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BEHAVIORAL HEALTH

Nevada's perinatal behavioral health needs outpace the capacity of the current system: maternal deaths and severe maternal morbidity reviews show substance use, suicidality, trauma, and care coordination gaps contributing to preventable harm, while postpartum mood disorders remain common and follow-up pathways inconsistent, especially in communities facing workforce shortages and long distances to care.

BACKGROUND

Perinatal behavioral health conditions are consistently identified as major contributors to maternal morbidity and mortality, with well-documented impacts on birth outcomes, care engagement, and long-term parent-infant health when untreated.¹ Perinatal mental health and maternal substance use has emerged as top priorities across maternal and infant domains in Nevada. Findings point to fragmented screening and referral pathways, limited behavioral health capacity, and inconsistent postpartum follow-up leaving many high-risk individuals without timely care.^{2,3} Maternal mortality review data underscore the consequences: substance use disorder, suicide, and unintentional overdose account for a notable share of pregnancy-associated deaths, with disproportionately high mortality ratios among Black, non-Hispanic residents.⁴

NATIONAL TRENDS AND EVOLVING STANDARDS OF CARE

Behavioral health is established as essential to maternal health quality, emphasizing integrated care models, screening protocols, and structured referral and follow-up pathways extending through the first postpartum year.¹ Medicaid programs nationwide are aligning with these standards by incorporating maternity-specific behavioral health requirements into managed care contracts—mandated screening, integration expectations, postpartum performance measures, and payment mechanisms that support closed-loop referrals.⁵ Nevada has elevated perinatal behavioral health and maternal SUD as a key statewide priority, and has incorporated depression screening into pediatric well-child visits. But statewide assessments continue to identify gaps in screening and follow-up, fragmented referral pathways, and limited behavioral health capacity. These gaps point to clear opportunities to strengthen perinatal behavioral health care.

Key Facts

1 in 3 women experience a perinatal mental health condition

15.1% postpartum depression prevalence

~25% of pregnancy-associated deaths involved drug overdose

90% of NV residents live in a Mental Health Professional Shortage Area

Source:

Martin, R. et al. (2025). *Nevada Title V Maternal and Child Health Block Grant Needs Assessment*. Retrieved from <https://prod.dpbh.nv.gov/contentassets/46a0fd6f5026414cb298ad7fd7a0ea3d/title-v-mch-block-grant-needs-assessment.pdf>

¹ Commonwealth Fund. (2023). *Appendix 2: Best Practice in the Coverage and Delivery of Maternal Health: A Review of the Literature*. Retrieved from <https://www.commonwealthfund.org/sites/default/files/2023-05/Rosenbaum%20Appendix%20%20-%20A%20Review%20of%20the%20Literature%20-%20Best%20Practices%20in%20the%20Coverage%20and%20Delivery%20of%20Maternal%20Health.pdf>

² Martin, R., Bergling, E., Gonzalez, L., Stern, S., Salvador, X., Crosby Kowal, H., . . . O'Neil, S. (2025). *Nevada Title V Maternal and Child Health Block Grant Needs Assessment*. Retrieved from <https://prod.dpbh.nv.gov/contentassets/46a0fd6f5026414cb298ad7fd7a0ea3d/title-v-mch-block-grant-needs-assessment.pdf>

³ Woodard, S. Fox, J., Emesobum, M., & Shen, S. (2025). *Advancing Perinatal Behavioral Healthcare in Nevada*.

⁴ State of Nevada, Department of Health and Human Services, Office of Analytics. (2024). *Maternal Mortality and Severe Maternal Morbidity, Nevada, 2022-2023*. Retrieved from https://www.dhs.nv.gov/siteassets/content/programs/office-of-analytics/Maternal_Mortality_and_Severe_Maternal_Morbidity_-_2022-2023_1.pdf

⁵ Commonwealth Fund. (2023). *Appendix 1: Detailed Tables of Maternity Provisions Within Medicaid Managed Care Contracts*. Retrieved from https://www.commonwealthfund.org/sites/default/files/2023-05/Rosenbaum_Appendix%201_Tables.pdf

POLICY OPTIONS

Table 1. Behavioral Health Policy Options

Policy Option	Expected Impact	Possible Policy Levers	Action Priority Matrix	Resources
Universal Perinatal Behavioral Health Screening and Referral Require perinatal providers to administer validated depression, anxiety, and SUD screenings at recommended intervals and complete closed-loop referrals for positive screens	Outcomes: Improve early detection; reduce preventable complications Est. Cost: Low	Legislation; MCO contract; VBP	Quick Win/Major Project (High Impact, Low-Moderate Effort*) *Shortage of places to refer	HEDIS ; Molina ; CA closed-loop referral implementation guide ; MA 105 CMR, § 140.520 ; AZ MPM
Reimburse Screening & Care Coordination Outside the Global Bundle Establish discrete Medicaid reimbursement for behavioral health screening, warm handoffs, and care coordination activities outside the global obstetric payment	Outcomes: Increase provider uptake; reduce care fragmentation Est. Cost: Low/Moderate	Legislation; SPA; MCO Contract	Quick Win (High Impact, Low Effort)	IA Unbundled Maternity Billing Guide ;
Maternal Health Home Model for SUD Support integrated care models that embed perinatal mental health and SUD treatment, including MAT, counseling, and peer supports, within obstetric and midwifery practices	Outcomes: Increase timely care; reduce behavioral health crises Est. Cost: Low	Legislation; Waiver; SPA	Major Project (High Impact, High Effort)	Colorado Integrated Care for Women & Babies ; PA Centers of Excellence
Payment Incentives for Screening & Referral Tie provider and MCO incentive payments to completed behavioral health screenings, warm handoffs, and documented referral closure	Outcomes: Increase screening completion; improve referral closure rates. Est. Cost: Low.	Legislation; SPA; Quality Incentive (SDP, VBP); MCO Contracting	Quick Win (High Impact, Low Effort)	NASHP ; OK Screening Incentive ; CalAIM closed-loop referral
Adopt AIM Behavioral Health Safety Bundles Adopt AIM behavioral health safety bundles	Outcomes: Improve consistency of clinical management Est. Cost: Low/Moderate	Legislation; Quality Incentive (VBP)	Major Project (High Impact, High Effort)	AIM Perinatal; Mental Health ; AIM SUD
Adopt Eat, Sleep, Console (ESC) Protocols Develop a reimbursement or incentive pathway for ESC activities including parent coaching, non-pharma logic interventions, ESC assessment, and time spent supporting, feeding, consoling, and sleep routines.	Outcomes; reduce NICU utilization/escalation of care; shorter stays; improved bonding Est. Cost: Low/Moderate	Legislation; Waiver; SPA; Incentive Payment; MCO Contracting	Major Project (High Impact, High Effort)	Implementing the Eat, Sleep, Console Model of Care: A Scoping Review

Perinatal Access Line Establish a psychiatric consultation line providing obstetric, pediatric, and primary care clinicians real-time guidance on perinatal mental health and SUD treatment (Rural Health; Behavioral Health	Outcomes: Improve timeliness of treatment decisions; increase provider access to psychiatric expertise in shortage areas. Est. Cost: Moderate	Payer contracts; RHTP	Major Project (High Impact, High Effort)	Perinatal Psychiatric Consult Program
Dyadic Intervention Services that treat the parent and infant together, addressing maternal mental health during pediatric visits	Outcomes: Increased screening/treatment for maternal mental health Est. Cost: Low	Legislation; SPA; MCO Contracting; VBP	Quick Win/Fill-in (Moderate Impact, Low Effort)	Addressing Needs During Pediatric Care; Bright Futures; California
Peer Support Specialists Incorporate specialists with lived experience of homelessness into behavioral health resilience and engagement strategies for individuals currently experiencing homelessness.	Outcomes: Improve trust, engagement, and continuity of care among unhoused populations; strengthen linkage to treatment and recovery supports. Est. Cost: Moderate	Legislation; SPA; MCO Contracting; Waivers	Fill-in/Quick Win (Moderate Impact/Moderate Effort)	SAMSHA Peer-Support Toolkit; Medi-Cal Peer Support Services
Priority Access to Behavioral Health/SUD Treatment for Pregnant People Establish expedited pathways into mental health and substance use treatment for pregnant individuals, minimizing wait times and administrative barriers.	Earlier intervention; reduced perinatal complications; improved maternal–infant outcomes. Low to Moderate.	Legislation; Regulatory/Licensing	Quick Win (High Impact, Low Effort) (Currently Standard for SAPTA funded facilities in NV)	NV Substance Use Prevention, Treatment, and Recovery Services
Integrate Perinatal Behavioral Health into Cross-Agency Innovation Initiatives Connect perinatal behavioral health initiatives with statewide behavioral health and child welfare innovation efforts, including shared measures, standards of care, incentives, oversight, data reporting, surveillance, and evidence-based practice selection.	Outcomes: Reduced fragmentation; improved data consistency; enhanced accountability across systems. Est. Cost: Low/Moderate	RHTP; Medicaid Quality Strategy; MCO Contracting; Hospital Quality Collaborative	Major Project (High Impact, High Effort)	NV Medicaid Quality Strategy
Perinatal Behavioral Health Strategic Plan Create and oversee a statewide implementation plan with continuous quality improvement and	Outcomes: Systemwide consistency; improved quality oversight;	Programmatic/Administrative: State Needs Assessments,	Major Project (High Impact, High Effort)	MN Perinatal Health Strategic Plan; NC Perinatal

legislative priorities, including funding for sustainable programs, staffing, and a Perinatal Quality Collaborative.	sustained infrastructure. Est. Cost: Low	Quality Strategies, Quality Collaboratives		Health Strategic Plan
Perinatal Behavioral Health Information Repository Develop a public, regularly updated repository of high-quality perinatal mental health and substance use information, including risks, treatment options, shared decision-making tools, and referral resources.	Outcomes: Improved provider and patient education; increased early detection and treatment; reduced misinformation. Est. Cost: Low/Moderate	Legislation; Programmatic /Administrative: MMRC	Major Project/Quick Win (High Impact, Low/Moderate Effort)	Fact Sheet Example ; OR PQC
Expand Access to MOUD Broaden access to medications for opioid use disorder, including hospital-based induction and nondiscriminatory admission of individuals prescribed MOUD in state-funded SUD and child welfare programs.	Outcomes: Increased treatment initiation; reduced overdose risk; better maternal and family outcomes. Est. Cost: Moderate	Legislation; SPA; Waiver; MCO Contracting	Major Project (High Impact, Moderate Effort)	SAMHSA
Enhance Workforce Competencies in Perinatal Behavioral Health Embed behavioral health curriculum across pre-service education, residency programs, nursing and medical training, allied health internships, and continuing education	Outcomes: Increased behavioral health workforce capacity; increased care coordination Est. Cost: Moderate	RHTP WRRAP; SHARP	Major Project (High Impact, High Effort)	CA Perinatal BH Training Resources for Clinicians ; Project ECHO