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## MCH Innovations Database Practice Summary & Implementation Guidance

# Perinatal Continuum of Care Toolkit for Action

The Perinatal Continuum of Care Toolkit for Action is a guide that helps providers across sectors understand and embrace this role by demonstrating how they can apply the four cross-cutting strategies to support perinatal mental health.



Location

Colorado



Topic Area

Mental Health/Substance Use



Setting

Community



Population Focus

Perinatal/Infant Health,  
Women/Maternal Health



NPM

N/A



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# Section 1: Practice Summary

## PRACTICE DESCRIPTION

The perinatal period, which includes pregnancy and early parenting, is a critical time for promoting mental health and wellness of families. Perinatal depression and anxiety are the most common complications of pregnancy, and can be detrimental to the mother, child and family. Supporting and prioritizing the mental health of pregnant and postpartum people is vital to the well-being of women, children and families. Parental mental health is known to impact the life course of infants from pregnancy and beyond. The Perinatal Continuum of Care addresses the need to support families during this time by challenging systems to leverage opportunities within the services that families frequently encounter during the perinatal period to support perinatal mental health.

The Perinatal Continuum of Care is a framework that illustrates the myriad services that new and expectant families frequently encounter and describes how these services sectors can support perinatal mental health using four cross cutting strategies: Integrated Behavioral Health, Public Awareness, Referral & Coordination, and Policy & Advocacy. The Perinatal Continuum of Care framework demonstrates that any sector that a perinatal family encounters has a role to play in supporting families' mental health and well-being. The **Perinatal Continuum of Care Toolkit for Action** is a guide that helps providers across sectors understand and embrace this role by demonstrating how they can apply the four cross-cutting strategies to support perinatal mental health. The Toolkit for Action aims to build provider capacity within any sector to understand and embrace their role in supporting maternal mental health because by committing to support perinatal mental health, we create pathways to family well-being.

The Perinatal Continuum of Care and Toolkit for Action were developed by the Perinatal Mental Health Action Network (PAN), a network of metro-Denver partners with passion for perinatal mental health. PAN is convened by the Maternal and Child Health Programs within the Public Health Institute at Denver Health and Tri-County Health Department. The two agencies convened PAN to promote a regional approach to addressing perinatal mental health. Partners include health care systems, community mental health, local public health agencies, healthcare providers, mental health providers, policy advocates, and people with lived experience. Through a series of meetings and surveys, participants agreed they wanted to focus on understanding and expanding the perinatal mental health continuum of care.

We engaged PAN participants in thinking about the continuum of care in a way that led us to think broadly about mental health and well-being. After many iterations, we landed on a conceptualization of the [perinatal continuum of care](#) that illustrates the “wheel of support” available for families. With the person at the center, the tool illustrates the importance of social connections, informal support and self-care. Mental health and other critical intervention services, including substance use and interpersonal violence, are included. While there is an urgent need for these services, the continuum of care also demonstrates that perinatal mental health is dependent on so much more. Parent and community support, basic needs, and whole-person focused health services are also necessary.

The [Perinatal Continuum of Care Toolkit for Action](#) was developed as an extension of the Perinatal Continuum of Care to help providers, organizations and communities apply the framework to support perinatal mental health in their setting. The need for a toolkit was identified through our work with AMCHP to develop an evaluation for our Cutting-Edge Practice and was identified as an activity/output in our Logic Model.



Facilitators use the Toolkit for Action to conduct workshops consisting of a two-hour action planning session and a one hour follow up session. The workshops help participants understand and embrace their role in supporting perinatal mental health. Participants learn about the Perinatal Continuum of Care framework and use it to develop action plans that incorporate effective strategies into their work. Relevant data and considerations for promoting equity are discussed and integrated into the action planning process. Information and data included in this application address the Provider Aim stated above. We have conducted one workshop addressing the Community Aim, but current data for that part of the work is limited.

## CORE COMPONENTS & PRACTICE ACTIVITIES

The What (what is being delivered or taught), the How and Who (delivery mechanisms, by/for whom, where, when, how long, the Why (the rationale behind the practice).

The goal of the Perinatal Continuum of Care Toolkit for Action is to build the capacity of providers across sectors to understand and embrace their role in supporting perinatal mental health. We do this by using the Toolkit for Action to facilitate action planning workshops. The core components of this program is the Toolkit itself and the delivery of workshops that include an action planning process. Other core components include partner engagement and capacity building.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Perinatal Continuum of Care Toolkit for Action	Provides a structure for facilitating workshops for service providers across sectors outlined in the Perinatal Continuum of Care	Facilitators use the Toolkit to foster shared understanding of factors that influence perinatal mental health, effective strategies to support it, and develop action plans
Toolkit for Action Workshops	Toolkit developers and/or trained Sector Champions use the toolkit to facilitate 2-hour workshops and 1 hour follow up sessions	Workshops are delivered to service providers across sectors. Workshops develop shared understanding as described above and result in action planning described below
Action Planning Template and Process	Within the 2-hour workshop, facilitators use Action Planning Template provided within Toolkit for	The Action Planning Template invites participants to reflect on the activities they are currently doing well, activities they could improve, and new activities they could implement to support



	Action to facilitate participants' action planning process	perinatal mental health. Participants then create an action plan based on their reflections. Action plans can be individual or organizational. All participants are asked to consider the organizational supports and barriers that could impact their proposed action.
Partner Engagement	Identify service providers and organizations serving the perinatal population  Engage partners in recognizing why supporting perinatal mental health is important and the role they can play	The Perinatal Continuum of Care framework includes service sectors to consider when determining who to engage as partners.
Capacity building	Develop Sector Champions to expand capacity of the workforce proficient in using the Toolkit for Action to reach more sectors	Developing a cadre of Sector Champions who can use the Toolkit for Action expands capacity for more sectors to understand and embrace their role in supporting perinatal mental health.

## HEALTH EQUITY

PAN serves as the Programs and Services workgroup of [Colorado's Maternal Mental Health Collaborative & Framework](#). One of the goals of the MMH Collaborative & Framework is a Comprehensive, Inclusive, and Responsive Continuum of Care. This goal will be realized when communities, providers, employers, insurers, families and other key stakeholders establish an effective, coordinated and culturally responsive continuum of care accessible to all Coloradans.

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The development of the Perinatal Continuum of Care was anchored in our commitment to achieving systemic equity through inclusive practices and communication. For example, we utilized the [Gender Inclusive Language Guide](#), which is a living document that was developed for the Colorado Maternal Mental Health Collaborative and Framework as a resource to support aligned efforts for a more equitable and inclusive approach to perinatal mental health.

The Perinatal Continuum of Care Toolkit for Action improves health equity by expanding our thinking about where and how perinatal mental health is addressed. The Toolkit includes data from Colorado's Health eMoms survey that reveal disparities related to connecting with mental health supports experienced by historically marginalized populations. The data show that Black and Hispanic mothers are significantly less comfortable talking about emotional concerns with healthcare providers and that they are less likely to have someone to turn to for support than their White counterparts. Recognizing that historically marginalized communities may have less trust in the health and mental health care systems, the Toolkit demonstrates how professionals from a



variety of service sectors, some of which may be more trusted, can support perinatal mental health. This holistic approach increases equity by diversifying mechanisms and opportunities for families to access mental health support. When a variety of service sectors are comfortable addressing mental health through awareness, education, and referral, we create more pathways to the services families need. This increases the likelihood that the support offered feels relevant to the family, and may improve uptake of more formal services when needed because the education and referral comes from a provider that families trust. When we build the capacity of the broader workforce to be comfortable addressing perinatal mental health, this diversifies options for families and ultimately results in more families connecting with the care they need.

## EVIDENCE OF EFFECTIVENESS

We evaluated effectiveness of the workshops based on participant’s reported confidence in understanding and embracing their role in supporting perinatal mental health and on their commitment to taking action toward this role.

As of September 2022, a total of 119 people have participated in the initial workshop and 102 in the follow up training. This is over the course of 4 workshop series offered across sectors, including early intervention, service coordination, home visitation, and housing support. We received 72 survey responses (response rate 60%) for the initial workshop and 52 survey responses (response rate 57%) for the follow up workshop.

### Role/Confidence

Participants were asked to rate agreement with the following statements both BEFORE and AFTER attending this session. (scale 1-5, strongly disagree to strongly agree).

As seen below, there was significant improvement in agreement with each statement after the workshop, compared to agreement before the workshop. That is, participants increased their agreement that the topics covered in the workshop are their role and responsibility.

Agreement with statement: (Pre/Post)	Mean Pre	Mean Post	Mean diff pre-post	Signif p-value
a) It is my role to have conversations with the families I serve about their mental health and emotional well being	3.93	4.32	.389	0.000
b) I understand the connection between perinatal mental health and other services that support families	3.72	4.38	.653	0.000
c) It is my role and responsibility to connect perinatal families to resources that will support their mental health and emotional well-being	3.92	4.36	.444	0.000
d) I am committed to supporting the mental health and well-being of the families I serve	4.50	4.64	.139	0.011
e) I understand how I can best support the mental health and well-being of families I serve	3.60	4.21	.611	0.000

After the first workshop, the large majority of participants said they had moderate to high confidence in all content areas reviewed. Far fewer had high confidence, especially in relation to advocating for policies at the local, state or national level. Upon follow-up, 18-43% of people had incorporated the practices into their work. This percentage varied by the practice and did not include people who had previously done the practice before the original workshop, so these percentages represent “new adopters”.



After taking this training, confidence in your ability to:	Workshop 1		Follow up
	High Confidence %	High+Moderate confidence %	% who incorporated into their work after workshop 1
Ask perinatal families about their emotional well-being, including mental health concerns	37.5%	70.8%	36.1%
Identify when perinatal families are in need of resources to support their mental health.	40.3%	77.8%	29.4%
Address perinatal families mental health concerns within my scope of practice	34.7%	68.1%	35.1%
Incorporate awareness and education about perinatal mental health into my practice	34.7%	68.1%	42.9%
Incorporate integrated behavioral health strategies into my practice	36.1%	66.7%	28.9%
Incorporate referral and coordination for perinatal mental health concerns into my practice	41.7%	73.6%	31.6%
Advocate for policies and approaches within my organization that are supportive of perinatal mental health	37.5%	72.2%	18.2%
Advocate for local, state, or national policies that support perinatal mental health	27.8%	62.5%	n/a
Incorporate diversity and inclusion considerations in my approach to supporting families perinatal mental health	45.8%	79.2%	28.6%

## Action planning

Over three quarters of workshop one participants agreed that the action planning process helped them to reflect on strategies they already employ, identify strategies to improve, determine strategies to begin using and identify equity considerations for strategies. Less than 60% of participants though the process helped them create a plan for moving ideas into action (59.7%) or establish a structure of accountability for implementing their identified activities (57.0%). These may be areas to further explore in future workshops.

The action planning process as a part of this training helped me to:	Strongly agree %	Strongly agree + agree %
Reflect on strategies I already employ to address perinatal mental health	41.7%	75.0%
Identify strategies I would like to improve upon to address perinatal mental health	45.8%	76.4%
Determine strategies I would like to begin using to address perinatal mental health	36.1%	75.0%
Identify equity considerations for the strategies I am using or considering using	33.3%	75.0%
Create a plan for moving ideas into action	29.2%	59.7%
Establish structure and accountability for implementing my identified activities	27.8%	57.0%

- **93%** of participants identified at least one action they could take to improve perinatal mental health during the first workshop
- **At follow up, 90%** had started working on implementing their action steps (of those who responded to the follow up survey)
- Nearly 66% feel confident or very confident in their ability to successfully complete their action steps
- 80% are likely or very likely to continue implementing their action steps



## COLLABORATORS AND PARTNERS

Partners in this work have included organizational partners across service sectors, advocates with lived experience with perinatal mental health concerns, Sector Champions, and evaluators. All were connected to this work because of their involvement with the Perinatal Mental Health Action Network (PAN) described above.

Practice Collaborators and Partners		
Partner/Collaborator	How are they involved in decision-making throughout practice processes?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Providers and organizational partners across sectors that serve perinatal families (health care, mental health, home visitors, etc)	These collaborative partners are members of PAN. As members, they have helped decide the strategic direction of PAN's work, and contributed to the conceptualization of the Perinatal Continuum of Care and the development of the Toolkit for Action.	These partners participate in a professional capacity. However, many have lived experience as parents and some of experience with mental health challenges in the perinatal period, and some speak openly about how that experience contributes to their passion for the topic.
People who experienced perinatal mood and anxiety disorders	People with lived experience are also members of PAN and contribute as described above.	Yes, some PAN members have the primary role of being a person with lived experience and identify as advocates for improving support for families in the perinatal period.
Sector Champions	Sector Champions are trained to use the toolkit with audiences within their sector or community. They make strategic decisions about what audiences to recruit for participation and approaches to deliver (e.g. full organizations v. certain professionals within an organization)	Sector Champions participate in a professional capacity.
Evaluator(s)	Assisted with survey development. Analyze the data, report and recommend opportunities for QI	Evaluators participate in a professional capacity.



## REPLICATION

This Perinatal Continuum of Care Toolkit for Action is a guide that supports facilitators to lead workshops where participants create action plans to support perinatal mental health within their setting. It is designed to be utilized within any setting that serves families in the perinatal period. The ability to use the Toolkit to replicate workshops was built into the design of the Toolkit. We have implemented a “train the trainer” approach to expand our reach with the toolkit. We call our trainers “Sector Champions” and we support them to use and/or adapt the Toolkit to be utilized within their sector or setting. Some specific things we have learned through replication across settings include:

- Each one-hour follow up is adjusted per audience and is based on offering support unique to each group’s needs. Information about support needs is gathered from the submission of action plans and from the survey following the first two-hour workshop. Facilitators read through the action plans and survey results to highlight opportunities for additional conversation or support at the follow up.
- Sector Champions can modify the format of the workshop, breaking the first two hour session up into two one hour sessions to accommodate busy clinical schedules
- The workshop flow can be adjusted based on group size with larger groups (more than 8) benefit from smaller breakout sessions
- It is important to prepare specific examples of how the cross-cutting strategies can be applied in the specific setting where the workshop is being delivered

## INTERNAL CAPACITY

If the Toolkit for Action is used as developed, the internal capacity needed to provide workshops is much less than the capacity that was needed for its initial development. Minimally, the following roles/skill sets are necessary to utilize the Perinatal Continuum of Care Toolkit for Action:

- **Perinatal Continuum of Care Toolkit for Action Facilitator(s)**
  - **Activities:** Recruit workshop participants, coordinate logistics of workshop, facilitate workshop, review survey results, coordinate follow up session, facilitate follow up session
  - **Skills:** Needs to have group facilitation and presentation skills, communication skills, logistical planning skills
  - **Time allocated:** 5-10 hours/workshop for preparation, time needed decreases as facilitator becomes increasingly familiar with the material
- **Data Specialist**
  - **Activities:** Utilize and/or adapt existing survey tool to your setting (one time activity) , compile and disseminate workshop survey results after each workshop, develop
  - **Skills:** Familiarity with survey tools
  - **Time allocated:** Initially 5-20 hours to incorporate and/or adapt existing evaluation tool, then 1-2 hours after each workshop to analyze data, additional time as needed depending on the priorities of the implementing organization around utilizing and disseminating evaluation data
- **Program Manager- 1 position**
  - **Activities:** Incorporate the Toolkit into broader perinatal mental health strategies, advise recruitment strategy based on local needs/gaps
  - **Skills:** Strategic thinking, coaching
  - **Time allocated:** Varies



The development of this practice was supported by local MCH funds and evolved from ideas generated through intentional collaboration efforts. A broad array of partners were essential for the development of the practice as well as for recruiting organizations to participate in the workshops once the Toolkit for Action was developed. We also utilized partnerships to get private funding to support Sector Champions and to offer micro-grants to agencies who had completed the workshop, to support the implementation of their action plans. While not necessary, these incentives supported our recruitment efforts.

Additional capacity that may be helpful to have is bilingual staff to be able to provide workshops in settings where the primary language of the staff may not be English.

## PRACTICE TIMELINE

The timeline for this practice can vary immensely, depending on resources, established partnerships, stakeholder engagement, and other factors. For more information on this practice's timeline and specific practice activities, please contact Kelly Stainback-Tracy directly at [kelly.stainback@dhha.org](mailto:kelly.stainback@dhha.org)

## PRACTICE COST

This practice can be adapted for different budget levels. For more information on this practice startup costs and budgets, please contact Kelly Stainback-Tracy directly at [kelly.stainback@dhha.org](mailto:kelly.stainback@dhha.org)."

## LESSONS LEARNED

One lesson learned was related to implementing our evaluation survey to maximize response rates. Initially we built in time to do the evaluation at the very end of the session, thinking this would boost responses (versus a follow up email). It worked for our first workshop but response rates after our second workshop were very low. We adjusted by changing the time that we have participants do the evaluation to be before our final group discussion. We frame the evaluation as an opportunity for reflection before sharing any final thoughts. This change boosted our response rate significantly.

Another lesson learned is around recruiting. Even with a no-cost workshop, carving out time for staff to participate can be challenging. Although we think this workshop would be a wonderful opportunity for obstetric and pediatric settings, recruiting from that sector has been challenging, especially in the context of Covid surges and vaccine roll-out. Because of this, we focused our recruitment on sectors that tend to have more time for professional development, such as early intervention and home visiting agencies. Very recently, we have recruited some Sector Champions with closer relationships to health care practices and they are having some success with recruiting practices to host workshops for their providers.

Several of our challenges and how we addressed them are described in "Lessons Learned" above. As referenced, hosting workshops virtually has its challenges. When we started hosting our workshops, we were cautious of COVID restrictions and decided to host the workshops virtually. We continued to do so as participants came to request the easily accessible platform. Though convenient, it was challenging to keep participants engaged for the full 2-hour workshop and to incite meaningful conversation. We addressed this by



creating an agenda that offered a variety of engagement opportunities for participants ranging from individual reflection time, to small group breakout sessions, to large group conversations.

Another challenge we faced was collecting completed action plans from participants after a virtual workshop session. Because the workshop was virtual, participants were required to download the action planning template onto their computer before the workshop session. They then used the fillable PDF action planning template throughout the workshop to fill as they went, ending with a plan they intended to implement after the workshop. We requested that participants email us or their supervisor their completed action plan and we would review these plans to think through additional items needed in the follow up session. The extra step required to email the action plan to us as the facilitators created an additional barrier to collect all plans.

Many participants even printed out a physical copy of the action planning template which required them to scan their copy to submit to us, creating another additional step. We often didn't receive all the plans from the entire participant list. To combat this, we checked in with supervisors often and requested that they send out reminders to participants to send in their completed action plan. In the end, this remained a challenge within the virtual environment.

Knowing what we know now, we would likely adjust a few things within our practice. The first would be to consider hosting the workshops in-person once we were past COVID restrictions for gathering. We initially offered virtual workshops to support these restrictions and then participants came to request the workshops be virtual to accommodate their staff. We would likely consider offering the workshops in-person to allow for further engagement and conversation amongst participants, especially during the action planning process.

We would likely also rethink how to offer a simple way to submit the action plans. If we were in person and had printed out a physical worksheet for all participants, we would likely be able to collect them all before participants left the training. As a virtual option, we would consider adding a "submit" button to our fillable PDF to create a simple email process to be sent directly to us, or consider other alternatives to reduce barriers for the participants.

Finally, though a two-hour workshop is long, we would offer to extend the workshop by 30 minutes to interested organizations to allow for more time to work on action plans within the context of the workshop. We often had to maintain a strictly timed agenda to complete the entire session, and we heard from participants that making the workshop longer would be helpful. We also want to allow participants to complete the action plan and submit it once they are done, rather than require them to complete it at another time and try to submit it beyond that. Extending the workshop may allow for additional reflection, conversation, and brainstorming, particularly during the action planning process.

## NEXT STEPS

Sector Champions and micro-grants are building on to this practice - sustainable, building capacity and improving likelihood plans are implemented.

Moving forward, we hope to offer an in-person option along with our virtual option to complete the toolkit workshop. Though we created an engaging virtual environment for learning and conversation, we are hopeful that this will be amplified in an in-person setting. We are also looking forward to offering extended workshop sessions for organizations that are interested. Allowing more time for reflection, conversation, and brainstorming in an in-person setting may offer a thoughtful environment for participants to complete their action plan.



Recently, we acquired funding that allowed us to expand our cadre of Sector Champions by offering reimbursement for this role. The funding also allows us to incentivize the action planning process by providing an opportunity to receive a micro-grant (up to \$5,000) to support the implementation of the plan. Currently, we have a few Sector Champions who will be offering workshops (some virtual and some in-person) and we look forward to hearing the successes and challenges they face. We are pleased by the interest we have received from Sector Champions and hope to build on the lessons they learn as they begin offering workshops within their sector or organization and consider how we may continue to adjust our workshop for a variety of audiences. As our resources allow, we will continue to offer funding opportunities for Sector Champions and micro-grants to encourage participants and organizations to continue advocating for and supporting the mental and emotional health of new families.

## RESOURCES PROVIDED

- The Toolkit for Action is available to review at [Perinatal Continuum of Care Toolkit for Action](#)
- More information about the Perinatal Continuum of Care is available at [Perinatal Continuum of Care : Resources for Providers : Resources : Colorado Maternal Mental Health Collaborative and Framework](#)

## APPENDIX

- The Logic Model that guided the development of this project can be found [here](#)
- A summary of evaluation results can be viewed [here](#).

