

Colorado Maternal & Child Health State Logic Model – FINAL

Pregnancy-Related Depression

Overarching Goal: Optimal health and well-being for the Maternal & Child Health (MCH) population in Colorado

INPUTS	OUTPUTS		OUTCOMES			IMPACT
	Strategies	Participation	Short Term Accomplished in 1-3 years		Medium Term Accomplished in 4-6 years	Long Term Accomplished in 7-10 years

EBPH Portfolio Process, including:

- Literature Review on Best Practices and Policy Options for PRD
- Community Assessment on PRD

Pregnancy-Related Depression Advisory Committee

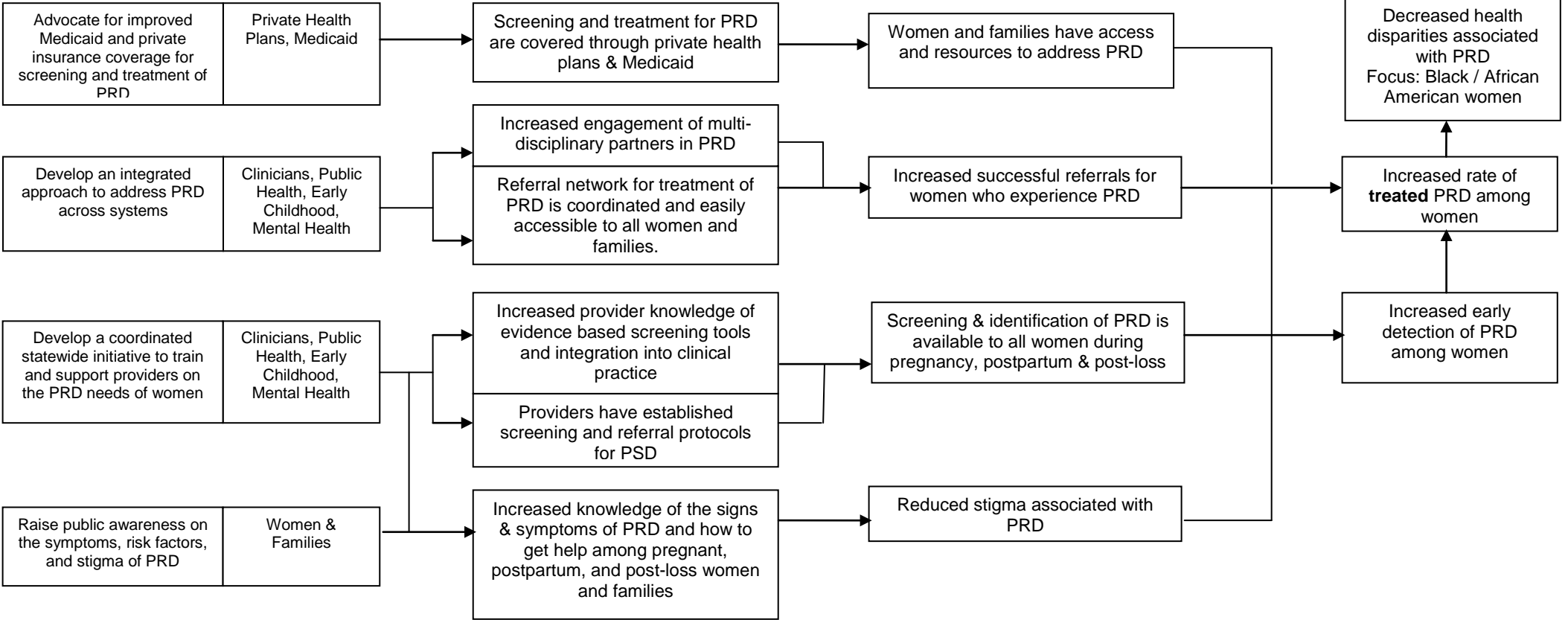
PRAMS data

MCH Needs Assessment FY11-15

Existing PRD initiatives (e.g Kaiser, local communities)

Multiple trainers

Local Public Health Agencies (LHA)



Logic Assumptions

A multi-pronged approach improving knowledge, screening, referral and treatment is required to address PRD. It is paramount to address gaps in treatment services before increasing screening. Clinicians include family medicine, pediatric, and OB/GYN providers. CDPHE will provide technical assistance to the LHAs who elect to work on PRD.

External Factors

PRD is a Colorado MCH priority. Mental Health (and Substance Abuse) is a CDPHE Winnable, which includes a focus on pregnancy-related depression. Two additional state agencies (CDHS and HCPF) have also prioritized depression. An advisory committee comprised of external stakeholders was formed to help guide the work for this priority. Changes in health systems and insured populations due to health care reform may have an impact on the strategies selected.