Maternal
Mental Health
Equity Fund

Community-Rooted Maternal Mental Health

Creating Trusted Care for Families

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Contents

Photo Credit: We All Rise

I Introduction: Why Maternal Mental Health Integration Matters for Family-Serving Organizations

When maternal mental health (MMH) needs go unaddressed, the consequences ripple beyond a single diagnosis: they shape birth outcomes, parent-child relationships, and a family's stability during some of its most formative years.

Black, Indigenous, Latina, Asian American, Pacific Islander, and other women of color experience higher rates of perinatal depression and anxiety, yet are far less likely to receive care—often because of structural barriers and long-standing inequities embedded in health and social service systems.

To address these system inequities, the Maternal Mental Health Equity Fund (MMHEF) was established in 2022 to fund community-rooted programs providing mental health and well-being supports to families in BIPOC communities. Following a national request for proposals, seven organizations were selected from nearly 150 applicants to form a four-year cohort launched in 2024.

The selected organizations—Hummingbird Indigenous Family Services (WA), Our Roots (CA), Perinatal Health Equity Initiative (NJ), Todos Juntos (TX), Valley Settlement (CO), Village of Healing (OH), and We All Rise African American Resource Center (WI)—receive general operating support, along with access to technical assistance, evaluation and learning supports, and participation in a national learning community aimed at peer-to-peer connections and elevating community-driven models of care for systems and policy leaders. All are led by and working within BIPOC communities and are demonstrating impact in addressing maternal mental health inequity.

This cross-site synthesis reflects initial lessons from these seven organizations. Across urban and rural settings, these model programs embed maternal mental health within trusted relationships, navigation supports, clinical care, and community-based and community-designed interventions rather than isolating maternal mental health within traditional medical systems or referral-only approaches. Their work spans prevention, early identification, and access to more intensive care when needed. They also span supports for families across a continuum from pregnancy, postpartum, early childhood, and broader family life rather than as a time-limited intervention.

> *"We create the conditions necessary for Black survivors to feel safe — to feel seen, heard, and recognized, and less erased."*
>
> **— We All Rise African American Resource Center**

These family-centered models integrate economic stability, relational support, and key developmental transitions as core components of maternal mental health. Together, these organizations demonstrate that maternal mental health integration works best when it is community-rooted, culturally driven, and responsive to the complexity of families' lives. In this context, integrating maternal mental health becomes a strategy for correcting long-standing inequities and transforming systems by supporting care that is rooted in the communities most impacted.

II How Programs Are Leading in Addressing Maternal Mental Health: Core Functions of Community-Based Support

Across the MMHEF organizations, maternal mental health needs are shaped by individual stressors, and are deeply impacted by the structural racism embedded in health, public benefit, and child- and family-serving systems. Families, particularly Black, Indigenous, immigrant, and those who experience income inequality, often encounter systems marked by bias, suspicion, surveillance, dismissal, and disregard of cultural norms and historical harms.

Understanding this reality, MMHEF organizations work to provide an integrated and broad mix of what constitutes maternal mental health care in the eyes of the communities they serve. Each organization has built its program in partnership with community members to:

- Deliver programs that help families avoid continued exposure to harm and stigma within formal systems;
- Mediate and advocate on behalf of families when health and public systems fail or cause harm;
- Provide culturally grounded alternatives to traditional service delivery; and
- Use data, storytelling, and partnerships to advance changes in public and private institutions and systems' practices, policies, and norms.

Site-Level Overview

MMHEF Site	Geography	MMH Programming Summary
Hummingbird Indigenous Family Services	Urban · WA	Mental health services for Indigenous pregnant people in King County, WA, using an embedded model with doulas and home visitors, as well as peer support, that wraps around an unconditional cash transfer program.
Our Roots	Urban · CA	Community-driven virtual peer-based supports built on a coaching framework that serves low-income birthing people, in partnership with Medicaid, Federally Qualified Health Centers (FQHCs), and community-based organizations in Alameda County, CA. Together, they are working to align culturally reverent services with health centers.
Perinatal Health Equity Initiative (PHEI)	Urban · NJ	Equity-focused program in the South Ward Promise Neighborhood site in Newark, New Jersey, delivering one-on-one support, peer mental health support groups, and organizing training and other efforts to support mothers in their community.
Todos Juntos Learning Center	Urban · TX	A hub where immigrants and refugees in Central Texas can access all their needs from a trusted source. They will expand their health and mental health services within their dual-generation approach.
Valley Settlement	Rural · CO	Rural, peer-based mental health program serving Latina families, embedded in a community-led organization, using the Alma model of peer mentoring mental health support.
Village of Healing	Urban · OH	Black founded and operated community-anchored health care center, providing culturally congruent health care, peer-to-peer support, and connection to resources.
We All Rise African American Resource Center	Urban · WI	Serving domestic/sexual violence survivors with a community-driven mental health resource center with group support as well as individualized clinical supports.

Rather than operate along a linear pathway, MMHEF organizations perform a set of core maternal mental health practices that together support maternal mental health across the family life course. These core practices include: prevention, early intervention, and systems-level support.

A. Primary Prevention: Reducing Exposure to Stress, Stigma, Isolation, and Harm During the Prenatal and Postpartum Period

Prevention serves as one of the core maternal mental health practices prioritized by the MMHEF cohort. For many, this practice leans into a paradigm shift targeting the social drivers of well-being, or the foundational conditions that need to be emphasized to support maternal health. MMHEF organizations are focusing on reducing stress, isolation, and stigma before a crisis emerges by addressing material needs, strengthening social connection, and creating environments where families feel safe, respected, comfortable, and not pathologized.

Often, this work occurs outside clinical settings and before families identify themselves as needing mental health care. While all organizations are engaged in some level of prevention, the organizations below offer a few illustrative examples.

Perinatal Health Equity Initiative · NJ	Provides navigation support and works to alleviate upstream stressors such as housing, food, transportation, and breastfeeding support through community-built protective spaces.
Todos Juntos · TX	Provides peer-based group spaces where mental health conversations emerge organically and community-building normalizes care across early childhood and workforce programs.
Hummingbird · WA	Has a signature guaranteed income program (NEST) that directly addresses financial insecurity while providing culturally grounded practices that aim to reduce stress and support emotional well-being.

B. Early Intervention: Surfacing Mental Health Challenges and Responding Early and Often

When stress, anxiety, or depression concerns among family members begin to surface, several organizations in the MMHEF cohort are able to identify and address the concerns without requiring a presenting crisis or formal diagnosis. The early detection and response is facilitated by trust; it's relational and iterative, which allows organizations to deepen, pause, or shift engagement as family needs fluctuate. For many MMHEF organizations, engagement is ultimately paced by families themselves, with multiple entry points, and no penalty for exit or re-entry.

Valley Settlement · Rural CO	Provides a structured, peer-led early intervention model (Alma) as well as the Learning with Love program, both offering flexible pacing. The organization continues to iterate, refine, and improve both the service delivery and peer-coaching aspects of the models to be adaptive to the realities of a rural context.

Our Roots · CA	Delivers early intervention through regular screening and consistent touchpoints in a virtual peer support model. By pairing these check-ins with skills-building, emotional regulation strategies, and care navigation, the program helps identify concerns early and prevent the need for higher-acuity services.

C. Systems-Level Support: Providing Access to In-Depth and Ongoing Care, Treatment, and Recovery

The level of maternal mental health support a family needs depends on many factors, with some families requiring sustained clinical care, crisis response, or long-term recovery support services. These higher-acuity supports are most effective when they are community-informed and culturally congruent.

For the MMHEF organizations, this approach takes shape through culturally specific treatment models, integrated clinical care, and continuity throughout recovery. Several organizations have dedicated maternal mental health staff as part of their models to ensure consistent attention and lasting relationships. For some, this looks like utilizing current and former clients as peer support leaders. But for others, care is delivered in partnership, either directly through other trusted community-based organizations or through close collaborations that allow families to move between providers without fragmentation, fear, or loss of trust. At the center of this system-level care is the depth of relationship and trust among care providers, which helps ensure families remain connected to support as their needs evolve.

We All Rise · WI	Offers culturally specific crisis response, therapy, and care navigation supported by credentialing, billing, and systems partnerships.
Village of Healing · OH	Provides integrated health care with nurse midwives, nurse practitioners, and licensed professional counselors specializing in OB/GYN and behavioral health.
Valley Settlement & PHEI	Both leverage the experience and expertise of past families to serve as mentors supporting new participants, strengthening recovery, and building community-rooted workforce pathways.

Across MMHEF organizations, developing and sustaining authentic health system partnerships can occur, but is also not without its challenges. Some organizations have built productive networks over time, and when necessary, have been able to break ties with partners who are not able to serve their families in ways that align with the trust the organizations have built. Other organizations within MMHEF are calling out providers and practices in their communities that do not leave families better off. All of this work takes significant time, trust-building, and commitment in order to create a seamless system of care for families.

III Five Lessons for Family-Serving Organizations

Across all the MMHEF organizations and their approaches to the work, ongoing systems change depends on infrastructures that are intentionally built and sustained, not assumed. From these MMHEF model programs, there are five key lessons to guide organizational leaders who aim to integrate, build, grow, and sustain prevention, early intervention, and systems-level change around the mental health needs of families.

1 Community-Anchored Trust is the Foundation of Maternal Mental Health Intervention

A critical component in each MMHEF program is the trust between organizations and parents. It is intentionally built by being in community with families, listening and responding to families' needs, and stopping the patterns of harm, surveillance, or dismissal within health and public systems that families have experienced. PHEI staff, for example, create public health–oriented community touchpoints that help build trust while they work to mediate and advocate with families in their interactions with health systems that have historically caused harm.

Community trust enables families to disclose issues of stress, anxiety, and distress in ways that larger, more medicalized programs simply cannot do. The We All Rise team knows that for most of their families, the goal isn't just addressing trauma; it's also offering healing-centered, culturally specific care models. Their Sacred Kinship Maternal Healing Model includes deep engagement with the pregnant person, but also with family members, and works with males (often dads) as the family goes through pregnancy and early parenting. This healing approach is anchored in establishing trust with Black families navigating crisis, recovery, and ongoing support.

> *"Boxed curriculums don't work, so we train coaches on values, skills, and ways of coaching."*
>
> — Our Roots

These community-driven programs can also sustain engagement with families over time. For example, at Todos Juntos, the team has worked to create trusted peer spaces for families that are fully integrated across their early childhood programs, their adult education for parents, and the workforce programs for families as they help advance overall family well-being. This allows mental health needs to surface organically without clinical labeling. Together, all these organizations invest in culturally grounded relationships, peer leadership, and community presence to ensure families experience safety and dignity before mental health needs escalate.

FROM TRUST TO TREATMENT

A relationship that stays open until she's ready

Six months after an initial conversation, a mother reached back out with a simple text: she was ready for Valley Settlement's Alma program. Even though the program was near capacity, the relationship held. A Compañera connected with her that same day, completed an intake, and got services started immediately.

The moment underscored what families often need most — not a rigid timeline or a program schedule, but a trusted connection that stays open until they are ready. Support happens at the mother's pace, meeting her where she is, when she is ready to take the next step.

2 Community-Rooted Workforce and Ongoing Staff Support are Core to Maternal Mental Health Care

For any community-based organization, frontline staff are central to achieving outcomes for families. This is especially true for maternal mental health outcomes. For communities whose cultures are rarely reflected in the staff and training programs of traditional care delivery, these MMHEF programs are often developing their own models, staff training, and workforce pipelines. For all the leaders in the MMHEF cohort, these workforce and training efforts function as protection against racialized harm in health and social service systems and help protect and support staff who share lived experience with the families they serve.

Photo Credit: Todos Juntos

Once hired, all the directors noted the challenge of sustaining this workforce. They focus on staff well-being, strong supervision, and access to clinical backup when needs escalate. For example, Hummingbird invests in Indigenous leadership development, reflective supervision with the team working with families, and integration across their BirthKeepers, home visiting, and guaranteed income programs, so that staff and family relationships have a continuity that helps sustain both families and staff. In community-based settings, this careful attention to a culturally rooted workforce and planning carefully for staff stability is not ancillary to the care they provide. Instead, hiring and keeping community-rooted staff directly shape whether families feel safe, seen, and supported over time.

Other organizations noted similar strategies, like reflective supervision and leadership development, and also stressed the need for trauma-informed training and career pathways for peer staff to grow into more formal roles. We All Rise's Sacred Kinship Maternal Healing Model brings together cultural, clinical, and community practices. They prioritize staff wellness and cultural grounding, and ensure strong clinical support so that staff are not asked to manage a crisis without help. As the executive director noted, "clinically training staff that can be called upon by others on the team is a prerequisite for effective crisis response, therapy, and recovery-oriented care. But the doorway is the social drivers of health, and culturally appropriate community programs, so that then if there is a need for more clinical interventions, we can, but only once the trust is there." These approaches not only provide better care to families in the community, but they also reduce staff burnout, strengthen family/staff relationships, and allow organizations to better respond when needs intensify.

3 Maternal Mental Health Integration Works Best When Flexible, Family-Driven, and Able to Navigate Multi-System Complexity

All the MMHEF programs noted that they are most effective when families have the flexibility to control timing, intensity, and mode of engagement. For example, PHEI supported the development of its Sisters Who

Breastfeed, first as a group on Facebook, and then as in-person gatherings, which allowed new mothers to start and then evolve the group based on their needs and truly own the process. This peer-based community helped to relieve staff capacity that couldn't meet all the 1:1 demands, while at the same time providing peer leadership opportunities for mothers in the community.

Valley Settlement allows families to move fluidly between peer-led support, early intervention, and, when needed, connections to clinical services from trusted providers. They do these consultations without requiring formal enrollment or rigid sequencing, ensuring care adapts as needs change. Todos Juntos similarly uses an integrated model, with mental health cutting across adult education, workforce development, and early childhood programs, enabling families to engage when and where they feel ready rather than through a single entry point. Finally, Our Roots integrates screening, peer coaching, and referral pathways within existing family-serving relationships, allowing early mental health needs to surface and be addressed without forcing escalation into clinical systems.

4 Intentional Investment in Organizational Capacity Enables Community-Based Maternal Mental Health Care

While it's not the flashiest part of maternal mental health programming, a backbone set of components is needed to ensure that an organization can take on more maternal mental health service delivery. Issues such as billing, IT, data systems, HR, and benefits packages (both hiring and retaining staff and creating pathways to leadership), as well as support for compliance, are all critical prerequisites for sustaining MMH support. Yet these components are rarely covered by public reimbursement alone. Organizational leaders need intentional investments to build internal systems, map how prevention, screening, and intensive supports work together, and build partnerships when necessary.

THE CHALLENGE, AND NECESSITY, OF PARTNERSHIP

Bridging community and clinical care

Entering partnerships with clinical and county systems can feel intimidating — shaped by the language of the medical model, competition for resources, and at times experiences of racism — but families depend on these connections to move between community and clinical support.

Coalition building has not been easy. It can slow timelines and requires emotional labor to bridge differences in power and practice. Still, organizations continue to lean in, working to formalize their approaches so families can access a fuller continuum of care without losing the trust they already have in community providers.

For example, Village of Healing saw important growth and sustainability after investing in billing, electronic medical records, and integrated clinical workflows — key infrastructure supports. As a deeply rooted community-based organization, this investment allowed the organization to engage with health systems while maintaining culturally grounded, anti-racist care. Similarly, Our Roots demonstrates how creating strong data systems and building their own HIPAA-compliant tech platform allowed for an important reimbursement partnership with a Medicaid Managed Care plan. Their operational infrastructure enables early identification of mental health needs, allows for continuity of support, and sustains engagement without forcing families into fragmented clinical pathways. Finally, Valley Settlement illustrates how ongoing clinical supervision of peer staff as well as case conferencing and case information sharing among staff function as core infrastructure for peer-led models, allowing early intervention programs to operate safely, adaptively, and at scale, particularly in rural contexts.

5 Community-Driven Measurement Leads to Better Outcomes in Community-Based Programs

Traditional metrics, especially those in clinical settings, often overlook the core elements that improve maternal well-being. MMHEF organizations are demonstrating that trust, safety, and relational support drive meaningful change and ultimately contribute to improved clinical outcomes. Leaders stress that organizations must define measures of success that reflect community need, not only clinical indicators, to know whether they are truly meeting maternal mental health needs. While MMHEF is not designed to evaluate or track specific MMH outcomes, some sites have begun to document key outcomes they are seeing with families they serve.

For example, Hummingbird has a team dedicated to data sovereignty and uses Indigenous research fellows from local universities to review data, design questionnaires with Relatives (what they call their clients) to ensure what is measured is meaningful, both to the organization and its community. Most sites are developing or adapting MMH screening tools, since those that have been validated in the health sector are not culturally relevant. PHEI and Our Roots both combine more traditional screening tools, such as the Patient Health Questionnaire-9 (PHQ-9), Edinburgh Postnatal Depression Scale, or the Generalized Anxiety Disorder-7 (GAD-7), with qualitative insight and community voice to support better screening and program-level learning and adaptation.

Sites also point to strong clinical outcomes among families served by community-rooted programs, often surpassing results seen in systems not anchored in trusted relationships or culturally responsive care.

> *Village of Healing reports a **95% full-term delivery rate** for their families, compared to the overall county rate of 81% for Black mothers.*

Hummingbird has documented substantially lower infant mortality in a community where, compared with the rate for Asian Americans, infant mortality is eight times higher for non-Hispanic American Indian and Alaska Native people and more than twice as high for Native Hawaiian and Pacific Islander people. In addition, Todos Juntos reports fewer early childhood behavioral concerns and sustained participation in workforce programs, despite families' experiences and stresses caused by the current political climate.

Together, these examples challenge prevailing public financing approaches, which have historically undervalued or disregarded community-rooted models. Their evidence suggests that community-rooted care not only builds trust but also delivers stronger health outcomes for families most at risk for MMH challenges. The checklist below offers a practical reference for family-serving organizations working to integrate maternal mental health practices.

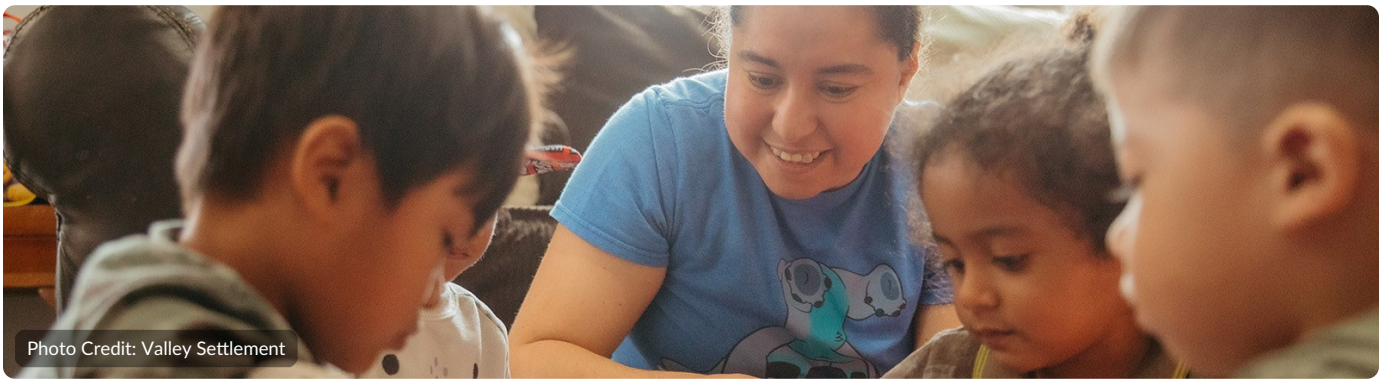

Photo Credit: Valley Settlement

MMH Checklist

Organizations integrating maternal mental health into their work may consider:

- ☑ **Anchor in trust.** Embed maternal mental health supports within trusted, culturally grounded relationships where families feel safe discussing emotional well-being.
- ☑ **Prioritize prevention.** Address isolation, stigma, and material stressors early, recognizing economic stability and social connection as core to maternal mental health.
- ☑ **Ensure flexible engagement.** Allow families to enter, pause, and re-engage in services at their own pace without rigid timelines or penalties.
- ☑ **Strengthen workforce supports.** Invest in culturally aligned staff and peer leaders, reflective supervision, and access to clinical consultation when needs intensify.
- ☑ **Create clear care pathways.** Establish defined referral and partnership networks so families can access higher-acuity care without navigating systems alone or losing continuity of trust.
- ☑ **Build operational infrastructure.** Develop sustainable screening, documentation, data, and (when relevant) billing systems that support long-term integration—not short-term pilots.
- ☑ **Measure what matters.** Pair validated screening tools with community-defined indicators of safety, connection, and well-being.
- ☑ **Support navigation and advocacy.** Be prepared to mediate and advocate when families encounter harmful or inequitable systems.
- ☑ **Demonstrate leadership commitment.** Treat maternal mental health as a core component of family well-being, supported by sustained organizational attention and resources.

IV Implications for Philanthropy

In addition to field lessons, the work of the Maternal Mental Health Equity Fund provides important lessons for philanthropy. We outline three of these early lessons to consider as funders invest more deeply in the well-being of families.

A. Acknowledge and support family-serving, community-rooted organizations as they integrate maternal mental health into their work

Regardless of grantmaking strategy—whether it's in mental health, early childhood education, domestic violence, women's economic security, or birth equity, to name a few—program officers should consider how grantee partners are addressing maternal mental health and well-being. The incidence of maternal mental health challenges in communities of color and those experiencing income inequality means that funders cannot view maternal mental health challenges as an anomaly, but instead a likely occurrence that demands an integrated response and embedded component of any program aiming to improve the lives of families and children.

Funders can begin by asking their existing grantee organizations how they are intentionally planning to support parental well-being. They can discuss with partners how mental health challenges are addressed when they emerge, and how programs train and support staff to respond to a mental health crisis. Organizations do not have to do it all, but if they work with families, then they must have a plan that thinks through prevention and intervention strategies.

The good news is that mental health challenges can be addressed through primary prevention, early detection and intervention, and planning for more intensive needs. And these organizations confirm what Hummingbird Indigenous Family Services notes, "culture is prevention." But these equity-focused organizations must be equipped and funded in their role as trusted community partners.

B. Provide streamlined, general support to address core organizational needs and growth

For organizations deeply focused on equity and maternal mental health, organizational capacity is deeply underinvested. Philanthropy has reinforced existing medical models and left behind organizations run by and for communities of color. As a result, those most likely to suffer from mental health challenges are the least likely to receive care and support.

Since local organizations are closer to the communities they serve, funding through pooled funds like MMHEF is a productive way to create equity in the sector. For example, the MMHEF pooled fund created multiple pathways for streamlined applications, worked to reduce reporting burdens, and engaged peer leaders in the site selection. Even without pooled funding, funders can work to streamline applications and help build organizational capacity as they build toward larger budgets and build their development capacities.

For smaller organizations like those in the MMHEF cohort, building organizational infrastructure and staff capacity provides essential building blocks of a strong maternal mental health program that is anchored in the community. General support grants to build the infrastructure within community-rooted organizations are imperative as leaders work to provide hiring from within the community with fair pay, strong supervision, and culturally relevant and trauma-informed training. Even after some of these start-up pieces are built, ongoing, consistent funding is needed to establish billing processes, construct community-centered data systems, equity-focused electronic medical records, and family-centered evaluation and continuous improvement. Program leaders have found that all these components are critical to ensuring that their organizations have longer-term sustainability. All the while, these programs are on the front line of elevating inequities, resisting, and calling out extractive and harmful system practices. General support allows them to challenge existing assumptions, norms, and racist practices of more traditional health providers in their communities.

C. Don't assume public financing systems — as currently designed — are the answer to building maternal mental health services in communities of color

Many funders wrongly assume that public financing provides a longer-term strategy for sustaining these community-based organizations.

Unfortunately, these types of community-based models experience being routinely and consistently locked out of public sector grant programs, reinforcing discriminatory practices and the systemic disinvestment

Photo Credit: Perinatal Health Equity Initiative

in communities of color. Until we address how maternal mental health programs are evaluated, scored in public grant applications, and left out of longer-term financing, these patterns will continue.

And, even when program leaders can tap public funding, their reimbursement levels first require up-front payment, and then the hope for reimbursement after services are provided and billed. This is a big challenge for smaller nonprofits without cash flow to "carry" costs, sometimes for months at a time. Public sector financing practices are often misaligned with the design of equitable programs, particularly for models that challenge dominant clinical norms. Additionally, reimbursement rarely covers the true cost of culturally grounded, equitable, and anti-racist care. In trying to access these systems, program leaders must weigh keeping their doors open against having to alter their practices and risk the trust they have in their community.

> *"Culture is prevention."*
>
> — **Hummingbird Indigenous Family Services**

We have seen in recent years a disinvestment in both public grant and entitlement funding within the health, human services, and early childhood sectors. Flexible philanthropic dollars are a critical component of the financing needed for organizations to prioritize culturally rooted engagement and support of mothers. As programs work to focus on continuity of relationships, to step out of, or significantly challenge medicalized models, and protect and support mothers and families, philanthropy must step up to build and support programs like those in MMHEF and provide a critical piece of the sustainability puzzle. Philanthropic dollars are playing a significant role in building the maternal mental health field and helping leaders push for transformed systems that support equity in communities.

V Conclusion

The seven organizations in the MMHEF cohort are not piloting new interventions. Instead, each organization is demonstrating what families have long known, which is that maternal mental health is inseparable from the trust, culture, and economic stability that shape a family's everyday life. Across very different communities, their work shows that maternal mental health support is strongest when it is anchored in community and when families themselves set the pace and shape of the care they receive. The outcomes bear this out. Mothers in these programs are achieving higher full-term delivery rates and lower infant mortality, and they consistently report feeling seen, safe, and respected in care designed for them.

Closing maternal mental health inequities will not come from scaling existing clinical models alone. It will come from investing in the community-rooted organizations already doing this work, supporting their infrastructure, workforce, and leadership over time, and from philanthropy stepping in where public financing falls short. It will come when we shift systems to fund what works and what families want and need. The lessons in this report are an invitation to family-serving organizations of every kind to weave maternal mental health into the relationships they already hold with families. They are also an invitation to funders to recognize that community-rooted care is not adjacent to the maternal mental health field but central to it.

Appendix A Overview of Site Partners

Hummingbird Indigenous Family Services

Seattle, WA

Hummingbird Indigenous Family Services serves Indigenous families in the Seattle region through an integrated maternal mental health model that spans Indigenous BirthKeepers (doulas), the Pilimakua Family Connections Department, and the NEST guaranteed income initiative. Across programs, Hummingbird centers Indigenous teachings, cultural and language reclamation, ceremony, and relational support, honoring family and community as essential to well-being and resilience.

Through Pilimakua, Hummingbird operates a unified department of four coordinated programs: home visiting, Indigenous parents' groups, community connection events, and Indigenous Emotional Wellness peer support. The Pilimakua Home Visiting Program provides weekly, biweekly, or monthly visits from pregnancy through a child's third birthday. Visits are co-created with families and may include culturally grounded activities, guidance on early child development, caregiver mindfulness and self-compassion practices, emotional wellness check-ins, referrals, and concrete supports.

Maternal mental health support is further strengthened through the Pilimakua Indigenous Emotional Wellness Program, which offers no-cost peer support to Indigenous parents and caregivers from pregnancy through early childhood. Indigenous Emotional Wellness "Besties" provide home or virtual visits, emotional goal-setting, mindfulness and self-compassion practices, and referrals, and facilitate biweekly perinatal emotional support groups focused on postpartum depression, anxiety, and adjustment to parenting.

Learn more about Hummingbird Indigenous Family Services →

Our Roots

Bay Area, CA

Our Roots offers virtual maternal mental health support for BIPOC pregnant and postpartum people across California's Bay Area through long-term, relationship-based peer-support coaching. Participants are matched with trained, proximate peer coaches who provide weekly video check-ins focused on anxiety, depression, stress, healing practices, boundary-setting, and safety planning. The virtual model removes common barriers—transportation, childcare, long waitlists—while ensuring families can access culturally resonant support in private, trusted spaces.

A core component of Our Roots' approach is anchored on a strong coaching framework and leans on approaches they built alongside community. Their weekly training of peer coaches involves sessions on Cultural Reverence, Liberation in Action, Revolutionary Love, and Transformational Support. The team has built out a HIPAA-compliant tech platform allowing for data privacy and integrity.

New partnerships with community health centers and a new Medi-Cal contract have augmented referral pathways and opened the door for Medi-Cal billing while preserving services for undocumented families. These accomplishments came from deep work to grow the organization through strengthening their evaluation tools, improving consistency in maternal mental health screening, and stabilizing staffing to sustain growth. The organization also developed and is piloting a new community advisory board to support community-rooted decision-making.

Learn more about Our Roots →

Perinatal Health Equity Initiative (PHEI)

Newark, NJ

PHEI, based in New Jersey, is an anchor organization that is part of the South Ward Promise Neighborhood. The organization supports Black mothers through a culturally congruent maternal mental health model, including peer-led groups, postpartum emotional support, childbirth and lactation education, and navigation help within health care and social systems. Their DOPE Mamas group provides a culturally rooted space for mothers to process stress, anxiety, and experiences of racism with peers who share lived realities, and Sisters Who Breastfeed is a mother-led and facilitated support group. PHEI also works individually with parents, offering crisis support, connecting families to Black clinicians, and helping mothers advocate for themselves in medical settings. Mamas In Bloom offers individual prenatal, birth, and postpartum case management support.

Over the past year, PHEI strengthened the infrastructure supporting its maternal mental health work—refining workflows, improving data and intake systems, and expanding peer roles to anchor long-term engagement. The organization invested in reflective supervision to support staff navigating the emotional demands of trauma-responsive work. Partnerships with clinical providers deepened, and evaluation priorities were clarified to improve tracking of maternal mental health outcomes.

Learn more about PHEI →

Todos Juntos Learning Center

Austin, TX

Todos Juntos, located in Austin, Texas, delivers maternal mental health support to immigrant and refugee mothers through a dual-generation model integrating early learning, family support, and mental health care. The Saludables Juntos program embeds bilingual counseling, postpartum emotional support, crisis intervention, parenting workshops, and case management directly into the environments where families already learn and engage. This approach normalizes emotional health conversations, reduces stigma, and ensures that mothers who face language barriers, trauma histories, or fears of institutional systems can access support in a trusted setting.

During the past year, Todos Juntos expanded staff capacity and strengthened its maternal mental health screening, follow-up, and referral processes. They built more consistent data systems to track emotional well-being and improved coordination across early learning, parenting programs, and mental health supports. The team refined strategies for supporting mothers experiencing the compounding effects of economic instability, immigration-related stress, or safety concerns.

Learn more about Todos Juntos →

Valley Settlement

Aspen to Parachute, CO

Valley Settlement, based in the Aspen to Parachute region of Colorado, supports Latina immigrant mothers through the Alma program—a culturally grounded, peer-led maternal mental health model designed to reduce isolation, elevate mothers' strengths, and strengthen emotional well-being. Compañeras—trained peers who share cultural background, language, and lived experience—provide Behavioral Activation sessions, home visiting, postpartum monitoring, and emotional support that emphasizes trust, cultural relevance, and relationship-building. Alma also removes common barriers by offering transportation assistance, childcare support, and flexible program structures so mothers can participate regularly.

Over the past year, Valley Settlement deepened its maternal mental health integration by adjusting its program structure to increase access for participating moms, stabilizing its workforce, investing in new and more efficient training models, and improving communication pathways to ensure peers are implementing the program with fidelity. After listening to mothers in Valley Settlement's parent/toddler program, Learning with Love, the team identified an opportunity to integrate maternal mental health supports into this trusted group setting. The team created a curriculum that will be piloted in Learning with Love over the next year, with the goal of decreasing stigma around seeking maternal mental health supports and increasing referrals to Alma for mothers who need more high-level peer support.

Learn more about Valley Settlement →

Village of Healing

Cleveland, OH

Village of Healing, based in Ohio, provides integrated maternal mental health care by pairing OB/GYN services with behavioral health support inside a culturally specific clinic designed by and for Black women. Mothers receive mental health screenings, counseling, peer support, and postpartum follow-up within the same trusted environment where they receive prenatal, gynecologic, and postpartum pediatric care. This unified model reduces stigma, improves communication between providers, and strengthens continuity of care—ensuring that mental health is treated as an essential component of maternal and family well-being rather than a separate or secondary service.

Over the past year, Village of Healing navigated a major organizational restructuring while remaining unwavering in its mission, its commitment to patients, and its investment in operational and clinical excellence. During this period, the organization strengthened maternal mental health workflows, expanded evaluation tools, and increased staff capacity to support integrated behavioral health. Additional staff were brought on to enhance billing capacity—supporting both sustainability and reimbursement for maternal mental health services.

As part of its participation in the Ohio Perinatal Quality Collaborative, every patient is screened at their initial OB appointment, again at the 24–28-week visit, and immediately postpartum using the PHQ-2, PHQ-9 as indicated, and the GAD-7. Any patient with a positive screen is referred directly to a licensed professional counselor for therapy. Village of Healing has also cultivated a partnership with a psychiatric mental health nurse practitioner, ensuring that patients who require psychiatric-level care can be seen within one to two weeks.

Learn more about Village of Healing →

We All Rise African American Resource Center

Green Bay, WI

We All Rise, located in Green Bay, delivers free, culturally specific maternal mental health care for Black pregnant and parenting people through therapy, crisis response, healing-centered groups, care navigation, and practical supports that stabilize families. Their approach is rooted in historical trauma recognition, community story-sharing, and sacred care traditions that center Black healing practices. Mothers receive individualized emotional support, advocacy in health care settings, and help addressing social determinants—such as housing instability, safety concerns, and financial strain—that intensify maternal mental health challenges.

Over the past year, We All Rise strengthened evaluation capacity, expanded internal data systems, and formalized maternal mental health workflows across its programs. They advanced partnerships with community doulas and Community Health Workers (CHWs), while exploring integration of doula and CHW roles within clinical systems through their partnership with US2 Behavioral Health. Their learning also includes early planning for a Black birthing center rooted in community design. Staff development efforts deepened leadership stability and reinforced culturally grounded, trauma-informed approaches to navigating community grief, vicarious trauma, and racialized violence.

Learn more about We All Rise →

Photo Credit: Village of Healing


Photo Credit: Hummingbird


Photo Credit: Our Roots

Maternal Mental Health Equity Fund

About the Maternal Mental Health Equity Fund

Mental health is the leading preventable cause of maternal mortality, with maternal mental health—which can include anxiety, depression, mood disorders, psychosis, substance use disorders, and post-traumatic stress disorder—affecting one in seven birthing women. Nearly one in four new mothers of color experience postpartum depression. However, most pregnant and parenting people of color are not getting the help they need.

MMHEF was launched to directly support the mental health and well-being of BIPOC families and is a national pooled fund.

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