NACo Brief:

Counties Addressing Maternal Mental Health and Substance Use

Overview

In the United States, one in five pregnant and postpartum people experience mental health and substance use conditions.[1] As a result, many counties face elevated risks for poor maternal mental health outcomes.[2] Maternal mental health conditions have significant social implications, reducing the quality of life for both parent and child. These conditions carry economic costs as well; the estimated financial toll of untreated conditions is $14 billion annually due to a loss of productivity.[3] Counties play a critical role in addressing these challenges through local public health infrastructure, community partnerships and service delivery.[4]

County Role in Maternal Mental Health

- Deliver public health and behavioral health services for pregnant and postpartum people
- Integrate mental health and substance use treatment within broader health systems
- Lead outreach, education and early identification efforts
- Coordinate crisis response and support services across agencies
- Address social and structural determinants that affect maternal health outcomes

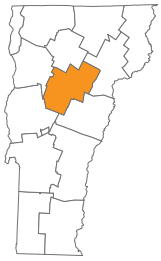
Key Strategies for Counties

- Implement coordinated screening processes to identify needs early through healthcare and community touchpoints
- Develop individualized treatment that reflects clinical needs and social circumstances
- Convene cross-sector coalitions to align providers, stakeholders and community resources
- Expand access to home-based and holistic service models that meet families where they are

County Examples

Placer County, Calif. operates a perinatal substance use services program that provides safety-net care offering numerous services, including substance use treatment, counseling, education, childcare and transportation. The model emphasizes individualized care and helps connect participants to appropriate treatment pathways. The program has doubled its client capacity in recent years, improving continuity of care for high-risk populations.[5]

Kent County, Mich. developed the Perinatal Mood & Anxiety Disorders Coalition, comprising over a dozen healthcare professionals, therapists, individuals impacted by mental health conditions and other local representatives. The coalition, active since 2007, brings together representatives from all three local hospitals along with community organizations and individuals with lived experience. It meets monthly to coordinate resources, expand awareness and strengthen system-wide alignment.[6]



Washington County, Vt. created the Doula Project to provide evidence-based, non-judgmental support to pregnant and parenting individuals facing mental health concerns, substance use disorders and other complications. The program delivers prenatal, labor and postpartum support to people at high risk for maternal mental health and substance use complications through tailored services such as home visits, transportation to appointments and emotional support throughout the pregnancy process.[7] In an eight-month period, the project connected with over 100 families in a county that averages roughly 250 births annually and has since served as a model for Vermont's statewide effort to expand Medicaid coverage for doula services.

Scan for related resources, technical assistance opportunities and the sources referenced in this brief.

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