

Montana Perinatal Mental Health Collaborative Quarterly Meeting – April 21, 2026

COLLABORATIVE HISTORY & UPDATE

- MPMHC has developed over the past few years as way to coordinate partners on the issue of perinatal mental health
- Mission: Our mission is to improve perinatal mental health outcomes in Montana by informing, advocating for, and implementing policies and initiatives that support perinatal mental health, reduce stigma and discrimination, and increase access to care.
- Vision: We envision a Montana where all families pregnancy through age one have access to the supports they need to prevent and address perinatal mental health conditions and allow families to thrive.
- A core group of partners successfully applied for grant funding through the Perigee Fund at the end of 2024
- Work during the 2025 Legislative Session delayed the broader launch of the MPMHC
- Steering Committee:
 - Reconvened in early 2026
 - Role:
 - Setting strategic direction and annual priorities
 - Approving & updating the Strategic Plan
 - Advising on policy priorities and engagement strategies
 - Providing oversight to workgroups
 - Ensuring alignment with statewide maternal health initiatives
 - Maintaining accountability to the broader Collaborative membership
 - Members:
 - Stephanie Morton, HMHB
 - Amy Stiffarm, Berry Medicine
 - Tressie White, MT Healthcare Foundation
 - Jacqueline Isaly, DPHHS ECFSD
 - Mary LeMieux, DPHHS HRD
 - Kelsey Bell, DPHHS HRD
 - Carly Holman, MPQC
 - Adriana Reyes de Merkle, PSI-MT
 - Stephanie Fitch, PSI-MT
- Membership in the MPMHC is open and informal; Members are asked to:
 - Participate in quarterly meetings
 - Share expertise, resources, and information
 - Engage in workgroups as appropriate
 - Support advancement of identified priorities

SYSTEM UPDATES

Rural Health Transformation Plan (RHTP)

- Montana received \$230+ million in first-year funding (fourth highest nationally), totaling over \$1 billion over 5 years
- Five strategic goals: workforce development, rural financial sustainability, innovative care models, community health infrastructure, and technology upgrades

- No initiatives explicitly dedicated to maternal and infant health in Montana's plan, though behavioral health investments may benefit perinatal populations
- Funding is one-time only or must be sustained through other streams; first RFPs recently released

HR1 Implementation

- Federal budget reconciliation bill includes nearly \$1 trillion in Medicaid cuts over 10 years and new work requirements for Medicaid expansion members
- Montana implementing early on July 1, 2025 (federal deadline: January 1, 2027)
- Over 70,000 Montanans on Medicaid expansion will face work requirements and more frequent eligibility checks
- Exempted populations include, but aren't limited to: Pregnant/postpartum individuals (up to 12 months), parents of children under 14, people with SDMI/SUD, and American Indians/Alaska Natives
- Notices sent to all Medicaid members (not just those on Medicaid expansion), creating confusion about who is affected
- Resources:
 - DPHHS website: medicaidchanges.mt.gov
 - DPHHS information webinars:
 - The first option will take place on **Tuesday, Apr. 28**, from 1:30 p.m. to 2:30 p.m. Registration is required - [Register here.](#)
 - The second option will take place on **Wednesday, May 13**, from 2:00 p.m. to 3:00 p.m. Registration is required - [Register here.](#)
 - Additionally, DPHHS will host a topic-specific informational webinar specifically for health care providers. This webinar will take place on **Thursday, May 21**, from 10:30 a.m. to 11:30 a.m. Registration is required - [Register here.](#)
 - Cover Montana: <https://covermt.org/>
 - Tell your clients that if they become pregnant while on Medicaid, they should report that change to ensure they maintain coverage.

Doula Licensure and Medicaid Coverage

- SB 319 passed with bipartisan support, establishing doula licensure and authorizing Medicaid coverage
- Department of Labor and Industry has launched the [doula licensing program](#)
- Doulas must be licensed by January 1, 2027
- DPHHS initially paused Medicaid implementation on March 25, 2025, citing budget constraints
- DPHHS decision reversed after advocacy from collaborative members and legislators; estimated Medicaid expense of \$120,000 is very low in comparison to entire budget
- Senator Cora Neumann emphasized the high return on investment and importance of supporting maternal health workforce
- HMHB facilitates a Doula Reimbursement Workgroup that will work to advance next steps

DATA SPOTLIGHT

Sarah Buchanan from DPHHS MOMS Program presented findings from the [Mental Health and SUD in Maternal Health Report](#):

Depression and Screening

- 19.5% of mothers reported depression during pregnancy; 13.5% postpartum (higher than national estimates)
- Fewer mothers screened for depression during prenatal visits compared to postpartum visits
- Montana has highest percentages of depression related to pregnancy compared to rest of U.S.

Maternal Mortality

- 16 pregnancy-related deaths between 2020-2022; over 70% due to mental health conditions including substance use disorder
- Over half occurred more than 6 weeks postpartum; 27% during pregnancy
- Depressive disorder and substance use disorder each accounted for over 40% of mental health-related deaths; 17% due to anxiety or PTSD

Healthcare Utilization

- Maternal mental health visits represented 0.1% of emergency department visits (250 of 273,000) and 1.7% of hospital stays (1,000 of 63,000) for women of reproductive age
- Medicaid was primary payer for both emergency department visits and hospital stays
- Among Medicaid claims: 45% for anxiety/phobias/PTSD/adjustment disorders (2,405 people), 26% for depression (1,400 people), 11% for substance use disorder (569 people)

PRIORITY AREAS FOR THE COLLABORATIVE

- Strategic priority areas were developed in the Strategic Framework for Perinatal Mental Health Report and now serve as the basis of the MPMHC's Strategic Plan
- Member feedback is needed to refine these priority areas and help identify what would be most important and impactful for the MPMHC to focus on

Five strategic priorities were explored through breakout room discussions captured on a [shared notes document](#):

1. Public Awareness

- Need for broader campaigns to reduce stigma around perinatal mental health and increase awareness of resources
- Local programs in Missoula and Kalispell convening perinatal populations face challenges with recruitment and communicating importance of mental health care

2. Peer-Focused Programming

- Riverstone Health using Community Health Workers (CHWs) as home visitors and care coordinators in Yellowstone County
- Peer recovery symposium scheduled for September 17 at Fairmont – more information to come
- Strong interest in forming workgroup to continue peer support discussions

3. Engaging Medical Professionals

- Increase in screenings across care settings, but inconsistent referral processes and long wait times for counseling/therapy
- Screening fatigue among patients and providers; importance of meaningful administration beyond "handing a form"
- Limited curriculum on mental health and substance use in medical/nursing schools in Montana
- Need for statewide provider list and education on SBIRT (Screening, Brief Intervention, Referral to Treatment) in obstetric and pediatric settings

4. Care Coordination

- Rural communities without prenatal care require patients to travel; care coordination critical for identifying at-risk individuals
- Public health departments in rural areas lack capacity to coordinate care effectively
- Private practice mental health providers specializing in perinatal care underutilized; barriers to Medicaid billing may limit access
- MMRC findings: 100% of recommendations include care coordination; home visiting and recovery doulas could prevent maternal deaths

5. Culturally Informed Programming

- Lack of substance use disorder resources for tribal families; many referred outside IHS for prenatal care
- Need for provider training on working with families experiencing substance use disorder during perinatal period
- Dr. Amy Stiffarm's cultural safety trainings helping providers understand historical trauma and policies affecting Indigenous communities
- Importance of home visitors receiving information from organizations about available resources

ACTION ITEMS

- Mary Collins (Collaborative Coordinator): Send meeting slides, notes, and exit form to all attendees
- All attendees: Complete exit form (<https://forms.gle/UxZEzbk8r4se4SHE6>) to provide feedback on meeting format and future engagement preferences
- Steering Committee: Develop next steps based on feedback gathered during the meeting and through the exit form; Schedule next quarterly meeting for July 2026
- Pam Ponich: Share Peer Recovery Symposium details and registration link once available

FUTURE MEETINGS

- Perinatal Mental Health Conference, June 23-24
 - Register here: <https://hmhb-mt.org/events/conference/#REGISTRATION>
- MPMHC Quarterly Meeting: July 2026 (specific date/time TBA)