Phase 2 of the MMH Action Project.

Consider the following areas:

Leadership

- Decide whether the MMH action project group will be maintained and for how long.
- Use the MMH Action Plan timeline for estimating how long the work should be sustained to accomplish its goals. How many months or years?
- Specify whether the coalition will continue or conclude at some point in the future. Will your organization's work end or do your goals require that it be ongoing?
- Assess whether there is sufficient support in the community to maintain the initiative. What is the level of support?
- If the discussion indicates that the effort can or should be in place for a prolonged time, develop a plan for long-term sustainability.

Environment

- Clarify the goals and context for sustaining the MMH action project group.
- What aspects of the effort need to be sustained to achieve the new goals?
- Are the goals open to expansion or change?
- What has the group already accomplished in terms of reaching its goals?
- What is the coalition's current structure?
- What resources are needed to support leadership and facilitation?
- What is the current foundation or basis of funding and resources?
- Are there potential barriers to sustainability?
- Does the community show awareness and support for action plan implementation?

Capacity

Create a business plan to anticipate the resources necessary for fulfilling Phase 2:

Describe the services or activities to be offered, including:
- Specify the services or activities you will provide (training, advocacy, services, and supports). What will your coalition offer?
- Determine the need for the service. What benefits will result? What is the value added beyond what is already available?
- Review the qualifications and reputation of the coalition. What is your group's experience and history of success? What is its reputation in the community?

Describe the potential market or audience and how they will be reached:
- Define the audience for the services or activities. Who will be served? Who can pay?
- Plan for promotion. How will they be reached (personal contacts, mailings, media, existing network)?
- Ensure quality control. How will the quality and satisfaction with the service or program be assessed? How will feedback be obtained and used to continuously improve the action plan activities?

Draft an annual budget, including:
- All projected expenses (salaries, office space, supplies, contractors, technology expenses, equipment, travel, etc.)
- All projected income - based on current sources of funding and other in-kind resources

Use the anticipated budget to:
- Evaluate the financial resources needed to sustain the programs and services of the coalition.
- Identify ways to generate in-kind resources other than money (time, materials, and services) to cover some of the anticipated expenses.
- Set specific goals for financial resources to be generated for the coalition's MMH Action Plan ("By 2019, we will have an annual operating budget of $200,000 with cash reserves equal to 25% of the budget"). What is the coalition's immediate financial goal? Longer-term goals?

Sustainability

Develop plans for funding and sustaining the effort. Some options might include:

- Sharing positions and resources – share staff positions, space, equipment, or other resources with organizations with similar goals.
- Becoming a line item in an existing budget of another organization – distribute some of the expenses of running the initiative (for example, the county might provide funding for an MMH navigation program).
- Incorporating the coalition's activities or services into another organization with a similar mission.
- Applying for grants – consider time and resources that will be necessary for success and the need for reapplication.
- Tapping into available personnel resources - recruit people or positions in other organizations that can be shared at low or no cost.
- Soliciting in-kind support – seek goods and services the coalition would otherwise have to purchase (such as: donations of office supplies or printing services from a partner organization).
- Pursuing third party funding – solicit third parties not actually involved with the MMH Action Plan, and not directly benefiting from it, to provide resources for services (could approach a local university or nursing association).
- Developing a fee-for-service structure – bill insurance or require clients who receive services to pay for them (could include a sliding-fee scale based on clients' ability to pay or charging a fee for an MMH education program that includes continuing medical education).
- Acquiring public funding (such as from the city council or state MCH program).
- Establishing a donor or membership base – donors or members help provide unrestricted funds to support the operations of the organization (this could include: annual membership dues, a Mother's Day donation campaign, or a monthly giving program).

Administration

Outline an administrative workplan for sustaining the coalition. For each sustainability tactic used, identify:

- What activities will be carried out?
- Who will be responsible for them?
- When will the activity be completed or how long will it will be maintained?
- What resources will be needed to support it?

Outreach

Develop a marketing plan to secure resources for the coalition and MMH Action Plan. Indicate how you will use the "4Ps" of marketing in implementing your action plan, including:

- Product (what your group offers and its benefits)
- Price (costs and value added)
- Place (where and how supporters will contribute)
- Promotion (what message will be carried to whom, by whom, through what channel)

Developing a new administrative workplan for Phase 2 will once again help to keep the coalition's leadership on track by assigning responsibilities and establishing a timeline for managing the day-to-day logistics. The administrative workplan should not overlap with the MMH Action Plan. Rather, it is a tool to keep track of back-office operations, such as: fundraising or grant-writing tasks, marketing activities, scheduling communications and meetings, coalition membership recruitment, and financial reporting. The workplan template used in Module 4 may be helpful for monitoring these types of ongoing activities during Phase 2.

Take Stock & Transition

Before fully making the transition from action-planning to implementation of the plan, the Phase 1 group should debrief to consider lessons learned and make additional recommendations for the next phase. This can be done through a follow-up survey, a wrap-up meeting, or a combination of the two (send out the survey a few weeks before the meeting, compile the results, and share anonymously for discussion at the meeting). It can be helpful to remind members of the different stages of the action cycle process; this should generate discussions about specific steps that didn't work or areas that worked very well.

Some discussion points might include:

- Was the lead agency appropriate for this project?
- Did we have the right people and partners at the table throughout the process?
- Did the project manager have the right skills, knowledge and behaviors?
- Were meetings productive, focused, and conducted within our pre-set ground rules?
- Were group communications adequate, appropriate, timely, and valuable?
- Did we have the capacity and resources needed to be successful?
- Was the administrative workplan created, utilized, adjusted, and helpful in coordinating this process?
- Were the data collection processes (hunt & gather and local listening) valuable?
- Was root cause analysis used to identify MMH problems and community needs?
- Did we use a structured method for prioritizing the MMH needs of the community?
- Was the MMH Assessment Report drafted, reviewed, finalized, distributed, and used for planning?
- Did the group gain a greater understanding of maternal mental health care, barriers, promising practices, and recommendations for an improved continuum of care?
- Was the 10-Steps to Select and Check Strategies utilized and valued when choosing implementations?
- Was a logic model helpful to visually represent the implementation activities and expected outcomes?
- How did the process of drafting the collaborative MMH Action Plan work out?
- Did the coalition develop a detailed MMH Action Plan that can be easily adopted and implemented?
- What would the group do differently to make the process easier, more productive, more satisfying, more successful, etc.?
- How might members remain involved, foster widespread adoption of the plan, monitor implementation, etc?
- What information, resources, or tools would have made the Phase 1 process flow better?
- What are the most important recommendations for the coalition during Phase 2?

Although it may not be the case for every community using the toolkit, completing Phase 1 will likely lead to the identification and involvement of new individuals, organizations, programs, providers, and sectors. When this occurs and can be sustained, a true coalition is born!

Be sure to pass along the most important observations and recommendations from the Phase 1 group's debriefing session to the leadership of the coalition. For example, the facilitator will appreciate knowing that:

Sample State Transition Notes

Phase 1 notes to share with Phase 2 leadership:
- support from *Healthy Hospital* was crucial when recruiting members
- *Negative Nelly* almost derailed the project with nasty gossip
- the workplan developed in Module 3 didn't work and was abandoned
- *ABC Daycare Center* wants to join the coalition; they have 8 locations
- *March of Dimes* hopes to partner to roll out a planned campaign at their walk
- we underestimated meeting materials, refreshments, and office supplies in our budget
- a local retail store called *Bellies & Binkies* has committed to hosting a fundraising event
- *Sample State Medicaid* will be adopting new policies due to the MMH Action Plan
- United Way has offered to post the MMH Assessment Report & MMH Action Plan to their website
- an anchor from *Channel 12 News Network* wants to help raise awareness
- *Sample State Women's Philanthropy* has invited the coalition to apply for a grant
- *Dr. Ezra Estrogen* is relocating to Canada and won't be involved anymore
- an MPH student from the university has an idea for an internship; he wants to volunteer
- *Judy Genius* has compiled a listing of potential partners with their contact information
- new statistics were released and should be updated in the MMH Assessment Report
- *Nerdy Number-Cruncher* from the university will hold onto all of the original data sets
- the coalition should budget to send a member to next year's Emerging Considerations in MMH Forum, hosted by 2020 Mom, and the annual Postpartum Support International conference

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Om... it's time for a yoga moment (did you know that evidence suggests yoga can improve postpartum depression? You can learn more HERE and HERE, but we digress...)! Let's take a collective deep breath...ahhhhhh! You've earned it! Despite missteps, barriers, and frustrations throughout Phase 1, your team has finalized a fantastic MMH Action Plan and is ready to take action on the planned activities. Although your headaches will continue (sorry, but most moms agree that honesty is the best policy!), you are now equipped with a detailed, focused, and collaborative action plan that will guide community efforts. If you will continue serving as the project manager during the implementation process, we have several recommendations to help balance your chakras and maintain your sanity:

Blaming the MMH Action Plan is bad karma...
When things go wrong, it's easy to fault the action plan. In the same way that the atlas in the back seat of your car can't predict road construction and bypasses, your MMH Action Plan is limited by assumptions, external factors, and unexpected detours. Acknowledge that your action plan is just that, a plan. By approaching challenges with the understanding that plans can change and embracing opportunities to take the scenic route, your facilitation will allow the implementation team to learn from blunders and avoid similar mistakes further down the road.

Remember that you are a Facilitation Guru...
If our little pep talks have only accomplished one thing, we hope they've helped you polish your facilitation knowledge, skills, and behaviors. After substantial personal growth, it would be a shame to allow bad habits to return simply because the action plan has been finalized. When you're struggling, it's okay to use a lifeline once in a while; you can always ask the expert (revisit our pep-talks) or phone a friend (call the leader of an MMH collaborative in another community). Then, resolve to continue serving as the objective, committed, organized, fair, flexible, reflective, trustworthy, inclusive, respectful, and humble leader that the MMH coalition deserves.

Make collaboration your MMH mantra...
Despite your impressive status as a Facilitation Guru, you do not own or control the action plan. The community does. The project manager's role is to facilitate. You are there to manage the planning, the process, and the partners. Above all, your role enables productive interactions and fosters an environment of collaboration. Laying the foundation for the community to co-labor for improved MMH is both an art and a science and requires authentic communication, commitment, integrity, shared goals, and accountability.

Need some collaboration inspiration? Check out these cool resources!
Collectiveimpactforum.org
Ssireview.org/articles/entry/collective_impact
Coalitionswork.com
Ted.com/talks

Namaste.

Avoid Pitfalls & Problems

Despite the best efforts to implement the MMH Action Plan, things can go awry. Some of the most common challenges occur when there are changes to coalition membership, shifting priorities in the community, or internal conflicts.

People & Partners

Challenges: People switch jobs, get injured, move away, retire, and take sabbaticals. Think of all the things you've been passionate about over the years that no longer hold your interest; passion projects and volunteer commitments also fade or shift over time. Some members will get burned out, have disagreements, or develop competing priorities. Others will have a new boss that doesn't support participation or will have a conflict of interest with the coalition's policies or approach. Unfortunately, coalition members will sometimes move on...

Opportunities: Building a robust, diverse, dedicated coalition helps to keep stakeholders engaged. Allow members to take ownership for the plan, take leadership during implementation, and take responsibility for both losses and wins. Invite the *weirdos* to participate – the fire chief, library director, big manufacturer in the region, Costco manager, tax accountant, mayor, local blogger, and YMCA director – everyone has a unique perspective and skillset to share. Help introduce members to each other by hosting networking events, recognize outstanding members through an annual awards program, survey members to assess satisfaction, ask everyone to drive participation by bringing a colleague or friend to the next meeting. If the coalition were a crew team, the project manager would be the coxswain, responsible for steering a straight course to the finish line, coaching to keep everyone in sync, and ensuring the crew's safety. However, the coxswain does not actually row the boat; it is 100% powered by the crew, just as implementation is 100% fueled by the coalition membership.

Priorities & Planning

Challenges: Public health programs and nonprofit organizations often operate on *soft money* or funds that are not guaranteed from year to year or can be lost when budgets are cut or redistributed. As funders change priorities, support can be lost. A foundation that focused on maternal mental health last year, might shift their focus and funding towards substance abuse prevention this year. A hospital that recently implemented a progressive MMH screening policy might take up the baby-friendly breastfeeding initiative and lose focus on screening new moms.

Opportunities: Planning is important! The Phase 1 group selected the interventions for the MMH Action Plan because they believed the community had the capacity and resources to carry out those activities. Before implementation, take time to develop a budget and procure the resources needed to complete the initial activities. Diversity is key! Securing diverse streams of funding, donations and in-kind support, and unique partnerships helps to protect the coalition from shifting priorities. Building strong relationships allows the coalition the flexibility to adapt when the environment changes.

Participation & Progress

Challenges: Since coalitions are inherently collaborative, it can be difficult to define who's in charge. Coalitions that lack strong leadership and authentic commitment will struggle to get things done. Without shared, well-defined goals, the coalition will host lots of unproductive meetings but the follow-up work won't materialize. Competition and conflicts among member organizations can cause the MMH Action Plan to unravel in a hurry. A perceived lack of progress, or the notion that nothing is happening, can also lead to apathy and failure.

Opportunities: Setting clear goals, fostering shared responsibility, and celebrating milestones are essential for sustaining the effort. Fortunately, the MMH Action Plan has already laid out a plan that addresses these areas. When considering the coalition chairperson, board of directors, and / or facilitator, it is important to seek individuals with leadership skills and problem-solving experience. Running productive meetings, dealing with group conflict, building enthusiasm, and nurturing community commitment are skills that usually outweigh knowledge of maternal mental health disorders and clinical care pathways, especially since the coalition members will have tremendous expertise in those areas. During implementation, leadership should strive for streamlined meetings, regular communications, and ongoing recognition of the coalition's accomplishments.

Communicate Action

The coalition's MMH Action Plan has already assigned responsibilities for the range of activities to individuals and organizations throughout the community. These stakeholders have stepped up to contribute to the collective effort. However, to be successful in achieving the community's goals, the coalition will require routine communication, progress monitoring, and widespread participation.

Launch the MMH Action Plan

As the coalition launches Phase 2, consider developing a strategy to *launch* the MMH Action Plan. Just as the Phase 1 group distributed the MMH Assessment Report, the coalition must disseminate the MMH Action Plan throughout the coalition members, stakeholders, and the larger community. The coalition may decide to start slowly by implementing a simple program at one hospital or hosting a provider training in one geographic area to test their activities on a small scale. This will allow the coalition to make adjustments before dedicating significant resources to roll out the strategies on a larger level. The opposite approach could also work well for launching the MMH Action Plan. For example, hosting a press conference or hosting a documentary screening event for the media are strategies to increase the visibility of the plan, garner media and funder attention, and engage new community members in your mission. It is important to devise a launch plan, to prepare coalition members to support the launch, and to have a strategy for turning attention from the launch into action. Sharing the MMH Action Plan is the best way to leverage this tool and build support for the goals of the coalition.

Gather to Share Progress

As implementation begins, the coalition should set a schedule for collaborative check-ins. These could occur on a quarterly basis, be integrated into a monthly meeting report, or be arranged according to the timeline in the MMH Action Plan. Gathering the entities responsible for implementation on a regular basis will allow the group to solve problems as they arise, adapt the plan when needed, and avoid the continuation of failed activities or long stretches of inactivity. Collaborative check-ins also allow the group to celebrate milestones, identify new opportunities, and keep coalition and community members engaged.

Spread the Word

Providing information during the MMH Action Plan implementation keeps the community involved, makes good on the promise to incorporate local listening findings, and provides opportunities to engage new organizations, providers, funders and other supporters. Creating a communications plan to systematically inform the greater community about your collaborative MMH Action Plan and the incorporated activities is an appropriate gateway for spreading the word. A strong communications plan will include media relations, social media engagement, website development, and a range of public relations strategies. However, in considering strategies to spread the word, the coalition will probably recognize a blatant gap in the knowledge and skills necessary to support communication activities. Most maternal, public, and mental health experts lack experience and expertise in public relations. By engaging communication staff from coalition member organizations, contracting with a public relations agency, or seeking qualified volunteers to lead this effort (check with your local PRSA chapter: prsa.org/Network/Chapters/Find/index.html#.V2hnPVfGnw8), the coalition can overcome this challenge and introduce new partners to your work.

Provide Communication Tools

Providing coalition members with tools to help share the work of your MMH collaborative is another effective strategy for broadcasting results. Distributing an annual report in a creative format can offer a successful avenue to spread the word, enhance member participation, invite community feedback and recognize contributions simultaneously. Reporting doesn't have to be boring! Throw out the rules for your annual report and try something different: create a social media-friendly infographic, gather community input by including a #hashtag, develop an online data dashboard, simplify results in a postcard-sized magnet, or poll your members and provide reports using their preferred method. The creator of this toolkit, UPbrella, once worked with an immunization coalition that created a calendar to report and celebrate their work. They included photos from member organizations' events, incorporated quotes collected from evaluations at provider seminars, provided quotes from their anonymous membership evaluation, highlighted sponsors and recognized key contributors, and included a snapshot of the health problems encountered in their region. Although the calendars are now outdated by several years, they can still be found hanging in offices throughout the community...now that's what we call a communications success!

Whether your MMH collaborative chooses to employ an unusual and innovative method or take a more traditional approach to reporting progress and results, 2020 Mom encourages your group to use this opportunity to share your journey by answering some of these questions:

What is the coalition's vision for MMH care?
Why is MMH a concern in your community?
Which activities are being carried out toward reaching the goals?
How does your collaborative approach improve the likelihood of success?
What assets, resources, and contributions make your work possible?
How can the community support your MMH Action Plan?
What's next? What's on the horizon for the coalition?

Share with 2020 Mom
Videos, photos, quotes, and personal anecdotes help strengthen your report by making it memorable and painting a powerful image of maternal mental health care that will resonate with community stakeholders. At 2020 Mom, we love a good story and we can't wait to learn more about the implementation of your MMH Action Plan. All coalitions are invited to share and send your reports to action@2020mom.org. Thanks for sharing!

Module 8: Taking A.I.M.

2020 mom, action cycle

Take A.I.M. · Get Started · Engage Stakeholders · Plan the Process · Assess Barriers & Care · Analyze the Results · Create ACTION Plan · Prepare to Implement

Webinar(s):
Taking A.I.M.

Contents:
Take A.I.M.: Act, Implement & Measure
Why Evaluate?
Monitor & Measure Progress
MMH Action is a Cycle
Conclusion

Key Players:
✦ Project Manager
✦ Coalition leadership
✦ Coalition members and all MMH stakeholders
✦ Responsible parties identified in the MMH Action Plan
✦ External evaluator or members with evaluation expertise

Learning Objectives:
By the completion of Module 8, users will be able to:
1. Describe the three stages of the Taking A.I.M. process, or Phase 2.
2. Identify the five functions of evaluation.
3. Differentiate between process and outcome evaluation.
4. Identify process measures to be monitored during the coalition's evaluation process.
5. Identify outcome measures to be monitored during the coalition's evaluation process.
6. Explain how the evaluation results will be reviewed, utilized, and disseminated.
7. Create an anticipated timeline for restarting the Action Cycle process.

Module 8 guides your coalition to round out the 2020 Mom action cycle through ongoing implementation, measurement, and action-planning adjustments. The Phase 2 process encourages the coalition to focus efforts, evaluate results, and deliver outcomes that will be shared with the community. The real work, action, and magic happen while the coalition is taking A.I.M. to improve maternal mental health systems, policies, and care.

Take A.I.M.: Act, Implement & Measure

Phase 1 has been completed and the work has transitioned to a broader coalition for implementation. Now, in Phase 2, the group will take A.I.M., with ongoing Action-Planning, Implementation, and Measurement. Taking A.I.M. is a circular process. The coalition will implement activities, measure outcomes, and return to action-planning to further refine your strategies and activities.

Implementation

Action-planning

Measurement

Plan-Do-Check-Act

Taking A.I.M. is similar to a plan-do-check-act process used in the business world for continuous quality improvement. For coalitions, this improvement process revolves around the MMH Action Plan.

PLAN — MMH Action Plan is developed to steer the work of the coalition

DO — the coalition implements the activities and objectives in the plan

CHECK — implementation process and results are measured

ACT — the evaluation findings guide adjustments to the MMH Action Plan

Why Evaluate?

Monitoring, measuring, and evaluating the implementation of your community's MMH Action Plan can be time-consuming, frustrating, and requires a lot of upfront planning. In short, it's not easy but it's absolutely essential. Evaluation is the most important step in the Action Cycle; information obtained through evaluation serves five main functions, including:

Five Functions of Evaluation
Adapted from CADCA, Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation

1. **Improvement**: The first, and most important, function of information gathered by an MMH coalition's evaluation is improvement. Members, leaders, and supporters should use what they learn to get better at community problem-solving and action-planning.
2. **Coordination**: Coalitions are comprised of many partners working on various parts of the MMH Action Plan. A coordinated evaluation can help keep these partners and activities pointing in the same direction. The resulting information helps members to understand what other are doing, to link that work to their own activities, and to identify additional opportunities for collaboration.
3. **Accountability**: Members want to know that their time and creativity make a difference. Funders want to learn how their contribution factors into improving the MMH care system. Everyone involved in your MMH collaborative wants to see outcomes. A strong evaluation empowers the coalition with evidence to describe how the collaborative effort impacts community-wide change in local systems of MMH care.
4. **Celebration**: Any evaluation process should aim to collect information that allows the coalition to celebrate legitimate accomplishments. The road to improving a community's MMH care system is complex and challenging. Celebrating milestones and progress toward the collective goals helps to keep stakeholders engaged, motivated, and encouraged in the face of implementation challenges.
5. **Sustainability**: The journey to an improved system of care for maternal mental health disorders can be long, usually requiring years of activities, challenges, and ongoing collaboration to see movement in the data. In the meantime, new problems emerge, requiring a renewed response. Evaluation helps an MMH coalition to stay *in the game* long enough to make a difference by sharing information with key stakeholders and actively reinforcing their continued support.

Often, MMH coalitions initiate an evaluation in response to a grant or funding requirement. As a result, reporting is often structured to only address the grant requirements rather than to provide a purposeful flow of information among partners and supporters. Successful progress monitoring depends on transitioning from a narrow focus on accountability or funder-driven reporting and evaluation, to a well-rounded process that nurtures the five areas – improvement, coordination, accountability, celebration and sustainability.

Monitor & Measure Progress

Throughout the implementation process, it's important to keep track of what the group has done and how well the activities are getting done. Fortunately, the administrative workplan, the logic model, and the action plan documents each have built-in tracking and evaluation functions. By revisiting the MMH Action Plan document at all meetings, recording progress in the notes section as you make headway, and adjusting the documents when plans are altered, the implementation team can prevent the panic that often follows a funder, partner, or board of director's request for reporting.

Monitoring and regular reporting of progress will keep the coalition focused on actionable steps. If you are excluding the MMH Action Plan from your community meetings, you should reconsider having meetings at all. Without continued emphasis on the planned activities, it's unlikely the implementation will be successful. Keep the MMH Action Plan front and center to leverage milestones, ensure accountability, and maintain momentum toward the desired outcomes. Incremental implementation is the only way to reach your community's MMH action goals; keep your eye on big goals, but take action in small steps.

Implementation involves much more than merely carrying out the pieces of the MMH Action Plan. Evaluation is a fundamental part of the implementation process and should be considered during each phase of the project. Evaluating activities tells the coalition what works, what doesn't work, what to improve, and how to improve it.

Let's take a closer look at two types of evaluation:

Process Evaluation

Process Evaluation is conducted to gauge how well your community's MMH coalition is structured, if you have adequate capacity to implement the action plan, how efficiently and effectively the group is functioning, and whether members feel valued when contributing their resources and skills. In Module 2, we introduced the idea of evaluating meetings. This is a form of process evaluation. Another example includes conducting an annual survey to assess coalition membership satisfaction.

Process evaluation asks questions like these:

✦ Did the Phase 1 group develop an effective MMH Action Plan with local strategies and dispersed responsibilities for improving our community's MMH systems of care?
✦ Did the Phase 1 group use data to prioritize the MMH problems addressed by the MMH Action Plan?
✦ Did the Phase 1 group outreach to MMH stakeholders and create new partnerships to advance the action-planning process?
✦ Did the Phase 1 group select and implement activities with clear links toward impacting the overarching goals?
✦ Did the Phase 1 group's facilitator support the process to ensure adherence to the timeline in the administrative workplan, effective resolution of conflicts, and a final product – the MMH Action Plan?

Process evaluation is used to track the following measures:

✦ The effectiveness of marketing and outreach efforts
✦ Expenditures and adherence to budget
✦ Quantity of educational materials distributed
✦ How members are carrying out their assigned activities
✦ Whether deadlines are being met
✦ Participation by the intended audience
✦ Size of audience at a provider education event
✦ Partner and coalition engagement
✦ Number of people visiting the website
✦ Media impressions and response
✦ Number of partners, businesses, etc. participating in the coalition

Hint: process evaluation measures will be taken from the administrative workplan tasks, the logic model outputs, and the MMH Action Plan objectives and activities.

Outcome Evaluation

Outcome Evaluation looks at the effects of implementing the activities in the MMH Action Plan at the community level. During the assessment and analysis, your coalition collected local listening data, analyzed information to determine root causes, and placed the community in context with existing national, regional and local data sets. Your MMH Assessment Report provides a baseline for measuring the outcomes of the action plan activities. An outcome evaluation verifies the impact of the coalition's work. Due to the collaborative nature of your community's MMH coalition, conducting an outcome evaluation will review community level changes (systems, policies, barriers, and assets), rather than changes resulting from a single program. Although a prenatal home-visiting program offered in a Hispanic community and implemented by a member organization may be included in the MMH Action Plan, your evaluation will assess the change in screening rates for the entire Hispanic community (not just those participating in the program). Remember, the coalition's efforts through the action plan are intended to create widespread impact in the MMH care system across your service area.

Outcome evaluation is beneficial for:
- ✦ Providing evidence of success
- ✦ Documenting the need for additional funding and resources
- ✦ Justifying the coalition's work to lead agency
- ✦ Increasing understanding of the programs, services, and advocacy initiatives
- ✦ Generating support for the coalition and its projects
- ✦ Fostering long-term community partnerships
- ✦ Demonstrating improvement to the MMH care system
- ✦ Further refining the MMH Action Plan

Outcome evaluation is used to track the following measures:
- ✦ Improvement in overall MMH screening rates
- ✦ Change in percentage of providers using a validated screening tool
- ✦ Increase in number of women receiving treatment for postpartum depression
- ✦ Change in Medicaid reimbursement policy for screening in pediatric setting
- ✦ Change in state policy requiring inclusion of MMH measures in annual behavioral survey
- ✦ Decrease in number of postpartum psychosis-related events
- ✦ Change in insurer practices to institute an MMH credentialing program
- ✦ Increase in referrals following institution of a contracted psychiatric consultation line

Hint: outcome evaluation measures will be taken from the short-term, medium-term, and long-term outcome measures in the logic model, and from the goals in the MMH Action Plan.

A high-quality evaluation measures the right things and provides the right information to the right people at the right time. What do your MMH coalition supporters, volunteers, and leaders need to know? What is required by funders? How will they use the evaluation results?

Review & Refine

Conducting evaluation and reviewing results is a continuous process during implementation of your MMH Action Plan. Some of the questions that may be asked in this process include:

- Is there new MMH information that should be incorporated into the action plan?
- Have the goals and objectives shifted as the activities have occurred?
- Which objectives have been met?
- Are there objectives that aren't being met? Why?
- Should successful activities be continued or can they be considered successfully completed?
- Are there activities that have not been completed? Why?
- Can successful activities be expanded to other situations or populations?
- What barriers have been encountered?
- What were the costs and resources dedicated to the activities?
- Do some activities work well but cost less than others?
- Is there evidence of effectiveness and should the projects be continued?
- Is there additional support, resources, or partnerships that could improve success?

Responding to these questions may lead to the discovery that making a few easy changes is all that's needed to improve the implementation process. In other cases, the coalition may realize they need to go back to the action-planning phase to find an alternative strategy for addressing the root cause of your community's MMH problem. When this happens, the group can return to the 10-Steps to Select & Check Strategies worksheet, select a different strategy, and adjust the MMH Action Plan (goals, objectives, activities, and timeline) to reflect the new approach.

Be sure to share the evaluation results with coalition members, partners, the lead agency, and other MMH stakeholders in the community. Tell them the changes that will be made to improve processes, policies, or initiatives for greater success with ongoing implementation. Evaluation allows the coalition to strengthen the MMH Action Plan and significantly improves the odds of reaching your long-term goals for improved care in your community.

Project Pep-Talk

Every coalition will encounter limitations and tackle challenges when conducting outcomes evaluation. Some classic issues include:

- Limited or restricted funding
- Policies that prevent the ability to collect information from the public
- Limited staff / volunteer time and expertise
- Time lag with data reporting by other agencies
- Difficulty isolating the effects of your MMH Action Plan implementation from other factors influencing the systems of care
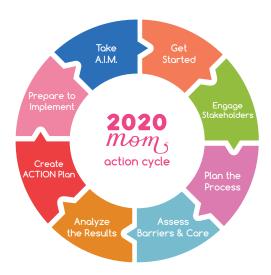
Even on a limited budget, the coalition can evaluate their efforts. When a comprehensive evaluation isn't realistic, there's still an opportunity to measure and evaluate on a smaller scale.

MMH Action is a Cycle

The Phase 2 process of Taking A.I.M. will continue according to the timeline outlined in the MMH Action Plan with the coalition tweaking the plan along the way. As objectives are achieved, goals are met, and the timeline is completed, Phase 2 will come to an end.

However, the 2020 Mom Action Cycle process is circular. The completion of implementation and evaluation while Taking A.I.M. is not the end of the cycle. Rather, it's the step that takes you back to the start. From the first module of this toolkit, the workgroup has followed through the Action Cycle steps, possibly without the realization that this is an infinite cycle. Now that the coalition has achieved goals and experienced some measurable success, it's time to hit the restart button.

The final evaluation results offer meaningful information that will provide direction when re-starting the cycle. Can you imagine if you had this information when the group was initially forming? The whole process would have flowed easier, transpired faster, been built on better data, had sharper focus, engaged more stakeholders, and made a bigger impact! And isn't that the ultimate goal? To make big waves in maternal mental health and realize your vision for the community?

Conclusion

It will take a considerable amount of time and resources to transform the systems and policies that influence care for maternal mental health disorders. Unfortunately, there is no *one size fits all* solution. Solving the maternal mental health crisis will require both comprehensive change at the national level and a revolution in service and practice within local communities. At 2020 Mom, we are encouraged by the recent attention being given to maternal mental health. The nation is waking up, realizing the magnitude of this problem, and coming together to explore solutions. We are inspired by the dedication of communities like yours and are hopeful that together, we can overcome barriers to care, screen and treat mothers, and allow families to thrive.

2020 Mom is committed to providing resources, technical assistance, and information that mobilizes organizations, coalitions, and communities for improved maternal mental health care. This toolkit is the first resource we have developed for collaboratives and it's still a work-in-progress. We want to integrate your experiences, feedback, and ideas to make changes so this toolkit can work in many communities. Please let us know what works and what doesn't. How did the toolkit help or hinder your efforts? Where is information missing? Which sections were the most helpful? What would make this the most valuable tool available for MMH coalitions?

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Project Pep-Talk

What a long, strange trip it's been! Armed with little but this roadmap, you bravely set out on a voyage to improve maternal mental health care in your community. As the journey concludes, it's beneficial to glance in the rearview mirror and reflect on your path to progress. It certainly wasn't easy. Throughout the road trip, there were detours, tollbooths, traffic jams, bad weather, train crossings, and maybe even a little roadkill. If you could do it over, would you take another route? Would you slow down or speed up? Would you travel with different friends? Would you remember to pack an umbrella? It's important to learn from the wrong turns and grow from the experience.

Take time to appreciate all that you've achieved and take pride in the process. If you're doing anything at all, you're building momentum. The community's MMH action-planning process has absolutely built momentum and opened pathways to bigger accomplishments in the future. Understand that changing systems and policies doesn't happen overnight. However, small shifts can lead to seismic results. The community has come together, made an investment in this process, and will see the payoff for years to come. The impact of your work will be felt by moms and their families throughout the community – and that is worth celebrating.

Brag about it! Give yourself a gold star! Light some fireworks! Do a cartwheel! Toast with champagne! Get a mani/pedi! Go on vacation! Crank up the tunes! Throw a party!

Cherish the journey and celebrate your collaborative success! Congrats!

Appendix A:
Printable Resources

Contents:

Action Project Flowchart

This helpful flowchart provides a guide for moving through the steps of the action cycle and highlights Phase 1 and Phase 2 activities. Please plan to view each webinar and complete the subsequent tasks before moving onto the following webinar and the next module in the toolkit.

START

Discover, Inquire & Register for Community Action for MMH, a project of 2020 Mom.

Webinar 1 - Getting Started
(1-2 months)

M1 - Download the Community Action Toolkit	M1 - Read through the entire toolkit	M1 - Determine lead agency, project manager(s), and initial core leaders	M1 - Host core leader intro meeting	M1 - Create Phase 1 (Triple A process) stakeholder wishlist

Webinar 2 - Engaging Stakeholders
(1-2 months)

M2 - Invite stakeholders to participate in MMH action project group	M2 - Host action project kickoff meeting	M2 - Set ground rules for workgroup operations	M2 - Establish vision, mission, & Phase 1 goals	M2 - Determine leadership roles & responsibilities

Webinar 3 - Planning the Process
(2-3 months)

M3 - Develop a plan for meetings, collaboration, & to communicate internally	M3 - Draft administrative workplan for Phase 1 Triple A process	M3 - Determine resources and budget needed to support Phase 1 workplan	M3 - Source resources needed to support Phase 1 workplan	M3 - Educate workgroup members about maternal mental health care

Webinar 4 - Assessing the Community
(3-6 months)

M4 - *Hunt & Gather* to review secondary (existing) data	M4 - Develop list of questions for further exploration (generated from *Hunt & Gather* process)	M4 - Determine priority populations & MMH Action Areas for further assessment	M4 - Select methods for collecting *Local Listening* data	M4 - Conduct *Local Listening* assessment	M4 - Compile & consolidate relevant data from entire assessment process

Assessment

Webinar 5 - Analyzing the Results
(1-2 months)

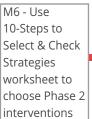| M5 - Organize assessment data with charts, graphs, groupings, and common themes	M5 - Host dissection meeting for data review & analysis	M5 - Conduct root cause analysis (using 5 whys) to determine the real causes of MMH problems	M5 - Prioritize needs using a structured prioritization method	M5 - Summarize data & findings in an MMH Assessment Report	M5 - Share the MMH Assessment Report and solicit community feedback

Analysis

Webinar 6 - Action-Planning
(2-3 months)

M6 - Use 10-Steps to Select & Check Strategies worksheet to choose Phase 2 interventions	M6 - Create a logic model to demonstrate theory of action for Phase 2	M6 - Draw from the logic model to write goals and S.M.A.R.T. objectives for Phase 2	M6 - Develop the MMH Action Plan

Action planning

Webinar 7 - Preparing for Implementation
(1-2 months)

M7 - Determine future role of Phase 1 group & transition to Phase 2 leadership	M7 - Evaluate the Phase 1 process & make suggestions for Phase 2	M7 - Draft an administrative workplan for Phase 2	M7 - Communicate and *launch* the MMH Action Plan

Webinar 8 - Taking A.I.M.
(1-3 years)

M8 - Identify process & outcome measures to be monitored & evaluated	M8 - Implement the MMH Action Plan activities	M8 - Measure progress & evaluate outcomes	M8 - Disseminate progress reports and evaluation results to stakeholders	M8 - Create timeline and plan for restarting the action cycle process	return to **Getting Started**

Implementation

Measurement

Action-planning

M8 - Analyze & adjust the MMH Action Plan

Toolkit Progress Checklist

Introduction:

☐ Become familiar with the 2020 Mom Action Cycle process.

☐ Review the Phase 1 *Triple A* process and the Phase 2 *Taking A.I.M.* process to consider the timeline and implications for completing these activities in your community.

☐ Gain introductory level knowledge about maternal mental health disorders.

Module 1:

☐ Review the list of facilitation skills, knowledge, and behavior to assess project manager competencies.

☐ Convene core leaders for an informal intro meeting to identify the lead agency, project manager, key activities, and potential partners.

☐ Create a detailed wishlist of stakeholders to involve during Phase 1.

Module 2:

☐ Plan for the kickoff meeting. Determine logistics and create the kickoff meeting invitation, reminder email, agenda, minutes, evaluation form, etc.

☐ Recruit stakeholders to attend kickoff meeting and confirm their participation in Phase 1 of the action project team process (Triple A's).

☐ Hold a kickoff meeting to introduce members, set ground rules, draft vision / mission / goals, and determine stakeholder roles.

☐ Evaluate the kickoff meeting and identify changes to be made in preparation for future meetings.

Module 3:

☐ Determine and secure resources needed for Phase 1, including communication tools, specialized skills, and meeting materials.

☐ Set a budget for Phase 1 of the project and get approval from appropriate leadership such as the lead agency or board of directors.

☐ Develop an administrative workplan to include goals, objectives, activities, assigned leadership, and anticipated timeline for completion of Phase 1.

Module 4:

☐ Recognize the universal barriers to MMH care and determine implications for inclusion in the assessment process.

☐ Hunt and gather existing national, regional, and local data and reports describing the community, demographics, insurance status, birth outcomes, mental health indicators, state of medical care, maternal health status, etc.

☐ Select MMH focus areas, data collection methods, and priority populations to be assessed through local listening process.

☐ Conduct local listening assessment gathering community input data in selected areas.

☐ Compile and consolidate relevant data accumulated during the assessment process in preparation for analysis.

Module 5:

☐ Organize data collected during assessment into a summary document for preliminary review by action project team members.

☐ Host dissection meeting to review data and findings, consider community capacity, set criteria for setting priorities, conduct a root cause analysis, and use a recommended method to select and/or rank priorities to be addressed with the action plan.

☐ Compile assessment findings, supporting data sets, and analysis into an MMH Assessment Report.

☐ Distribute MMH Assessment Report to community stakeholders and partner organizations and solicit feedback on the findings.

Module 6:

☐ Review, discuss, and consider promising practices and general recommendations for MMH care and conclude the relevance and application to MMH Action Plan.

☐ Complete the worksheet: 10-Steps to Select & Check Strategies with input from community stakeholders and group members.

☐ Create a logic model that summarizes the inputs, activities, outputs, assumptions, external factors, outcomes, and overall impact anticipated from the MMH Action Plan implementation during Phase 2.

☐ Develop the community's MMH Action Plan, including goals, S.M.A.R.T. objectives, detailed activities, target audience, resources needed, anticipated results, assigned responsibility, and expected timeline for implementation during Phase 2.

Module 7:

☐ Determine the future role of the coalition involved during Phase 1.

☐ Build an administrative workplan to manage operational logistics during Phase 2.

☐ Discuss the workplan and action cycle process from Phase 1, and share observations and recommendations for Phase 2.

☐ Transition the project from Phase 1 to Phase 2 leadership.

☐ Become familiar with common coalition pitfalls and problems and determine tactics to avoid these challenges during Phase 2.

☐ Launch the MMH Action Plan to distribute throughout the community and engage new stakeholders for implementation in Phase 2.

☐ Develop meeting schedule, communications plan, and strategies for progress reporting during Phase 2.

Module 8:

☐ Identify process and outcome measures to be monitored and reviewed during the coalition's evaluation process.

☐ Conduct ongoing measurement, monitoring, and evaluation of the implementation process.

☐ Analyze evaluation results and make changes to the MMH Action Plan.

☐ Routinely disseminate the coalition's evaluation results to relevant stakeholders.

☐ Create an anticipated timeline for restarting the Action Cycle process.

Facilitation Skills, Knowledge & Behaviors
Adapted from The Core Competencies framework developed by the International Association of Facilitators.

1. CREATE COLLABORATIVE RELATIONSHIPS
   Form working partnerships:
   » Clarify mutual commitment
   » Develop consensus on tasks, deliverables, roles & responsibilities
   » Demonstrate collaborative values and processes such as through co-facilitation
   » Assess / evaluate satisfaction at all stages of the project

2. PLAN APPROPRIATE GROUP PROCESSES
   Select clear methods and processes:
   » Foster open participation with respect for group culture, norms and participant diversity
   » Engage the participation of those with varied learning / thinking styles
   » Achieve a high quality product / outcome that meets the group needs

   Prepare time and space to support group process:
   » Arrange physical space to support the purpose of the meeting
   » Plan effective use of time
   » Provide effective atmosphere and management of sessions

3. CREATE & SUSTAIN A PARTICIPATORY ENVIRONMENT
   Demonstrate effective participatory and interpersonal communication skills:
   » Apply a variety of participation opportunities
   » Demonstrate effective verbal communication skills
   » Develop rapport with participants
   » Practice active listening
   » Demonstrate ability to observe and provide feedback to participants

   Honor and recognize diversity; be intentional about inclusion:
   » Create opportunities for participants to benefit from the diversity of the group
   » Cultivate cultural awareness and sensitivity

   Manage group conflict:
   » Help individuals identify and review underlying assumptions
   » Recognize conflict and its role within group learning / maturity
   » Provide a safe environment for conflict to surface
   » Manage disruptive group behavior
   » Support the group through resolution of conflict

   Evoke group creativity:
   » Draw out participants of all learning / thinking styles
   » Encourage creative thinking
   » Acknowledge and accept all ideas
   » Use approaches that best fit needs and abilities of the group
   » Stimulate and tap group energy

4. GUIDE GROUP TO APPROPRIATE AND USEFUL OUTCOMES

Use structured process to steer the group:
- » Establish clear context for each meeting
- » Actively listen, question, and summarize to elicit the sense of the group
- » Recognize tangents and redirect to the task

Facilitate group self-awareness about its task:
- » Vary the pace of activities according to needs of group
- » Identify information the group needs, and draw out data and insight from the group
- » Help the group synthesize patterns, trends, root causes, frameworks for action
- » Assist the group in reflection on its experience

Guide the group to consensus and desired outcomes:
- » Use a variety of approaches to achieve group consensus
- » Employ various strategies to meet group objectives
- » Adapt processes to changing situations and needs of the group
- » Assess and communicate group progress
- » Foster task completion

5. BUILD & MAINTAIN PROFESSIONAL KNOWLEDGE

Maintain a base of knowledge
- » Be knowledgeable in group management, organizational systems, and conflict resolution
- » Understand dynamics of change
- » Understand problem solving and decision-making models

6. MODEL POSITIVE PROFESSIONAL ATTITUDE

Practice self-assessment and self-awareness
- » Reflect on personal behavior and results
- » Modify personal behavior / style to reflect the needs of the group
- » Cultivate understanding of one's own values and their potential impact on the project

Act with integrity
- » Demonstrate a belief in the group and its possibilities
- » Approach situations with authenticity and a positive attitude
- » Describe situations as facilitator sees them and inquire into different views
- » Model professional boundaries and ethics

Trust group potential and model neutrality
- » Honor the wisdom of the group
- » Encourage trust in the capacity and experience of others
- » Be vigilant to minimize personal influence on group outcomes
- » Maintain an objective, non-defensive, non-judgmental stance

Considerations for MMH Coalition Formation

If conducted as a group activity, allow adequate time to complete.
Group of 5-10 participants, allow 45 minutes.
Group of 10+ participants, allow 60 minutes.

M1

1. Who will serve as the lead organization? Who will be responsible for managing any funding associated with this project? Who will be the main point of contact or the project manager of the group?

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2. Which organizations need to be engaged in the coalition? Which key stakeholders are already involved? Who is missing that could improve our chances for success? How will we involve moms in the process?

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3. What is the purpose of the coalition? What will be the key activities? How long will the work take to complete? What do we hope to accomplish? What will change as a result of our activities?

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4. What are the expectations of participating members and/or their organizations? Will we have an application or interview process for new members? Will we have any formal agreements? Will we have a written expectation policy?

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5. How will the group communicate? How frequently will emails be sent? How will we share documents? Will we have a website or social media? What communication tools will be needed immediately? Long-term?

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6. Who will facilitate meetings and other key activities? Who will fill in if they are unavailable? How will the project manager be held accountable? What will happen if the project manager leaves?

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7. How large will the coalition be? How will we recruit and retain members? How will new partners become involved? How will we handle group challenges or conflict?

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8. What is needed to hold successful meetings? How often will we meet in-person or via web / phone conference? How will meetings be structured? Location? Length? Frequency?

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9. How will we measure success? How can we evaluate our process? How will we include evaluation throughout our community assessment, analysis, and action-plan implementation?

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10. Why am I personally involved with this group? What will I be able to contribute? How much time am I able to dedicate? What other resources can I access to support this work? How can I make the most of this experience?

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Project Leadership Roles: Skills & Expertise Checklist

To be successful, your coalition must co-labor! Building a project team of diverse stakeholders provides a range of skills, knowledge and perspectives for your community assessment and action-planning process. The project manager or initial conveners cannot be solely responsible for carrying out this work; as a group, you must divide and conquer. Use this table to determine and assign support for key roles within the action project team.

M2

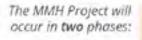| Title	Role	Skill or Expertise	Need	Have	Who?
Project Manager / Chair or Co-Chair	provides leadership and direction for overall group activities, ensures adherence to timeline, sets agendas and facilitates meetings, manages budget, monitors progress toward project goals and objectives	tactful, governance, facilitative leadership expertise			
Meeting Planner	determines and schedules meeting dates, times, and locations, reserves meeting space and A/V equipment, arranges refreshments, ensures room is properly set for meeting	detail-oriented, event planning, computer trouble-shooting skills			
Secretary or Recorder	takes meeting minutes, sends group correspondence such as meeting notices and follow-up emails	organized, writing skills, dependable			
Partnership Coordinator	identifies and invites appropriate participants, welcomes new members, tracks and updates member database	friendly, reliable, database management skills			
Coalition Spokesperson	represents the action project team in public presentations such as for media, elected officials, funders, or professional forums or conferences	public speaking, project-related credentials			
Community Health Assessment Specialist	develops assessment strategy, analyzes data collected, recommends group actions to address assessment findings	data analysis / interpretation, action planning, and evaluation			
Communications Manager	develops and implements marketing, social media, public and media relations activities	public relations, marketing, local media connections			

Our community is mobilizing to improve maternal mental health (MMH) care.

Stakeholders are invited to participate in our MMH Action Project, which will follow the Action Cycle.

6) Taking A.I.M.
tools for monitoring progress, adjusting the implementation plan, evaluating outcomes, reporting results, and identifying future steps

1) Getting Started
considerations for the lead agency, project manager & ideas for identifying potential partnerships

7) Preparing for Implementation
considerations for transitioning administration of the MMH Action Plan and launching community-wide activities

2) Engaging Stakeholders
templates for the kick-off gathering, writing vision & mission statements & conducting successful meetings

2020 moms action cycle

Take A.I.M.

Get Started

Prepare for Implementation

Engage Stakeholders

Create ACTION Plan

Plan the Process

Analyze the Results

Assess Barriers & Care

6) Creating the Plan
guidance for prioritizing community needs, creating a logic model, identifying strategies, writing SMART objectives, and creating an MMH Action Plan

3) Planning the Process
directions for internal communications, budgeting, and creating a collaborative workplan

5) Analyzing the Results
resources for determining prioritization criteria, root cause analysis & creating an assessment report

4) Assessing the Community
suggestions for MMH data sources and indicators, priority populations, data collection methodologies, asset mapping
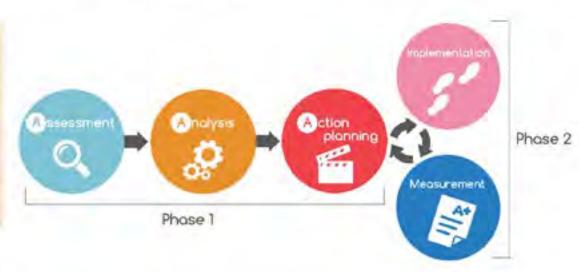
The project is guided by the Community Action Toolkit, a roadmap for convening a multi-sector MMH coalition, conducting a needs assessment, analyzing local data, and creating an action plan to address maternal mental health care in our region.

The MMH Project will occur in two phases:

Phase 1 includes the Triple A process of assessment, analysis, and action-planning.

Phase 2 involves Taking A.I.M. with ongoing action-planning, implementing planned interventions, and measuring outcomes along the way.

Assessment → Analysis → Action planning

Implementation

Measurement

Phase 1

Phase 2

2020mom.org/action

MMH Problem / Need	Round 1 Vote	Round 2 Vote	Round 3 Vote

Instructions:

1. Fill in MMH problems to be prioritized under the *MMH Problem / Need* column.

2. Round 1 vote - participants vote for their highest priority items. In this round, participants can vote for as many health problems as desired (or a maximum number of votes per participant can be established).

3. Update list - MMH problems with a vote count equivalent to half the number of participants voting remain on the list and all other health problems are eliminated (e.g. if 20 participants are voting, only problems receiving 10 or more votes remain).

4. Round 2 vote – Participants vote for their highest priority items from the condensed list. In this round, participants can vote a number of times equivalent to half the number of health problems on the list (i.e. if 10 items remain on the list, each participant can cast 5 votes).

5. Update list – MMH problems with a vote count equivalent to the number of votes each participant was invited to cast during Round 2 remain on the list while others are eliminated (e.g. if each participant casted 5 votes, items receiving fewer than 5 votes should be eliminated).

6. Repeat – Steps 4 and 5 should be repeated until the list is narrowed down to the desired number of MMH priorities.

Prioritization Matrix

MMH Problem / Need	Criterion 1: _____ Weight:	Criterion 2: _____ Weight:	Criterion 3: _____ Weight:	Priority Score

Instructions:

1. Fill in MMH problems to be prioritized under the *MMH Problem / Need* column.

2. Label columns 2, 3 and 4 with the criteria to be used in ranking each MMH problem.

3. Fill in cells of the matrix by rating each health issue against each criterion. An example of a rating scale can include the following:

    3 = criterion met well   **2** = criterion met   **1** = criterion not met

4. Weight the criteria – If each criterion has a differing level of importance, account for the variations by assigning weights to each criterion. For example, if Criterion 1 is twice as important as Criterion 2 and Criterion 3, the weight of Criterion 1 could be .5 and the weight of Criterion 2 and Criterion 3 could each be .25. Multiply the rating established in Step 2 with the weight of the criteria in each cell of the matrix. If the chosen criteria all have an equal level of importance, this step can be skipped.

5. Calculate the priority scores - once the cells of the matrix have been filled, calculate the final priority score for each problem by adding the scores across the row. Assign ranks to the MMH problems with the highest priority score receiving a rank of '1'.

MMH Logic Model Generator

***This example is intended to assist your MMH coalition's assessment during the logic model assessment process. It is in no way meant to represent an appropriate logic model, but rather to provide a sample structure (one) portraying the information, to offer activity how[...] to demonstrate the association from resources and activities to outcomes and impact.

Our Vision

| INPUTS | COMMUNITY ACTION PLAN | | | OUTCOMES | | IMPACT |
| RESOURCES | ACTIVITIES | CONTEXT | OUTPUTS | SHORT TERM | MEDIUM TERM | LONG TERM |

What are our criteria for considering interventions?

Criteria 1:	Criteria 2:	Criteria 3:	Criteria 4:	Criteria 5:	Criteria 6:

What are the community's prioritized maternal mental health needs?

Step 2. List prioritized MMH needs (MMH problems) from your assessment report completed in Module 6.	**Step 3.** Identify the root cause for each MMH problem.	**Step 4.** Assign the corresponding MMH Action Area to each MMH problem. (see list below)
Need 1:	1	1
Need 2:	2	2
Need 3:	3	3
Need 4:	4	4
Need 5:	5	5

MMH Action Areas:

What are some intervention strategies that could address these MMH needs?

Brainstorm and list all possible counter-measures (or implementation strategies) for each of the prioritized needs. Then, for each of the MMH needs, select one counter-measure that the group would like to consider implementing.

Tip: The following sections of the toolkit may be helpful when generating ideas for interventions: *Promising Practices in MMH* (pages 77-82), *Sample Strategies* (page 84), and the *2020 Mom Framework* (table on page 85).

Brainstorm of possible implementation strategies:

Need 1: Selected Strategy:	
Need 2: Selected Strategy:	
Need 3: Selected Strategy:	
Need 4: Selected Strategy:	
Need 5: Selected Strategy:	

Do the selected interventions meet our criteria?

Step 6

Fill in the intervention strategy selected to address each of the needs. Then, test the selected interventions against the pre-set criteria.

If the criteria are met, the intervention strategy can be confirmed. If the criteria are not met, the workgroup may decide to test a different interventions from the brainstormed list above.

Selected Intervention Strategies		Criteria for Considering Interventions					
		Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Criteria 6
Need 1	Strategy 1:						
Need 2	Strategy 2:						
Need 3	Strategy 3:						
Need 4	Strategy 4:						
Need 5	Strategy 5:						

Does the community have the capacity to implement the selected interventions?

Discuss the resources (support, skills, and stuff) needed to implement each of the selected interventions. Does the community have the capacity to implement the selected strategies / interventions?

If no, discuss how the interventions could be adjusted, how the resources needed could be obtained to support the strategy, or how the timeline could be adapted to allow for successful implementation. Another option is to direct all resources toward implementing a single strategy initially; upon completion, resources could be redirected to addressing the next MMH problem on your list of priorities. The group should be confident that the community has the capacity to fully implement each of your selected interventions.

Selected Interventions	Resources Needed	Capacity	
		Yes	No
Strategy 1			
Strategy 2			
Strategy 3			
Strategy 4			
Strategy 5			

Are the selected interventions the right counter-measures to address the community's MMH problems?

Provide evidence for the group's selection of these interventions:
Each intervention strategy should address a prioritized need (from step 6).
Each prioritized need should be tied to an MMH Action Area (step 4).
Each MMH Action Area should link back to the assessment data and findings (from root-cause analysis).

Do your intervention strategies link back to the assessment data and findings?

If no, discuss where the disconnect occurred and determine how to get back on track. The assessment was conducted to determine the community's MMH needs and gaps in care. The MMH Action Plan will now address those needs and gaps, so your selected strategies must be tied back to the MMH problems discovered during the assessment and analysis processes.

Strategy ⟶	MMH Need ⟶	MMH Action Area ⟶	Assessment Data / Findings	Yes	No
Strategy 1	Need 1	MMH Action Area 1			
Strategy 2	Need 2	MMH Action Area 2			
Strategy 3	Need 3	MMH Action Area 3			
Strategy 4	Need 4	MMH Action Area 4			
Strategy 5	Need 5	MMH Action Area 5			

Step 9

Create a Logic Model to show the logical, strategic, and causal relationships between the selected strategies and the ultimate MMH goals for your community. Now check the logic. Does the model explain why the selected interventions are the best counter-measures for addressing the problems discovered in your community?

Use the Logic Model Template in Appendix B.

Are the selected interventions the right counter-measures to address the community's MMH problems?

Step 10

Build your community's MMH Action Plan for implementing the selected interventions and evaluating the impact on maternal mental health care.
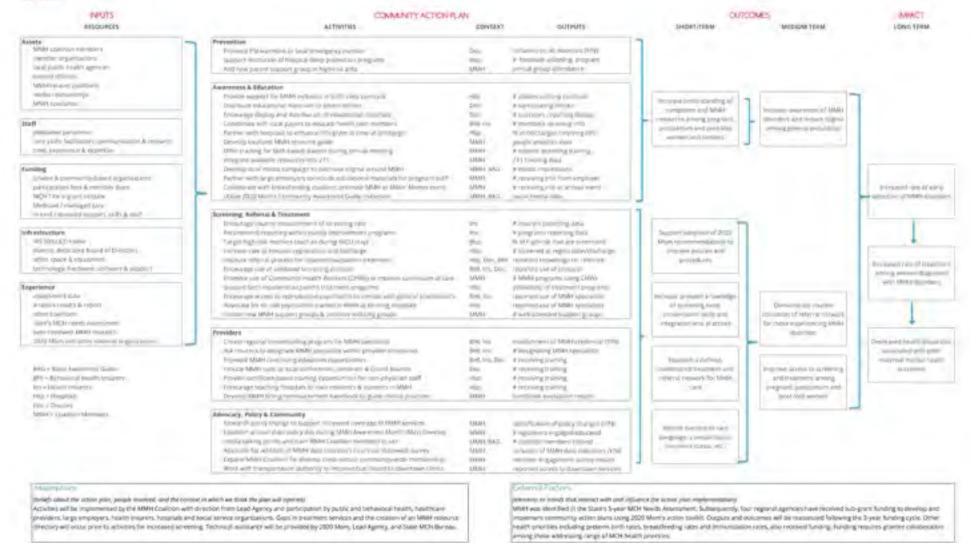
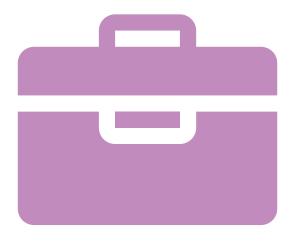Use the MMH Action Plan Template in Appendix B.

MMH Logic Model Generator

***This example is intended to assist your MMH coalition's brainstorm during the logic model development process, it is in no way meant to represent an appropriate logic model, but rather to provide a sample structure for organizing the information, to offer activity ideas, and to demonstrate the progression from resources and activities to outcomes and impact.

Our Vision:

INPUTS	COMMUNITY ACTION PLAN			OUTCOMES		IMPACT
RESOURCES	ACTIVITIES	CONTEXT	OUTPUTS	SHORT/TERM	MEDIUM TERM	LONG TERM

Assets
- MMH coalition members
- member organizations
- local public health agencies
- several others...
- MMH firm and coalitions
- media resources
- MMH coalition

Staff
- dedicated personnel
- core skills facilitation, communication & research
- time, experience & expertise

Funding
- private & community-based organizations
- participation fees & member dues
- MCH Title V grant initiative
- Medicaid / managed care
- in-kind / donated support, skills & staff

Infrastructure
- MS 501(c)(3) status
- diverse, dedicated board of Directors
- office space & equipment
- technology: hardware, software & support

Experience
- assessment data
- mission results & report
- other Coalition
- State's MCH needs assessment
- both involved MMH needs
- 2020 Mom initiative national organization...

Prevention

Awareness & Education

Screening, Referral & Treatment

Providers

Advocacy, Policy & Community

Appendix B:
Templates

Contents:

REPLACE THIS TEXTBOX WITH THE HOSTING ORGANIZATION'S LOGO.

Core Leader Draft Agenda

Date & Time: Day of the week, date & time
Location: Meeting location (or call-in information)
Mission: *mission statement of the MMH Coalition*

Agenda	Presenter	Time Allotted
Arrive early for continental breakfast, coffee & networking		8:00-8:30am
Welcome & Introductions		8:30-8:40am
MMH Action Project Overview • Purpose of Community Action Project • Action Cycle • Phase 1 vs. Phase 2		8:40-9:00am
Considerations for MMH Coalition Formation		9:00-9:45am
Break		9:45-9:55am
Lead Agency Discussion & Evaluation		9:55-10:05am
Leader / Project Manager Roles & Responsibilities		10:05-10:15am
Potential Partners Identification		10:15-10:35am
Request for Support		10:35-10:45am
Next Steps • Upcoming activities • Review today's follow-up action items & assignments		10:45-10:50am
Discussion & questions		10:50-10:55am
Evaluation *What did we do in today's meeting that will help us accomplish our mission?*		10:55-11:00am
Next Meeting: (enter date, time & location for next meeting)		Adjourn: 11:00am

[Name of MMH Coalition]

Stakeholder Commitment Form

I am committed to improving maternal mental health care in the region and will support the work of [Name of MMH Coalition]. I will contribute to achieving the goals of the action project – to conduct an assessment of services and needs, analyze data and findings, and develop a maternal mental health action plan to be implemented across our community.

The success of [Name of MMH Coalition] is dependent on involvement from its members. As evidence of my personal commitment to the group, I agree to:

- ✓ Attend coalition meetings and participate in planned activities
- ✓ Read meeting minutes, reports, and emails to stay informed of progress
- ✓ Follow through with tasks for which I have been assigned responsibility
- ✓ Disseminate the MMH Assessment Report and MMH Action Plan, once complete, within my organization and professional networks

My organization will commit the following resources to support the coalition (please check all that apply):

☐ awarding grants or donating financial resources

    Description: _____

☐ in-kind contributions of staff time

    Description: _____

☐ in-kind contributions of materials, supplies, printing, etc.

    Description: _____

☐ in-kind contributions of meeting space and/or refreshments

    Description: _____

☐ business expertise for budgeting, communications, graphic design, etc.

    Description: _____

☐ connections to funders, media outlets, elected officials, etc.

    Description: _____

☐ other resources or forms of support

    Description: _____

Name: _____ Title: _____

Organization: _____

Email: _____ Phone: _____

Signature: _____

M2

Stakeholder Invitation Draft Template
Copy the template below into a new email and fill in the blue items with the appropriate information to invite a stakeholder to become a coalition member.

Dear [**Name**],

As a leader in our community, I am contacting you on behalf of [**Name of MMH Coalition**] with an invitation to join in our efforts to better maternal mental health (MMH) care in [**Name of Community**]. Maternal mental health disorders are the most common complication of childbirth with an estimated 1 in 7 women experiencing clinical depression or anxiety during pregnancy or after birth. Yet, the majority are never diagnosed and thus, do not receive treatment. This lack of screening and treatment can result in devastating negative consequences for the affected mother, her baby, family and society.

We are beginning a new project to conduct an assessment of local services and needs, analyze the data and findings, and develop a collaborative action plan for addressing maternal mental health care. The coalition will be using a toolkit, series of webinar trainings, and variety of templates and resources developed by 2020 Mom, an organization dedicated to filling gaps in maternal mental health care, to guide this process. We believe that your [**describe relevant skills, experience, knowledge, etc.**] will add [**value, expertise, a unique perspective, diversity, etc**.] to our group's planned activities.

The MMH Action Project will commence on [**Day, Month Date, Year**], with a kickoff meeting of interested stakeholders. Our kickoff meeting will be held from [**Start time to finish time**] at [**Location of meeting**]. Following this initial meeting, the group will convene [**describe how frequently the group will meet – *monthly meetings are suggested***] to work through the assessment, analysis, and action-planning processes. This project is expected to conclude in [**Month or Season – *18 months from kickoff meeting is the suggested timeframe***] of [**Year**] with the completion of our community's MMH Action Plan and the launch of interventions and activities.

We would like the opportunity to discuss this invitation and share additional project details with you. We will be calling to assess your interest in the MMH Action Project and explore your potential role within [**Name of Coalition**]. You are also welcome to contact me directly at [**phone number**] or [**email address**].

You will be joining a group of diverse community leaders who have the skills, knowledge, and drive to build a powerful action plan. Together, we can mobilize our community and expand services for moms and their families. Thank you for considering this unique opportunity to collaborate for improved maternal mental health care in [**Name of Community**].

Respectfully,

[Name, Credentials]
[Name of Coalition, Title]
[Relevant Contact Information]

Meeting Planner Checklist

M2

√	Assignments	Timeline

60 DAYS OUT

☐	Judy Genius	Determine meeting date / time / location
☐	Henry Hospital	Reserve meeting room & request A/V support from hosting site
☐		Determine topics, potential speakers, and special guests
☐		Send invites to speakers or special guests
☐		
☐		

30 DAYS OUT

☐		Confirm speakers and special guests
☐		Prepare meeting agenda
☐		Save meeting agenda & documents to Dropbox (or other platform accessible by group members)
☐		Send meeting agenda and notice to coalition
☐		Begin tracking & confirming RSVPs for the meeting
☐		
☐		

14 DAYS OUT

☐		Update administrative workplan and make notes of changes to timeline or tasks to be shared at the meeting
☐		Send out any additional materials (or link to Dropbox) for review by the group ahead of time
☐		
☐		

7 DAYS OUT

☐		Print meeting materials: sign-in sheets, extra agendas, resources, documents for discussion, etc.
☐		Send final meeting agenda and reminder email to group
☐		Confirm meeting room reservation, layout, and A/V support

- [ ] _____ Email speakers or other special guests with last-minute meeting reminders and contact information (in case they get lost)
- [ ] _____
- [ ] _____

- [ ] _____ Order food / refreshments based on RSVPs (include speakers); arrange delivery & setup; confirm napkins, plates, utensils, etc.
- [ ] _____ Prepare meeting supplies (pens, tape, clipboard for sign-in, nametags, speaker PowerPoints on flash drive, etc.)
- [ ] _____
- [ ] _____

- [ ] _____ Arrive early to setup catering, upload presentations, greet attendees, arrange room, troubleshoot technology, etc.
- [ ] _____ Collect sign-in sheets, evaluations, notes, and leftover materials
- [ ] _____ Facilitate meeting activities, take photos, manage room logistics (hallway noise, late arrivals, sign-in table, etc.)
- [ ] _____
- [ ] _____

- [ ] _____ Review meeting evaluations, follow-up on outstanding items, and compile meeting minutes
- [ ] _____ Update administrative workplan to reflect meeting outcomes and assignments
- [ ] _____ Send thank you note to speakers or special guests
- [ ] _____
- [ ] _____

- [ ] _____ Prepare and send meeting follow-up email (minutes, copies of presentations, upcoming meetings, etc.) to group
- [ ] _____ Submit receipts for reimbursement (if refreshments or meeting supplies were purchased)
- [ ] _____
- [ ] _____

Slide 1

Replace this text
box with your
organization's logo

welcomes you to our action project kickoff meeting!

Slide 2

Kickoff Goals

Today's meeting goals include:
– Introducing coalition members
– Explaining the purpose of the action project
– Describing Phase 1 and Phase 2
– Reviewing the Action Cycle
– Drafting vision and mission statement
– Writing project goals for Phase 1
– Developing ground rules
– Establishing the group's structure
– Assigning stakeholder and leadership roles
– Completing stakeholder commitment forms
– Determining next steps
– Answering outstanding questions

Slide 3

Let's Meet Our MMH Coalition

1. Who are you?
Share your name, title & organization.

2. Why are you here?
Describe past / current experience in MMH or related work.

3. How will you help?
Explain your area of interest within our project's scope of work.
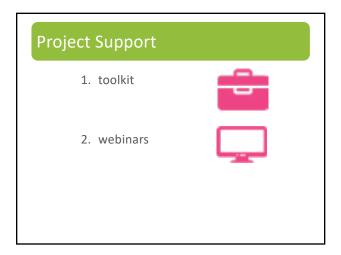
4. What makes you awesome?
Reveal one personal & memorable tidbit, such as: I operate a golden retriever rescue, I have 17 grandchildren ranging from age 2 to 32, I speak four foreign languages including Klingon, my wife and I spent last month in Greece, I'm known for starting presentations with a good knock-knock joke, I love to talk like a pirate, etc.

5. Where are we headed?
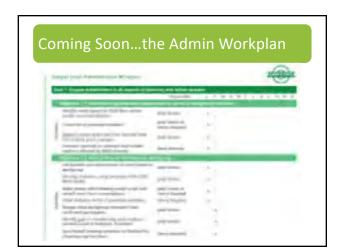Provide one outcome that you expect to result from our activities.

Slide 4

Let's Review the Results…

Where are we headed?

Slide 5

2020 moms
Community Action for Moms Mental Health

Slide 6

Project Support

1. toolkit

2. webinars

Phase 1 & Phase 2

Action is a Cycle

Coming Soon…the Admin Workplan

The Planning Pyramid

Vision & Mission

Project Goals

1. Engage stakeholders in all aspects of planning and action process.
2. Establish coalition structure to support Phase 1 of MMH project.
3. Conduct community maternal mental health care assessment.
4. Analyze data, review community input, and determine priorities for action.
5. Develop customized MMH Action Plan to improve systems of care.
6. Determine strategies to launch, mobilize support, and manage implementation of the plan.
7. Take action, monitor progress, evaluate efforts, and celebrate outcomes.

Ground Rules

Commitment

Let's Evaluate!

SAVE THE DATE

NEXT MEETING:
[Day of Week, Month Date, Year, Time, Location

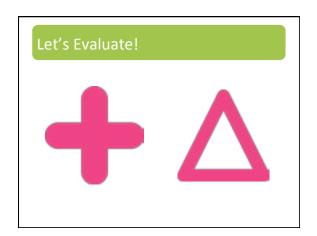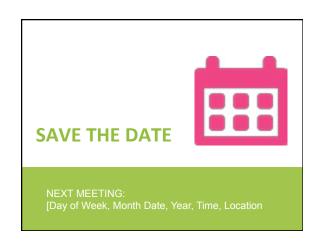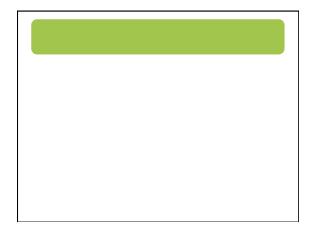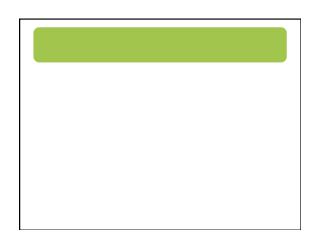REPLACE THIS TEXTBOX WITH THE HOSTING ORGANIZATION'S LOGO.

Kickoff Meeting Agenda

Date & Time: Day of the week, date & time
Location: Meeting location (or call-in information)
Mission: *mission statement of the MMH Coalition*

Agenda	Presenter	Time Allotted
Arrive early for continental breakfast, coffee & networking		8:00-8:30am
Welcome, housekeeping items & purpose of today's meeting	Chairperson	8:30-8:40am
Introductions & icebreaker activity	Project Manager	8:40-9:00am
MMH Action Project Overview • Purpose • Phase 1 vs. Phase 2 • Action Cycle • Administrative Workplan • Anticipated Timeline	Project Manager	9:00-9:45am
Break		9:45-10:00am
Vision, Mission & Goals • Introduce pyramid • Draft vision statement • Draft mission statement • Draft project goals for Phase 1	Project Manager	10:00-10:30am
Organization of MMH Coalition • Draft ground rules • Discuss considerations for formation (worksheet will require more time) • Assign stakeholder / leadership roles • Collect stakeholder commitment forms	Chairperson	10:30-11:15am
Next Steps • Upcoming activities • Review today's follow-up action items & assignments	Project Manager	11:15-11:30am
Discussion & questions	Project Manager	11:30-11:45am
Evaluation *What did we do in today's meeting that will help us accomplish our mission?*	Chairperson	11:45am-noon
Next Meeting: (enter date, time & location for next meeting)		Adjourn: noon

Meeting Notice Template

Copy the template below into a new email and fill in the blue items with information for your upcoming coalition meeting.

SUBJECT: Name of MMH Coalition Meeting: [Day, Month Date, Year]

Good Morning!

Name of MMH Coalition will host our next meeting on [Day, Month Date, Year]; see attached agenda for details.

We hope to accomplish the following at this month's meeting:

- ☐ Goal 1
- ☐ Goal 2
- ☐ Goal 3

In preparation, you can find the meeting agenda, minutes from the last meeting, and [list of relevant documents or materials] at [link to Dropbox or other group share site]. Please review the [important documents that will be discussed at upcoming meeting] ahead of time, as the next meeting will include a discussion of this [report, data set, resource, etc.].

Please RSVP by emailing [email address] so we can plan for [refreshments, lunch, snacks]. We hope you will be able to join us as we take the next step in our community action project. Please contact me with any questions or concerns at [phone number].

Sincerely,
[name of sender]
[contact information]

Action Project Team Meeting Agenda

Date & Time: Day of the week, date & time
Location: Meeting location (or call-in information)
Mission: *mission statement of the MMH Coalition*

Agenda	Presenter	Time Allotted
Welcome & Introductions		
Open Announcements		
Review minutes from date of previous meeting		
Discuss follow-up action items (from previous meeting)		
Item #1 (include description)		
Item #2 (include description)		
Item #3 (include description)		
Discussion & Questions		
Review today's follow-up action items & assignments		
Evaluation *What did we do in today's meeting that will help us accomplish our mission?*		
Next Meeting: (enter date, time & location for next meeting)		Adjourn:

Please initial in the highlighted area next to your name.

X	First Name	Last Name	Organization	Email	Phone

M2

Date & Time: Enter date & time of meeting   Location: Enter location of meeting

Members Present: John Smith (Organization)   Jane Smith (Organization)   Jerry Smith (Organization)
                   Julie Smith (Organization)   Jeremy Smith (Organization)   Joanna Smith (Organization)

Agenda Item & Discussion	Follow-Up
Welcome, Introductions & Open Announcements	
Item #1	
Item #2	
Item #3	
Discussion & Questions	
Meeting Wrap-Up • Next meeting [Enter date, time & location information for your next meeting]	

Follow-Up Email Template

Copy the template below into a new email and fill in the blue items with information from your most recent coalition meeting.

M2

SUBJECT: Name of MMH Coalition: XX/XX/XX Meeting Follow-Up

Thank you for joining us for this week's meeting of Name of MMH Coalition. Included below is a meeting recap and next steps for the group; note the highlight important action items, such as homework assignments, timeline changes, new assignments in the administrative workplan, etc..

Please find attached OR click to access:
- meeting minutes from XX/XX/XX
- meeting materials from XX/XX/XX
- administrative workplan as of XX/XX/XX

Next Steps:
- describe upcoming activities, tasks, assignments, etc.
-

Save-the-Date:
- Our next meeting is scheduled for [Day of the week, Month Date, Year] from [start time – end time] at [Location].
- Webinar [# of next webinar] will be held on [Day of the week, Month Date, Year] from [start time – end time]. Registration is available at insert link to webinar registration page.

Please do not hesitate to contact me with questions or ideas; thank you for your commitment to improving maternal mental health care in Name of Community!

Project Manager Name
Name of Coalition, Title
Relevant contact information

Evaluation of Name of MMH Coalition Meetings
We dedicate a great deal of time and resources to meetings. Please provide honest feedback below to help identify where our meetings are strong and where we need improvement. This will help to improve effectiveness and maximize our valuable time.

	This Works	Needs Work
The meeting notice, agenda and supporting materials are distributed with sufficient time prior to the meetings.		
Meetings start in time; most agenda items are allotted the appropriate amount of discussion time so that informed decisions can be made, while keeping the meeting on time and on task.		
Members are engaged in the meeting process, actively participate in the discussions and have a voice in every major decision.		
Meetings are facilitated well using specific tools and processes to make sure discussions are focused, productive and outcome-oriented.		
The meeting space is conducive to our work: Size of room		
Acoustics		
Room set-up		
Lighting		
Temperature		
A/V equipment		
Other (*please specify*):_____		
When differing opinions or conflicts arise, the group works through the issue in a respectful manner. Members are encouraged to advocate for positions in opposition to the majority view.		
By the conclusion of each meeting, next steps have been identified and responsibility assigned. The group holds each other accountable for these assignments.		
Meeting minutes are clear and concise, focused on action items and provide sufficient information to describe decisions made. This documentation prevents the group from revisiting territory we have already covered.		
Meetings are productive and effective with tangible accomplishments and progress made from meeting to meeting.		
Meetings are positive, productive and energizing; members enjoy participating in this coalition.		

COMMENTS:
_____
_____
_____
_____
_____
_____

M3

Goal 1:

Objective 1.1:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Objective 1.2:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Objective 1.3:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Goal 2:

Objective 2.1:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Objective 2.2:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Objective 2.3:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Goal 3:

Objective 3.1:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Objective 3.2:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

Objective 3.3:															
Activities:	Responsible:						Timeline:								Progress Notes:
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		

MMH Assessment Report Template

The sections of the MMH Assessment Report may be organized using the following headings:

- ➢ *Cover*
- ➢ *Acknowledgements*
- ➢ *Table of Contents*
- ➢ *Executive Summary*
- ➢ *Introduction*
- ➢ *Quantitative Data*
- ➢ *Qualitative Data*
- ➢ *MMH Services, Systems & Policies*
- ➢ *MMH Needs & Priorities*
- ➢ *Next Steps & Conclusion*
- ➢ *References*

A description of items to be incorporated under each of these sections is included on the following pages.

COVER

The following may be included on the cover page:

- name of report
- name of community
- name / logo of coalition
- date report was published
- graphic or photo representing the community

ACKNOWLEDGEMENTS

The following may be included on the acknowledgments page:

The [Name of Maternal Mental Health Assessment Report] could not have been achieved without the extraordinary work, effort, resources, and dedication from everyone involved in the community assessment and data analysis processes.

The [Name of Coalition] would like to extend its sincere appreciation to the following individuals who participated on the assessment team:

Name, Credentials
Title
Organization

Name, Credentials
Title
Organization

Name, Credentials
Title
Organization

Name, Credentials
Title
Organization

Name, Credentials
Title
Organization

Name, Credentials
Title
Organization

Name, Credentials
Title
Organization

Name, Credentials
Title
Organization

A special thank you to the following individuals and organizations for their assistance with data collection and analyses as well as providing information included in this report:

- Sample State Rural Resource Center
- Lakeside Advertising, Inc.
- Sample State Hospital Association
- SS Association of Community Health Workers
- United Way of Sample State
- Senator Gabriella Gives-a-Lot
- Hispanic Partnership of Sample State
- University of Awesomeness, Department of Epidemiology
- Henry Hospital, CEO of Cheerful Hospital & Health Systems

Report Prepared by:
[Coalition Name]
Street Address
Phone
Website
Contact:

TABLE OF CONTENTS

<div align="center">**EXECUTIVE SUMMARY**</div>

Note: 2020 Mom recommends limiting the Executive Summary to five pages or less.

The following subheadings and summarized information may be included in the Executive Summary section:

Introduction to the MMH Assessment Report
- Describe the coalition, it's history, and service area
- Share an overview of the organization's current activities
- Explain the purpose of the report and how it will be used for action-planning

Quantitative Data
- Explain 'hunt & gather' data collection methods
- Summarize the overall state of maternal and child health in the region
- Provide a summary of the 'hunt & gather' data findings
- Describe the target populations or MMH issues selected for further exploration
- Explain why these populations or MMH problems were selected

Qualitative Data
- Explain 'local listening' data collection methods used by the workgroup
- Share key questions or MMH problems that were explored among the target populations
- Provide a summary of the 'local listening' data findings

MMH Services, Systems & Policies
- Discuss community assets, quality and quantity of available services
- Identify gaps in services and weaknesses in the continuum of MMH care
- Explain community advocacy opportunities and public policy implications
- Draw conclusions about the current state of MMH services, systems, and policies

MMH Needs & Priorities
- Summarize the MMH problems identified during the assessment
- Explain the root causes of the MMH problems
- List the communities prioritized MMH needs

Next Steps & Conclusion
- Describe how the coalition will use the assessment data & findings
- Explain the next steps in the action-planning process
- Discuss plans to draft an MMH Action Plan for adoption by the community
- Invite opportunities to provide feedback and become involved with the coalition

INTRODUCTION

The following may be included in the introduction section:
- Introduce the coalition undertaking the action project
- Describe when the coalition was founded, it's history, and notable highlights
- Share an overview of the organization's current activities
- Describe the coalition's lead agency, staffing, and leadership structure
- Include an org chart or sector wheel depicting the organization's structure
- Illustrate the service area (demographics, socioeconomic status, geography, map, etc.)
- State the purpose of the report and explain how it will be used for action-planning
- Explain plans to share the MMH Assessment Report findings with the community

QUANTITATIVE DATA

The following may be included in the quantitative data section:
- Explain 'hunt & gather' data collection methods
- Summarize the overall state of maternal and child health in the region
- Provide a summary of the 'hunt & gather' data findings
- Link findings to the universal barriers to MMH care & national trends
- Include charts, tables, and graphs illustrating data trends
- Describe the target populations or MMH issues selected for further exploration
- Justify why these populations or MMH problems were selected for 'local listening'
- Share data limitations, strengths and weaknesses of sources and collection methods

QUALITATIVE DATA

The following may be included in the qualitative data section:
- Share key questions or MMH problems that were explored among the target populations
- Identify 'local listening' data collection methods used by the coalition
- Discuss who collected data, collection procedures, and how data was tracked and recorded
- Provide rationale for sources of data (basis for inclusion, characteristics, sample size, etc.)
- Discuss consent procedures, protection of anonymity, data protection and confidentiality
- Describe how data was categorized or common themes were determined
- Summarize the 'local listening' data findings
- Share data limitations, strengths and weaknesses of sources and collection methods

MMH SERVICES, SYSTEMS & POLICIES

The following may be included in the MMH Services, Systems & Policies section:

- Discuss community assets, quality and quantity of available MMH services
- Illustrate available services and resources with an asset map
- Diagram the ideal continuum of maternal mental health care
- Identify gaps in services and weaknesses in the continuum of MMH care
- Describe the pathway for most women from identification to treatment of MMH disorders
- Explain community advocacy opportunities and public policy implications
- Investigate the interactions between providers, hospitals, payers, and 'mommy touch-points'
- Recognize potential new partnerships or collaboration opportunities to fill gaps
- Draw conclusions about the current state of MMH services, systems, and policies

MMH NEEDS & PRIORITIES

The following may be included in the MMH Needs & Priorities section:

- Link 'hunt & gather', 'local listening', and 'services assessment' findings together
- List the main MMH problems identified during the assessment process
- Explain MMH problems, target populations, and analyze the root causes
- Describe prioritization process employed by the coalition
- Justify why these problems, populations, and root causes were selected
- List the communities prioritized MMH needs

NEXT STEPS & CONCLUSION

The following may be included in the Next Steps & Conclusion section:

- Describe how the coalition will use the assessment findings to address prioritized needs
- Explain the next steps in the action-planning process
- Discuss plans to draft an MMH Action Plan for adoption by the community
- Invite opportunities to provide feedback and become involved with the coalition
- Provide a final call-to-action (such as: please share this report within your organization, help raise awareness with the 2020 Mom Community Awareness Guide, attend the local Annual MCAH Conference, join the coalition, etc.)

REFERENCES

Use this references page to cite your sources; include all of the information, data, articles, and websites consulted when preparing the MMH Assessment Report.

Visit The Purdue Online Writing Lab at https://owl.english.purdue.edu/owl for assistance with formatting your references page. Here, you will find the APA Formatting and Style Guide, tips for avoiding plagiarism, and helpful hints to consider when preparing a white paper or postmortem report.

Goal 1:	Background & Data:

Objective 1.1:	Target Audience:	Timeline:												
Activities:	**Responsible:**	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Progress Notes:**

Resources Needed:
Anticipated Result:

Objective 1.2:	Target Audience:	Timeline:												
Activities:	**Responsible:**	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Progress Notes:**

Resources Needed:
Anticipated Result:

Objective 1.3:	Target Audience:	Timeline:												
Activities:	**Responsible:**	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Progress Notes:**

Resources Needed:
Anticipated Result:

Goal 2:	Background & Data:														

Objective 2.1: | **Target Audience:** | **Timeline:**

Activities:	Responsible:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Progress Notes:

Resources Needed:

Anticipated Result:

Objective 2.2: | **Target Audience:** | **Timeline:**

Activities:	Responsible:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Progress Notes:

Resources Needed:

Anticipated Result:

Objective 2.3: | **Target Audience:** | **Timeline:**

Activities:	Responsible:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Progress Notes:

Resources Needed:

Anticipated Result:

Goal 3:	Background & Data:

Objective 3.1:	Target Audience:	Timeline:												
Activities:	**Responsible:**	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Progress Notes:**

Resources Needed:

Anticipated Result:

Objective 3.2:	Target Audience:	Timeline:												
Activities:	**Responsible:**	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Progress Notes:**

Resources Needed:

Anticipated Result:

Objective 3.3:	Target Audience:	Timeline:												
Activities:	**Responsible:**	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Progress Notes:**

Resources Needed:

Anticipated Result:
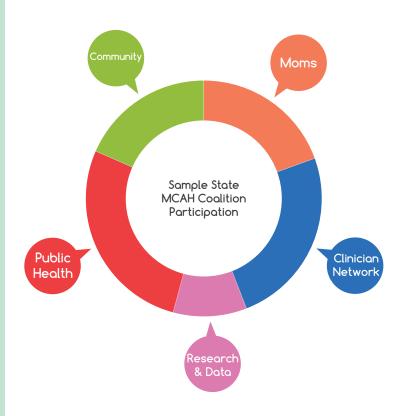
SAMPLE STATE

Appendix C:
Sample State Examples

SAMPLE STATE

Sample State Stakeholder Wishlist

M1

- ☑ **Me - Judy Genius, MPH** - administrator of county maternal & child health program
  to facilitate assessment and action planning process, coordinate with health department
- ☑ **Survey Smartypants, PhD** - professor / researcher at Community University
  to conduct surveys & lead qualitative assessment
- ☑ **Nancy Nurse, RN (or other staff members: she's always so busy!)** - home-visiting program
  for access to high-risk new mommies - ask if they screen for and collect any PPD data?
- ☐ **Someone(?)** – quality department at Sample State Medicaid
  to assess providers & policies, provide recommendations for Medicaid action plan
- ☑ **Henry Hospital, MD** - Cheerful Hospital's Psychiatry Department
  to make recommendations re: hospital survey, reproductive psychiatry expertise - maybe we can hold meetings there?
- ☑ **Abby Administrator, MD** – Fabulous Federally Qualified Health Center
  see if they will share data? or at least give us access to conduct focus groups with their patients?
- ☑ **Mary Mommy** – breastfeeding support group at downtown WIC clinic
  to provide 'mom perspective' and access to other new parents
- ☑ **Nerdy Number-Cruncher, PhD, MPH** – public health researcher at University of Awesomeness
  to lead data analysis & guide action plan justification – maybe they have student volunteers or interns?
- ☑ **Oscar Obstetrics, MD** – large Ob/Gyn practice
  to provide insight on screening practices, serve as liaison to our ACOG Chapter
- ☐ **Someone(?)** – United Way of Sample State
  to assist with rollout of action plan, integration into their routine needs assessment, media and other local communications

Research & Data

- University of Awesomeness, School of Public Health
- Sample State Family Research Institute
- Donald Donor's Center for Child Development
- Sample State DPBH, Epidemiology & Informatics
- United Way of Sample State
- Sample State U - Center for Policy Priorities

Moms

- First Time Mama Meetup
- La Leche League of Sample State
- Mommy & Me Support Group
- Stroller Strides Walking Club
- SS Sentinel's Merry Mommy Blog
- YMCA Prenatal Yoga Club
- Baby Bump Book Club
- Mompreneurs of Sample State
- Crawlers & Climbers Gym
- NICU Support – Jewish Hospital
- Sample State PSI Chapter

Public Health

- Sample State Title V MCH Program
- WIC Clinics of Sample State
- Western Region Public Health Dept.
- Early Intervention Services of SS
- Eastern Region Public Health Dept.
- Sample State Div. of Public & Behavioral Health (DPBH)
- West Region Federally Qualified Health Center
- Lakeside Federally Qualified Health Center
- Governor's Prenatal Care Committee
- Sample State Early Childhood Council
- SS Public Health Association
- Immunization Registry of Sample State
- Sample State Early Head Start Program
- First 5 of Sample State
- Nurse-Family Partnership Program
- CYSHCN Resource Centers
- Lakeshore Head Start Program
- Sample State Division of Quality Assurance

Clinical Care

- Lakeshore Health System
- High-Risk Pregnancy Center
- ACOG - Sample State Chapter
- AAP - Sample State Chapter
- AAFP - Sample State Chapter
- Behavioral Treatment Services, Inc.
- Sample State Medicaid
- Insurers, such as Aetna and UnitedHealth Group
- Sample State Hospital Association
- Lakeshore Behavioral Health
- Sample State Association of Pharmacists
- Dignity Health
- Jewish Hospital of Sample State
- Sample State Midwives Association
- Sample State eHealth Records

Community

- March of Dimes – Sample State Chapter
- Catholic Hospital Family Resource Center
- NAMI of Sample State Region
- Sample State Chapter of Mental Health America
- Susie Q's Women's Care Center
- Sample State School District
- Area Health Education Center of Lake Region
- Whole Foods of Southern State Region
- Special Needs Support Center
- Sample State Breastfeeding Council
- Motor Manufacturing Employee Wellness
- University of Awesomeness Student Nurses Assoc.
- Teen Pregnancy Prevention Council
- Sample State Chamber of Commerce
- Bellies and Binkies Retail Store
- Sample State Library System
- Rainbow Children's Foundation
- SS Community Health Worker Association
- Concerned Car Dealership
- Lakeshore Ministries United
- Hispanic Women's Leadership Council

M2

LEAD AGENCY:
Sample State Public
Health Department

COALITION:
Sample State MCAH Coalition
*Our mission: to promote and protect the health of all childbearing women,
children, adolescents, and their families in the Sample State community
through partnership, education, and advocacy.*

LEADERSHIP:
MCAH Coalition
Board of Directors

**STANDING
COMMITTEES**

**SPECIAL PROJECTS
(temporary)**

Advocacy
Committee

Education
Committee

Outreach
Committee

Membership
Committee

**Maternal Mental
Health Workgroup**

Adolescent
Workgroup

Violence & Injury
Prevention
Workgroup

CYSHCN
Workgroup

annual conference
planning
workgroup

social media
workgroup

nominating
workgroup

**Chairperson:
Abby Administrator**

nutrition training
workgroup

public relations &
media workgroup

recruiting
workgroup

**Project Manager:
Judy Genius**

oral health
training workgroup

**Core Leaders:
Henry Hospital
Oscar Obstetrics
Survey Smartypants**

**Members:
Paxton Programs
Nerdy Number-Cruncher
Mary Mommy
Nancy Nurse
Quincy Quality
Carlos Convener**

Coalition Members: individual representatives working in or interested in improving maternal, child, and adolescent health in the Sample State region

Community Partners: organizations committed to the MCAH Coalition's mission that collaborate on identified initiatives

Delta Improvement Plan

+	△	WHO	WHAT	WHEN
We finally have the right decision makers in the room.	We need clarity on roles and responsibilities to avoid duplicating efforts.	Judy Genius, MPH	Facilitate creation of a roles and responsibilities matrix	August 15
We are doing a better job identifying milestones during the MMH assessment process.	We need to review samples of existing qualitative data collection tools to make decisions about our survey.	Survey Smartypants, PhD	Gather, present, and answer questions regarding survey samples	Next meeting on July 12
We resolved the parking problem with our new space.	We should have audio speakers available so that the group can view videos at future meetings.	Henry Hospital, MD	Request audio equipment be provided in meeting room	Next meeting on July 12
The refreshments sponsored by the hospital were great. Thanks for the coffee!				

Vision
Our vision is a healthy Sample State community that surrounds and supports motherhood with coordinated and comprehensive mental health services accessible throughout the perinatal period.
- ✓ Sounds dreamy!
- ✓ Takes a big picture approach!
- ✓ Creates a powerful mental image! ('surrounds and supports' makes us think of a great big bear hug)

Mission
Our mission is to assess, analyze, and take collective action toward improved maternal mental health policies, systems, and resources for mothers and their families across the Sample State region.
- ✓ Lists workgroup activities!
- ✓ Describes the purpose!
- ✓ Includes beneficiaries!

Sample State Project Goals
1. Engage stakeholders in all aspects of planning and action process.
2. Establish group structure to support MMH (assess / analyze / action) project.
3. Conduct community maternal mental health care assessment.
4. Analyze data, review community input, and determine priorities for action.
5. Develop customized MMH Action Plan to improve systems of care.
6. Determine strategies to launch, mobilize support, and manage implementation of the plan.
7. Take action, monitor progress, evaluate efforts, and celebrate outcomes.

M3

Goal 1: Engage stakeholders in all aspects of planning and action process.

		Responsible	J	F	M	A	M	J	J	A	S	O	N	D
Objective 1.1: Brainstorm appropriate stakeholders to serve as group members.														
Activities	Identify needs based on 2020 Mom action toolkit recommendations.	Judy Genius	x											
	Create list of potential members.	Judy Genius & Henry Hospital	x											
	Request review and input from Sample State Title V block grant manager.	Judy Genius	x											
	Consider methods to outreach and include mothers affected by MMH disorders.	Mary Mommy	x											
Objective 1.2: Recruit diverse members for group.														
Activities	List benefits and expectations of participation in project.	Judy Genius	x											
	Develop invitation using template in the 2020 Mom toolkit.	Judy Genius	x											
	Make phone calls following toolkit script and record notes from conversations.	Judy Genius & Henry Hospital	x											
	Email invitation to list of potential members.	Henry Hospital	x											
	Review list of initial members and confirmed participants	Judy Genius		x										
	Identify gaps in membership and conduct a second round of invitation, if needed.	Judy Genius		x										
	Send kickoff meeting reminder to finalized list of members.	Henry Hospital		x										

Step 1: Define the Problem
Mothers are presenting with severe postpartum depression in non-clinical settings months after their baby arrives. It seems like we aren't catching it early enough...

Step 2: Collect Data
Our qualitative data analysis identified this trend from a focus group discussion of allied health professionals (WIC staff, lactation consultants, community health workers, and social service providers). Several of the key informant interviews with clinicians also acknowledged this problem. We know that ongoing undiagnosed postpartum depression leads to poor health outcomes for the mother, infant, and other family members and that these conditions can worsen over time.

Step 3: Identify Possible Causal Factors
New moms and their support systems do not immediately recognize the signs of maternal mental health disorders and don't ask for help.

WHY? Perhaps they choose to ignore the warning signs because of stigma associated with MMH conditions.

WHY? Possibly because they are not educated about MMH disorders and were never told it could happen to them.

WHY? Maybe there are missed opportunities to provide education at various mommy touch points' such as: OBGYN prenatal care appointments, parenting classes, hospital discharge, newborn pediatrician check-ups, or breastfeeding consultants.

WHY? It's possible that conversations about depression and anxiety during and after pregnancy are not included in routine prenatal and postpartum care by some or all providers in our community.

WHY? Maybe primary care providers do not have educational materials, standing orders, or protocols that include education and screening, or are uncomfortable providing patient education about maternal mental health.

WHY? Another consideration is that providers are unfamiliar with validated screening tools and unsure about reimbursement for MMH screening.

Step 4: Identify the Root Cause(s)
Providers are not consistently educating or screening for maternal mental health conditions during the perinatal period. Conceivably, providers lack support in some or all of the following forms: access to effective patient education materials, access to screening protocols and strategies for implementation in their practice, access to a local resource guide ("we don't screen because we don't know where to send them"), and access to physician continuing education to improve confidence and comfort with educating, screening, and referring moms with suspected MMH disorders.

Step 5: Recommend and Implement Counter-Measures (aka action-planning in Module 7)
Some counter-measures to address the root cause might include:
- Sending an email to OBGYNs in our region with a link to the MMH resource guide, downloadable educational materials, and links to physician continuing education opportunities focused on MMH.
  - We could track the rate of click-through, review the frequency of downloads, and collect contact information for the practices utilizing these resources.
- Developing a sample screening policy for adaptation in primary care practice settings.
  - We could review the work of other groups (such as the Wisconsin Association for Perinatal Care – perinatalweb. org – or Massachusetts Child Psychiatry Access Program, MCPAP for Moms – mcpapformoms.org) and adapt their resources for use in the Sample State community.
- Integrating CE training on MMH into local conferences, promoting online trainings (such as those offered by 2020 Mom and PSI at 2020mom.org/certificate-training), and communicating other provider education opportunities.
  - We could request MMH topic inclusion at upcoming conferences, such as those hosted by local chapters of the March of Dimes, Maternal & Child Health Bureau, AAP (American Academy of Pediatrics), or ACOG (American Congress of Obstetricians and Gynecologists).

Sample State Logic Model

Our vision is a healthy Sample State community that surrounds and supports motherhood with coordinated and comprehensive mental health services accessible throughout the perinatal period.

M6

				OUTCOMES		IMPACT
INPUTS	ACTIVITIES	CONTEXT	OUTPUTS	SHORT-TERM	MEDIUM-TERM	LONG-TERM
Sample State MCAH Coalition (with ongoing consult from action project team members) Email newsletter software Coalition website Project Manager = staff Sub-grant from state MCH Title V funding Graphic design Monthly coalition meetings Coordination with Sample State Breastfeeding Taskforce Technical assistance from 2020 Mom	Develop provider awareness campaign to include MMH resource guide, downloadable educational materials, and links to physician CE opportunities	Reference 2020 Mom's Doctor Recommendations, online CE certificate program, and Community Awareness Guide (CAG)	# of email click-throughs / year # CAG and other downloads / year # contact info collected from participating practices / year # receiving MMH-specific training / year # of providers adopting 2020 Mom's Doctor Recommendations	Improve provider knowledge and utilization of available MMH educational materials, local resources, and training opportunities		
	Review MMH screening policies from other communities and adapt for distribution across the Sample State region	Reference Wisconsin (perinatalweb.org) & Massachusetts (mcpapformoms.org) programs	Creation of sample screening policy recommendations by end of year 1 # of providers utilizing Sample State screening policy materials by year 2 # of practices reporting routine use of a screening protocol by year 3	Increase number of providers with a documented screening policy and / or protocol in use	Increase routine integration of evidence-based screening and protocols for MMH into practice	Increase early detection and rate of treatment for Sample State women experiencing MMH disorders
	Collaborate with local organizations to include MMH topic in upcoming conferences and provider seminars	Opportunities include local chapters of the March of Dimes, MCH Bureau, AAP & ACOG	# of providers participating in MMH continuing education / year self-reported level of awareness of local referral network for MMH care by year 3	Increase provider knowledge, confidence, and skills related to MMH screening, treatment, and navigation of local system of care	Increase successful referrals for women experiencing MMH disorders through utilization of local care network	

ASSUMPTIONS	EXTERNAL FACTORS
The assessment report indicates that adequate treatment resources are available and a local MMH resource listing has been created and will be updated quarterly and posted on the coalition website. Providers include pediatric, family medicine, and OBGYN specialists. Nurses, clinical social workers, community health workers, and other allied health professionals are also included in the Sample State system of care.	The state was awarded funding to create a media campaign to decrease stigma and increase awareness of perinatal mental health earlier this year. If successful, the campaign may lead to increased demand for MMH services. Additional priorities, such as breastfeeding and immunization, should be considered and when possible, action plan implementation should identify creative solutions for partnering rather than competing with other community efforts related to maternal and child health.

M6

Goal 1: Improve early detection of MMH disorders in Sample State women.

Objective 1.1: Create sample MMH screening policy, protocol, and recommendations for implementation in clinical practices by end of year 1.

Objective 1.2: Disseminate model MMH screening tools, facilitate adoption in at least 25 practice sites, and monitor utilization by end of year 2.

Objective 1.3: Integrate evidence-based screening protocol for MMH among pregnant, postpartum, and post-loss women into at least 50% of primary care and OBGYN practices by end of year 3 and increasing to 75% by end of year 5.

Goal 2: Increase referrals and rate of treated MMH disorders among Sample State women.

Objective 2.1: Develop and distribute online MMH treatment resource guide to include support groups, MMH-credentialed providers, inpatient and outpatient programs, and other community MMH assets by end of year 1.

Objective 2.2: Seek funding to support the development and implementation of an MMH navigation pilot program at the Sample State Health District by end of year 2.

Objective 2.3: Evaluate referral process from patient, provider, and public health perspective and determine rate of treated pregnancy-related mental health disorders by end of year 5.

Goal 3: Improve provider knowledge, skills, and confidence in MMH screening, treatment, and navigation of available services in Sample State community.

Objective 3.1: Promote 2020 Mom's Doctor Recommendations in all provider interactions and measure number of practices adopting the recommendations in Sample State community each year.

Objective 3.2: Incorporate continuing education opportunities and promotion of MMH certificate program in all provider communications with a minimum of four CE-specific announcements annually.

Objective 3.3: Select at least three local training opportunities for MMH topic inclusion, provide related support to hosting organizations, and assess provider participation by end of year 2.

Objective 3.4: Diversify and expand provider participation in MMH coalition activities by end of year 1.

Completed MMH Action Plan for Goal #1.

Goal 1: Improve early detection of MMH disorders in Sample State women.

Background & Data: Delayed detection of MMH disorders in non-clinical settings identified in both focus groups and key informant interviews during qualitative assessment process.

		Responsible:	J	F	M	A	M	J	J	A	S	O	N	D	Progress:
OBJECTIVE 1.1: Create sample MMH screening policy, protocol and recommendations for implementation in clinical practices by end of year 1.															**Audience:** clinical providers
Activities	Gather successful resources from other communities by communicating with MMH groups in at least 5 states.	project manager	X	X											
	Review MMH screening policies and protocols used in other communities and present overview to coalition leadership team.	project manager		X	X										
	Adapt policies and protocols to fit the needs of the Sample State community.	screening subcommittee				X	X	X							
	Determine appropriate format for distribution and prepare materials accordingly.	project manager & PR contractor							X	X	X	X			
	Create announcement about the availability of new materials to support MMH screening to provider practices.	PR contractor											X	X	

Resources Needed: graphic design, printing, contracted public relations agency | **Anticipated Result:** final sample screening policy, protocol, and announcement of tools

		Responsible:	J	F	M	A	M	J	J	A	S	O	N	D	
OBJECTIVE 1.2: Disseminate model MMH screening tools, facilitate adoption in at least 25 practice sites, and monitor utilization by end of year 2.															**Audience:** clinical providers
Activities	Distribute materials via e-newsletter, website coalition member organizations, professional organizations, state quality improvement organization, and social media channels.	project manager & coalition members	X	X											
	Track utilization by number of downloads, website traffic, e-newsletter click-through rate, and inquiries.	project manager		X	X										
	Develop quality improvement survey to evaluate initial stages of project.	screening subcommittee				X	X	X							
	Conduct a survey of participating clinical practices to assess utilization, perceived benefits and challenges, areas for improvement, and satisfaction.	screening subcommittee							X	X	X	X			
	Respond to all provider inquiries related to the new screening tools.	project manager	X	X	X	X	X	X	X	X	X	X	X	X	

Resources Needed: website, email marketing program, surveymonkey.com, Google Analytics, survey developer | **Anticipated Result:** # downloads, click-through rate, website traffic, and survey results

		Responsible:	J	F	M	A	M	J	J	A	S	O	N	D	
OBJECTIVE 1.3: Integrate evidence-based screening protocol for MMH among pregnant, postpartum, and post-loss women into at least 50% of primary care and OBGYN practices by end year 3 and increasing to 75% by end of year 5.															**Audience:** clinical providers
Activities	Solicit additional feedback about screening tools and recommendations for further integration from coalition members.	project manager & survey specialist	X	X	X										
	Review evaluation results from initial rollout and recommend changes to materials to coalition leadership team.	screening subcommittee	X	X	X	X									
	Adjust MMH screening tools following leadership review and additional coalition recommendations.	project manager & PR contractor				X	X	X							
	Announce 'new & improved' tools to MMH care network via e-newsletter, website, coalition members organizations, professional organizations, state quality improvement organizations, and social media channels.	coalition members & PR contractor							X	X	X	X			
	Continue to track utilization and collect participating provider information.	project manager	X	X	X	X	X	X	X	X	X	X	X	X	

Resources Needed: survey developer, PR contractor, email marketing program | **Anticipated Result:** # of participating clinics, evaluation report, revised tools

Sample State Transition Notes

Phase 1 notes to share with Phase 2 leadership:

- support from *Healthy Hospital* was crucial when recruiting members
- *Negative Nelly* almost derailed the project with nasty gossip
- the workplan developed in Module 4 didn't work and was abandoned
- *ABC Daycare Center* wants to join the coalition; they have 8 locations
- *March of Dimes* hopes to partner to roll out a planned campaign at their walk
- we underestimated meeting materials, refreshments, and office supplies in our budget
- a local retail store called *Bellies & Binkies* has committed to hosting a fundraising event
- *Sample State Medicaid* will be adopting new policies due to the MMH Action Plan
- United Way has offered to post the MMH Assessment Report & MMH Action Plan to their website
- an anchor from *Channel 12 News Network* wants to help raise awareness
- *Sample State Women's Philanthropy* has invited the coalition to apply for a grant
- *Dr. Ezra Estrogen* is relocating to Canada and won't be involved anymore
- an MPH student from the university has an idea for an internship; he wants to volunteer
- *Judy Genius* has compiled a listing of potential partners with their contact information
- new statistics were released and should be updated in the MMH Assessment Report
- *Nerdy Number-Cruncher* from the university will hold onto all of the original data sets
- the coalition should budget to send a member to next year's Emerging Considerations in MMH Forum, hosted by 2020 Mom, and the annual Postpartum Support International conference

2020 mom™

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