



FOR IMMEDIATE RELEASE

April 29, 2026

Contact: Cassie Manjikian

Email: cassie@calpwa.org

Phone: 714-280-2041

California Leaders Convene on Perinatal Mental Health, Calling for Coordinated Statewide Action

Cross-Sector Roundtable Aligns State Leaders, Health Systems, and Community Partners Around Shared Priorities for Implementation

MOUNTAIN VIEW, CA — On April 28, the California Perinatal Wellness Alliance (CPWA) convened over 40 senior leaders for a cross-sector roundtable on perinatal mental health (PMH). Hosted at El Camino Health, the gathering marked the first convening of its kind since the [2019 California Task Force on Maternal Mental Health](#) – bringing together policymakers, providers, payers, and community leaders to take stock of progress in statewide PMH efforts and to catalyze coordinated action.

Participants represented a breadth of California's PMH ecosystem, including the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH), the Department of Managed Health Care (DMHC), the Office of the Surgeon General, the Office of the First Partner, Medi-Cal managed care plans, leading hospital systems and health centers, doula and birthworker organizations, philanthropy, and survivor leaders.

“Sometimes the hardest part of becoming a new parent is how invisible and isolating it can feel. The perinatal mental health crisis is both deeply urgent and preventable. This is a moment for alignment and leadership across all sectors in California and beyond – when we lead with care and compassion, we can ensure every parent feels seen and cared for during these periods of intense transition before and after welcoming a child.”

— **California First Partner Jennifer Siebel Newsom**

“Perinatal mental health is foundational to the well-being of families, communities, and future generations. When a mother is struggling, it signals an opportunity to strengthen coordination across care systems and community support. By working together, we can ensure mothers receive the support they need, setting families and communities on a healthier, more stable path.”

— **Dr. Diana E. Ramos, California Surgeon General**

“Perinatal mental health is one of the most urgent and solvable challenges in health care today. At El Camino Health, we’ve seen what’s possible when systems are designed to support families—but we’ve also seen the gaps. This meeting is about bringing leaders together to close those gaps and build a more connected, effective system of care across California.”

— **Dan Woods, CEO, El Camino Health**

The roundtable convened at a pivotal moment for California. PMH conditions – including depression, anxiety, PTSD, and psychosis – are the leading complication of pregnancy and childbirth, affecting [1 in 3 mothers](#). Yet only [15% receive treatment](#), costing California an estimated [\\$2.4 billion annually](#). Black, Indigenous, immigrant, and low-income families face the steepest barriers to care.

In recent years, California has made significant strides through policy, clinical, and financing reforms, including CalAIM, the Birthing Care Pathway, Proposition 1 behavioral health investments, and updated clinical guidelines. However, participants emphasized that implementation remains fragmented across systems, with persistent gaps in follow-up care, treatment access, care navigation, and accountability.

This roundtable created space for state leaders to align on the current landscape and identify opportunities for better coordination, alignment, and action. The event opened with [lived-experience storytelling](#) highlighting system breakdowns, followed by data and cross-sector perspectives on challenges spanning screening, diagnosis, treatment, coverage, workforce capacity, and emerging technology.

Participants surfaced a set of shared themes and areas of focus, including:

- **Strengthening the care continuum:** Ensuring that screening more consistently leads to timely diagnosis, treatment, and follow-up support across settings
- **Improving coordination across systems:** Better connecting existing efforts across health care, behavioral health, public health, and community-based organizations
- **Advancing data and accountability:** Identifying opportunities to better track screening, follow-up, and outcomes across systems
- **Centering equity in implementation:** Prioritizing culturally responsive, community-based approaches to address disparities in access and outcomes
- **Supporting workforce and system capacity:** Recognizing the need for expanded behavioral health workforce, training, and provider support

Participants also expressed interest in continued cross-sector collaboration, including potential follow-up working groups or coordinated efforts to advance specific implementation priorities.

“Perinatal mental health is a preventable public health crisis—and too many families continue to suffer in silence or fall through the cracks. We know what works, and those solutions already exist. Now is the time to turn awareness into action—because every system, every provider, and every one of us has a role to play in ensuring families get the care they need.”

— Cassie Manjikian, Founding Director, California Perinatal Wellness Alliance

The roundtable is part of CPWA's broader strategy to build the cross-sector infrastructure California needs to move from fragmented programs to a cohesive, statewide approach to PMH. CPWA will share a synthesis of roundtable priorities with participants and explore opportunities to support continued alignment and action.

ABOUT THE CALIFORNIA PERINATAL WELLNESS ALLIANCE

The California Perinatal Wellness Alliance (CPWA) is a survivor- and community-led coalition advancing perinatal mental health and wellness through policy and systems change, storytelling and narrative shift, and cross-sector convenings. Founding partners include Black Women for

Wellness Action Project, Maternal Mental Health NOW, PSI-California, and the Policy Center for Maternal Mental Health. CPWA is a fiscally sponsored project of Social & Environmental Entrepreneurs (SEE).

###