

# **Maternal Depression Strategic Plan for Fiscal Years 2021-2025: Fiscal Year 2022 Update**

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**As Required by  
Section 32.046, Texas Health and  
Safety Code and the 2022-23 General  
Appropriations Act, Senate Bill 1, 87<sup>th</sup>  
Legislature, Regular Session, 2021  
(Article II, HHSC, Rider 71)**

**Texas Health and Human Services  
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**TEXAS**  
Health and Human  
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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.

This update also includes recommendations and details required by the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 71). 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 2022 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 mental health needs during the prenatal and postpartum period. Though much work remains to be done, the activities listed herein provide insight into the state's commitment to improve maternal health outcomes.

## Introduction

The 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 71), requires HHSC to report on the prevalence, screening, and treatment of postpartum depression. This report must include recommendations to increase utilization of screening and treatment within women's health programs, treatment of postpartum depression provided by LMHAs and LBHAs, and continuity of care. The report shall also identify any factors related to health disparities or issues related to disproportionality. The legislation further requires HHSC to coordinate with the Department of State Health Services (DSHS) and to work with women's health providers and stakeholders to identify recommendations to improve access to care and treatment.

These requirements build on HHSC's five-year strategic plan to improve access to maternal depression screening, referral, treatment, and support services. To meet these requirements and improve outcomes, HHSC submits this update to the agency's five-year strategic plan. As required by [Section 32.046, Texas Health and Safety Code](#), this plan 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 conditions<sup>1</sup> 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 disorders<sup>2</sup> are one of the leading causes of pregnancy-related deaths in Texas.<sup>3</sup> Further, maternal mental health conditions, like postpartum depression, are associated with negative consequences for maternal health, quality of life, and to the development of the child.<sup>4</sup>

## Prevalence, Screening, and Treatment

Depression can affect women before, during, and after their pregnancy. While rates vary, as many as one in five women will experience depression after a pregnancy.<sup>5</sup>

According to 2019 data from the Texas Pregnancy Risk Assessment Monitoring System, 12.6 percent of Texas women reported experiencing depression during pregnancy, with 14.9 percent experiencing postpartum depression symptoms. During pregnancy, 73.8 percent of respondents were screened for depression, and

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<sup>1</sup> 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.

<sup>2</sup> 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.

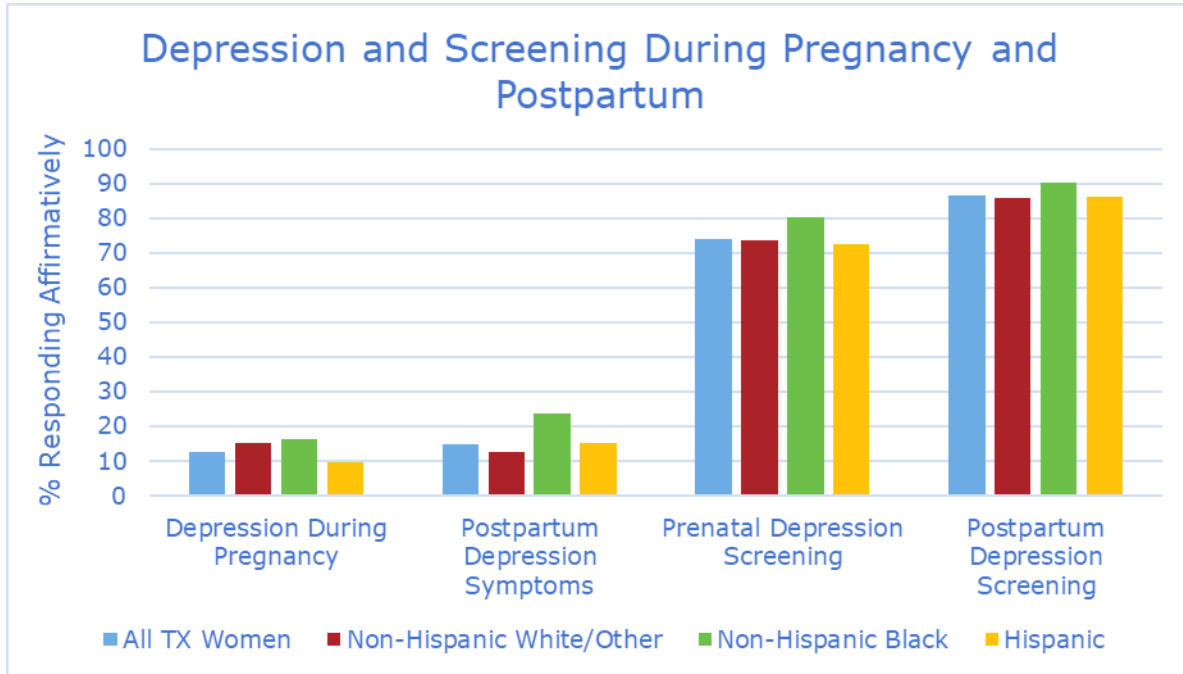
<sup>3</sup> Department of State Health Services (2019). *2019 Healthy Texas Mothers and Babies Data Book*. <https://www.dshs.texas.gov/healthy texasbabies/Documents/HTMB-Data-Book-2019-20200206.pdf>

<sup>4</sup> Department of State Health Services (2020). *2020 Healthy Texas Mothers and Babies Data Book*. Updated, 2022. <https://www.dshs.texas.gov/healthy texasbabies/Documents/Revised-7-5-22-Healthy-Texas-Mothers-and-Babies-Data-Book-2020.pdf>

<sup>5</sup> “Depression Among Women.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/depression/index.htm>. Accessed July 14, 2022.

86.4 of all Texas women were screened for postpartum depression at least once after pregnancy.<sup>6</sup> Figure 1 shows variation among groups.<sup>7</sup>

**Figure 1. Depression and Screening Rates During Pregnancy and Postpartum**



<sup>6</sup> Department of State Health Services, 2022

<sup>7</sup> Department of State Health Services (2022). *2021 Healthy Texas Mothers and Babies Data Book*. <https://www.dshs.texas.gov/healthytexasbabies/Documents/Healthy-Texas-Mothers-and-Babies-Data-Book-2021.pdf>

# 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 2022 progress and activities for the remainder of the strategic plan period. Throughout the strategic plan, where reporting or recommendations support compliance with Rider 71, those strategies are identified in accordance with the requirements.

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.<sup>8</sup> The six strategies below seek to increase providers' awareness of the prevalence and effects of maternal depression, as well as available services. In accordance with Rider 71, strategies 1, 2, 4, 5, and 6 support increased screening and treatment for women served through Health and Human Services (HHS) programs, and strategy 3 supports increased treatment through LMHAs and LBHAs.

## **Strategies 1 and 2: Increase opportunities for telehealth and telemedicine in Medicaid, CHIP, and Healthy Texas Women**

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

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<sup>8</sup> Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

## **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 public health emergency.

### **Fiscal Year 2022 Activities**

- As directed by S.B. 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 (H.B.) 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 survey in Summer 2021.



## **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 survey was completed in November 2021 with 34 of 39 LMHAs/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 continues to analyze responses and engage in dialogue with LMHAs and LBHAs to address actionable items from the survey.

## **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 H.B. 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.<sup>9</sup>
  - ▶ HTW will transition to managed care with the upcoming procurement for State of Texas Access Reform and CHIP. HHSC anticipates posting this in the first quarter of fiscal year 2023. Updated information about the procurement timeline is available at <https://www.hhs.texas.gov/business/contracting-hhs/procurement-opportunities>.

## 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 June 2022, the English version of the course was taken by 14,556 participants and the Spanish version was taken by 1,574 participants.

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<sup>9</sup>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>

## **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 planning workgroup, bulletins, and educational opportunities for staff.

## **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.

## **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	FY 2019	FY 2020	FY 2021	FY 2022 <sup>10</sup>
<b>Number of clients screened in HHSC programs<sup>11</sup></b>	5,196	5,810	7,972	N/A
<b>Number of claims related to postpartum mental health<sup>12</sup></b>	7,003	8,221	12,036	N/A
<b>Number of HHSC providers billing for postpartum depression screening<sup>13</sup></b>	1,107	1,105	1,199	N/A
<b>Number of class completions for the <a href="#">Baby Blues and Postpartum Depression self-paced class</a> completed through the WIC website<sup>14</sup></b>	N/A	N/A	12,187	3,943

## Goal 2: Establish a referral network.

This goal includes three strategies to promote continuity of care for women at risk of maternal depression. In accordance with Rider 71, strategies 7 and 9 support increased screening and treatment and continuity of care for women served

<sup>10</sup> Fiscal year 2022 data is not yet available for all measures.

<sup>11</sup> 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.

<sup>12</sup> 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)).

<sup>13</sup> Number of providers represents the number of billing providers providing postpartum depression service.

<sup>14</sup> Numbers reflect federal fiscal years (October 1 through September 30). For 2022, data include October through June 2022.

through HHS programs. Strategy 8 supports increased treatment through LMHAs and LBHAs.

## **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.*

### **Status: In Process**

#### **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**

- Identified in-network primary care providers and maternal mental health providers who can treat maternal mental health conditions.
- HHSC finalized contractual requirements in the Uniform Managed Care Manual<sup>15</sup> that require 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.

#### **Planned Activities for Fiscal Years 2023-2025**

HHSC plans to add 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.

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<sup>15</sup> Uniform Managed Care Manual. [3.34 MMC-CHIP Online Provider Directory](#)

- 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.*

### **Status: In Process**

#### **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](http://www.mentalhealthtx.org).

#### **Fiscal Year 2022 Activities**

- HHSC is working to finalize the LMHA 101 video.
- HHSC hosted a webinar 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.

## **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.

### Planned Activities for Fiscal Years 2023-2025

- HHSC will develop other provider content related to maternal depression, such as a webpage and training.
- 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 after a postpartum depression screening.

**Table 2. Goal 2 Measure**

Measure	FY 2020	FY 2021	FY 2022
<b>Number of women referred to and served by LMHAs/LBHAs following postpartum depression screening</b>	324 <sup>16</sup>	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

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<sup>16</sup> Data varies from the plan update published in September 2021 and reflects data as of August 2022.

reassurance to women.<sup>17</sup> HHS identified two broad strategies to increase use of peer support. In accordance with Rider 71, strategies 10 and 11 support increased screening and treatment for women served through HHS programs.

## **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

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<sup>17</sup> Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)



identification, and referral for maternal mental health disorders, and reduce the odds of having maternal depression symptoms.<sup>18,19,20</sup>

## 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. This work is ongoing.
- 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.

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<sup>18</sup> 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>.

<sup>19</sup> 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.

<sup>20</sup> 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**

<b>Measure</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Peer specialist services provided in Medicaid<sup>21</sup></b>	N/A	66 <sup>22</sup>	161
<b>Number of breastfeeding peer counselors providing support to WIC clients</b>	240	230	250

## **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. In accordance with Rider 71, strategies 12 and 13 support increased screening and treatment for women served through HHS programs.

### **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.*

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<sup>21</sup> 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.

<sup>22</sup> 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.

## **Status: Implementation Complete**

### **Fiscal Year 2021 Activities**

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

### **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 for Pregnant Women 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, S.B. 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.

### **Planned Activities for Fiscal Years 2023-2025<sup>23</sup>**

- HHSC will conduct a PIUR of HTW Plus once the federally declared public health emergency (PHE) ends and service utilization stabilizes.

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<sup>23</sup> Evaluation of HTW Plus cannot be completed until after the end of the federally declared COVID-19 PHE. Since the timing of the end of the PHE is unknown, HHSC considers this strategy implemented.

## **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.

## **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. In accordance with Rider 71, strategies 14 and 15 support increased screening and treatment and continuity of care for women served through HHS programs.

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

*HHS 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 Perinatal Psychiatry Access Network, made possible by American Rescue Plan Act funds appropriated through S.B. 8, 87th Legislature, 3<sup>rd</sup> Called Session, 2021, to increase mental health services provided to Texas moms.

## **Strategy 15: Collaborate with state agencies on evidence-based trainings and programs.**

*HHSC will explore opportunities to collaborate with other state agencies to connect mothers and families to trainings, 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 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 is meeting regularly with the Department of Family and Protective Services to explore innovative ways to connect Medicaid and CHIP members with prevention

and early intervention programs. In May 2022, HHSC staff participated in a Department of Family and Protective Services home visiting event focused on maternal mental health.

## **Rider 71 Recommendations**

As required by S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 71), HHSC must report recommendations to increase utilization of screening and treatment within women’s health programs, treatment of postpartum depression provided by LMHAs and LBHAs, and continuity of care. The Maternal Depression Strategic Plan for Fiscal Years 2021-2025 includes goals and strategies that support these requirements. HHSC will continue ongoing efforts to increase awareness among program providers and clients, strengthen referral networks, increase access to peer support, and raise public awareness of maternal depression, all of which will contribute to improved utilization of available screening and treatment options. Strategies throughout the plan support increased screening and treatment in HHSC women’s health programs, treatment of postpartum depression provided by LMHAs and LBHAs, and continuity of care.

Rider 71 also requires HHSC to work with providers and stakeholders to identify recommendations to improve access to care and treatment. HHSC worked with LMHAs and LBHAs and women’s health providers to identify recommendations to improve access to care and treatment, which are outlined below.

### **Screening and Treatment in Women’s Health Programs**

HHSC’s women’s health programs, traditionally including Breast and Cervical Cancer Services, Family Planning Program, and Healthy Texas Women, offer an array of services to improve health outcomes for Texans. Table 4 provides a summary of services for postpartum depression and other perinatal mood and anxiety disorders in the women’s health programs and other HHSC-administered services.

**Table 4. HHSC Programs and Coverage for Postpartum Depression**

<b>Program</b>	<b>Screening Services?</b>	<b>Available Treatment</b>
Medicaid for Pregnant Women <sup>24</sup>	Yes	Psychotherapy, peer services, and pharmaceutical treatment
CHIP Perinatal	Yes <sup>25</sup>	Not Applicable
Healthy Texas Women	Yes	HTW Plus, the enhanced benefits package for women in HTW who have been pregnant within the last 12 months, covers psychotherapy, peer specialist services, and pharmaceutical treatment.  Core HTW benefits include pharmaceutical treatment only.
Family Planning Program	Yes	Not applicable
Primary Health Care Program	Yes	Pharmaceutical treatment only
Texas Health Steps	Yes <sup>26</sup>	Not applicable
Title V Maternal and Child Health Fee-for-Service	Yes	Not applicable

<sup>24</sup> Currently, Medicaid coverage ends 60 days after delivery. However, as required by the Family First Coronavirus Response Act (Public Law 116-127), states must maintain continuous Medicaid eligibility during the COVID-19 PHE to qualify for enhanced federal funding. Women determined eligible for Medicaid, including HTW, as of March 18, 2020, and later remain eligible for coverage until the end of the COVID-19 PHE.

<sup>25</sup> CHIP Perinatal coverage ends at the end of the month of delivery; however, women can receive two postpartum visits at which screening may be conducted.

<sup>26</sup> The infant's provider may bill one screening between birth and the infant's first birthday.



As required by Rider 71, HHSC worked with women’s health providers and stakeholders<sup>27</sup> to identify various recommendations to improve access to care and treatment. These recommendations are detailed in Appendix A and may require funding, statutory authority, and/or federal approval, depending on the item.

## **Treatment by LMHAs and LBHAs**

LMHAs and LBHAs serve as vital partners and point of entry for mental health services for publicly funded, privately funded, or unfunded persons with mental health issues in Texas. LMHAs and LBHAs provide a wide array of treatment services and support and connect people with resources unique to their community.

LMHAs and LBHAs provide traditional treatment for postpartum depression including counseling, medication, and peer supports, and may also connect women with community services to address barriers to successful recovery. Key findings from the LMHA and LBHA survey HHSC administered under Strategy 3 include:

- 62 percent of respondents reported they screen for perinatal mood and anxiety disorders;
- 97 percent of respondents stated their staff would participate in additional training to effectively treat individuals with maternal mental health conditions;
- 50 percent of respondents reported they were aware of HTW Plus;
- 72 percent of respondents reported their agency was not an HTW or HTW Plus provider and indicated they were interested in becoming a provider.

Based on the survey findings, several options exist to increase treatment:

- LMHAs and LBHAs can increase knowledge and skills to identify and treat perinatal mood and anxiety disorders. HHSC can offer opportunities for continuing education.
- LMHAs and LBHAs that are not HTW providers, but indicated they were interested in HTW, could enroll into the program. This could provide another funding stream for LMHAs and LBHAs currently serving HTW clients. HHSC will follow up to offer guidance on becoming an HTW provider.

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<sup>27</sup> Stakeholders include Family Planning Program and Healthy Texas Women providers, clinicians, advisory committees, and others.

While LMHAs and LBHAs across the state may encounter women with postpartum depression, one LMHA in particular – the Heart of Texas Behavioral Health Network– has made perinatal mental health a distinct focus.

**Spotlight: Heart of Texas Behavioral Health Network**

In 2018, the Heart of Texas Behavioral Health Network (HOTBHN) received a grant from the Episcopal Health Foundation to fund a counselor that would specialize in perinatal mental health. Since then, HOTBHN has worked closely with obstetricians, home visiting programs, and other community partners to reach pregnant and postpartum women in their six-county service area.

Through this program, HOTBHN works to create a baby-friendly environment and reduce stigma. Moms are encouraged to bring their baby to sessions, which take place in rooms with items like rockers or gliders and promote positive interaction between mom and baby.

Currently, the perinatal therapist carries a caseload of approximately 30 clients, at least half of whom are pregnant or postpartum. At times, HOTBHN has run a waitlist for this specialization. While HOTBHN bills Medicaid and other sources, they also provide pro bono services to ensure pregnant and postpartum moms have the support they need.

The therapist sees women for nine months on average, and HOTBHN works to ensure continuity of care for women who need more specialized treatment.

Other LMHAs and LBHAs may consider philanthropic funding to meet the unique needs of pregnant and postpartum women, as HOTBHN has.

## Continuity of Care

In addition to the strategies identified in the Maternal Depression Strategic Plan for Fiscal Years 2021-2025 and the Report on Continuity of Care for Women Aging Out of CHIP and Medicaid, HHSC will continue to promote partnerships and collaboration among providers.

The certified community behavioral health center model seeks to integrate physical health care into the behavioral health setting. All 39 LMHAs and LBHAs in Texas are certified community behavioral health centers. These centers could explore opportunities to leverage this model for improved continuity of care for LMHA and LBHA clients who are pregnant or postpartum. Efforts could include enrolling in HTW to provide HTW Plus services and establishing memoranda of understanding with women's health providers like obstetricians and gynecologists.

HHSC also encourages LMHAs and LBHAs to establish relationships with their local federally qualified health centers to ensure women who may be experiencing mild postpartum depression have a treatment option, since they may not qualify for LMHA or LBHA treatment services.

## 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 strategy 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

<b>Acronym</b>	<b>Full Name</b>
CHIP	Children’s Health Insurance Program
CPAN	Child Psychiatry Access Network
DSHS	Department of State Health Services
FY	Fiscal Year
H.B.	House Bill
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HOTBHN	Heart of Texas Behavioral Health Network
HTW	Healthy Texas Women
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
PIUR	Post-Implementation Utilization Review
PHE	Public Health Emergency
S.B.	Senate Bill
STAR	State of Texas Access Reform
WIC	Women, Infants, and Children (The Special Supplemental Nutrition Program for Women, Infants and Children)

## **Appendix A. Texas Women’s Healthcare Coalition Comments on Postpartum Screening and Treatment (Rider 71)**

As required by Rider 71, HHSC sought input from women’s health providers and stakeholders on ways to improve access to care and treatment. The following recommendations come from the Texas Women’s Healthcare Coalition, whose members include both women’s health providers and other stakeholders. As a state agency subject to Chapter 556, Texas Government Code, HHSC takes no position on these recommendations. This correspondence is printed with permission of the Texas Women’s Healthcare Coalition and without agency contribution or edit. Statutory authority, funding, or federal approval may be needed in order to implement these recommendations.



September 1, 2022

Texas Health and Human Services Commission  
Joy Borjes, Director, Women's Health Coordination  
Submitted via Email

**Re: Comments on Postpartum Screening and Treatment (Rider 71)**

The Texas Women's Healthcare Coalition (TWHC) and its 87 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. On behalf of TWHC, thank you for the opportunity to submit comments on the Texas Health and Human Services Commission's (HHSC) Postpartum Depression Screening And Treatment Report, as required by HHSC Rider 71 in the 2022-23 General Appropriations Act.

Postpartum depression is among the most common disorders of pregnancy, impacting an estimated 1 in 7 women.<sup>1</sup> The Texas Maternal Mortality and Morbidity Review Committee found that mental disorders contributed to 16 percent of pregnancy-related deaths, and substance use disorder contributed to 7 percent of pregnancy-related deaths.<sup>2</sup>

Our member organizations offer the following recommendations to increase utilization of screening and treatment within women's health programs, to increase the treatment of postpartum depression provided by the local mental health authorities, and to increase continuity of care.

**1. Provide 12 months of Medicaid coverage postpartum**

Texas remains the state with the highest number of uninsured residents, with 5.2 million or 18.4 percent of Texans without insurance.<sup>3</sup> For many women, once they lose Medicaid coverage, there is no other option for accessing comprehensive healthcare. In the Texas Maternal Mortality and Morbidity Review Committee reviewed cases, the lack of access to care or financial resources contributed to inadequate control of chronic disease, as well as to delays in seeking or failure to seek care and to challenges with medication adherence.<sup>4</sup>

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<sup>1</sup> Davé S1, Petersen I, Sherr L, Nazareth I. Incidence of maternal and paternal depression in primary care: a cohort study using a primary care database. Arch Pediatr Adolesc Med. 2010 Nov;164(11):1038-44.

<sup>2</sup> Texas Health and Human Services. Texas Department of State Health Services. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. September 2020.

<sup>3</sup> Katherine Keisler-Starkey and Lisa N. Bunch U.S. Census Bureau Current Population Reports, P60-271, Health Insurance Coverage in the United States: 2019, U.S. Government Publishing Office, Washington, DC, 2020.

<sup>4</sup> Texas Health and Human Services. Texas Department of State Health Services. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. September 2020.



Although there are many factors that contribute to these poor health outcomes, including those associated with postpartum depression, we know that one of the best strategies to reverse these trends is to ensure women have access to comprehensive healthcare before, during, and after pregnancy. To ensure healthy pregnancies, healthy births, and thriving families, increased access to health care coverage for Texas moms – regardless of pregnancy outcome – is needed.

Texas should pursue the simplified State Plan Amendment process permissible under the American Rescue Plan Act to ensure a full 12 months coverage after the end of pregnancy.

## **2. Provide education for providers on billing for postpartum depression screenings**

Our provider stakeholders report confusion around billing procedures for postpartum depression screenings. The Texas Clinician's Postpartum Depression Toolkit<sup>5</sup> does provide an overview of a listing of Common Procedural Terminology (CPT) codes that may be used for services provided to patients with signs and symptoms of postpartum depression. However, it would be helpful to provide an extensive resource for providers on the availability of screening and treatment in all Texas programs that serve women, along with the CPT codes, and additional training webinars. Particular assistance is needed for providers in the Healthy Texas Women program.

## **3. Increase rates and periodicity for postpartum depression screenings, and pair treatment with pediatric care**

Since 2018, postpartum depression screenings have been offered as a covered benefit through Texas Health Steps. Mothers of infants covered by Children's Medicaid or the Children's Health Insurance Program (CHIP) are able to receive testing. Physicians may be paid for only one exam per eligible child over a 12-month period.<sup>6</sup> However, the American Academy of Pediatrics (AAP) recommends that these screenings be integrated into well-child visits four times, at one, two, four and six months of age.<sup>7</sup>

Additionally, referrals to mental health care may prove a challenge for uninsured mothers. Integrating mental health clinicians into places women already go – like their Ob/Gyn offices and child's pediatrician – can help make these services more accessible, alleviating the stigma of accessing mental health services, and reducing the difficulty of navigating multiple systems and offices, especially for those with additional logistic or mental barriers. We should also ensure that there is robust funding availability for treatment services.

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<sup>5</sup><https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/tx-clinicians-ppd-toolkit.pdf>

<sup>6</sup><https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/health-services-providers/thsteps/hs-ppd-screening-tool.pdf>

<sup>7</sup>ibid



**5. Expand the Perinatal Psychiatric Access Network pilot statewide.**

Senate Bill 8 (87th Legislature, third called session) authorized funding for mental health services for Texas children and families, allowing the establishment of the Perinatal Psychiatric Access Network (Peri-PAN). The initiative supports maternal mental health by offering clinician-to-clinician consultation for providers serving pregnant women and new mothers experiencing mental health distress, assisting providers in resource navigation and referrals, and offering provider training. While this is a valuable resource, coverage is not present in high-need regions including the Rio Grande Valley. Funding should be allocated to expand this pilot and provide statewide coverage.

**6. Add treatment for postpartum depression in non-Medicaid programs that serve pregnant and postpartum women, and fund other related evidence-based interventions**

Research shows that nurse visiting programs can significantly reduce rates of postpartum depression<sup>8</sup>. For example, providers with the Department of Family and Protective Service (DFPS) Nurse-Family Partnership (NFP) conduct screening utilizing standard tools such as PHQ-9 and GAD-7 and can refer out to resources when a score necessitates it. Additionally, NFP nurses can utilize NFP's Mental Health Intervention tool to work directly with clients within their nursing scope of practice to improve mental health through strategies like stress reduction and coping techniques. HHSC funding to supplement DFPS Prevention and Early Intervention for program models that both prevent mental health challenges, and intervene when they occur, could help accelerate access to mental health services for those in need.

Other initiatives that show strong promise include the Rose Program (Reach Out, Stay Strong, Essentials for mothers of newborns), peer support models, postpartum doulas, and other community-based health initiatives to support new mothers. Implementation or expansion of funding for these programs should be integrated into postpartum health plans.

Introducing the Child First mental health home visitation model to the state can also be a helpful part of the state's answer to this challenge. Child First utilizes mental health clinicians paired with care coordinators to work with families with young children (0-6), where either the caregiver/mother or child are experiencing tremendous challenges with mental and behavioral health. The care coordinator works to stabilize the family through connection to resources, and the licensed mental health clinician provides Child-Parent Psychotherapy to address the root causes of behavioral related to trauma and past experiences. This program's data has shown decreases in maternal depression and child problem behaviors, among other improvements.

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<sup>8</sup> Horowitz JA, Murphy CA, Gregory K, Wojcik J, Pulcini J, Solon L. Nurse home visits improve maternal/infant interaction and decrease severity of postpartum depression. *J Obstet Gynecol Neonatal Nurs*. 2013 May-Jun;42(3):287-300. doi: 10.1111/1552-6909.12038. PMID: 23682696; PMCID: PMC4586154.



Thank you for your consideration. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or [EDelgado@TexasWHC.org](mailto:EDelgado@TexasWHC.org).

Respectfully submitted,

A handwritten signature in black ink that reads "Evelyn Delgado". The signature is written in a cursive style with a large, looped initial "E".

Evelyn Delgado  
Chair, Texas Women's Healthcare Coalition