

# Peer Support for Mamas: Tackling Isolation and Depression in California's Black Mothers

## Final Report

*Funded in part by a  
grant from the Cigna  
Foundation*

---

*April 2022*

*2020 Mom  
5101 Santa Monica Blvd.  
Ste 8-326  
Los Angeles, CA 90029*

---

# Table of Contents

<i>Background</i>	<i>Measures of Success</i>	<i>Results</i>	<i>Conclusions</i>	<i>Evaluation Report</i>
<b>4</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>13</b>
<i>Evaluation Methods</i>	<i>Grant Metrics</i>	<i>Quantitative Analysis</i>	<i>Training Feedback</i>	<i>Conclusions</i>
<b>16</b>	<b>17</b>	<b>19</b>	<b>28</b>	<b>31</b>

# Part I: Final Grant Report



---

# Background

## *About 2020 Mom*

2020 Mom, the grantee and project lead, is an eleven-year-old nonprofit whose mission is to close gaps in maternal mental health care. 2020 Mom has a track-record of identifying gaps and innovative solutions and working collaboratively to solve them.

---

## *Maternal Mental Health*

Maternal mental health disorders are the most common complication of pregnancy and childbirth. Those who are pregnant and in the postpartum period who don't receive support/treatment experience:

- family dysfunction,
- lack of prenatal care,
- low social support,
- financial and housing instability,
- co-occurring health complications,
- higher rates of infant and maternal mortality,
- unmanageable job strain,
- difficulty meeting maternal role expectations,
- higher rates of infant and maternal mortality, and
- childhood or perinatal trauma, including domestic or sexual abuse

Women and mothers, in particular, have been disproportionately burdened by the Covid-19 pandemic. The current system of care was not and now more than ever is not meeting their needs due to high demand of mental health services and continued mental health care fragmentation. The health and mental health system is particularly insufficient for the perinatal (pregnant and postpartum) population with Black mothers facing even greater disparities. The risk of postpartum depression is nearly 80% greater for African American mothers than for white mothers (Cebellos, et al., 2016).



---

# Peer Support

In 2007, recognizing the mounting research, the Centers for Medicare and Medicaid Service (CMS) identified peer support services for mental health to be an evidence-based practice. Peer support is a highly-affordable and effective way to provide needed increases in coping strategies and reduction in stress and mental health symptoms. Peers are an essential component of recovery-focused systems and are key across settings and stages of recovery.

2020 Mom had been following the national movement and policy related to state certified peer support specialists and was well positioned to address these gaps in care using the peer framework. Recognizing the urgency and opportunity to augment treatment shortages and meet women where they are, 2020 Mom looked to the use of the state certified peer support framework, for the maternal population in its first study. Then built upon that framework to address disparities in Black maternal mental health, with this second, Cigna-funded study.



---

# About this Pilot Study

The target population in this second study, Peer Support for Mamas: Tackling Isolation and Depression in California's Black Mothers, was Black mothers (including those with birth loss) who identified as peers to those who've experienced a maternal mental health complication/distress.

The project team engaged Black-led doula organizations and other advocates to connect to mothers throughout the state, with a focus on Oakland/San Francisco, Sacramento, and L.A.

The project combined the national training used for certified peer specialists along with specialized maternal mental health peer support curriculum, training 30 Black mothers. More specifically, the training included the Peer Employment Certification Training with the specialty Certificate in Maternal Mental Health Peer Support.



---

# Subgrantees

---

Three subgrantees partnered to deliver the training:

**1) Recovery Innovations International (RI) provided their web-based certified peer specialist training, for two cohorts of 15 black mothers.**

**2) Mental Health America of Ohio's POEM Program provided the specialized Maternal Mental Health Training and peer mentorship following each cohort.**

**3) Shades of Blue Project provided training in the INSPIRE journal method.**

In recognition of both the significance of Black care peer professionals, and the space to acknowledge that racism and discrimination are drivers of mental and overall health, the learning space in its entirety was fully by and exclusively for Black women and mothers.

They connected the trainees in the key areas of peer support: embracing and supporting Black mothers/parents through a safe, holistic, trauma-informed model grounded in connection and lived experience.

The pilot project model reflects an array of research that defines peer support as an innovative approach in prevention, recovery, and maintaining mental wellness (Leger 2014); promotes accessibility to evidence-based programs for moms/birthing persons with mental health complications; and is not only acceptable to program participants, but also provides a unique mechanism for improving mental health outcomes.

This collaborative approach was modeled from existing peer certification training for specialized populations, such as the training that was developed for veterans.



---

# Measures of Success

---

## *The outcomes we sought to improve included:*

Filling at least 28 of the 30 available seats in the two trainings with participants who identified as peers to Black mothers who've experienced a maternal mental health complication. We had a total of 30 participants across the two training cohorts, all of whom were black mamas or doulas working with black mamas.

## *At the conclusion of the training:*

- 90% of participants would indicate that the training increased knowledge and confidence to provide mamas with support
- 90% indicate they are satisfied or very satisfied with the training
- 100% of those providing professional support indicate they used at least 60% of the information from the training in their work
- 90% of trained mamas are in roles (formal or informal) which they routinely serve other mamas within 2 months of completion of training
- 90% of trained mamas active in the follow up peer mentoring program
- 90% of those utilizing the peer mentoring program indicate they are satisfied or highly satisfied with the mentoring support
- 75% of those participating in training indicate that they would have paid to attend the course.

The tools that were used to evaluate the outcomes included formal and informal assessment and evaluation, verbal interviews, and feedback obtained from weekly semi-structured evaluation forms for the training component.



---

# Results

*“It was so unique and fulfilling that everyone in the training had their own moment where things were raw, they broke down, hearts bonded and there was so much love for each other in those moments”*

*“Love the follow-up mentoring talks after the training. Most trainings it’s just dropped at the end right away”*

---

## Outcomes

- 30 of the 30 available seats in the two trainings were filled with participants who identified as peers to Black mothers who’ve experienced a maternal mental health complication
- At the conclusion of the two trainings:
- 100% of participants indicated that the training increased knowledge and 99% reported it increased their confidence to provide mamas with support
- 95% indicated that they were satisfied or very satisfied with the training
- 100% of those providing professional support indicate they used at least 60% of the information from the training in their work
- 72% of trained mamas are in roles (formal or informal) which they routinely serve other mamas within 2 months of completion of training
- 72% of trained mamas were active in the follow up peer mentoring program
- 100% of those utilizing the peer mentoring program indicate they are satisfied or highly satisfied with the mentoring support
- 77% of those participating in training indicate that they would have paid to attend the course.

Post training, graduates reported informally serving approximately 140 participants by providing maternal mental health peer support services.

**Participants clearly had life-changing experiences, in addition to becoming prepared as peer supporters themselves. Incredible healing occurred through the training.**



---

# Results

---

## *Becoming State Certified*

Participants earned their certification in the provision of trauma-responsive and inclusive peer support services with a focus on the Black perinatal population. They are now able to offer a unique and unmatched ability to engage and serve their communities.

At the conclusion of the training, students were prepared to successfully complete all requirements to become a state-certified as a Peer Support Specialist in California. Though at the time of writing the grant proposal, it was believed that California would have developed the peer testing/certification process after passage of legislation, the California Department of Health Care Services is still working this process, though peers can still be reimbursed for services through county MediCal (Medicaid plans).

<https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>

*“I’ve felt a sense of hopelessness for nearly two decades. I felt that lift after the first 3 days of this training”*

*“I really didn’t know what to expect...so thankful it was geared towards Black women”*



---

# Conclusions

Mental health care that is centering and affirming of diverse voices, and in particular - Black experiences – is rare. The traditional clinical medical and behavioral health system generally disregards a significant percentage of the people for whom it is charged with their care. Many individuals don't necessarily trust clinical providers, particularly if they're from a different racial or ethnic background. They're worried that they won't receive the same quality of treatment. This is an unfair challenge for someone already coping with mental health complications.

This pilot project not only readied 30 Black perinatal mental health peers in California, it created a new program that is a key foundational step to address the need to expand peer support for maternal mental health and Black maternal mental health in the U.S.

Lessons that we've learned to inform future work include a focus on systems improvements to better open additional pathways for support for Black mothers and provide trainees with career opportunities. This should include placement in community-based organizations that serve and bill health insurance including MediCal (the state Medicaid program). This effort will require provision of technical assistance to community-based organizations that currently are not providing services under a National Provider Identifier (NPI) and will likely be overwhelmed by the process of joining insurance networks and registering as a state Medicaid provider in order to bill and be reimbursed for peer services.

The training pilot demonstrated that it successfully prepared certified peers for future employment, but opportunities in the field of practice remain limited.







# **Part II: Evaluation Report Prepared by The Measurement Group**



---

# Acknowledgements

This project would not have been possible without support from the Cigna Foundation. We are grateful for the California Community Investment Grant which underwrote this important work. We believe the Peer Support for Mamas project aligns well with the Cigna Foundation's commitment to eliminating health disparities and improving health and well-being for all.

---

This is the report from an independent evaluation of the Peer Support for Mamas Project. While the evaluation is independent, it could not have happened without major collaboration among the key project partners.

Joy Burkhard, MBA, Executive Director and Founder of 2020 Mom, provided overall project leadership. This project reflects her vision and is part of a larger strategy to increase the availability of culturally competent support for mothers affected by maternal mental health issues.

The Certified Peer Support training itself was conducted by RI International (RI), with Aaron Foster, MA LAC CRC CRSS representing RI on the project Executive Committee. We thank Aaron and RI for facilitating data collection for evaluation within the parameters of the online maternal mental health (MMH) peer support training.

Kay Matthews of the Shades of Blue Project provided outreach to Black doula partners in California to recruit mothers into the two training cohorts. She also provided training in the INSPIRE journal method, which offers culturally competent support to Black mothers.

Tonya Fulwider, Associate Director of Mental Health America of Ohio and Co-Founder of POEM (Perinatal Outreach & Encouragement for Moms) worked with graduates of the MMH Peer Support Training to assist them in navigating the process of searching for and obtaining work providing MMH peer support to moms in need.

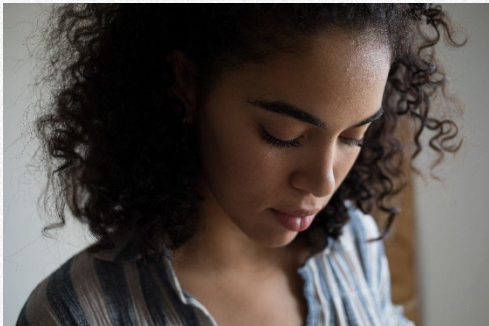
Finally, the evaluation of the Peer Support for Mamas project was conducted by The Measurement Group LLC. The evaluation team was led by Lisa Melchior, PhD, with contributions from Leon Moraes and Djosy Charles, MS.

All conclusions presented in this evaluation report are those of The Measurement Group and may not necessarily represent those of any of the collaborating organizations or individuals listed here, or of the Cigna Foundation.



---

# About the Peer Support for Mamas Tackling Isolation and Depression in California's Black Mothers Project



---

To address maternal mental health issues among Black women that “are largely underreported and symptoms often go unaddressed,”\* the **Peer Support for Mamas Tackling Isolation and Depression in California’s Black Mothers Project** provided Black mamas served by doula communities in California with peer support training to provide further culturally competent Black maternal support and potential career pathways.

Peer support not only reduces loneliness and mitigates provider shortages, but also provides mothers with support from a community they trust. Furthermore, becoming a peer worker can provide mothers with a sense of purpose and employment, as services are reimbursable through California’s Medicaid program.

The goal of this project was to engage, train, and support Black mamas who have suffered from maternal depression or distress as peer support workers through California’s Black doula communities in Los Angeles, Sacramento, and Oakland to combat isolation and depression in other Black mamas.

This was accomplished by recruiting for and implementing maternal mental health (MMH) peer support training for two cohorts of Black mothers and doulas. This training, which was administered remotely by RI, included a general training to become a certified peer support specialist, accompanied by training specifically addressing maternal mental health.

Following the training component, graduates were invited to participate in additional mentoring and support from POEM.

The project was funded in November 2020 and was implemented throughout 2021.



---

# Evaluation Methods

This evaluation used a mixed methods approach, including quantitative and qualitative data.

Data about the participant recruitment phase were collected from the application forms provided by RI on its website. Qualitative themes were coded from the narrative answers that candidates gave in response to the open-ended questions on the application. The purpose of this qualitative analysis was to illustrate the participants' stories and reasons for wanting to become a MMH Peer Counselor. The qualitative data were analyzed for all applicants, including those who were not selected to participate in one of the training cohorts.

For enrolled participants, feedback surveys were administered three (3) times, on the last day of each week of the 3-week training. The purpose of the survey was to document the extent to which (1) the training increased participant knowledge and confidence to provide mamas with support and (2) participants were satisfied or very satisfied with the training.

- The Week 1 survey included participant demographic characteristics not collected elsewhere.
- Surveys in Weeks 1 & 2 collected feedback on the course content and experience in the prior week.
- The Week 3 survey collected feedback about the overall course and experience.

To monitor outcomes occurring after the training sessions, additional data were documented by the POEM program, which worked with some of the peers to support them in their efforts to help other moms providing MMH peer support.



# Grant Metrics

The metrics shown at right were proposed as indicators of success for this project.

Six of the eight metrics were met or exceeded. While most of the peers did participate in post-training mentoring and were serving in roles where they routinely supported other mamas, levels did not meet the projected 90% benchmarks.

Metric	Progress Achieved
1. 28/30 + training seats filled with Black mamas and/or doulas	<ul style="list-style-type: none"> <li>30 participants, all Black mamas/doulas</li> </ul>
2. 90% indicate training increased knowledge & confidence to provide mamas with support	<ul style="list-style-type: none"> <li>100% ↑ knowledge</li> <li>99% ↑ confidence</li> </ul>
3. 90% satisfied or very satisfied with training	<ul style="list-style-type: none"> <li>95% satisfied or very satisfied</li> </ul>
4. 100% of those providing professional support used at least 60% of the training information in their work	<ul style="list-style-type: none"> <li>Metric met</li> </ul>
5. 90% of trained mamas are in roles (formal or informal) which they routinely serve other mamas within 2 months of completion of training	<ul style="list-style-type: none"> <li>72% in roles serving other mamas within the 2-month timeframe</li> </ul>
6. 90% of trained mamas active (posting, attending at least two coaching calls) in peer mentoring program	<ul style="list-style-type: none"> <li>72% active in follow-up peer mentoring program</li> </ul>
7. 90% of those utilizing the peer mentoring program satisfied or highly satisfied with mentoring support	<ul style="list-style-type: none"> <li>100% satisfied/highly satisfied with mentoring support</li> </ul>
8. 75% of those participating in training indicate that they would have paid to attend the course	<ul style="list-style-type: none"> <li>77% said they would have paid to attend</li> </ul>



---

# Participant Characteristics

## 30 participants in two training cohorts

16 in Cohort 1 (June 2021)  
14 in Cohort 2 (October 2021)

## Evaluation surveys completed

14 in Cohort 1  
13 in Cohort 2

## 100% Black mamas and/or doulas

93% identified as Black, 7% "Native"  
56% were Doulas

## Age

Range: 24 – 63 years of age  
Mean: 37 years old  
Median: 34 years old

## Education

33% Some college, no degree  
10% Associate degree  
37% Bachelors degree  
20% Graduate/post-graduate degree

## 93% parenting

1 to 9 children per mom  
Most frequent: 2 children (40%)  
Mean: 2.8 children

- Two doulas no children

Time since most recent pregnancy

- Less than 1 year to more than 20 years

**13% requested reasonable accommodations or practical things to help them succeed in the training**



---

As part of the application process, peers were asked to respond to several open-ended questions to learn about their lived experiences with maternal mental health issues and how they saw those experiences impacting their ability to provide MMH peer support.

The evaluation team conducted qualitative analysis of these narrative responses to identify themes in the words of the peers provided in their applications.

The analyses summarized in this section included data from all applicants, including the 30 participants in Cohorts 1 and 2, as well as 14 applicants who did not participate in the training.



# Lived Experience as Asset in Recovery Support

Many participants cited their history and experience with post-partum depression, trauma, and more general experiences of depression as assets that could be used to support the recovery of others.

*“I believe my lived experience...coupled with empathy & compassion that I have for others suffering from these same illnesses will be an asset in supporting them. I can relate to the deep suffering that occurs, & I want to share the suffering that I have experienced along with providing hope to let others know that they are not alone. I believe that sharing about my recovery will provide hope that others may not be able to provide for themselves. We all need someone to believe in us, to care about our suffering and possibly relate to it in some way.”*

Theme	Mentions
Post-Partum Depression	15
Trauma	12
History of Mental Health Issues (Depression)	10
Substance Use	7
Child Loss	7
History of Mental Health Issues (Anxiety)	6
Post-Partum Anxiety	5
Professional Relative Experience	5
History of Mental Health Issues (PTSD)	4
Traumatic Birth (complications, unplanned Caesarean, etc.)	3
Homelessness	3
Stigma	2
Experience as CPSP Worker	1
Experience as Mental Health Therapist	1
COVID-19	1
Single Parenting	1
Teen Pregnancy	1
Veteran	1



# Reasons for Interest in Promoting Recovery

Many participants were interested in becoming Certified Peer Supports and promoting recovery in the lives of Peers to better their communities and help other moms.

*“It will be an honor to be accepted into the training program and learn how to help others through my journey. I don’t mind sharing parts of my personal story with the people I support. I know telling my recovery story will help my peers in their own recovery. We all have to be in support of each other, and telling the truth is the only way to get through recovery and earn the trust of your peers because you have been where they have been.”*

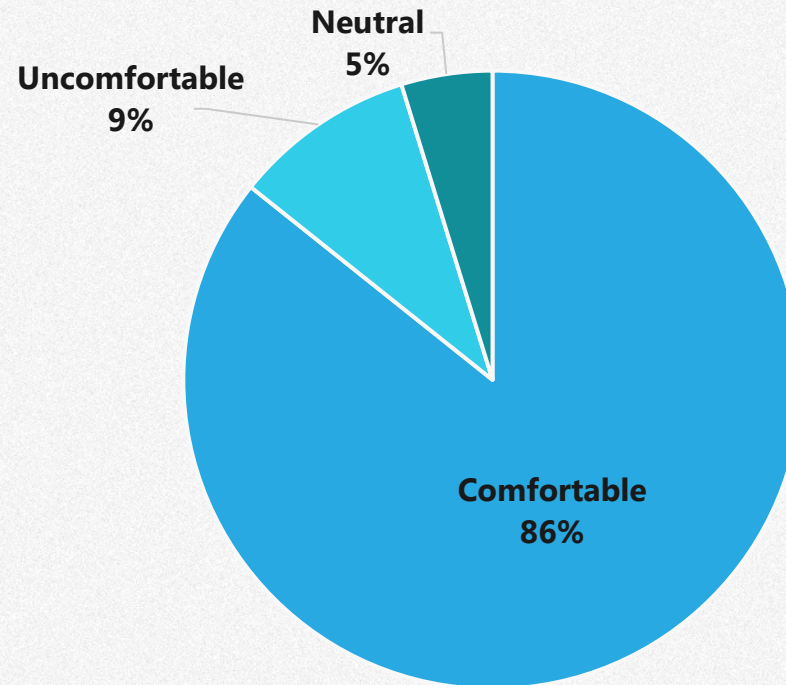
Theme	Mentions
Social and community support	7
Helping other moms	6
Professional relative experience	5
Education	5
Empowerment	4
Provide tools for other moms	4
Previous Mental Health Experience	4
Altruism	3
Build strong families	3
Create a safe space	3
Provide empathy, compassion, etc.	3
Provide hope and encouragement	2
Health equity	2
Personal development	2
Finding causes	1
Reduce suffering	1
Be a role model	1



# Comfort Level Sharing Personal Experiences

The majority of participants reported that they were comfortable with sharing their personal experiences with others.

*“I am an open book. I believe being able to be vulnerable and trusting and free and honest with life experiences, whether good or bad, also empowers others to live in their truth and possibly help someone else in return.”*





# Positive Outcomes of Sharing Recovery Stories for Both Parties

The majority of participants reported that individuals being served and Certified Peer Specialists could be mutually supported, foster inspiration between one another, and experience mutual personal growth by sharing their recovery story.

Theme	Mentions
Social support	23
Hope, faith, and inspiration	15
Mutual growth	11
Healing	8
Encouragement	7
Perspective change	7
Healthy pregnancy	2
Confidence	3
Reduced risk of behavioral health issues	1

*“Both people would be mutually encouraged. The person being served would become more hopeful about their personal recovery and feel less alone, because being listened to, believed in and experiencing relatability during suffering are powerful ingredients to creating hope. The Certified Peer Specialist would be encouraged that they were able to help another person have enough hope to carry on and began recovery and that their pain and suffering has served a purpose to help others.”*



# Strengths that Make for Great Peer Support

The majority of participants believe they would make great Peer Support Specialists because of their communication skills, their ability to listen to others, their traits of empathy, compassion, vulnerability, and their ability to be relatable and positive with their peers.

*“I am open and I love to allow space for open, honest, transparent and non-judgmental communication. I want individuals to feel they are in a safe space. I’ve noticed that people gravitate to me for advice or simply an ear to listen. I’ve learned to use my life experiences and clinical knowledge to advise when asked and appropriate. I am respectful of boundaries and exercise confidentiality. I am resourceful, I know how to utilize my networks to help an individual when I’ve recognized that their needs may be beyond my scope with permission.”*

Theme	Mentions
Communication and listening skills	25
Empathy, vulnerability, compassion, positivity, encouraging	20
Personable and relatable	10
Creativity and resourcefulness	8
Professional Relative Experience	7
Ability to create safe space	6
Humor	4
Patience	4
Emotional intelligence	2
Previous Maternal Health Experience (Research)	2
Solution-based	2
Eager to learn	1
Flexible	1
Previous Maternal Health Experience (Birth Doula)	1
Willingness to share personal story	1
Technologically-savvy	1



# Academic Strengths

Many participants reported that they were hard workers who understood how to efficiently manage their time which would enable them to handle academic work.

*“I do love to study what is necessary for me to become efficient and able to execute the responsibilities of my role well. I am also very determined when it comes to the completion of anything that is within the scope of my role.”*

Theme	Mentions
Hard worker, consistent	28
Time management	10
Eager to learn	8
Organized	5
Fast learner	3
Flexible	2
Creative and resourceful	2
Memorization	2
Personable and relatable	2
Emotional intelligence	1
Empathetic and compassionate	1
Solution-based	1
Technologically-savvy	1



# Strengths to Help Gain Employment

The majority of participants reported that their previous work experiences with health, other professional experiences, and their ability to be professional were strengths that would help them succeed in getting a job.

*“Showing enthusiasm and an interest in a job is a good start to succeeding at getting a job. When I am enthusiastic it means that I’m determined to get what I want. No matter how long it takes, or the sacrifices I may need to make, I will not give up. I live by the motto, “If at first you don’t succeed, try try again!” Showing interest and enthusiasm in a job shows employers that they will have a productive and hard-working employee.”*

Theme	Mentions
Health background	7
Professionalism	7
Professional Relative Experience	6
Eager to learn	6
Positivity, personable and relatable	6
Solution-based	5
Hard worker, consistent, etc.	5
Organized	4
Communication and listening skills	4
Creative and resourceful	2
Previous Maternal Health Experience	3
Empathy and compassion	3
Adaptability	2
Confidence	1
Memorization	1
Patience	1
Faith	1
Resilience	1
Flexibility	1

# Strengths to Help with Job Retention

Most participants reported strengths of being consistent hard workers and being team-oriented would help them succeed in job retention.

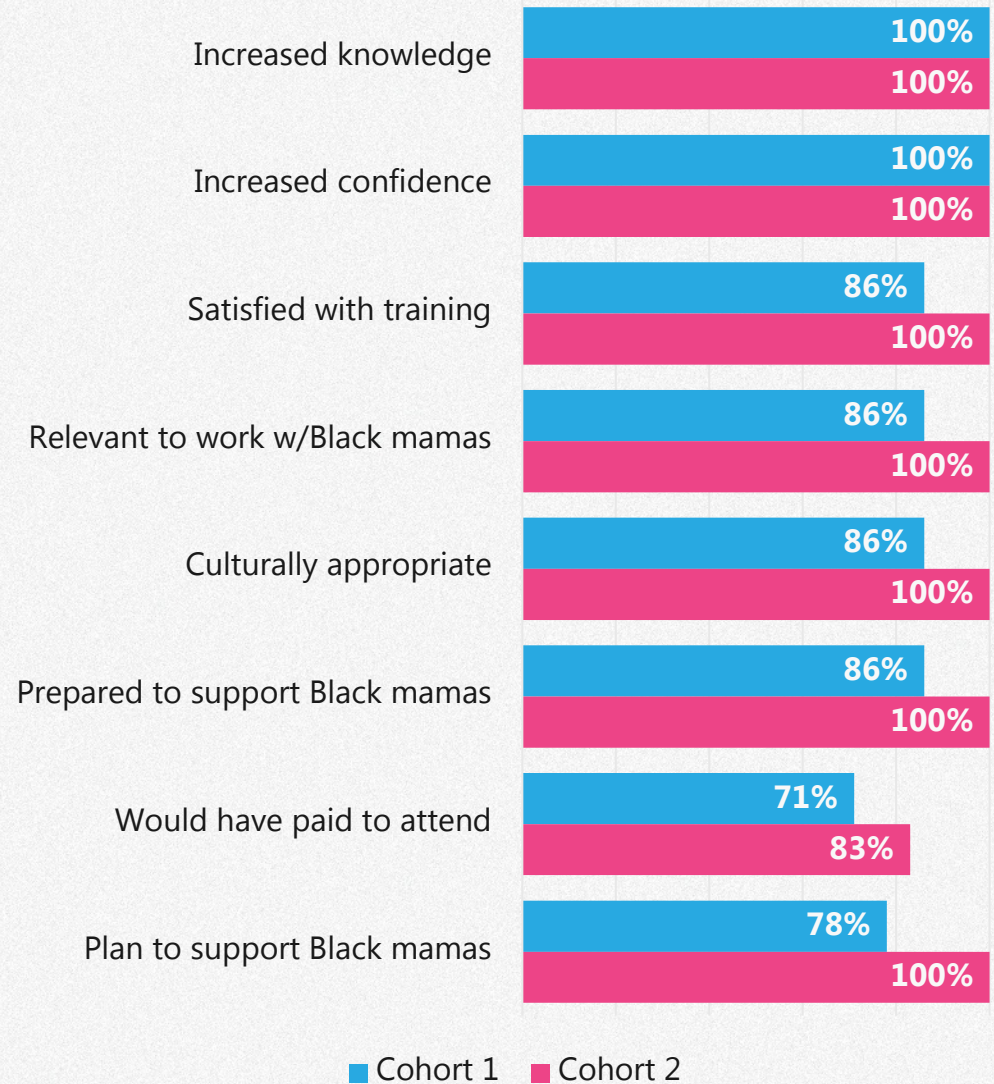
*“As I have spent the majority of my life being a home-maker, I have yet to have a long-term job outside of the house, but if my efforts spent on parenting can attribute: I have a long-term sense of responsibility and dedication to working for the benefit of humanity. I think if I was able to find a position in which I felt I was making a positive contribution to the world and working with childbearing families, I would be happy to dedicate the same commitment that I did to raising my children. I already know that I give my best to everything that I am involved with and take seriously any responsibilities that are placed on me.”*

Theme	Mentions
Hard worker, consistent	13
Team-oriented	9
Eager to learn	4
Flexible	4
Positivity, personable and relatable, encouraging	4
Professional Relative Experience	3
Professionalism	3
Previous Maternal Health Experience	3
Professional Relative Experience	3
Health background	2
Time management	2
Adaptability	2
Memorization	1
Organized	1
Sobriety	1
Solution-based	1
Humor	1
Listening skills	1
Fast learner	1



# Training Feedback

Feedback from participants in both training cohorts was consistently strong.



# What Did You Like Best About the Training?

*Open-ended responses to this question at the end of each week of training were coded*

*The major themes that describe what participants liked most about the training are summarized at right*

Theme	Mentions
Content or Subject Matter	13
Instructors	12
Group Discussions	11
Introspection	11
Role Play	6
INSPIRE Training	5
Training Structure	4
Maternal Mental Health Knowledge	3
Guest Speakers	2
Communication	2
Breakout Sessions	1
Support	1



# What Could be Improved in this Training?

*Open-ended responses to this question at the end of each week of training were coded*

*The major themes that describe the potential improvements that could be made are summarized at right*

Theme	Mentions
Nothing	10
More time	8
More role playing	8
More structure and preparation	7
More resources	4
Extend training days	4
More group activity	3
More Black mom-specific outlets/training	2
Reduce training time	2
Adjust test questions	2
More time to process	2
Enable chat options	1
Address lack of privacy/confidentiality	1
More breaks	1
Add subject matter	1



---

# Conclusions

2020 Mom and its collaborators successfully implemented this pilot program to provide Certified Peer Support training to Black mamas with lived experience with maternal mental health and doulas. The training and its follow-up peer mentoring program were well-received.

Creating opportunities for Black mamas and doulas to provide maternal mental health support to other mothers is important to increase capacity for helping mothers who experience maternal mental health challenges. This pilot test has shown us there are women who are ready to share their experiences and learnings with others.

Most of the metrics used in this pilot test were met at or near 100% of the target. One recommendation for future efforts would be to use a different question post-training than “would you pay to attend this training?” This question may have a very different meaning when asked of someone who is economically disadvantaged.

Qualitative analysis of the participants’ application data showed a rich picture of what types of lived experience the women brought to the table and highlighted their eagerness to share and give back to others. It showed that it is possible to balance the personal history and stories of the individual with the need for soft skills, organization, and technical abilities needed to navigate the modern workplace. This may suggest future areas for professional development in the maternal mental health peer support worker space.



