Dear California Board of Behavioral Sciences and California Board of Psychology,

California faces a significant and solvable perinatal mental health crisis. The perinatal period, from preconception through the first year following birth, brings elevated risk for mood, anxiety, trauma-related, obsessive-compulsive, and psychotic disorders in all potential and new parents. In California, one in three birthing women and one in ten fathers experience a perinatal mental health condition. Current data is lacking for those struggling with infertility, miscarriage and stillbirth and termination. With approximately 420,000 births each year and more than 800,000 new parents annually in our state, the potential impact on families and communities is considerable. Too many aspiring, expecting, and new parents still do not receive clinically informed and culturally responsive care when they need it most (CDPH).

We respectfully request that the Board establish baseline education requirements for perinatal mental health for LMFTs, LCSWs, LPCCs, and PsyD's respectively, both prior to licensure and as part of continuing education.

This request is in line with the Department of Health Care Services' Birthing Care Pathway, a comprehensive plan to integrate behavioral health into maternity care for Medi-Cal members statewide. The Pathway mandates a review of Medi-Cal managed care and county behavioral health contracts to ensure pregnant and postpartum members have access to qualified providers and receive integrated care. It also focuses on reframing services in a trauma-informed context, emphasizing workforce training in trauma-informed crisis care that is culturally relevant and

integrated across various healthcare services. This approach aims to improve care for perinatal patients by bridging gaps between behavioral health, obstetrics, pediatrics, population health management, and substance use services.

These policy steps depend on a prepared behavioral health workforce and can be accelerated by setting foundational training expectations for licensees (DHCS).

Recent legislation, including AB 2193 from 2019 and subsequent maternal mental health initiatives including AB 1936, has appropriately expanded screening for perinatal mental health disorders. Screening, however, is only the first step. The independent evaluation of AB 2193 found that workforce shortages, particularly the limited availability of qualified mental and behavioral health clinicians, impede referrals and even discourage screening when there is insufficient capacity for follow up. (Institute for Medicaid Innovation).

The consequences of untreated perinatal mental health conditions are well documented. California's MIHA data show that anxiety and depression during and after pregnancy harm maternal well-being, increase risks such as preeclampsia and preterm delivery, and negatively affect breastfeeding and infant development. National analyses have found that approximately one in five postpartum individuals outside of California experience perinatal mental health conditions. These conditions can impair infant cognitive and social-emotional development, create high ACEs, and highlight the importance of timely, evidence-based treatment. (CDPH, MACPAC).

These burdens are not borne equally. MIHA reports higher symptom burdens among Californians with financial hardships, with the highest prevalence among Black birthing people. KFF further documents persistent, wide disparities in maternal and infant outcomes rooted in structural inequities and barriers to high quality, culturally and linguistically congruent care. Addressing these inequities requires a trained, trauma-informed behavioral health workforce that is competent in the distinctive features of perinatal conditions (CDPH, KFF).

Communities are navigating these needs amid a shifting reproductive health landscape. California has taken steps to protect access to care and support for patients, providers, and those who assist them. This context reinforces the imperative to integrate perinatal mental health into the settings where people already receive care and to ensure warm handoffs and coordinated follow up (CDPH).

We strongly urge that the Boards include mandatory perinatal mental health education in the pre-licensure curricula and continuing education for PsyDs, LMFTs, LCSWs, and LPCCs respectively. A minimum of 6 hours of training on perinatal mental health is essential for clinicians to fully grasp the distinct biological, psychological, and social aspects of aspiring and new parenthood.

Implementing mandatory training will enhance timely access to qualified care, improve the effectiveness of screening and treatment, strengthen coordination among programs serving parents and infants, and promote equity by standardizing trauma-informed, culturally responsive practices statewide. The Birthing Care Pathway offers a policy roadmap, while licensure

education can prepare the workforce to address the public crisis in perinatal mental health facing California families.

Sincerely,

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California Behavioral Health Association
California Chapter of Postpartum Support International
California Perinatal Wellness Alliance
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Libby Orrick Therapy, Libby Orrick
Love, Dad
Lupine Counseling, Bridget Balajadia

March of Dimes
Marin Perinatal Therapy, Ali Vogt
Marin Perinatal Therapy, Margot Kirschner, PsyD
Marina Counseling Center, Natalie Doyle, MA
Marin Perinatal Therapy (merged above for clarity if intended as one practice)
Marin Perinatal Therapy, Ali Vogt / Margot Kirschner, PsyD *(optional combined form)*
Marina Counseling Center, Natalie Doyle, MA
Marin Perinatal Therapy, Ali Vogt / Margot Kirschner, PsyD
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Maternal Mental Health Leadership Alliance
Maternal Mental Health NOW
Megan Pitsios, LMFT
Michelle Baumgartner, LCSW, Psychotherapy, Michelle Baumgartner
Millennial Mama Therapy, Lauren Puliz
National Association of Perinatal Social Workers
Northeast Valley Health Corp, Lindsey Whang, FNP
Noticing Growth Therapy Group Inc, Meghann Crane, LCSW
OC Transformations Counseling and Psychological Wellness, Shiva Sarabi, PsyD
Open Doors Therapy / Neurodiversity Training Center, Tasha Oswald, PhD
Open Paths Counseling Center
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Postpartum Health Alliance
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Return to Zero: Hope
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TGN Therapy, Tracy Gilmour, LMFT
The Caring Group Counseling Center, Victoria Rutsch
The Center for Men's Excellence, Dan Singley, PsyD
The MaMA Space, Suzanne Mungalez
The Unencumbered Path Therapy Practice, Natalie Baker
Vanita Kunert, MFT
Well Parent Therapy, Ana Velouise, LMFT
Whole Person Psychology, Denise Renye, PsyD
Worth Psychotherapy, Danielle Comerford-Worth, LMFT

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