



Actionable Strategies for Supporting Behavioral Health and Substance Use Disorder Needs

Goal: Improve detection of behavioral health risks during pregnancy and postpartum and improve referrals and uptake of treatment and supports.

Recommendation: Develop a mechanism for universal postpartum depression screenings and faster mental health and SUD referrals to support new mothers, which can also improve access to care and resources for women experiencing postpartum depression and improve integrated care programs and expanded mental health and SUD services.

*Updates to the recommendation were made to include SUD

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About the Perinatal Action Collaborative:

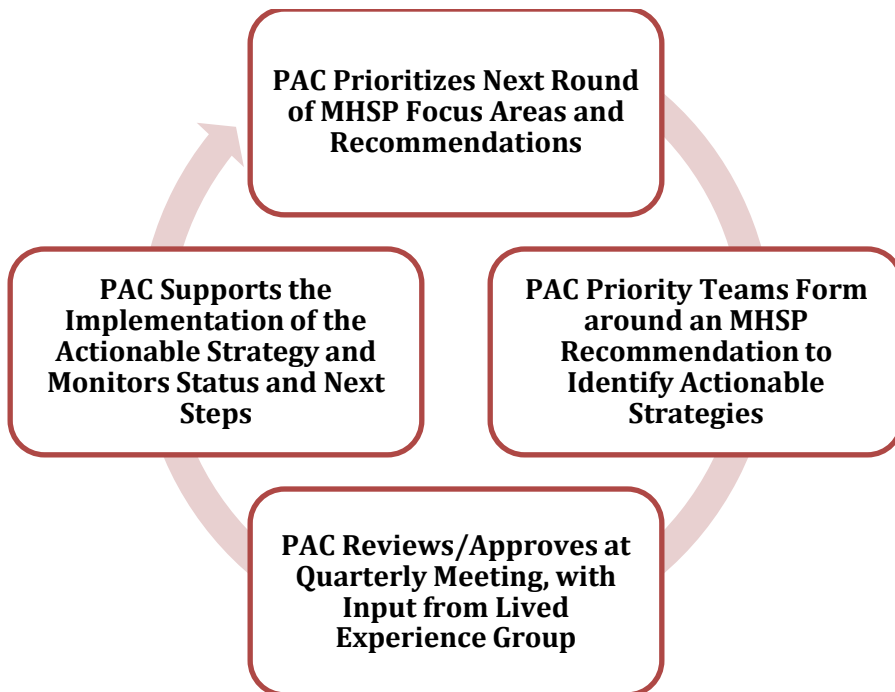
Over the past year, the PA Departments of Health, Human Services, Drug and Alcohol Programs and Insurance have been developing the PA Maternal Health Strategic Plan (MHSP).

The MHSP includes goals and recommendations for the following focus areas: Increasing Access to High-Quality Care, Supporting Behavioral Health and Substance Use Disorder Needs, Improving Rural Health and Maternity Care Deserts, Addressing Health Related Social Needs (HRSN), and Expanding and Diversifying the Health Care Workforce.

The MHSP was informed by a statewide survey completed by over 700 Pennsylvanians and a series of listening sessions with stakeholders, including healthcare professionals, CBOs, people with lived experience, and health plans among others.

The Pennsylvania Department of Health also received a HRSA grant for the Maternal Health Innovation Program (MHIP) Program, which supports states in creating maternal health strategic plans, establishing task forces like the Perinatal Action Collaborative (PAC), and implementing interventions from the strategic plans.

Figure 1: PAC's Process to Create and Implement Actionable Strategies for MHSP Recommendations



A. Background

The Pennsylvania Maternal Mortality Review Committee (MMRC) found that mental health conditions were the leading cause of pregnancy associated deaths and pregnancy related deaths in Pennsylvania in [2021](#). When analyzed by race, mental health conditions were the leading cause of pregnancy related deaths for white individuals as well as the leading cause of death for black or African American individuals. Additionally, mental health conditions and substance use disorder (SUD) were found to have “contributed” or “probably contributed” to 45.2% and 35.7% respectively of pregnancy related deaths.

The Policy Center for Maternal Mental Health annually releases [state report cards](#). In 2025 the policy center gave Pennsylvania a B when assessing the state in the categories of 1) providers and programs, 2) screening and screening reimbursement, and 3) insurance coverage and treatment payment. The category in which Pennsylvania measured lowest was for providers and programs. This indicates that Pennsylvania is doing somewhat well with screening, reimbursement, and insurance coverage but is in greater need of additional providers and programs to serve pregnant and postpartum individuals with mental health needs. The policy center also provides a map for assessing [maternal mental health risks and resources by county](#). The map provides data including risk factors score, perinatal mental health providers, estimated annual births, provider ratios, and providers to shortage gaps. This information can be used to identify areas in Pennsylvania with greatest need for maternal mental health resources.

Another [study](#) reinforces the findings of the report card. Perinatal mental illness affects about 20% of pregnant and postpartum individuals, and about 75% of individuals with perinatal mental illness do not receive treatment. It can be a challenge to find a perinatal psychiatrist for treatment, including in Pennsylvania. The study found that there are 1.57 perinatal psychiatrists per 5,000 births in Pennsylvania. This is much smaller than some of our neighboring states (Maryland: 3.57, New York: 5.92).

[Healthcare effectiveness data and information set \(HEDIS\)](#) measures reported by PA Department of Human Services (PA DHS) evaluate the ability for Managed Care Organizations (MCO's) to provide prenatal and postpartum depression screening as well as follow up on positive prenatal and postpartum depression screening. On average in 2024 MCO's screen 26.7% of patients for prenatal depression and 27.16% for postpartum depression with the lowest MCO screening 5.48% and 3.71% respectively. MCOs also provide follow up to positive depression screenings at a rate of 50.09% for prenatal depression screening and 55.68% for postpartum depression screening with the lowest MCO screening at a rate of 41.14 and 44.44% respectively.

The Pennsylvania Department of Health (PA DOH) conducts [surveillance for neonatal abstinence syndrome \(NAS\)](#). In 2023 1159 cases of NAS were reported, the lowest since 2020 when the definition for NAS was updated. NAS can be used as a proxy to understand the number of pregnant individuals with substance use disorder (SUD). Of the infants born with NAS 75.3% were non-Hispanic white and 10.5% were non-Hispanic black. Of this population 61.9% of pregnant individuals with an infant born with NAS received medication for opioid use disorder (MOUD) during pregnancy while a higher percentage of non-Hispanic white individuals (65.5%) received

treatment a lower percentage of non-Hispanic black individuals received treatment (46.7%). Most women who gave birth to an infant with NAS initiated prenatal care and had Medicaid as insurance. Women with a prior NAS birth were 2.5 times more likely to have received MOUD during their 2023 pregnancy than those who had given not given birth to another infant in the prior five years. The counties with the highest incident rates of NAS are Cameron, Clinton, Elk, Clearfield and Venango counties. An [analysis by the Center for Rural PA](#) shows that these counties with high rates of NAS are part of a seven-contiguous county area in northwest PA without labor and delivery services that is about the size of Connecticut and home to 29,000 women of childbearing age (15-44 years old).

The percentage of [women on medical assistance diagnosed with opioid use disorder \(OUD\) and receiving MOUD](#) during pregnancy have not changed much since 2016. In quarter one of 2016 50.8% of these individuals received MOUD during pregnancy and as of quarter four of 2020 46.5% received treatment. The highest percentage occurred in quarter 4 of 2018 with 61.57% of these individuals receiving MOUD during pregnancy.

During his budget speech on February 4, 2025, Governor Shapiro prioritized increasing the rates of postpartum depression screening in the commonwealth. To improve screening and referral, some primary care doctors participate in the [IMPLICIT Network](#), which utilizes well child visits to screen postpartum individuals for conditions such as postpartum depression and substance use disorders, as well as provide family planning counseling. Providers that participate in the IMPLICIT Network in Pennsylvania from January 2023 to January 2025 show a high screening and referral rate, with 70% of birthing people being screened for postpartum depression and 73.9% of those who screened positive connected to an intervention. In addition to the IMPLICIT Network, many primary care providers participate in the HealthChoices Patient Centered Medical Home (PCMH) Learning Network. The PCMH Learning Network helps identify and act on improvement strategies in response to the needs of providers and patients, and Physical Health MCOs in alignment with the shared PCMH aims. In 2026, the PCMH Learning Network will include a focus on postpartum screening and behavioral health integration.

Similar to the Pediatric Telephonic Psychiatric Consultation Service (TiPS) program run by the PA DHS, the [Perinatal TiPS](#) program was created to serve pregnant and postpartum individuals with mental health and SUD needs. Perinatal TiPS offers peer-to-peer consultation for providers caring for pregnant and postpartum individuals with behavioral health needs, resource referrals, educational services for perinatal providers, and telehealth and in-person bridge counseling for individuals with acute needs. The purpose of this program is to provide access to specialists in perinatal psychiatry and perinatal addiction medicine to individuals in need regardless of the location of their care. This service is available regardless of the patient's insurance status or payer type. This program operates on a regional basis with teams consisting of perinatal psychiatrists, perinatal addiction medicine specialists, and care coordinators. Northwest and Southwest Pennsylvania are served by [UPMC Western Psychiatric and Magee Women's Hospital](#), Northeast and the Lehigh/Capital Region are served by [Penn State Health Hershey Medical Center](#), and the Southeast region is served by the Philadelphia Department of Public Health in partnership with Penn Medicine and Children's Hospital of Philadelphia. For example, if a family physician in a rural area of Pennsylvania has a patient with a prenatal or postpartum mental health condition or SUD,

but does not have the training to treat the patient for their mental health condition or SUD, they can call their regional Perinatal TiPS program and receive peer-to-peer consultation on the appropriate treatment for their patient and begin that treatment. If their patient is in acute need of counseling the team can also provide that in addition to referral to other providers and resources through the care coordinator. The Perinatal TiPS program launched services in April of 2025 and is currently in a pilot stage. Sustainable funding is needed to fully launch the program and provide these services.

While Perinatal TiPS is one source of education for providers, there are additional intensive educational opportunities through [Postpartum Support International \(PSI\)](#). PSI provides a [certificate](#) in maternal mental health, as well as mood disorders and SUD. PSI training courses take several months and provide continuing education credits for providers.

In addition to these resources, the commonwealth is working to get information into the hands of birthing individuals. The PA DOH launched a webpage dedicated to information on postpartum depression and PA DHS is developing an app, MAYANA: Mothers You Are Not Alone. In addition to current state resources, there are examples in other states such as the [Moment for Parents](#) app that is currently being studied in Michigan that supports parents' emotional well-being and mental health, and the [Digital Maternal Health Initiative](#) in Illinois that uses a digital nurse Avery to assist with education and referrals.

There are many additional resources for mental health and SUD in Pennsylvania. See Appendix A for more information.

B. Description of the Actionable Strategy

For the purposes of this document, provider refers to all medical and non-medical providers of care, including but not limited to doctors, nurses, midwives, doulas, and community health workers (CHWs).

1. Education and Screening

To improve mental health and SUD screening, a website or app should provide patients with access to the appropriate validated screening tools for each to screen themselves, as well as provide referral to resources. These could be accessed by patients as well as providers. For instance, home visiting nurses or doulas could use the information to screen their patients and use PA Navigate or Perinatal TiPS to educate and refer their patients to community resources and treatment. The hope is that getting this information into the hands of patients and providers will improve screening and connection to care for women that need it. Maternal mental health HEDIS measures and current treatment data for maternal SUD can be used to identify areas of high need for improved screening. Enhancements to existing state tools, such as the PA DOH's webpage on postpartum depression and PA DHS's MAYANA app, could help achieve this. Additionally, partnering with existing apps used by pregnant and postpartum individuals in Pennsylvania to integrate these resources would help to reach more mothers with these educational and screening resources.

It is crucial that those who are identified as having a mental health condition or SUD be connected to treatment. Mechanisms to connect those who self- screen using evidence-based screening tools via a website or app need to be considered in the development of these technologies. That may

include use of the technology with a CHW, home visiting nurse, doula, or other provider; the availability of a care coordinator; or other referral mechanism. Additional thought should be given to how this connection could occur and include considerations for confidentiality.

Suggestions were made for the ability to take a screen for mental health or SUD without putting in identifiable information. Only if the screen indicated a mental health or SUD need, would the user be prompted to submit their contact information for the purpose of being connected to a resource or referred to a provider. This may increase the likelihood of someone completing a screen and answering honestly.

2. Care Coordination and Referral

A care navigator or coordinator should be accessible to patients who are identified as having a mental health condition or SUD, to connect them with appropriate care and resources. Currently, Perinatal TiPS provides this service to providers who have screened patients and need consultation for their patient's treatment, as well as care coordination and referral to services for their patient. Expanding the use of the program by providers as well as sustainable funding for the program is needed.

Providers as well as patients can access [PA Navigate](#) to identify resources in their area for mental health and SUD treatment. For this to function as a resource, advertising this opportunity to community organizations is needed so that their services are represented on PA Navigate.

3. Workforce

As screening and referral occur, care is only successful if there are trained providers that can provide specialized care that is needed for perinatal psychiatric and perinatal addiction medicine treatment. Education for the perinatal workforce is needed to increase the number of qualified personnel available to care for this patient population. Studies show that Ob/Gyns and Psychiatrists are not likely to receive the necessary training in perinatal psychiatry and perinatal SUD to treat these conditions. An increase in trained providers is needed to address the current resource barrier and reduce delays and admissions in care.

Approaches for educating medical and non-medical providers are needed. Education is needed at all levels, from master's and doctoral education through residency to current practice. In the past the PA DOH worked with medical schools in Pennsylvania to include addiction as a core competency for medical students' education. Medical schools could ensure that maternal SUD information is included in current addiction core competency curriculum, which would ensure that all medical students graduating in Pennsylvania would have some knowledge of maternal SUD. This concept could be applied to maternal mental health. If there is an existing core competency for mental health, add maternal mental health to the curriculum. If this does not exist, the state should work with the medical schools to establish a core competency in mental health with education on maternal mental health. Additionally, the state could work with nursing and midwifery programs to ensure these areas are part of their student's curriculum.

The commonwealth, through its networks and relationships with health systems, could encourage medical residency programs, especially in psychiatry, Ob/Gyn and family medicine, as well as midwifery programs, to require clinical rotations in perinatal psychiatry. In lieu of, or in addition to this requirement, supplemental education could be required at a variety of levels. There is a national effort to mandate that OBGYN residency programs in the future include perinatal psychiatry as part of their training programs.

Currently prescribers are required to complete continuing education (CE) related to pain management, addiction identification, or prescribing practices to renew their provider license as a doctor, nurse, or nurse-midwife. Under the state [Act 124 of 2016](#) prescribers and dispensers are required to complete education for their initial license and renewal, as well as under the federal [Consolidated Appropriations Act of 2023](#) for DEA-registered practitioners. State agencies (DOH, DHS, DDAP, and DOS), along with partner organizations such as provider associations and hospital systems, should encourage providers to take CEs on maternal SUD to fulfill their requirements for initial licensure and renewal. State agencies can also promote this education among certified CHWs and doulas.

PA DOH currently provides a free one credit CE entitled [Strategies for Improving Maternal and Infant Health Related to Opioid Use](#). This course explores the background of opioid use disorder in pregnant people, highlights a variety of tools that are available to screen and identify pregnant patients living with substance use disorder (SUD), and reviews clinical guidelines for treating pregnant and parenting people with opioid use disorder and their infants. The impact of stigma on the care of patients with SUD, motivational interviewing techniques, and community resources for patients and their infants are also discussed. The success of getting providers to complete education on this topic can be evaluated by the number of providers that complete the course provided via PA TRAIN, PA DOH's education platform.

The state should work to increase the number of perinatal providers that have completed training through [Postpartum Support International \(PSI\)](#). PSI provides a [certificate](#) in maternal mental health, as well as mood disorders. Increasing the number of providers that have completed these trainings will help to expand the number of providers that can care for individuals with postpartum mental health needs and reduce waiting times. While these training courses are needed to expand access to care with existing perinatal providers, Pennsylvania needs to create a pathway for training doctors in the specialty of Perinatal Psychiatry.

While training modules are helpful to learning concepts, putting that knowledge into action can reinforce knowledge gained and develop skills. Drills and simulations, whether with a mock patient or VR, should be paired with lectures and web-based training to reinforce and practice skills.

Implementation of these strategies can be bolstered by collaboration with the Perinatal TiPS Program, PA Navigate, [Single County Authorities \(SCAs\)](#), [regional maternal health coalitions](#), and [regional maternal services programs](#).

C. Equity

Any education materials created for the public should be at an accessible reading level, offered in multiple languages based on the population, accessible to people with hearing or visual impairments, as well as written using inclusive language.

The actionable strategies must be place-based (particularly rural settings), linguistically and culturally appropriate, and involve consideration of: disability status, identity, transportation barriers, internet and phone accessibility, fears surrounding Child Protective Services (CPS) involvement, and stigma associated with mental health conditions and SUD.

[Studies](#) have shown that individuals do not receive equitable treatment and treatment options for SUD while pregnant. Black pregnant individuals and rural pregnant individuals are less likely to be offered medications for treatment of SUD, which are shown to be safe and effective. Considerations for these populations should be made when implementing the actionable strategies, and targeted approaches should be considered.

When implementing a strategy involving technology, there should be a person monitoring the technology as well as someone, such as a care coordinator or navigator, ready to assist people using any technology for screening of mental health conditions or SUD. Additionally, the technology needs to be secure and confidential. It needs to be clear to the users who will have access to the data they submit. It would be helpful if the technology is endorsed or explained by a peer.

Appendix A – Existing Programs or Initiatives

1. Mobile Clinics: Below is a list of mobile clinics.

This is not an exhaustive list as additional clinics are indicated in a survey conducted by the PA DOH.

- a. [Primary Health Network Mobile Health Clinics](#) – Erie, New Castle and Vanport
 - b. [UPMC Mobile Health Center](#) – Serving Tioga and Potter Counties, potentially expanding to Clinton and Lycoming Counties
 - c. [AHN OBGYN Mobile Clinic](#) - Charleroi, Braddock, Clairton
 - d. [Penn State Lion Mobile Clinic](#) – Centre County
 - e. [Punxsutawney Area Hospital Mobile Wellness Unit](#)
 - f. [Guthrie Maternity Oasis Mobile \(MOM\) Unit](#) (the unit currently services NY, Piloting in PA to begin soon)
 - g. [WIC Mobile Units \(Community Progress Council, Tapestry of Health\)](#)
- ### 2. Locations for Care Other Than Hospitals
- a. Rural Health Clinics: [Rural Health Clinics | Department of Health | Commonwealth of Pennsylvania](#)
 - b. Federally Qualified Health Centers: [Federally Qualified Health Center \(FQHC\) Program | Department of Health | Commonwealth of Pennsylvania](#)
 - c. State Health Centers: [State Health Centers | Department of Health | Commonwealth of Pennsylvania](#)
 - d. Birth Centers: [Birth Centers | Department of Health | Commonwealth of Pennsylvania, Health Care Facility Directory –](#)
 - e. Family Physicians / Primary Care: Examples of work / initiatives, [IMPLICIT Network, Primary Care Office | Department of Health | Commonwealth of Pennsylvania](#)
 - f. Pharmacies: [Pennsylvania Pharmacists Care Network \(PPCN\) | HOME, MOMENTUM: Maternal Outreach through Mobile Engagement, Navigation, Testing, and Unified Medicine](#)
 - g. [Drug and Alcohol Treatment](#) Facilities ([Treatment Atlas](#), [D&A Facility Locator](#))
 - h. Mental Health Treatment ([Human Services Provider Directory](#), [PA Navigate](#))
- ### 3. Telehealth and Remote Monitoring for Pregnant and Postpartum Women.
- This is not an exhaustive list and additional programs may exist.*
- a. Telehealth
 - i. LVHN [Virtual OB Program](#)
 - ii. UPMC [Women’s Virtual Health Care](#)
 - iii. [Geisinger Clinic Virtual Nursing Care](#)
 - b. Remote Patient Monitoring
 - i. LVHN [Preeclampsia monitoring](#) via [Continuous Ambulatory Remote Engagement Services \(CARES\)](#)
 - ii. [Malama Health](#), remote patient monitoring for gestational diabetes
 - iii. [Penn Medicine Heart Safe Motherhood](#)
- ### 4. Initiatives in Pennsylvania Related to Maternal Health
- a. [PA Perinatal Quality Collaborative](#)

- b. Title V Services Block Grant, DOH: [Womens.Maternal Health.pdf, Title V | Department of Health | Commonwealth of Pennsylvania](#)
- c. Regional Maternal Health Coalitions, DOH: [Regional Maternal Health Coalitions | Department of Health | Commonwealth of Pennsylvania](#)
- d. Clinton County State Health Center Maternal Health Pilot, DOH and DHS w/ UPMC: [Shapiro Administration Project to Improve Rural Maternal Health Care | Department of Health | Commonwealth of Pennsylvania](#)
- e. Women's Services Grant Programs, DHS: [Shapiro Administration Announces Grantees for New Women's Service Program to Pro | Department of Human Services | Commonwealth of Pennsylvania](#)
- f. Home Visiting Programs, DOH and [DHS](#)
- g. [Healthy Beginnings Plus](#), DHS
- h. [WIC](#), DOH
- i. Maternal Health Value Based Payment, DHS [Connecticut and Pennsylvania's Approaches to Maternity-Focused Value-Based Payment Models – NASHP](#)
- j. [Medicaid Coverage Extension to 1 year postpartum](#), DHS
- k. [Medicaid Coverage of Doula Services](#), DHS
- l. MYANA - Mothers You Are Not Alone App (in testing phase)
- m. Rural Initiatives
 - i. [Rural Health Convenings](#), DHS
 - ii. [Center for Rural PA](#) and the [Rural Population Revitalization Commission](#)
 - iii. [NASHP Maternity Care Deserts Policy Academy](#)
 - iv. [DDAP Environmental Scan – Rural County Maternal SUD Resources](#)
- n. Behavioral Health and SUD Initiatives
 - i. [PA Perinatal Quality Collaborative: MOMD Initiative](#) (past), [SUD/ODU Initiative](#) (current)
 - ii. [Postpartum Depression](#) Webpage, DOH
 - iii. [Coverage of Postpartum Depression Medication](#), PID
 - iv. [Postpartum Depression Screening](#), Governor's Office
 - v. Perinatal Telephonic Psychiatric Consultation Services (Perinatal TiPS)
 - vi. [DDAP Environmental Scan – Rural County Maternal SUD Resources](#)
 - vii. [Single County Authorities \(SCAs\)](#)
 - viii. [Centers of Excellence \(COEs\)](#)
 - ix. [Prescription Drug Monitoring Program \(PDMP\)](#)
 - x. [Opioid Prescribing Guidelines](#)
 - xi. Opioid Settlement Dollars – [State](#) and [Counties](#)
 - xii. [PA Substance Use Navigation \(PA-SUN\) Program](#)
 - xiii. [DDAP ATLAS Tool](#)
 - xiv. Hotlines
 - 1. [988 Lifeline](#)
 - 2. [National Maternal Mental Health Hotline](#), 1-833-TLC-MAMA
 - 3. [PA Get Help Now hotline \(PA DDAP\)](#), 1-800-662-HELP (4357)

5. Maternal Mental Health and SUD Resources in PA

This is not an exhaustive list and additional programs may exist.

- a. [UPMC Maternal Wellness Program](#)
- b. [Women's Behavioral Health](#) and [NEST Intensive Outpatient Program](#), UPMC
- c. [Center for Women's Behavioral Health – West Penn Hospital, AHN](#)
- d. [Mother Baby Connections](#), Drexel University
- e. Perinatal & Postpartum Depression Services, Penn Medicine
- f. [Care Connect Warmline](#), Penn Medicine
- g. [Free2BMom, Geisinger](#)
- h. [Penn State Project ECHO](#)
- i. [Penn State Hershey Maternal Substance Use Disorder Program](#)
- j. [Postpartum Pittsburgh](#), Mental Health Resources for Pregnant and Postpartum Women
- k. [Baby Love](#), Hamilton Health Center
- l. [Healthy Moms Program](#), The Wright Center
- m. [Pregnant Women's Program](#), Temple University's WEDGE Medical Center
- n. [Pregnancy and Substance Use Harm Reduction Toolkit](#)