Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.

Silence your cell phone

Close the door

Close browser windows

Check your audio and video

Stretch

Take a few deep breaths

Emotionally release your to-do list

Take a bio break

Maternal Mental Health Webinar Series: Maternal & Paternal Mental Health Support in Action
Wednesday, August 19, 2026 | 2:00 – 3:00 PM ET

HEALTHY start TA & SUPPORT CENTER

nichq National Institute for Children's Health Quality

Maternal Mental Health Webinar Series: Maternal & Paternal Mental Health Support in Action

Wednesday, August 19

The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.

HEALTHY start TA & SUPPORT CENTER

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Maternal Mental Health Webinar Series

Agenda

Welcome

Alexis Hooper, MPH| Healthy Start TASC

Session Overview

Melodye Watson, MA, LCSW-C| HRSA

Closing the Loop: An Integrated Maternal Mental Health Model for Healthy Start

Megan Lasserre, LCSW| Start Corporation

DePaul Community Health Centers

Stephenie Marshall, MS, RD, LDN| Marillac Community Health Center

Daddy Stroller Social Club

Kalvin Bridgewater| Daddy Stroller Social Club

Q&A

Melodye Watson, MA, LCSW-C| HRSA

Closing

Alexis Hooper, MPH | Healthy Start TASC

Session Overview

Melodye Watson, MA, LCSW-C

Behavioral Health Leader, Division of Healthy Start & Perinatal Services (DHSPS), MCHB, HRSA

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Closing the Loop: An Integrated Maternal Mental Health Model for Healthy Start

Megan Lasserre, LCSW

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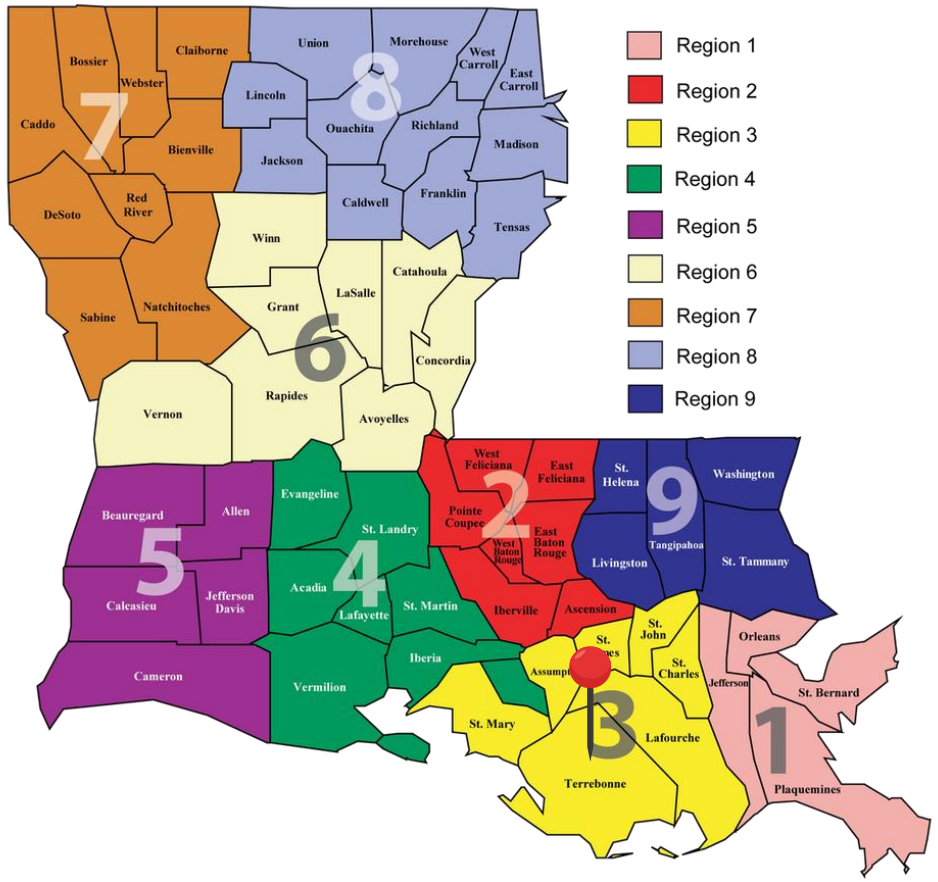
Closing the Loop: An Integrated Maternal Mental Health Model for Healthy Start

Megan Lasserre, LCSW • Program Director
Start Corporation Healthy Start • Region 3, Louisiana

Region 3: Geography Shapes Access



Seven-parish service area

Urban and rural communities across southeast Louisiana require flexible outreach, travel, and care coordination.

Long travel corridors

U.S. 90 spans roughly 85–90 miles across the primary service corridor; some trips across the region can exceed 100 miles.

Transportation

Distance, unreliable transportation, housing instability, and competing basic needs affect whether a referral becomes an attended appointment.

Community stress matters

Hurricane recovery, rural access, and fragmented specialty care are not background issues, they shape the care pathway.

We built a model that reduces handoffs, uses internal clinical access, and keeps Healthy Start involved after referral.

Building on Existing Strengths

Healthy Start did not have to create a mental health system from scratch.

Clinical infrastructure

- Perinatal-informed counseling
- Psychiatric medication management
- Substance-use assessment & treatment
- 24/7 crisis response
- Primary care + pediatrics
- Pharmacy

Internal pathways

- Healthy Start ↔ Behavioral Health
- Healthy Start ↔ ACT
- Healthy Start ↔ Primary Care
- Healthy Start ↔ Pediatrics
- Healthy Start ↔ Family Resource Center
- Cross-program referrals in both directions

Access supports

- Same-day behavioral health options
- Transportation to START clinics
- Sliding-fee/FQHC access
- Pharmacy delivery
- Insurance access
- Care coordination around competing needs

The opportunity was not creating services.
It was creating a reliable pathway into services.

From Funding Requirement to Clinical Access

12%

clinical services allocation

Used to create actual clinical access, not just referral lists.

Protected clinical access

Dedicated perinatal counseling capacity and access to perinatal-informed psychiatric medication management.

Rapid response

Same-day crisis pathways and escalation when screening or clinical conversation identifies immediate concern.

Clinical expertise

Perinatal mental health-trained clinicians, medication management, substance-use services, and coordination with ACT/primary care.

Connection back to Healthy Start

Clinical treatment does not replace case management. FCCs continue barrier reduction, education, and care coordination after referral.

From Screening to Connection: Integration in Practice

The clinical referral is part of the Healthy Start encounter, not a handoff out of the program.

1. **Screen**
   PHQ-9, EPDS, GAD-7, ACE, substance use, IPV/relationship, suicide risk
2. **Discuss**
   Review the result, assess safety, and ask what the participant is willing to do next
3. **Warm handoff**
   Contact the clinic or internal team while the participant is still engaged when possible
4. **Schedule**
   Counseling, PMHNP, substance-use assessment, crisis, ACT or another support
5. **Verify**
   Track whether the participant actually connected, not only whether a referral was entered
6. **Stay involved**
   FCC continues transportation, risk factors, education, and follow-up after the clinical visit

Direct services + clinical services = one operational pathway

Data Shifted Our Focus: From Referral to Connection

236
pregnant + postpartum participants served

189
mental-health-related referrals

85
accepted / scheduled

50
attended appointments

Prenatal

115 referred → 53 scheduled → 34 attended

~46% reached scheduling
~64% of scheduled attended

Postpartum

74 referred → 32 scheduled → 16 attended

~43% reached scheduling
50% of scheduled attended

The key insight isn't how many referrals we made, it's where participants stopped moving toward care.

What Worked & What We Learned

What worked

- Internal access reduced the number of external handoffs
- Perinatal-trained clinicians improved confidence in clinical escalation
- Same-day behavioral health + transportation created options when access was the barrier
- FCCs could keep addressing housing, food, insurance, transportation, and family stress after referral
- Participants who connected often returned for ongoing counseling or medication-management care

What We learned

- Having services in the same organization is an advantage, but not a closed loop
- Every extra step creates another opportunity for loss to follow-up
- Pregnancy and postpartum are different engagement periods
- Someone must own the referral after it is entered
- Internal care can be invisible when data systems do not talk to each other
- Capacity is part of quality: more referrals without protected access can simply move the bottleneck

Clinical Collaboration in Action

ACT + PERINATAL MEDICATION MANAGEMENT

1. What we noticed

Some pregnant or breastfeeding participants already receiving intensive ACT services had complex psychiatric medication needs.

1. The gap

Pregnancy changed the level of expertise and comfort needed for medication management. Existing care alone did not guarantee perinatal-specific support.

1. What changed

A direct internal pathway to the perinatal-informed PMHNP, protected access, and coordinated communication across ACT, Behavioral Health, and Healthy Start.

1. Why it matters

The participant does not have to navigate a new mental-health system simply because she becomes pregnant.

Pregnancy may change the treatment plan, but it should not disrupt access to care.

Strengthening the Pathway to Care

Protected access

Dedicated counseling and perinatal medication-management availability

Warm handoffs

Schedule while the participant is actively engaged whenever possible

Referral ownership

Clarify who owns the next step after the referral is entered

Structured review

Open referrals become part of supervision and case review

Better definitions

Referred → accepted → scheduled → attended → engaged

Cross-program coordination

Healthy Start + Behavioral Health + ACT + Primary Care

n

Identify where participants are dropping off between referral, scheduling, and attendance.

Test changes such as clearer referral ownership, warm scheduling, or protected appointment access.

y

Review whether more participants move from referral to scheduled and attended appointments.

t

Adopt what works, refine what needs improvement, and continue the cycle.

Future Directions: Supporting Parent–Infant Mental Health

Build on existing assets

Pediatrics
Behavioral Health
Family Resource Center
Parent education
Home-based family interventions
Healthy Start care coordination

Add relational health

- Parent–infant bonding/attachment questions in postpartum follow-up
- Maternal mental health as a trigger for family-level support
- Dyadic/parent–child approaches when appropriate

Create a defined pathway

Healthy Start → Pediatrics → Family/Behavioral Health

Add developmental and social-emotional referral pathways; connect with Early Steps and consortium partners.

Our next step is to build on what already exists by connecting START's clinical, pediatric, behavioral health, and family supports around the parent–child relationship.

The takeaway

Screening and referral are not the endpoint.

The real work is building an operational system that helps families move from identified need to meaningful connection.

QUESTIONS

Megan Lasserre, LCSW • Start Corporation Healthy Start

DePaul Community Health Centers

Stephenie Marshall, MS, RD, LDN
Marillac Community Health Center

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DePaul's Catalyst Program- Maternal Mental Health Services

Presented by:

Stephenie J. Marshall, MS, RDN, LDN

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Support Services – Community Health Worker

What does the Community Health Worker do?

Provide support services throughout the pregnancy

Administer the Prepared form in the 1st, 2nd and 3rd trimester of the pregnancy to help address any issues caused by community conditions that impact health. The tool is administered after delivery as well.

Conduct a hospital visit upon delivery to assist mom and dad with setting up postpartum and newborn appointments.

Address any issues caused by community conditions that impact health during the 4th trimester.

Assessing Our Maternal and Postpartum Women

- The Catalyst helps connect maternal health patients to behavioral health services through a maternal survey series that helps Community Health Workers identify mental health concerns during pregnancy and postpartum.

It’s okay to say you are not okay!

Every patient is administered an assessment tool – PHQ-2

What is a PHQ-2 and 9?

Is a quick 2 question tool used in healthcare settings to screen for depression.

Ex. Over the past two weeks, how often have you been bothered by any of the following problems?

-Little interest or pleasure in doing things

-Feeling down, depressed or hopeless

Now What?

When needed, mothers can be connected to immediate counseling, psychiatric care, and other supportive services.

Don’t Forget About Dad!

- Provide Supportive Services to Dad.
- Invite him to attend counseling sessions.
- Connect dad to a support group.

Refer to the HRSA Mental Health Hotline

You're not alone

Pregnant or just had a baby? The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7.

1-833-TLC-MAMA

National Maternal Mental Health Hotline

HRSA
Health Resources & Services Administration

Text | Call | Chat

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DADDY STROLLER SOCIAL CLUB

KALVIN BRIDGEWATER, FOUNDER

PURPOSE

we bring awareness to postpartum depression in dads.

3 PILLARS

Education

Community Building &
Communal Support

Capacity Building

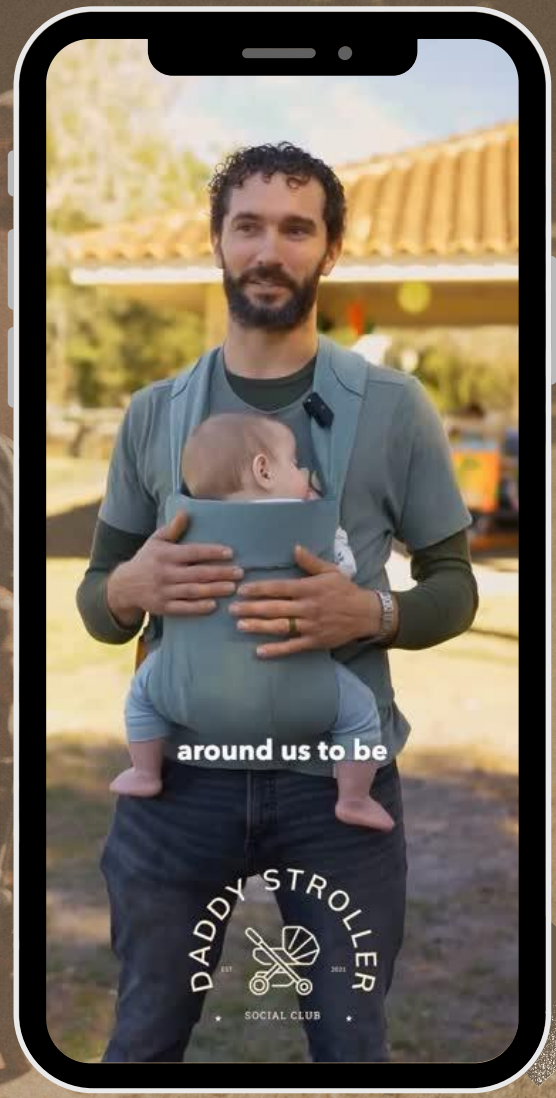
3 Types of gatherings

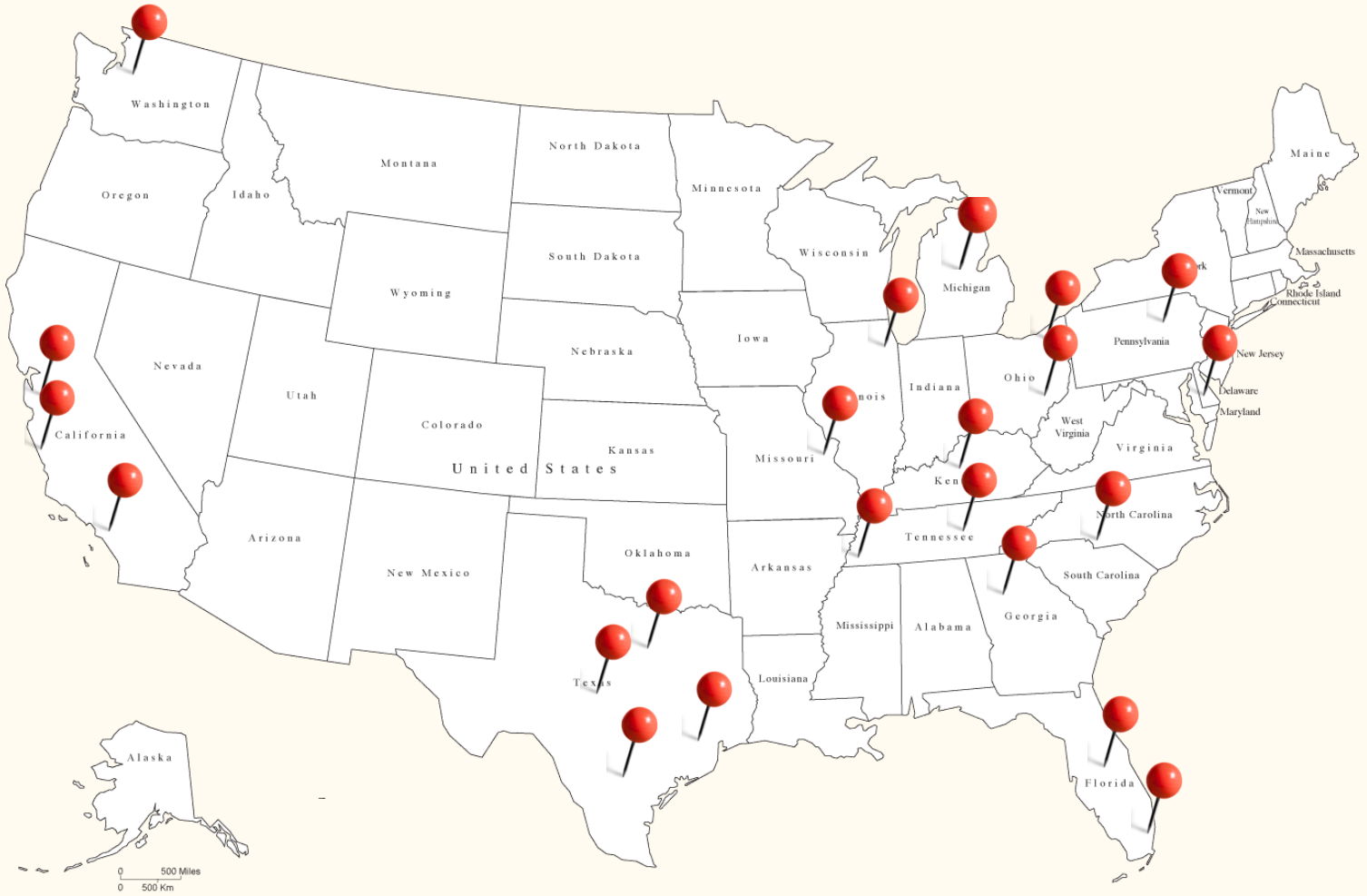
Monthly Strides
(dads & kids)

Dads Day Out
(fathers only)

Annuals (retreat & DSSC
experience)

TESTIMONIALS





22 chapters

Fathers can apply for chapters in their communities and then undergo an 8-week training to prepare them for community building.

Follow our work.

Find us on Instagram at @daddystrollersocialclub
www.daddystrollersocialclub.com
Linkedin.com/in/kalvin-bridgewater

Seeking Additional Support?

Visit the Healthy Start TASC website or scan the QR code below to submit a TA request.

Thank you!

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