



Maternal Depression Strategic Plan for Fiscal Years 2021-2025: Fiscal Year 2023 Update

**As Required by
Section 32.046, Texas Health and
Safety Code**

**Texas Health and Human Services
October 2023**



TEXAS
Health and Human
Services

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Executive Summary

In September 2020, the Health and Human Services Commission (HHSC) released the [Postpartum Depression Strategic Plan](#), required by [Section 32.046, Texas Health and Safety Code](#). In September 2021, HHSC issued the [Maternal Depression Strategic Plan Update for Fiscal Years 2021-2025](#), which broadened the title to reflect the potential onset of depression during pregnancy, provided progress updates on strategies, and included a focus on measures to understand the prevalence of the condition, screening, and treatment in Texas.

This update details the most recent efforts to implement the 15 strategies identified in the original strategic plan, along with new deliverables to improve access to maternal depression screening, referral, treatment, and support services by 2025.

HHSC worked with stakeholders, including local mental health authorities (LMHAs), local behavioral health authorities (LBHAs), and women's health providers to identify recommendations to increase the screening and treatment of postpartum depression and improve continuity of care.

The 2023 update continues to monitor data related to the screening and treatment of postpartum depression or other maternal mental health needs. Although irregularities caused by the COVID-19 public health emergency complicate analysis, HHSC will continue working to identify relevant measures for each of the strategies.

With the help of partners across the state, HHSC has worked to improve efforts to screen and treat women with maternal depression and other perinatal mental health needs. Though much work remains, the activities listed herein provide insight into the state's commitment to improve maternal health outcomes.

Introduction

[Section 32.046, Texas Health and Safety Code](#) requires HHSC to annually review the five-year strategic plan to improve screening and treatment for postpartum depression, also referred to herein as maternal depression, maternal mental health conditions or perinatal mood and anxiety disorders.

To meet this requirement and improve outcomes for mothers and babies in Texas, HHSC submits this update to the agency's five-year strategic plan, which seeks to:

- Increase awareness among providers who may serve women who are at risk of or are experiencing maternal mental health conditions about the prevalence and effects on outcomes for women and children;
- Establish a referral network of community-based mental health providers and support services addressing maternal mental health;
- Increase access to peer support services, including access to certified peer specialists with training related to maternal mental health;
- Raise public awareness of and reduce the stigma related to maternal mental health conditions; and
- Leverage sources of funding to support existing community-based screening, referral, treatment, and support services.

The strategies established in this plan reflect research and stakeholder feedback. HHSC will continue working closely with clinicians, providers, and women with lived experience to improve access and outcomes for women who may be at risk for or are experiencing maternal mental health conditions.

Background

Maternal mental health conditions¹ are common and treatable; however, failure to recognize and treat these conditions can have devastating consequences. The Texas Maternal Mortality and Morbidity Review Committee found that mental disorders² are one of the leading causes of pregnancy-related deaths in Texas. Further, maternal mental health conditions, like postpartum depression, are associated with negative consequences for maternal health, quality of life, and child development.³

Prevalence, Screening, and Treatment

Depression can affect women before, during, and after pregnancy. While rates vary, as many as one in eight women will experience depression after a pregnancy.⁴

According to 2020 data from the Texas Pregnancy Risk Assessment Monitoring System, 11.7 percent of Texas women reported experiencing depression during pregnancy, with 13.2 percent experiencing postpartum depression symptoms. During pregnancy, 71 percent of respondents were screened for depression, and 84.4 percent of all Texas women were screened for postpartum depression at least once after pregnancy.⁵

¹ This report uses the term “maternal mental health conditions” to reflect the wide range of mental health conditions that pregnant and postpartum women may experience. The term “perinatal mood and anxiety disorders” may be used in this or other publications and is interchangeable with “maternal mental health conditions.” “Maternal depression” or “postpartum depression” refer specifically to pregnancy-associated depression or depression with postpartum onset, respectively.

² Mental disorders include deaths by suicide, overdose or poisoning, and unintentional injuries determined by the Texas Maternal Mortality and Morbidity Review Committee to be related to a mental disorder.

³ Department of State Health Services (2021). 2021 Healthy Texas Mothers and Babies Data Book. <https://www.dshs.texas.gov/sites/default/files/healthytexasbabies/Documents/2021-Healthy-Texas-Mothers-Babies-Data-Book.pdf>

⁴ “Depression Among Women.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/depression/index.htm>. Accessed June 2, 2023.

⁵ Department of State Health Services, 2023

Maternal Depression Key Goals and Strategies

The original strategic plan outlined 15 strategies to support the statutory goals related to maternal depression awareness, screening, and treatment. The following sections, organized by goal and strategy, detail fiscal year 2023 progress and activities for the remainder of the strategic plan period.

Strategies may be noted as completed even if activity is ongoing. This indicates major milestones for implementation have been achieved and agency staff have incorporated the strategy into ongoing work.

Goal 1: Increase awareness among program providers and people served.

Providers who regularly screen women for maternal depression report that they do not know how or where to refer women for treatment.⁶ The six strategies below seek to increase providers' awareness of the prevalence and effects of maternal depression and available services.

Strategies 1 and 2: Increase opportunities for telehealth and telemedicine

Health and Human Services (HHS) will explore ways to support and expand telehealth and telemedicine for maternal depression through Medicaid, the Children's Health Insurance Program (CHIP), Healthy Texas Women (HTW) and other programs.

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC promoted the use of telemedicine and telehealth services and authorized billing for various behavioral health services delivered by phone or video during the COVID-19 public health emergency.

⁶ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

Fiscal Year 2022 Activities

- As directed by Senate Bill 670, 86th Regular Session, 2019, HHSC prohibited Medicaid and CHIP health plans from denying reimbursement for a covered health care service or procedure delivered as a telemedicine or telehealth service solely because the covered service or procedure was not provided through an in-person consultation.
- As directed by House Bill 4, 87th Regular Session, 2021, HHSC analyzed the clinical and cost effectiveness of Medicaid and CHIP COVID-19 telemedicine and telehealth flexibilities. In September 2022, HHSC transitioned many fee-for-service telemedicine and telehealth policies that were operating under temporary public health emergency flexibilities to permanent policies. The permanent policies for telemedicine and telehealth are outlined in the Texas Medicaid Provider Procedures Manual.
- HHSC made HTW COVID-19 telemedicine and telehealth flexibilities permanent. HTW policies are now aligned with Medicaid fee-for-service policies for telemedicine and telehealth services, including HTW Plus services.

Strategy 3: Identify mental health provider needs and challenges to address maternal depression.

Intellectual and Developmental Disability and Behavioral Health Services will create and distribute a survey on maternal depression to LMHAs and LBHAs in fiscal year 2021. The survey results will establish a baseline of provider knowledge and current challenges providers face in diagnosing and treating maternal depression.

Status: Implementation Complete

Fiscal Year 2021 Activities

- HHSC issued the maternal depression survey to LMHAs and LBHAs.
- In coordination with The University of Texas Health Science Center at San Antonio, HHSC added a question to the annual Centralized Training Infrastructure Needs Assessment survey to determine the need for post-partum depression or perinatal mood disorder technical assistance webinars.

Fiscal Year 2022 Activities

- HHSC staff met with LMHAs and LBHAs to discuss their needs related to women's and maternal health and identify best practices for the LMHAs' and LBHAs' provision of maternal mental health services.
- The maternal depression survey was completed in November 2021 with 34 of 39 LMHAs and LBHAs responding. Overall, respondents indicated an interest in training and information on maternal mental health, psychiatric medication management for pregnant or lactating women, and referral resources for persons with maternal mental health conditions. The responses noted challenges to improving access to care, including a need for more:
 - ▶ Awareness of maternal mental health conditions, education on symptoms, and identifying individuals with a perinatal mood or anxiety disorders;
 - ▶ Workforce capacity, trained and experienced in maternal mental health;
 - ▶ Integrated models that combine physical and behavioral health services for women and families;
 - ▶ Increased awareness among providers about the prevalence and effects of maternal mental health for women and children; and
 - ▶ Evidence-based prescribing practices for maternal mental health.
- HHSC continued to analyze responses and engage in dialogue with LMHAs and LBHAs to address actionable items from the survey.

Fiscal Year 2023 Activities

HHSC, in coordination with The University of Texas Health Science Center at San Antonio, began developing a curriculum for non-medical providers on psychopharmacology. This curriculum will focus on pregnant or lactating women and evidence-based prescribing practices for maternal mental health. This training was an identified need based on the maternal depression survey of LMHAs and LBHAs in 2021.

Planned Activities for Fiscal Years 2024-2025

HHSC will launch the psychopharmacology training, targeting psychologists, counselors, social workers, and other professionals working with pregnant or postpartum women.

Strategy 4: Increase HTW provider awareness of treatment options and increase access to postpartum services, including mental health care.

Outreach and training conducted on new postpartum benefits in HTW Plus will be available in fiscal year 2021.

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC implemented the HTW Plus enhanced postpartum service package, which includes additional mental health services such as individual and group psychotherapy, and held various outreach events to educate stakeholders and recruit providers.

Fiscal Year 2022 Activities

- HHSC updated the HTW Plus provider fact sheet. HHSC distributed it to provider associations and posted it on the HTW website.
- HHSC sought to recruit HTW Plus-specific provider types, including cardiologists, psychiatrists, and others, through email solicitations. HHSC is working with the Texas Medicaid and Healthcare Partnership to track HTW Plus provider enrollment.
- HHSC began to implement House Bill 133, 87th Legislature, Regular Session, 2021:
 - ▶ On May 25, 2022, HHSC submitted a request to the Centers for Medicare and Medicaid Services to amend the Texas Healthcare Transformation Quality Improvement Program Section 1115 Waiver to extend Medicaid eligibility to certain women to six months after delivery.⁷
 - ▶ HTW will transition to managed care with the upcoming procurement for State of Texas Access Reform and CHIP. Updated information about the procurement timeline is available at

⁷ A copy of the request is available at <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/tx-healthcare-transformation-postpartum-covrg-amen-pa.pdf>

<https://www.hhs.texas.gov/business/contracting-hhs/procurement-opportunities>.

Fiscal Year 2023 Activities

- HHSC continued to promote HTW and HTW Plus through social media posts, client mailings, webpage updates, and provider digital and paper mailings. HHSC consistently works to recruit more providers into HTW and HTW Plus through in-person and email outreach.
- HHSC presented to the medical directors and executive directors of the LMHAs on the availability of HTW Plus and provided information on enrolling as an HTW Plus provider.
- HHSC partnered with the Texas Medical Association to host a webinar on the unwinding of continuous Medicaid eligibility and the availability of HTW Plus as a service option for postpartum women who may be determined ineligible for Medicaid for Pregnant Women.
- House Bill (H.B.) 12 (88th Legislature, Regular Session, 2023) requires HHSC to continue to provide Medicaid coverage to women certified for Medicaid for Pregnant Women for 12 months following the last month of their pregnancy.
 - HHSC submitted a state plan amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) in October 2023, to adopt the federal 12-month extended postpartum coverage option in Medicaid and CHIP with an effective date of March 1, 2024.
 - HHSC will automatically reinstate coverage to women who are not current beneficiaries but are within their 12-month postpartum period when the SPA becomes effective. Coverage (Medicaid or CHIP) will be reinstated for the remainder of the woman's 12-month postpartum period.

Strategy 5: Increase awareness among HHSC programs and the people they serve.

HHSC goes beyond increasing provider awareness by seeking to increase awareness of maternal mental health needs among the people we serve.

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC launched a new web lesson, "[The Baby Blues and Postpartum Depression](#)," for participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This lesson is free and available to anyone online. From October 2020 to May 2023 the English version of the course was taken by 18,061 participants and the Spanish version was taken by 2,038 participants.

Fiscal Year 2022 Activities

HHSC improved coordination among programs to ensure that families receive consistent messaging about maternal mental health needs across all agency systems. Coordination efforts include monthly updates and a planning workgroup, bulletins, and educational opportunities for staff.

Fiscal Year 2023 Activities

- In recognition of maternal mental health week, HHSC highlighted maternal mental health services and resources in mass communications.
- HHSC and the Department of State Health Services' (DSHS) monthly updates and planning workgroup focused on needs of postpartum women in the last quarter of the fiscal year, working to increase awareness of services available to meet the needs of this population and identify areas for improvements.

Strategy 6: Increase awareness of maternal mental health among healthcare professionals.

DSHS Grand Rounds will host a series of continuing education presentations on perinatal mood and anxiety disorders in fiscal year 2021.

Status: Implementation Complete

Fiscal Year 2021 Activities

In Summer 2021, DSHS hosted a series of three continuing education presentations on perinatal mood and anxiety disorders, including postpartum depression.

Fiscal Year 2022 Activities

HHSC and DSHS staff presented on maternal mental health and available services to various groups through the fiscal year, including the 2022 Texas Collaborative for Healthy Mothers and Babies Summit to educate providers, advocates, and others on maternal mental health needs and HHSC services.

Fiscal Year 2023 Activities

- At the September 2022 Texas Maternal Mortality and Morbidity Review Committee public meeting and the December 2022 TexasAIM Leadership Summit, DSHS hosted presentations to increase awareness among health care professionals and other interested stakeholders about the Texas Perinatal Psychiatry Access Network (PeriPAN). PeriPAN is a hotline for clinician-to-clinician consultation for providers serving pregnant women and new mothers experiencing mental health distress.
- DSHS promoted the Hear Her Texas media campaign to providers to increase awareness of serious pregnancy-related complications and their warning signs, including perinatal mood and anxiety disorders, among Texas women, their partners, and other advocates.

Goal 1 Measures

To measure the impact of Goal 1 strategies, HHSC is monitoring the number of claims related to postpartum depression screenings and maternal mental health, as well as the number of completions of computer-based classes on maternal mental health. Measures for recent years are available in Table 1.

Table 1. Goal 1 Measures

Measure	FY19	FY20	FY21	FY22
Number of clients screened in HHSC programs ⁸	5,196	5,810	7,972	8,192

⁸ Clients served include individuals with any paid outpatient or professional claims from Medicaid fee-for-service, Healthy Texas Women and Family Planning Program claims data, or encounters from Medicaid Managed Care and CHIP Perinatal indicating postpartum depression screening, for services provided during the fiscal year.

Measure	FY19	FY20	FY21	FY22
Number of claims related to postpartum mental health⁹	7,003	8,221	12,036	12,022
Number of HHSC providers billing for postpartum depression screening¹⁰	1,107	1,105	1,199	1,149
Number of completions for the Baby Blues and Postpartum Depression self-paced class through the WIC website¹¹	N/A	N/A	11,627	5,421

Goal 2: Establish a referral network.

This goal includes three strategies to promote continuity of care for women at risk of maternal depression.

Strategy 7: Improve the network of providers treating maternal mental health conditions.

HHS will collaborate with Medicaid health plans and HTW providers to identify treatment providers for maternal mental health conditions and to develop a workflow process for health plans to assist in the referral of members. HHS will explore options to recruit providers, including perinatal psychiatrists, to provide services in-person and through telemedicine and telehealth.

⁹ Claim lines for postpartum depression screening were identified as those with ICD-10 diagnosis code O90.6 (postpartum mood disturbance), O99.345 (other mental disorders complicating the puerperium), F53.0 (postpartum depression), or F53.1 (puerperal psychosis) in the detail diagnosis fields; or by procedure code G8432 or G8433 (screening for depression not completed), or G8431 or G8510 (screening for depression is completed), or 96161 (administration of caregiver-focused health risk assessment instrument (e.g., depression inventory)).

¹⁰ Number of providers represents the number of billing providers providing postpartum depression service.

¹¹ Numbers reflect federal fiscal years (October 1 through September 30).

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC established an internal workgroup to address feedback received from health plans and HTW providers and joined the Texas Collaborative for Healthy Mothers and Babies - Perinatal Mental Illness Workgroup.

Fiscal Year 2022 Activities

- HHSC identified in-network primary care providers and maternal mental health providers who can treat maternal mental health conditions.
- HHSC drafted new contractual requirements in the Uniform Managed Care Manual¹², which were shared with managed care organizations for comment, requiring Medicaid and CHIP health plans to identify maternal mental health providers in their online provider directories to assist providers and members in finding qualified clinicians to treat maternal mental health conditions.

Fiscal Year 2023 Activities

- HHSC added contractual requirements in the Uniform Managed Care Manual to require Medicaid and CHIP health plans to:
 - ▶ Identify members who screen positive for a maternal mental health condition and support them in seeking treatment.
 - ▶ Refer members to appropriate community resources, including but not limited to: LMHAs and LBHAs for members in crisis, federally qualified health centers, rural health clinics, and others as appropriate.
 - ▶ Have a workflow or standardized process to schedule and refer members to maternal mental health diagnostic and treatment services.

Strategy 8: Expand the provider referral network for treatment of maternal mental health conditions.

HHSC will create and disseminate an LMHA 101 training/webinar to educate providers and referral networks about the role of LMHAs and LBHAs in the community and how to best access their services.

¹² Uniform Managed Care Manual. [3.34 MMC-CHIP Online Provider Directory](#)

Status: Implementation Complete

Fiscal Year 2021 Activities

- HHSC partnered with The University of Texas Health Science Center at San Antonio to develop an LMHA 101 informational video.
- HHSC worked with LMHAs and LBHAs and other stakeholders to increase awareness of the behavioral health system and maternal mental health needs, leveraging existing platforms like www.mentalhealthtx.org.

Fiscal Year 2022 Activities

- HHSC worked on the LMHA 101 video.
- HHSC hosted a webinar on perinatal mental health in coordination with Maternal Mental Health NOW and The University of Texas Health Science Center at San Antonio. This webinar targeted psychologists, counselors, social workers, and other professionals who may work with pregnant or postpartum women.

Fiscal Year 2023 Activities

- HHSC completed production of the “LMHA 101” video and made it available to the public on www.mentalhealthtx.org.
- HHSC hosted additional webinars in coordination with Maternal Mental Health NOW, The University of Texas Health Science Center at San Antonio, and Baylor College of Medicine.

Strategy 9: Enhance provider resources to address maternal depression.

HHSC will revise the postpartum depression toolkit.

Status: In Process

Fiscal Year 2021 Activities

HHSC updated links referred to in the toolkit; however, the third edition of the toolkit was pended until HHSC could conduct a more comprehensive review.

Fiscal Year 2022 Activities

HHSC worked with stakeholders to identify the most desired resources to ensure the toolkit meets the needs of providers.

Fiscal Year 2023 Activities

HHSC continued to identify necessary revisions to the toolkit for clinicians based on internal and external stakeholder feedback.

Planned Activities for Fiscal Years 2024-2025

- HHSC will continue to develop other provider content related to maternal depression.
- HHSC will continue revising the toolkit based on input from clinicians.

Goal 2 Measure

To measure the impact of Goal 2 strategies, HHSC is monitoring the number of women referred to and served by an LMHA or LBHA after a postpartum depression screening.

Table 2. Goal 2 Measure

Measure	FY20	FY21	FY22
Number of women referred to and served by LMHAs/LBHAs following postpartum depression screening	324 ¹³	468	526

Goal 3: Increase access to peer-support services.

Survey data suggests that peers can help women navigate the service delivery system, provide nonjudgmental support, demystify untruths, and offer hope and reassurance.¹⁴ HHS identified two broad strategies to increase peer support usage.

¹³ Data varies from the plan update published in September 2021 and reflects data as of August 2022.

¹⁴ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

Strategy 10: Evaluate access to peer support services.

Based on the Post-Implementation Utilization Review (PIUR) results, HHS staff will consider whether policy changes are necessary to increase access to the peer support services benefit in fiscal year 2021.

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC added peer support as a benefit for HTW Plus and conducted a PIUR of the peer specialist services benefit in Medicaid. Based on the PIUR, HHSC determined no policy changes are needed at this time.

Strategy 11: Promote peer support models in existing programs.

HHS will explore, identify, and disseminate information and education through existing programs to promote models of peer support. This includes promotion of peer support for mothers experiencing high-risk pregnancies and maternal morbidities, and mother-to-mother support for breastfeeding.

Status: Implementation Complete

Fiscal Year 2021 Activities

DSHS developed a pilot program for high-risk maternal care coordination services in which community health workers provide peer support, coaching, and referrals to women with high-risk pregnancies. A supportive relationship with a community health worker during pregnancy can increase access to screening, risk

identification, and referral for maternal mental health disorders, and reduce the odds of having maternal depression symptoms.^{15,16,17}

Fiscal Year 2022 Activities

- In May 2022, DSHS established the High-Risk Maternal Care and Coordination Services Pilot Program. The pilot offers guidance, resources, training, and support to complete risk assessments with pregnant women and integrate community health worker services into care delivery for women with identified risk factors for poor pregnancy, birth, or postpartum outcomes.
- HHSC staff provided education on existing peer support programs, such as WIC's breastfeeding peer counselors, and began exploring how to leverage existing peer efforts.
- WIC staff presented at the HHSC Office of Disability Prevention for Children Conference in March 2022 and shared information about WIC's breastfeeding peer counselor services to over 750 attendees.

Goal 3 Measures

To measure the impact of Goal 3 strategies, HHSC is monitoring the provision of peer services in Medicaid and WIC. Table 3 includes recent data.

¹⁵ Hostetter, M., Klein, S. "In Focus: Integrating Community Health Workers into Care Teams." Transforming Care: Reporting on Health System Improvement. [serial online]. December 2015 Issue. Available at <http://www.commonwealthfund.org/publications/newsletters/transforming-care/2015/december/in-focus>.

¹⁶ Bliznashka, L., Yousafzai, A.K., Asheri, G., Masanja, H., Sudfeld, C.R. Effects of a community health worker delivered intervention on maternal depressive symptoms in rural Tanzania. Health Policy Plan. 2021 May 17;36(4):473-483.

¹⁷ Mundorf, C., Shankar, A., Moran, T., Heller, S., Hassan, A., Harville, E., Lichtveld, M. Reducing the Risk of Postpartum Depression in a Low-Income Community Through a Community Health Worker Intervention. Maternal Child Health J. 2018 Apr;22(4):520-528.

Table 3. Goal 3 Measures

Measure	FY19	FY20	FY21	FY22
Peer specialist services provided in Medicaid¹⁸	N/A	66 ¹⁹	161	92
Number of breastfeeding peer counselors providing support to WIC clients	240	230	250	254

Goal 4: Raise public awareness and reduce stigma of maternal depression.

Stigma about postpartum depression can be a significant barrier to treatment. To address this, HHS identified two overarching strategies.

Strategy 12: Increase awareness and access to treatment to reduce stigma of maternal mental health conditions.

Psychotherapy and peer support services will be included as benefits of HTW Plus beginning in fiscal year 2021, which will increase postpartum depression awareness and access to treatment, help normalize the diagnosis, decrease stigma, and help prevent maternal morbidity and mortality.

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC implemented the HTW Plus enhanced postpartum service package, which included psychotherapy and peer support services.

¹⁸ Peer specialist certification began in late fiscal year 2019. Data includes paid units (e.g., fee-for-service claims and managed care encounters). Prepared by HHSC Data, Analytics, and Performance Department.

¹⁹ This data varies from the plan update published in September 2021 and reflects updated methodology to target peer specialist services provided in the 12 months following a delivery.

Fiscal Year 2022 Activities

- In October 2021, December 2021, and May 2022, HHSC held women’s health Twitter chats that covered topics such as breast cancer screening and treatment, caregiving, and maternal mental health. These chats engaged external stakeholders including local, state, and national organizations; increased awareness of topics and available resources; and reduced stigma by providing a forum for issues that are not always openly discussed.
- HHSC participated in the Improving Postpartum Care Affinity Group, sponsored by the Center for Medicaid and CHIP Services. Texas is one of nine states selected to participate in the group, which seeks to improve postpartum care for members covered by Medicaid and HTW who have substance use disorders, maternal depression, or hypertension.
- HHSC streamlined information on maternal depression and other mental health conditions by coordinating the Maternal Depression Strategic Plan with the reports required by Chapter 34, Texas Health and Safety Code, and the 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 71). All of these reports are managed by the Office of Women’s Health Coordination to improve consistency, efficiency, and efficacy of maternal health efforts.

Fiscal Year 2023 Activities

- In June, HHSC and The University of Texas Health Science Center at San Antonio hosted the eighth annual Neonatal Abstinence Syndrome Symposium. This annual event recognizes Neonatal Abstinence Syndrome Awareness Month and serves to increase education about and reduce stigma surrounding substance use during pregnancy; and highlight the relationship between abrupt discontinuation of substances and maternal substance use issues, including returning to use, overdose, withdrawal, and fetal distress.

Planned Activities for Fiscal Years 2024-2025²⁰

- HHSC will conduct a PIUR of HTW Plus 18 months after the continuous Medicaid coverage renewals are completed and service utilization stabilizes.

²⁰ Evaluation of HTW Plus cannot be completed until 18 months after the continuous Medicaid coverage renewals are completed to ensure 12 month of final service utilization data.

Strategy 13: Increase outreach to providers to reduce stigma of maternal mental health conditions.

The national AIM Obstetric Care for Women with Opioid Use Disorder Bundle includes a focus on addressing stigma and bias in the care of women with opioid use disorder. The bundle also focuses on screening and referral for comorbidities including postpartum depression and other perinatal mood and anxiety disorders.

Status: Implementation Complete

Fiscal Year 2021 Activities

- DSHS TexasAIM began collaborative work with the first cohort of participating hospitals to implement practices described in the Obstetric Care for Women with Opioid Use Disorder Bundle. This bundle promotes screening and referral for maternal psychiatric disorders and emphasizes the negative impact of stigma and bias on a woman's ability to receive high quality care.
- In August 2021, DSHS hosted learning events for participating multi-disciplinary hospital teams, including education about recognizing and addressing stigma and bias.

Fiscal Year 2022 Activities

DSHS provided technical assistance, data support, and biweekly communication to more than 200 enrolled TexasAIM hospital teams as they worked independently to implement and sustain bundle components; however, in response to hospitals' COVID-19 surge experiences, DSHS paused all TexasAIM learning collaborative activities. DSHS pivoted to provide guidance, support, and resources to hospital teams for obstetrics care and COVID-19 support. TexasAIM's bundle implementation activities will resume in early fiscal year 2023.

Fiscal Year 2023 Activities

TexasAIM resumed bundle implementation activities in fiscal year 2023. In June, DSHS completed faculty recruitment for the Care for Women with Opioid and other Substance Use Disorder Innovation and Improvement Learning Collaborative and worked to reengage 10 pilot hospitals in this collaborative. DSHS held two virtual calls with hospital teams to prepare for bundle implementation and a joint Opioid and other Substance Use Disorder Summit and learning session in August 2023.

Goal 5: Leverage funding sources.

HHS seeks to leverage funding and existing resources to maximize the benefit to Texans. As part of this strategic plan, HHSC is working to collaborate with the Child Psychiatry Access Network (CPAN) and other state agencies.

Strategy 14: Utilize CPAN to support pediatricians and primary care providers through teleconsultation for maternal mental health.

HHSC will explore options for CPAN to provide and expand teleconsultation for maternal depression in regional hubs throughout the state.

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC worked closely with CPAN and the Texas Child Mental Health Consortium representatives to leverage the CPAN network with existing resources.

Fiscal Year 2022 Activities

HHSC worked with the Texas Child Mental Health Consortium to support implementation of the PeriPAN, made possible by American Rescue Plan Act funds appropriated through Senate Bill 8, 87th Legislature, 3rd Called Session, 2021, to increase mental health services provided to Texas moms.

Strategy 15: Collaborate with state agencies on evidence-based training and programs.

HHSC will explore opportunities to collaborate with other state agencies to connect mothers and families to training, programs, and services.

Status: Implementation Complete

Fiscal Year 2021 Activities

- TexProtects and Family Connects staff presented to health plans about the availability of the Family Connects program in Texas.

- HHSC, DSHS, and the Department of Family and Protective Services (DFPS) participated in the National Academy for State Health Policy's State Policy Institute on Public Insurance Financing of Home Visiting.

Fiscal Year 2022 Activities

HHSC and DFPS met regularly to explore innovative ways to connect Medicaid and CHIP members with prevention and early intervention programs. In May 2022, HHSC staff participated in a DFPS event focused on maternal mental health.

Planned Activities for Fiscal Years 2024-2025

HHSC and DFPS will seek to improve outcomes for families by implementing Senate Bill 24, 88th Legislature, Regular Session, 2023, which transfers Prevention and Early Intervention programs currently housed in DFPS to HHSC.

Conclusion

While many women experience some mild mood changes during pregnancy and after the birth of a child, some mothers experience more significant symptoms of postpartum depression or other perinatal mood and anxiety disorders. In severe cases, maternal depression can disrupt families and lead to adverse outcomes for women, including death. As described above, by data on the prevalence, screening, and treatment, maternal mental health conditions affect women of any background, and reliable access to care can avert worsening symptoms and prevent maternal mortality.

Several collaborative initiatives throughout HHS address maternal depression and improve maternal outcomes, and recommendations included in this strategic plan identify opportunities to build on successes and ensure access to care for women across the state.

The actions outlined in this report for the Maternal Depression Strategic Plan for Fiscal Years 2021-2025 address these opportunities and will advance efforts to increase awareness of maternal depression and other mental health conditions; establish a referral network for maternal depression services; increase access to peer support services; raise public awareness of and reduce the stigma related to maternal mental health conditions; and leverage sources of funding to support existing community-based maternal depression screening, referral, treatment, and support services.

As required by [Section 32.046, Texas Health and Safety Code](#), HHSC will annually review this plan and revise it as necessary. The next strategic plan, for the five-year period beginning in fiscal year 2026, will be published by September 1, 2025.

List of Acronyms

Acronym	Full Name
CHIP	Children’s Health Insurance Program
CPAN	Child Psychiatry Access Network
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
FY	Fiscal Year
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HTW	Healthy Texas Women
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
PeriPAN	Texas Perinatal Psychiatry Access Network
PIUR	Post-Implementation Utilization Review
WIC	Women, Infants, and Children (the Special Supplemental Nutrition Program for Women, Infants, and Children)