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

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**Strategies Participation Short Term Accomplished in 1-3 years Medium Term Accomplished in 4-6 years Long Term Accomplished in 7-10 years**

**INPUTS**
- EBPH Portfolio Process, including:
  - Literature Review on Best Practices and Policy Options for PRD
  - Community Assessment on PRD

**OUTPUTS**
- 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)

**OUTCOMES**
- Clinicians, Public Health, Early Childhood, Mental Health
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**IMPACT**
- Women and families have access and resources to address PRD
- Increased successful referrals for women who experience PRD
- Screening & identification of PRD is available to all women during pregnancy, postpartum & post-loss
- Reduced stigma associated with PRD

**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.

Prepared by UCSF Family Health Outcomes Project