California Health Care Foundation

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How Los Angeles Community Clinics Use the Collaborative Care Model to Improve Maternal Mental Health

In California, as in the US overall, about one in five mothers* suffer from mood and anxiety disorders during the perinatal period, which extends from pregnancy through one year following birth. Despite this high prevalence, the overwhelming majority of mothers who experience maternal mental health symptoms do not receive treatment. Obstacles to treatment include but are not limited to behavioral health workforce shortages, lack of integration between primary and behavioral health care, and inadequate maternal mental health training for maternity care providers.

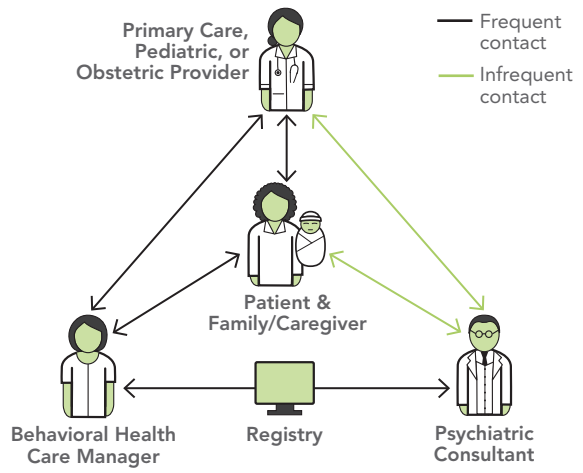
Left undetected and untreated, perinatal mood and anxiety disorders can lead to unfavorable health outcomes for the mother; diminish the parent-child bond; and negatively affect the child's long-term physical, emotional, and developmental health. Fortunately, providers are leveraging an evidence-based approach — the Collaborative Care Model (CoCM), already used to deliver behavioral health care in primary and non-specialty care settings — to support maternal mental health. And it's working.

* CHCF uses the term "mothers" throughout this publication but recognizes that not all people who become pregnant and give birth identify as women or mothers.

1 How does the Collaborative Care Model work?

With CoCM, patients who need mental health or substance use disorder treatment are connected to an in-clinic team of primary and behavioral health care providers. CoCM leverages existing health staff by appointing a team member (usually a licensed clinical social worker) to be a behavioral health care manager (BHCM). The BHCM works alongside a specialty mental health consultant, who is typically a psychiatrist or psychiatric nurse practitioner. The BHCM then coordinates the patient's treatment plan; engages in proactive follow-up; provides brief, evidenced-based behavioral interventions; and participates in regular systematic case review sessions with the psychiatric consultant. The psychiatric consultant supports the patient's primary care providers with implementing CoCM, including in obstetric and pediatric practices, making the model well suited for treating common mental health conditions seen during the perinatal period. Instead of having to potentially wait months to be seen by a specialty mental health provider, the mother's obstetric provider — who can be an ob/gyn, family physician, or midwife — can immediately start care along with the rest of the CoCM team and get the patient the medical support they need in a familiar location.

Figure 1. The Collaborative Care Team



Source: University of Washington, 2023.

Explainer

2 Can the Collaborative Care Model improve maternal mental health?

CoCM has a robust evidence base, with more than 90 randomized controlled trials and several meta-analyses consistently indicating that the model is more effective than traditional models of care.[1] When tested in the perinatal population and among ethnic minorities, it was likewise found to be effective and superior to usual care.[2]

While CoCM is a major change in care approach, key studies have found that many providers have successfully implemented the model for perinatal care. For example, in the Seattle-King County Public Health System, the MOMCare program resulted in reduced depression severity, higher rates of depression remission, and better adherence to care among perinatal patients.[3] The Depression Attention for Women Now (DAWN) trial in rural Washington demonstrated that a perinatal CoCM was well accepted by providers and patients and improved depression outcomes compared to usual care.[4] Additionally, successful CoCM implementation efforts in Federally Qualified Health Centers (FQHCs) and in rural settings illustrate how CoCM can help address disparities by promoting equitable access to care for vulnerable populations.

3 What is the Los Angeles Maternal Mental Health Access initiative?

Los Angeles County Maternal Mental Health Access (LAMMHA) is a five-year initiative funded by the California Health Care Foundation that aims to teach Los Angeles County FQHCs how to implement the CoCM model so that they can better identify and treat mothers with perinatal mental health conditions. To meet this goal, LAMMHA provides a two-year, clinic-based support program for **CoCM implementation** along with a complementary **Extension for Community Healthcare Outcomes (ECHO) program**.*

The LAMMHA CoCM implementation effort is made up of four cohorts of 16 individual clinics representing five Los Angeles County FQHC organizations (see sidebar). Across these sites, over 300 birthing people are enrolled in the program.

Clinical sites are awarded $75,000 over two years to defray the costs of implementing CoCM within their perinatal populations. During the two-year program, sites receive intensive ongoing support and training to implement and sustain CoCM. Training includes an in-person, full-day session and monthly virtual sessions to train across the full care team, which includes behavioral health care managers, psychiatric consultants, medical providers, and other staff. Expert, tailored implementation and clinical coaching are also provided.

LAMMHA FQHC Organizations

- Cohort 1 (February 2023–January 2025): AltaMed Health Services & Eisner Health
- Cohort 2 (August 2023–July 2025): St. John's Community Health, TCC Family Health
- Cohort 3 (February 2024–January 2026): Clinica Msr. Oscar A. Romero
- Cohort 4 (August 2024–July 2026): Eisner Health, St. John's Community Health, TCC Family Health

The LAMMHA ECHO Perinatal Case Conference Series uses a case-based virtual training approach informed by the ECHO Model to improve providers' capacities to care for their perinatal patients' mental health. The one-hour monthly sessions include brief didactic content and in-depth clinical case discussion. Through this interactive design, providers across Los Angeles County can gather key skills and share their experiences and expertise with peers, thereby enhancing one another's knowledge of and skills in care for perinatal mood

* The Extension for Community Healthcare Outcomes (ECHO) Model is a remote learning framework developed by the University of New Mexico to improve health care delivery through a mix of mentorship and peer support. ECHO session attendees present anonymized cases and receive real-time feedback from topic specialists and their peers, with an emphasis on fostering provider-to-provider collaboration. "About the Echo Model," University of New Mexico Health Sciences, accessed May 16, 2025.

and anxiety disorders.

The LAMMHA initiative brings together eight partner organizations, each contributing unique expertise: the Community Clinic Association of Los Angeles County manages local administration and sustainability; Elevation Health Partners leads implementation support; Maternal Mental Health Now coordinates training sessions; Concert Health develops financial models; UCLA, University of Pennsylvania, and Dossett DiMassa, MD, conduct evaluation; and the University of Washington's Department of Psychiatry and Behavioral Sciences provides overall project leadership.

4 What have we learned from LAMMHA?

As the LAMMHA project is ongoing, early lessons continue to emerge, including the following:

- **Experience helps clinics adopt CoCM.** Clinics that have prior experience implementing major clinical practice changes have found it easier to begin the LAMMHA program. Clinics with staff dedicated to quality improvement management were better at planning and adopting CoCM than clinics without this staff expertise.
- **Some LAMMHA sites are meeting important goals.** Eight sites have shown clinically significant changes in patients' depression scores (either a 50% reduction or a five point reduction in their PHQ-9 score). These scores come from a tool called the Patient Health Questionnaire-9 (PHQ-9), which helps screen for and measure depression.
- **Cohorts 1 and 2 are on track to successfully implement CoCM.** LAMMHA staff are tracking how well clinics are putting CoCM into practice. They use a tool called the Stages of Implementation (SIC), which is adapted to help monitor the steps clinics have finished.[5] This information helps clinics plan, test, and improve their work. When the clinics in Cohort 1 finished their two-year support period in January 2025, they had accomplished all pre-implementation tasks and nearly all (90%) implementation tasks. Similarly, Cohort 2 clinics had completed all pre-implementation tasks by the end of their two-year support period in July 2025 and almost all (79%) implementation tasks (note that some SIC data collection is still in

Table 1. Perinatal Depression Screening Rates in Participating Clinics

CLINIC	TOTAL PERINATAL SCREENING RATE (OB + PEDIATRIC)	OB VISIT SCREENING RATE	PEDIATRIC VISIT SCREENING RATE	TOTAL SCREEN POSITIVE RATE (OB + PEDIATRIC)
Cohort 1 (as of January 2025 – end of support period)				
Clinic A	56%	70%	12%	2%
Clinic B	71%	88%	36%	4%
Clinic C	83%	83%	0%*	4%
Clinic D	19%	17%	75%	4%
Cohort 2 (as of July 2025– end of support period				
Clinic E	33%	33%	0%*	10%
Clinic F	29%	29%	0%*	7%
Clinic G	78%	86%	65%	1%
Clinic H	77%	83%	66%	2%

Source: Author's interpretation of LAMMHA data, 2025.
*This clinic will be starting pediatric workflow at a later point.

progress for Cohort 2). As of October 2025, cohorts 3 and 4 are still underway.

- **Clinics are doing a better job of screening patients for depression, but they are not finding as many people with depression as expected.** Table 1 shows how often clinics in the first two LAMMHA cohorts are screening all eligible patients for depression, including both pregnant patients and people who are in their first year postpartum. The table includes total depression screening rates for perinatal patients (including both ob/gyn and pediatric visits), screening rates for just ob/gyn visits, and screening rates for just pediatric visits. It also shows the percentage of patients who screened positive for depression, meaning they received a score of at least 10 out of 30 on either the PHQ-9 or the Edinburgh Postnatal Depression Scale (EPDS).

  Research shows that at least 15% of people in perinatal care, especially in clinics serving low-income patients, will have depression symptoms at this level.[6] In Cohorts 1 and 2, the low average proportion (4%) of patients who screened positive for depression is a problem because it means mothers in need of mental health care are neither being identified nor receiving the support they need. The LAMMHA project is currently working on additional support strategies to improve how clinics identify patients who need help.

5 How is LAMMHA working to sustain and expand implementation in Los Angeles County?

LAMMHA is working to ensure that integrated mental health care for mothers not only continues, but also reaches more families in Los Angeles County. By strategically addressing financial, logistical, and workforce challenges, LAMMHA is building a strong system from which other regions can learn. LAMMHA's sustainability and expansion work includes:

- **Building lasting CoCM capacity in LA clinics.** Clinics in Los Angeles County have received intensive implementation support and clinical training to help them care for mothers with mood and anxiety disorders during and after pregnancy. The LAMMHA program supports development of resources and workflows to extend CoCM impact beyond the initial two-year implementation period.
- **Developing clinic-specific financial sustainability models for CoCM.** LAMMHA helps clinics leverage CalAIM (California Advancing and Innovating Medi-Cal), a multiyear initiative to improve health outcomes for people enrolled in Medi-Cal, California's Medicaid program. The initiative supports clinics in using CoCM-specific billing codes (99492, 99493, 99494) to receive reimbursement for psychiatric consultation and care management services.
- **Strengthening workforce capacity through training and continuing education.** The ECHO component of the LAMMHA initiative supports local provider development and offers continuing education credits to promote retention and expertise in perinatal mental health care delivery.
- **Creating a community-partnered infrastructure for feedback and sustainability.** LAMMHA's implementation work is guided by ongoing input from community partners (i.e., patients, providers, and organizations that support perinatal mental health in Los Angeles County) to make sure the program fits local needs. Community feedback helps the program stay relevant and fosters a foundation for post-project dissemination and expansion.
- **Supporting care teams with easy access to CoCM resources.** The LAMMHA website offers tools for providers, patients, and organizations to implement and expand perinatal CoCM programs effectively.

- **Driving quality improvement through data and evaluation.** A formal program evaluation uses clinical symptom assessments and implementation progress to assess CoCM processes and functions. Real-time data guides program enhancements and informs long-term strategy.
- **Modeling scalable integrated care across Los Angeles County.** Sixteen high-volume health centers are part of LAMMHA, and together they expect to reach around 20,000 perinatal patients each year. These model sites serve as catalysts for broader adoption across the county.
- **Establishing a long-term model of support for participating clinics.** Implementing CoCM is a complicated endeavor, and clinics that have embarked on the work benefit greatly from ongoing support. A LAMMHA learning group will allow clinics to continue sharing resources, exchanging best practices, and supporting each other in long-term CoCM uptake and sustainability.

By focusing on these opportunities, LAMMHA is working to make sure mothers in Los Angeles County can get the mental health care they need during the perinatal period.

Endnotes

1. Jürgen Unützer J et al., "Collaborative Care Management of Late-Life Depression in the Primary Care Setting: A Randomized Controlled Trial," *JAMA* 288, no. 22 (2002): 2836–2845; and Janine Archer et al., "Collaborative Care for Depression and Anxiety Problems," *Cochrane Database of Syst Reviews* 10, no. 10 (2012): CD006525.
2. Jennifer L. Melville et al., "Improving Care for Depression in Obstetrics and Gynecology: a Randomized Controlled Trial," *Obstetrics & Genecology* 123, no. 6 (2014):1237-1246; Nancy K. Grote et al., "Collaborative Care for Perinatal Depression in Socio-economically Disadvantaged Women: A Randomized Trial," *Depression and Anxiety* 32, no. 11 (2015): 821–834; and Jennifer Hu et al., "The Effectiveness of Collaborative Care on Depression Outcomes for Racial/Ethnic Minority Populations in Primary Care: A Systematic Review," *Psychosomatics* 61, no. 6 (2020):632-644.
3. Grote et al, "Collaborative Care."
4. Amritha Bhat et al., "Delivering Perinatal Depression Care in a Rural Obstetric Setting: a Mixed Methods Study of Feasibility, Acceptability, and Effectiveness," *Journal of Psychosomatic Obstetrics & Gynecology* 39, no. 4 (2018): 273-280.
5. Lisa Saldana, "The Stages of Implementation Completion for Evidence-Based Practice: Protocol for a Mixed Methods Study," *Implementation Science* 9, no. 43 (2014); Saldana et al., "Scaling Implementation of Collaborative Care for Depression: Adaptation of the Stages of Implementation Completion (SIC)," *Administration and Policy in Mental Health and Mental Health Services Research* 47, no. 2 (2020): 188–196.
6. Norma I. Gavin et al., "Perinatal Depression: A Systematic Review of Prevalence and Incidence," *Obstetrics & Gynecology*, 106, no. 5 (2005): 1071–83.

About the Authors

Ian Bennett, MD, PhD, is a family physician and clinical supervisor, Family Health Services, Solano County Department of Health, Vallejo California and an Affiliate Faculty of the Department of Psychiatry and Behavioral Sciences, University of Washington. Tess Grover, BA, is a research coordinator in UW's Department of Psychiatry and Behavioral Sciences. Mindy Vredevoogd, MS, is a research scientist and project manager in UW's Department of Psychiatry and Behavioral Sciences.

About the Foundation

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

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