

Postpartum Depression Strategic Plan

As Required by
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Executive Summary

The *Postpartum Depression Strategic Plan* is submitted in accordance with [House Bill \(H.B.\) 253, 86th Legislature, Regular Session, 2019](#). This plan provides background on postpartum depression (PPD), its prevalence in Texas, and current Health and Human Services (HHS) programs and initiatives that address PPD and support women and families throughout the state. This plan also highlights qualitative research on current challenges as well as opportunities for improving access to maternal mental health screening, referral, treatment and support services in Texas.

The plan is organized by the five key goals as outlined in H.B. 253 and provides information on current efforts and new strategies to increase awareness among program providers, establish a referral network, increase access to formal and informal peer support services, raise public awareness and reduce stigma, and leverage funding sources to provide evidence-based and patient-centered care to women experiencing PPD and other perinatal mood and anxiety disorders.

To meet the goals outlined by H.B. 253, HHS developed 15 key strategies to increase awareness of PPD and improve access to care throughout fiscal years 2021 and 2022.

HHS convened an internal cross-divisional maternal mental health workgroup to develop and implement the strategic plan. This workgroup includes staff and leadership from **the Texas Health and Human Services Commission's (HHSC)** Health, Developmental and Independence Services (HDIS), Medicaid and Children's Health Insurance Program (CHIP) Services, IDD and Behavioral Health Services, and the Department of State Health Services (DSHS).

HHS will review and update this inaugural plan in one year. Thereafter, HHSC, in consultation with DSHS, the Statewide Health Coordinating Council, **HHSC's** Office of Mental Health Coordination, and the Statewide Behavioral Health Coordinating Council, will annually review and update the strategic plan as necessary.

Introduction

Depression during and after pregnancy is common and treatable. However, the Texas Maternal Mortality and Morbidity Review Committee has identified mental and behavioral health conditions, including depression, as factors contributing to the burden of pregnancy-related death. Recommendations from maternal health stakeholders have included enhancing screening and appropriate referral, increasing public awareness about identifying and seeking treatment for perinatal depression, and championing integrated models that combine physical and behavioral health services for women and families.¹

HHS and the Legislature have prioritized PPD and maternal mental health initiatives and share the common goal of increasing access to services for mothers in Texas to improve maternal health outcomes.

As required by H.B. 253, 86th Legislature, Regular Session, 2019, HHSC must develop and implement a five-year strategic plan to improve access to PPD screening, referral, treatment, and support services.

The strategic plan provides strategies to:

1. Increase awareness among state-administered program providers who may serve women who are at risk of or are experiencing PPD about the prevalence and effects of PPD on outcomes for women and children;
2. Establish a referral network of community-based mental health providers and support services addressing PPD;
3. **Increase women's** access to formal and informal peer support services, including access to certified peer specialists who have received additional training related to PPD;
4. Raise public awareness of and reduce the stigma related to PPD; and
5. Leverage sources of funding to support existing community-based PPD screening, referral, treatment, and support services.

¹ For more information regarding recommendations from the Maternal Mortality and Morbidity Review committee, please go to <https://www.dshs.texas.gov/mch/Maternal-Mortality-and-Morbidity-Task-Force/.aspx>

Background

PPD is a common and potentially serious condition typically diagnosed during or after pregnancy. According to the American College of Obstetricians and **Gynecologists (ACOG)**, “depression is a common complication of pregnancy with **potentially devastating consequences if it goes unrecognized and untreated.**”² While PPD rates vary by state, as many as one in five women experience PPD in their lifetime.³ The prevalence of PPD within six months of delivery in Texas is approximately 14 percent, which is higher than the national average of 12.5 percent.⁴

The symptoms of PPD⁵ are similar to symptoms of depression, but may also include:

- Crying more often than usual
- Feelings of anger
- Withdrawing from loved ones
- **Feeling distant from one’s** baby
- Worrying or feeling overly anxious
- Thinking about hurting oneself or **one’s** baby
- Doubting **one’s ability to care for one’s** baby

There are several other perinatal mood and anxiety disorders, including obsessive compulsive disorder, bipolar disorder, and post-traumatic stress disorder.⁶ However, this strategic plan will focus on PPD.

² Statement by [ACOG District IX Chair](#) (2020)

³ According to [Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018](#), CDC (2020)

⁴ According to DSHS analysis based on CDC, [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#) combined CY 2014-2016 data. Texas Health and Human Services. (2019)

⁵ CDC, Reproductive Health, [Depression During and After Pregnancy](#) (2020)

⁶ **Council on Patient Safety in Women’s Health Care**, [Maternal Mental Health: Depression and Anxiety](#) (2016)

PPD has been a focus of HHS, which is comprised of HHSC and DSHS.⁷ Following are a few of the PPD initiatives that HHS has **undertaken at the Legislature’s** direction:

- In accordance with [H.B. 2466, 85th Legislature, Regular Session, 2017](#), HHSC covers a PPD screening **through Medicaid and the Children’s Health Insurance Program** that takes place at an infant checkup or follow-up before **the child’s first birthday**.
- In accordance with 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission, Rider 85), HHSC submitted a report titled, “PPD Among Women **Utilizing Texas Medicaid,**” which discussed the screening and treatment of PPD.
- In accordance with Senate Bill (S.B.) 750, 86th Legislature, Regular Session, 2019, HHSC is collaborating with Medicaid health plans and Healthy Texas Women (HTW) providers to develop and implement a PPD treatment network for women enrolled in Medicaid or HTW.

The *Postpartum Depression Strategic Plan* builds on these efforts and includes additional strategies HHS is implementing to address PPD. HHSC has complied with **the statute’s requirement to** coordinate with DSHS, the Statewide Health Coordinating Council, **HHSC’s** Office of Mental Health Coordination, and the Statewide Behavioral Health Coordinating Council in developing the strategic plan.

Following are examples of HHSC coordination with these and other entities:

- HHSC HDIS staff met with the Local Mental Health Authorities (LMHAs)/Local Behavioral Health Authorities (LBHAs) Medical Services Consortium to discuss the Postpartum Depression Strategic Plan. LMHAs/LBHAs are local authorities that deliver mental and behavioral services in communities throughout Texas.
- Between November 2019 and February 2020, HDIS staff conducted PPD presentations for the Statewide Behavioral Health Coordinating Council, the Statewide Health Coordinating Council, and Cardea Community Health Workers. Presentations included information on postpartum initiatives in H.B.

⁷ Though DSHS does not provide direct services or programming specific to PPD, DSHS administers multiple public health programs and initiatives that improve PPD services coordination and awareness.

253 and S.B. 750 and provided an opportunity to answer questions from members.

- HDIS coordinated with the Office of Mental Health Coordination on the development of the Postpartum Depression Strategic Plan.
- HHSC worked collaboratively with Texans Care for Children, in partnership with the **St. David's Foundation, to engage communities, providers, mothers, families, and other stakeholders** across Texas. The purpose of this partnership was to gather qualitative data about individuals' and **stakeholders'** experiences with maternal mental health screenings, referrals, and treatment.
- Texans Care for Children convened an H.B. 253 advisory workgroup of more than 20 Texas experts to develop an online survey and host listening sessions on maternal mental health. The goal of the survey was to identify current challenges and opportunities for improving access to maternal mental health screenings, referrals, treatment, and support services in Texas.
 - ▶ The H.B. 253 advisory workgroup members represented various regions of the state, including Dallas/Fort Worth, Central Texas, Corpus Christi, San Antonio, Houston, and Midland, and various provider types, including OB/GYNs, pediatricians, neonatologists, licensed psychologists, mental health counselors, peer specialists, and mothers with lived experience.
 - ▶ The results of the survey⁸ were shared with HDIS to inform its development of the Postpartum Depression Strategic Plan, and several of the findings are included in this plan.

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

1. Increase Awareness Among Program Providers

Increase awareness among state-administered program providers who may serve women who are at risk of or are experiencing PPD about the prevalence and effects of PPD on outcomes for women and children.

According to the **Texans Care for Children/St. David's Foundation** survey, respondents agree that more awareness of PPD is necessary and recommend training providers who serve women on: signs and symptoms of maternal mental health challenges, how to discuss mental health challenges with clients, and how to find a reliable referral network with options for women from all socioeconomic backgrounds.⁹

From a Pediatrician:

"We need to normalize maternal mental health. At our clinic, pregnant women get a folder with info on postpartum depression, do a screening, and get resources for where they can seek help."

Current Practices of State-Administered Programs¹⁰

Health and Human Services Commission

Texas Clinician's Postpartum Depression Toolkit

HHSC's [Texas Clinician's Postpartum Depression Toolkit](#) is an evidence-based tool that provides clinical decision support for diagnosis and treatment of PPD. The tool also includes links to patient and provider resources and information on state programs that provide coverage for related services.

⁹ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

¹⁰ For this plan, "state-administered program provider" is applied in one of two ways: 1) An agency within the Texas HHS system that provides health services directly to clients through one of its array of programs. 2) An entity that contracts with or receives a grant from an HHS agency to provide health services.

The toolkit serves as a resource for Texas clinicians and includes information on screening, diagnosis, and treatment of PPD. It includes coverage and reimbursement options for PPD through Medicaid, CHIP, HTW, the Family Planning Program (FPP) as well as other referral options.

Activities and stakeholder engagement aimed at increasing toolkit utilization can increase access to treatment services for underserved women by improving primary **care providers'** knowledge of PPD and comfort level treating it.

The toolkit is available on the [HHS website](#).

Medicaid and CHIP Services

Medicaid covers a broad range of mental health services that are available to screen for and treat PPD. Services include:

- Individual psychotherapy
- Family psychotherapy
- Group psychotherapy
- Psychiatric diagnostic evaluation
- Psychological neurobehavioral and neuropsychological testing
- Mental health targeted case management
- Mental health rehabilitation
- Peer specialist services
- Psychiatric hospital care

The CHIP Perinatal program provides services for the unborn children of pregnant women who are uninsured, do not qualify for Medicaid due to income or immigration status, and whose household income is at or below 202 percent of the federal poverty level. Services include prenatal visits, prescription prenatal vitamins, labor and delivery, and two postpartum visits.

Texas Health Steps PPD Screening

In accordance with [H.B. 2466, 85th Legislature, Regular Session, 2017](#), both Medicaid and CHIP cover a PPD screening that takes place at an infant checkup or follow-up **before the child's** first birthday. The screening is a benefit for the infant and is available regardless of whether the mother is currently enrolled in Medicaid or CHIP. Additional reimbursement is available for one PPD screening that takes place during a checkup for Texas Health Steps, Texas Medicaid's comprehensive

preventive child health service that includes medical, dental, and case management services.

Texas Health Steps Online Provider Education released the “Integrating PPD Screening into Routine Infant Medical Checkups” tutorial in July 2018. The tutorial provides guidance on conducting PPD screening during an infant’s preventive medical checkup. The video and other provider resources on PPD screening are available on the [Texas Health Steps website](#).

LMHAs/LBHAs and PPD Screenings

HHSC sends LMHAs and LBHAs annual reminders of the requirements in Health and Safety Code (HSC) Chapter 62 and Human Resources Code Chapter 32 related to coverage of services for PPD under Medicaid and CHIP.

When a woman screens positive for PPD, the Medicaid provider may refer her to a community resource, including an LMHA/LBHA. The LMHA/LBHA provides diagnostic and clinical assessments to determine her eligibility for services while also noting the PPD flag in her electronic health record.

Behavioral Health Awareness Workgroup

IDD-BHS Office of Mental Health Coordination leads the Behavioral Health Awareness Workgroup with a team of representatives from other HHS offices. The workgroup implements a unified approach to behavioral health awareness and fosters cross-system collaborations with external partners around behavioral health activities. This collaboration helps to educate and inform stakeholders about behavioral health services and where to access resources and assistance.

Healthy Texas Women and Healthy Texas Women Plus

When coverage under the Medicaid for Pregnant Women program ends, a woman will transition to the HTW program if she meets eligibility requirements. The HTW program covers diagnostic evaluation, medications, and follow-up visits for women with a diagnosis of PPD. Currently, the HTW program does not cover counseling and peer specialist services.

For a list of current medications covered under the HTW program, including antidepressants, go to the Texas Medicaid/CHIP Vendor Drug Program website.

Effective September 1, 2020, a new program, called HTW Plus, will provide enhanced postpartum benefits to eligible women for 12 months following the end of pregnancy-related Medicaid coverage. Women enrolled in HTW Plus also have access to the services and benefits included in HTW. A complete list of this limited postpartum package will be available in the next version of the Postpartum Depression Strategic Plan in 2021.

The following PPD services are covered under HTW:

- Screening for PPD
- PPD diagnostic evaluation
- PPD medication¹¹ and follow-up care

Additionally, the following PPD services are covered under HTW Plus:

- Individual and family psychotherapy services
- Group psychotherapy services
- Peer specialist services

PPD Coverage Under the Family Planning Program

FPP covers screening and diagnoses of PPD for women who meet income eligibility requirements and do not qualify for other similar coverage. Providers are required by the **Women's Health Services Handbook**, Texas Medicaid Provider Procedures Manual, July 2020, to refer women who screen positive for PPD to a provider who can perform further evaluation and determine a course of treatment.

PPD Services Provided Through WIC

The goal of the Supplemental Nutrition Program for Women, Infants and Children (WIC) is to improve the health of women, infants, and children up to age 5 who are at or below 185 percent of the federal poverty level and at nutrition risk by providing nutritious foods to supplement diets, nutrition and breastfeeding education, and health care referrals. WIC funds multiple initiatives aimed at improving breastfeeding rates among postpartum mothers, including a breastfeeding peer-counselor program.

¹¹ [Vendor Drug Program Formulary for HTW](#)

WIC provides training to contracted local WIC staff on general signs and symptoms of PPD and provides educational materials for WIC participants that include information on PPD symptoms and how to get help.

WIC collaborates with the DSHS Maternal and Child Health Unit, Healthy Texas Mothers and Babies Branch (HTMB), on several initiatives to improve maternal and infant health outcomes through increased support of breastfeeding. These initiatives target women who may be at risk for PPD and include an outreach campaign aimed at pregnant and breastfeeding women, as well as a robust peer counseling program.

Additionally, WIC and HTMB each fund distinct but complementary work to support lactation support centers that provide population-based lactation support services across Texas and a 24-hour breastfeeding support hotline. Further details about each of these programs are provided later in this plan.

Primary Health Care Services Program

The [Primary Health Care \(PHC\)](#) services program works with clinic sites across Texas to ensure that eligible Texans can access comprehensive primary health care services. The program covers screening, diagnosis, and medication for PPD. PHC requires providers to perform age-appropriate health assessments, using the Texas Health Steps Periodicity schedule, including the requirement of a PPD screening for mothers at infant checkups up to **the child's first birthday**. Additionally, PHC program providers are instructed to follow ACOG's guidelines for prenatal and postpartum services, which also recommend screening for PPD.

Early Childhood Intervention

Providers with the Early Childhood Intervention (ECI) services program work with infants and toddlers with developmental delays and disabilities and their families. Licensed Professional Counselors, Licensed Clinical Social Workers, and other mental health providers employed by or contracted with ECI programs can provide counseling services to address maternal depression. These services also improve a **mother's responsiveness to the needs of her infant**. ECI service coordinators can provide mothers exhibiting symptoms of PPD with information and make referrals to appropriate clinicians.

Title V Maternal Child Health Fee-for-Service Program

The Title V Maternal Child Health Fee-for-Service program covers screening and diagnosis of PPD, using the [Postpartum Depression Screening Scale](#), for women who meet eligibility requirements and do not qualify for other similar coverage. Providers are required to screen for PPD at infant checkups up to 12 months and give pamphlets that include information on PPD to parents of newborns. The Title V Maternal Child Health Fee-for-Service program does not cover medications, and providers are required to refer women who screen positive for PPD to a provider who can perform further evaluation and determine a course of treatment.

Texas Nurse-Family Partnership

The Department of Family and Protective Services (DFPS) oversees the Texas Nurse-Family Partnership (NFP) program which connects first-time mothers with nurses who specialize in maternal and child health. These nurses provide new mothers with the care and support needed for healthy pregnancies and strong families. New mothers who enroll in the program are visited by a nurse during pregnancy and until their child is two years old. NFP nurses screen for PPD before delivery and at various times throughout the postpartum period.

For more information and to find a list of NFP service providers throughout the state, go to the [Texas Nurse-Family Partnership website](#).

Telehealth and Telemedicine Services for PPD

Several HHSC programs currently offer physician telemedicine services and non-physician telehealth services, including Medicaid, CHIP, WIC, ECI, and PHC. Services include mental health screenings, referrals, and treatment.

Texas Medicaid telemedicine services are those delivered by a physician or a physician group, by an advanced practice registered nurse, a physician assistant, or a nurse practitioner acting under physician delegation and supervision. Medicaid telehealth services are defined as healthcare services, other than telemedicine medical services, delivered by a health professional that is licensed, certified, or otherwise entitled to practice in Texas and acting within the scope of the health **professional's license**, certification, or entitlement to a patient at a different physical location than the health professional, using telecommunications or information technology.

Medicaid mental health telemedicine and telehealth benefits include services that are performed by the following providers, who must be enrolled as Texas Medicaid providers:

- Psychiatrists
- Licensed Professional Counselors
- Licensed Marriage and Family Therapists
- Licensed Clinical Social Workers
- Psychologists
- Licensed Psychological Associates
- Provisionally Licensed Psychologists

For additional information about Medicaid telemedicine, telehealth, and home telemonitoring services, please see the Telecommunication Services Handbook in the [Texas Medicaid Provider Procedures Manual](#).

Department of State Health Services

Though DSHS does not provide direct health services, the department provides public health programming to educate providers and offer quality improvement opportunities on topics related to PPD.

Grand Rounds

DSHS Grand Rounds is a program of continuing education presentations provided by subject matter experts on public health topics with the goal of encouraging a culture of learning and integration of evidence into practice. The live presentations and simultaneous webcasts are attended by several hundred health and healthcare practitioners, including clinical providers around the state. DSHS Grand Rounds presentations take place during the fall and spring of each year.

Maternal and Child Health Section

The Maternal and Child Health Section (MCHS) within DSHS' Community Health Improvement Division includes the HTMB Branch, which houses DSHS' maternal and infant health subject matter experts. HTMB implements public health programming that aims to improve maternal and infant health and safety through promoting individual knowledge, public awareness, professional education, community empowerment and improvement, and perinatal health care quality improvement. MCHS implements multiple initiatives that promote awareness of and

improvement of maternal health and safety among service providers. Current initiatives related to PPD are:

- Texas Maternal Mortality and Morbidity Review Committee
- TexasAIM Initiative
- Texas Collaborative for Healthy Mothers and Babies (the state perinatal quality collaborative)
- High-Risk Maternal Care Coordination Services Pilot Program
- Maternal Health and Safety Public Awareness Campaign
- Information for Parents of Newborn Children
- HTMB Peer Dad Program
- HTMB Lactation Support Center Services – Strategic Expansion Program and administration of the after-hours services of the Texas Lactation Support Hotline

Texas Maternal Mortality and Morbidity Review Committee

[S.B. 495, 83rd Texas Legislature, Regular Session, 2013](#), (which promulgated HSC Ch. 34) established the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) as a multidisciplinary advisory committee within and administered by DSHS to study maternal mortality and morbidity in Texas. MMMRC and DSHS submit a joint biennial report to the Legislature containing findings and recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. As documented in previous joint biennial reports and consistent with findings from other states, the MMMRC has identified mental and behavioral health conditions, including depression, as factors contributing to the burden of pregnancy-related death. A 2018 report of findings from nine state maternal mortality review committees indicated that seven percent of pregnancy-related deaths were associated with underlying mental health conditions¹². Texas MMMRC recommendations for stakeholders in maternal health have included enhancing screening and appropriate referral, increasing public awareness about identifying and seeking treatment for perinatal depression, and championing integrated models that combine physical and behavioral health services for women and families.

¹² Report from nine maternal mortality review committees. [Building U.S. Capacity to Review and Prevent Maternal Deaths](#). (2018)

The MCHS HTMB [TexasAIM Initiative](#) is a statewide health care quality improvement initiative to support Texas hospitals that provide obstetric services in adopting the **Council on Patient Safety in Women’s Health Care’s** [Maternal Patient Safety Bundles](#). The bundles are endorsed and supported by the [Alliance for Innovation on Maternal Health \(AIM\)](#). TexasAIM seeks to address some of the leading causes of severe maternal morbidity and pregnancy-related death in Texas by providing hospital-based obstetric care improvement teams with information, resources, technical assistance, and collaborative learning. Currently, 97 percent of Texas hospitals with obstetric services, representing 98 percent of births in the state, participate to implement strategies related to readiness, recognition, response, and continuous learning for improved maternal health outcomes.

Current efforts are focused on implementing the AIM-endorsed [Obstetric Hemorrhage Bundle](#). TexasAIM plans to launch learning collaboratives for implementation of the AIM-endorsed [Obstetric Care for Women with Opioid Use Disorder \(OB OUD\) Bundle](#) and the [Severe Hypertension in Pregnancy Bundle](#) later in 2020.

Texas Collaborative for Healthy Mothers and Babies

The [Texas Collaborative for Healthy Mothers and Babies](#) (TCHMB) is a multidisciplinary network of health professionals whose mission is to advance health care quality and patient safety for all Texas mothers and babies. TCHMB accomplishes this mission through the collaboration of health and community stakeholders in the development of joint quality improvement initiatives, the advancement of data-driven best practices, and the promotion of education and training. MCHS HTMB supports facilitation of TCHMB and the TCHMB Annual Summit through a contract with The University of Texas Health Science Center at Tyler. The TCHMB obstetric, neonatal, and community health committees are reviewing models related to improvement of PPD screening, including models of support for PPD. The [TCHMB 2020 Annual Summit](#) was attended by approximately 500 health professionals and featured a panel on community solutions for PPD.

High-Risk Care Coordination Services Pilot Program

MCHS HTMB is developing the High-Risk Maternal Care Coordination Services Pilot Program, required by [S.B. 748, 86th Legislature, Regular Session, 2019](#), (promulgated as [HSC Chapter 1001, Subchapter K, §1001.262\(a\)](#)). As previously discussed, mental and behavioral health conditions, including perinatal mood and

anxiety disorders, have been identified as factors that contribute towards maternal morbidity and mortality.

Beginning the summer of fiscal year 2021, MCHS HTMB will support one or more pilot sites with resources, technical assistance, training, and guidance to implement services including maternal high-risk screenings, education and health promotion, and care coordination to address barriers to care. MCHS HTMB is currently assessing existing maternal high-risk screening tools, educational materials for promotoras and community health workers on maternal risk assessments, and best practices in high-risk maternal care for potential use in the pilot.

Maternal Health and Safety Public Awareness Campaign

The 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, Department of State Health Services, Rider 28) appropriated \$1 million over the biennium to increase maternal mortality and morbidity public awareness and prevention. DSHS is currently working with a vendor to develop a Maternal Health and Safety Public Awareness Campaign that will engage healthcare and health-related service providers to foster a culture of maternal safety. Information and messaging around perinatal mood and anxiety disorder will be included as part of the campaign.

Providing Information to Parents of Newborns

In accordance with [Health and Safety Code, Section 161.501](#), obstetric care providers are required to give parents, or other adult caregivers of infants, a resource pamphlet on a variety of topics related to maternal and infant health, including PPD and other emotional trauma associated with pregnancy and parenting. Providers may develop their own material for this purpose or use MCHS HTMB's [Information for Parents of Newborn Children pamphlet](#). Annually, more than 125,000 DSHS pamphlets are provided to Texas mothers and their families.

Department of State Health Services MCHS HTMB and Health and Human Services Commission WIC Collaboration

Research demonstrates a relationship between depression and breastfeeding difficulties. According to a 2018 systematic review by the Agency for Healthcare Research and Quality, "Elucidating the relationship between breastfeeding and PPD is challenging, because women with depression may have difficulty initiating and sustaining breastfeeding, and women who experience breastfeeding difficulties may

develop depression.”¹³ MCHS HTMB and the HHSC WIC program collaborate to increase breastfeeding support in Texas by aligning programming and implementing evidence-based strategies.

Peer Dad Program

The MCHS HTMB Peer Dad program is implemented in two communities, Northeast Texas and Cameron County, to provide father-to-father support that helps increase **new dads’** knowledge of how to provide breastfeeding support and infant care. The MCHS HTMB Peer Dad program includes fathers whose infants and/or partners are enrolled in WIC. The Peer Dad program also provides new fathers with information to support their own wellness as well as their partner’s physical, mental, and emotional health. Information shared includes how to recognize signs and symptoms of perinatal depression and anxiety and how to seek help for PPD.

Lactation Support Centers

The HHSC WIC program and DSHS MCHS HTMB program partner to provide lactation support centers (LSCs) in five locations across the state: Austin, Dallas, Houston, McAllen and San Antonio. LSCs provide a range of lactation support services for Texas families, including lactation consultation in person and via teleconsulting. LSCs also provide WIC staff and health professionals with education and support resources. LSCs deliver targeted, population-based services to increase community capacity for breastfeeding support and the 24-hour Texas Lactation Support Hotline provides access to information for health care professionals, professional breastfeeding support, and referrals around the clock.

As a part of this collaboration, MCH HTMB contributes resources to the five LSCs to provide public health programming through the MCHS HTMB Lactation Support Center Services-Strategic Expansion Program (LSCS-SEP). The LSCS-SEP supports a wide range of activities at the LSCs, including population-based lactation education, counseling, support, and referrals for families who do not participate in WIC. LSCS-SEP also supports provider awareness through:

¹³ Feltner, C., Weber, R. P., Stuebe, A., Grodensky, C. A., Orr, C., & Viswanathan, M. (2018). [*Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries*](#). p. 107. Agency for Healthcare Research and Quality (US).

- Conducting activities to increase competencies and skills of health care workers
- Working with community partners to support organizational policy and process improvements
- Developing community-based capacity for breastfeeding support

In addition to lactation promotion and support services, the LSCS-SEP requires LSCs to provide mothers and families with information, education, and referrals for key maternal, infant, and early childhood health topics that impact infant feeding outcomes, including PPD. As a part of their LSCS-SEP programming, the LSCs provide PPD screenings and referrals to women receiving LSCs lactation counseling and support services.

Challenges Providers Face

The current model for diagnosis and treatment of common health issues, including PPD, depends on primary care providers **and women’s health** providers to be the first line in the diagnosis and treatment of these conditions, with referral to the more limited pool of specialty providers reserved for those needing more intensive treatment. Some primary care providers lack a sufficient comfort level with diagnosing and treating PPD, which may leave many women who need treatment without access to care.

According to results from a survey conducted by Texans Care for Children in **partnership with the St. David’s Foundation in early 2020**, “respondents widely recognized a need for increased training and screening for maternal mental health challenges. Eighty-nine percent of surveyed professionals wanted to increase their ability to screen. The most commonly reported challenges in screening were: (1) not knowing how to screen, (2) lack of confidence that referral options are effective or accessible, and (3) not **knowing how or where to refer.**”¹⁴

Similarly, providers have informed HHSC anecdotally they are reluctant to screen women for PPD because they do not have confidence in referrals, there are no specialized providers in their area, or wait times for the limited number of specialists can exceed several months. Providers indicate a need for local,

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

specialized referral information (e.g., names and phone numbers of specific staff at LMHAs or other community safety net providers).

Strategies to Increase Awareness

Health and Human Services Commission

Medicaid and CHIP Services

In implementing the Pregnancy Medical Home Pilot Program required by S.B. 748, 86th Legislature, Regular Session, 2019, HHSC plans to ensure pilot providers are conducting routine mental health screenings.

Effective July 1, 2020, HHSC added Medicaid coverage for Zulresso, a new clinician-administered drug to treat severe PPD.¹⁵

Additionally, [S.B. 670, 86th Legislature, Regular Session, 2019](#), made statutory changes to the Medicaid telemedicine and telehealth services benefit effective September 1, 2019:

1. A managed care organization (MCO) may not deny reimbursement for a covered health care service or procedure to a network provider solely because the service or procedure was delivered remotely as a telemedicine (physician delivered) or telehealth (non-physician delivered) service.
2. An MCO may not limit, deny, or reduce reimbursement for a covered health care service or procedure delivered remotely by a network provider based **upon the provider's choice of platform.**
3. An MCO must ensure that telemedicine and telehealth services promote and support patient-centered medical homes through the sharing of a summary of the service(s), exam findings, prescribed medications, and patient instructions between telemedicine and telehealth services providers and **members' primary care providers.**

¹⁵ Zulresso is a new clinician-administered drug and the only FDA-approved drug for PPD. It is administered under observation with a 60-hour intravenous infusion.
<https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-post-partum-depression>

HHS STRATEGY #1: Opportunities for telehealth and telemedicine in Medicaid and CHIP. HHS will continue to explore ways to support and expand telehealth and telemedicine for PPD through Medicaid and CHIP services in fiscal year 2021 and beyond.

Healthy Texas Women

During the COVID-19 pandemic, telehealth and telemedicine services have been offered to HTW clients for screening assessments, diagnoses, and treatment of PPD. Upon the end of the public health emergency, HHSC will evaluate the use of telemedicine for PPD among HTW clients and review potential permanent policy changes to allow telehealth and telemedicine for PPD screening, diagnosis, and treatment.

HHS STRATEGY #2: Opportunities for telehealth and telemedicine in HTW and HTW Plus. HHS will continue to explore ways to support and expand telehealth and telemedicine for PPD in the HTW and HTW Plus programs in fiscal year 2021 and beyond.

Intellectual and Developmental Disability-Behavioral Health Services

The Behavioral Health Awareness Workgroup, led by the Office of Mental Health Coordination, will collaborate and share strategies and lessons learned from organizational behavioral health awareness campaigns in other HHS programs. In addition, the Behavioral Health Awareness Workgroup will explore opportunities to increase awareness of PPD through their networks.

The [Texas System of Care](#) oversees the development and implementation of annual **Children's Mental Health Awareness Day events and the Children's Mental Health Awareness Day Texas Toolkit**. The Texas System of Care will share strategies and lessons learned in implementing these efforts with other HHS programs to determine best practices in raising awareness about PPD.

Any shared materials, training opportunities, and PPD resources will be disseminated to LMHAs/LBHAs and other established HHSC advisory committees and councils.

HHS STRATEGY #3: Understand provider needs and challenges. IDD-BHS will create and distribute a survey on PPD to LMHAs/LBHAs in fiscal year 2021. The survey results will establish a baseline of provider knowledge of PPD and current challenges providers face in diagnosing and treating PPD.

Healthy Texas Women Plus

Effective September 1, 2020, HTW will begin offering a limited postpartum service package, pursuant to [S.B. 750, 86th Legislature, Regular Session 2019](#). This new program, called HTW Plus, will provide enhanced postpartum benefits to eligible women for 12 months following the end of pregnancy-related Medicaid coverage. Designed to address the drivers of maternal mortality and morbidity, the postpartum benefits will include behavioral health services and counseling for women diagnosed with PPD and other mood and anxiety disorders. The new postpartum benefits in HTW Plus will raise awareness of PPD and treatment options among HTW providers and increase access to postpartum care.

HHS STRATEGY #4: Increase awareness of PPD and treatment options among HTW providers and increase access to postpartum care, including PPD care. Outreach and training will be conducted on new postpartum benefits in HTW Plus available in fiscal year 2021.

HealthyTexasWomen.org

The HTW website, [HealthyTexasWomen.org](https://www.healthytexaswomen.org), includes a page for new mothers that provides information on emotional health and PPD to increase awareness among HTW clients in the prenatal, perinatal, and postpartum periods.

HealthyTexasWomen.org also offers provider resources and client fact sheets which explain that screening and treatment for PPD are covered benefits for eligible women in HTW. These resources are available in both English and Spanish.

WIC

WIC currently provides clients with nutrition-education materials about PPD, including:

- **Your Guide to Women's Health**
- Your Guide to Pregnancy
- Getting to Know Your Baby

- Breastmilkcounts.com (self-care webpage)
- TexasWIC.org (self-care webpage)
- Client-facing web lesson: Nutrition and Self-Care for the New Mom

HHS STRATEGY #5: Increase awareness of PPD among WIC clients. WIC will develop materials that include information on PPD, including a healthcare provider website with a page on PPD, as well as additional client-facing web lessons. The materials will be available in 2021.

Department of State Health Services

MCHS HTMB will explore, identify, promote, and disseminate information and opportunities for education to increase awareness about PPD and other perinatal mood and anxiety disorders with partners that provide public health services to women.

MCHS HTMB will ensure that awareness of perinatal mood and anxiety disorders, including PPD, will be promoted as a part of the High-Risk Maternal Care Coordination Services Pilot Program through the training of promotoras and community health workers (CHWs) and the provision of maternal high-risk screening, education, health promotion, and care coordination services.

MCHS HTMB will ensure that activities designed to promote awareness of PPD and other perinatal mood and anxiety disorders are included as a component of its Maternal Health and Safety Public Awareness Campaign. The campaign will include information and messaging targeting health care and health-related service providers, among other audiences, to promote a culture of maternal safety in Texas.

DSHS will continue to provide information on PPD through the [Information for Parents of Newborn Children](#) program. Through this program, DSHS supports obstetric care providers to distribute information about PPD and other perinatal mood and anxiety disorders to parents and other adult caregivers of infants.

HHS STRATEGY #6: Increase awareness of PPD among healthcare professionals. DSHS Grand Rounds will host a series of continuing education presentations on perinatal mood and anxiety disorders in fiscal year 2021. Lectures will include information about the prevalence and effects of perinatal mood and anxiety disorders on outcomes for women and children, and PPD signs, symptoms, screening, diagnosis, treatment, and referral.

2. Establish a Referral Network

Establish a referral network of community-based mental health providers and support services addressing PPD.

From a Licensed Psychologist:

"Not knowing where to refer is a big concern. We need to train providers on what to do with information they get from screening."

According to survey results, the greatest challenge women face in receiving treatment for PPD is the inability to afford services due to lack of insurance or being underinsured. Other top barriers include lack of childcare, waitlist for treatment services, and location. However, the survey found that after determining that a mother needs services for PPD, a follow-up text or call to the mother is the most important factor in ensuring she receives care. Other referral success factors include provider expertise in maternal mental health and family engagement in treatment.¹⁶

Current Referral Network

Health and Human Services Commission

Medicaid and CHIP Services

When a mother is screened for PPD through Texas Health Steps, providers are expected to discuss the screening results with the mother, as well as the possibility of depression and the impact depression may have on the mother, family, and the health of the infant. The Texas Health Steps provider and mother should discuss **the mother's** options so the provider can refer her to an appropriate provider for further evaluation and treatment. Screening and referral are not contingent upon a **mother's Medicaid eligibility.**

¹⁶ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

Appropriate providers include, but are not limited to, the following:

- Mental health clinicians
- The **woman's** primary care provider
- Obstetricians and gynecologists (OB/GYNs)
- Family physicians
- Community resources such as LMHAs

Providers may also refer women to an emergency center when the risk of imminent harm or danger is present, such as mothers who report suicidal thoughts or thoughts of harming herself or her baby. Resources and support should be provided in the interim until the mother is able to access care. Scheduling a return visit for the infant sooner than the next scheduled visit may be appropriate in some cases. In managed care, health plans operate toll-free hotlines for their members which help with scheduling appointments and answering questions about the health plan and covered services, including case management and service coordination. The hotlines must be able to handle calls from non-English speaking callers, employ bilingual Spanish-speaking member services representatives, and be able to handle calls from individuals who are deaf or hard of hearing.

Providers may be reluctant to bill for longer or more complicated visits that include mental health screening. Providers may fear audit or recoupment and may perceive an administrative burden due to documentation requirements. These reluctances could mean that providers are not conducting recommended mental health screenings or are not being reimbursed for doing so.

Health plans in managed care maintain online provider directories that allow clients to search their provider network. Processes are in place to update information on a weekly basis.

Healthy Texas Women and Family Planning Program

Women who have coverage under Medicaid for Pregnant Women are enrolled in HTW when Medicaid coverage expires if they are 18 years of age or older and if they continue to meet other eligibility criteria for HTW. Women who are under 18 years of age can enroll in HTW with parental or guardian consent. The HTW program covers services for the diagnosis and outpatient treatment of PPD.

FPP providers should refer women who screen positive for PPD to a provider who can perform further evaluation and determine a course of treatment. As mentioned above for Texas Health Steps, referral providers include:

- Mental health clinicians
- The woman's **primary care provider**
- OB/GYNs
- Family physicians
- Community resources such as LMHAs

Resources should be provided to the woman to support her in the interim until she is able to access care. Any patient who is acutely at risk of suicide, self-harm, or a risk to others should be referred for an emergent evaluation.

HTW and FPP providers report that it is often difficult to locate a mental health provider in their area that offers recommended services for treatment. Some areas of the state have no enrolled providers qualified to care for women with PPD.

Intellectual and Developmental Disability-Behavioral Health Services

LMHAs/LBHAs

IDB-BHS contracts with 37 LMHAs and two LBHAs to deliver mental health services in communities across Texas. Priority is given to those with higher needs and specific diagnoses. Individuals with Medicaid cannot be placed on a waitlist.

The Texas Resilience and Recovery model establishes eligibility requirements for mental health services, determines a recommended level of care, and provides guidance on level-of-care authorization.

LMHAs/LBHAs provide programs and services based on evidence-based practices to help individuals manage their daily lives with mental illness. LMHAs/LBHAs provide services to women with PPD who meet the identified needs threshold. The following is a list of basic services offered by LMHAs/LBHAs:

- Case management
- Pharmacological management
- Counseling
- Medication training and support
- Psychosocial rehabilitative services
- Skills training and development

- Supported employment
- Supportive housing
- Assertive community treatment
- Peer support

For an individual to be eligible for mental health services at an LMHA/LBHA, the individual must meet the identified needs threshold, an automatic calculation derived during the assessment process as a part of the Adult Needs and Strengths Assessment. Not all individuals with PPD will be eligible for LMHA/LBHA services. Many of the procedure codes utilized by providers to deliver mental health services to individuals in LMHAs/LBHAs are reimbursable through Medicaid.

Substance Use Disorder Treatment Programs

Substance Use Disorder (SUD) treatment programs provide evidenced-based, trauma-informed counseling and education to women with SUDs who are pregnant and/or have dependent children, including women with PPD. All clients are assessed for co-occurring mental health disorders and appropriate referrals are made if mental health treatment services are not available at the SUD treatment facility. Many of the services included in a SUD treatment program address psychosocial issues that contribute to or impact PPD. The following services are available to women with PPD in SUD treatment programs:

- Evidence-based parenting education
- Reproductive health education
- Counseling services (individual and group)
- Life skills training
- Case management services

Women and Children’s Intensive and Supportive Residential Treatment Programs

At **Women and Children’s Intensive and Supportive Residential Treatment** programs, women can take their children to SUD treatment with them. Children, including neonates, whose mothers are receiving SUD treatment services receive support services and referrals such as day care, transportation to school, nutrition services, and other services to support healthy development. For children whose mothers have PPD, the support services are tailored to mitigate the impact of psychosocial issues that contribute to or impact PPD.

Strategies to Improve Referrals

Clearer Guidance for Mental Health Screening

To ensure appropriate reimbursement of routine mental health screening in primary care settings, HHSC plans to work with providers, Medicaid and CHIP health plans, and the HHSC Office of Inspector General to develop guidance for providers. The guidance will include when it is permissible to bill for longer or more complicated visits, such as when administering certain screening tools, and when additional time is needed to discuss results when a woman screens positive for PPD or another behavioral health condition. This clearer guidance is anticipated to facilitate routine screening and improve referrals.

PPD Treatment Network (S.B. 750)

In accordance with [S.B. 750, 86th Legislature, Regular Session, 2019](#), HHSC is collaborating with Medicaid health plans and HTW providers to develop and implement a PPD treatment network for women enrolled in Medicaid or HTW. Part of this work includes identifying strategies to encourage, empower, and train Medicaid primary care providers and HTW providers to manage mild to moderate PPD when appropriate, rather than routinely refer women to specialty mental health care. HHSC surveyed Medicaid health plans and HTW providers on a variety of topics related to the current landscape of maternal mood disorder treatment services within Texas Medicaid, CHIP, and HTW, including the tracking and follow-up of PPD screenings and mental health referrals. Additionally, HHSC staff researched maternal mood disorder programs developed by state Medicaid programs, nonprofits, advocacy groups, and universities in the United States.

HHS STRATEGY #7: Improve network of providers. HHS will continue to collaborate with Medicaid health plans and HTW providers throughout state fiscal year 2021 to determine how to best identify treatment providers for maternal mood disorders and to develop a workflow process for health plans to assist in the referral of members. HHSC will explore options to recruit providers, including perinatal psychiatrists, to provide services in-person and through telemedicine and telehealth. HHSC aims to implement this strategy in fiscal year 2022.

HHSC staff are analyzing options to connect women with pregnancy-related Medicaid coverage to providers who participate in the HTW program to serve as their primary care providers. Establishing a connection between providers who

participate in both programs will facilitate continuity of care, allowing women to remain with the same provider as they transition between these programs.

Options include:

- Revising Medicaid provider directories to identify HTW providers.
- Adding information to Medicaid managed care enrollment packets to encourage women to select HTW providers as primary care providers.
- Encouraging HTW providers to serve as Medicaid and CHIP primary care providers.
- Adding mental health counseling and providers to the HTW Plus network.

Tracking PPD Referrals through LMHAs/LBHAs

HHSC will continue to utilize and promote the use of the Clinical Management for Behavioral Health Services (CMBHS) database to track PPD referrals at LMHAs/LBHAs. CMBHS is a database used by BHS to track and report services provided by state contractors, and the system can identify individuals who have screened positive for PPD.

Feedback from external stakeholders and other state agency partners suggests that many entities are unaware of the role of LMHAs or of the services they provide.

HHS STRATEGY #8: Expand provider referral network. HHS will create and disseminate an LMHA 101 training/webinar in fiscal year 2021. This training/webinar will aim to educate providers and referral networks on the role of LMHAs in the community and how to best access their services.

TexasAIM Initiative and PPD Referrals

The DSHS TexasAIM Initiative will provide information and resource bundles to obstetric care providers to promote awareness and best practices in: screening and referral for perinatal mood and anxiety disorders; trauma-informed care; and patient and family social-emotional support for women impacted by obstetric hemorrhage, severe hypertension in pregnancy, and opioid use disorders.

TexasAIM works with obstetric care providers to increase awareness about providing patient and family social-emotional support for women impacted by the health conditions each bundle is designed to address. Because mood and anxiety disorders frequently co-occur with SUD, the OB OUD Bundle includes components related to increasing knowledge and awareness of trauma-informed care as well as

screening and referral for psychiatric conditions, including perinatal mood and anxiety disorders.

DSHS TexasAIM staff are reviewing resources to support the implementation of the OB OUD Bundle, including the Council on Patient Safety in Women's Health Care's Maternal Mental Health Depression and Anxiety bundle.

Texas Clinician's Postpartum Depression Toolkit

The current **Texas Clinician's Postpartum Depression Toolkit** includes information on PPD and mental health referrals. For information on local behavioral health care providers, refer to **HHSC's [Office of Mental Health Coordination](#)** website, or call 2-1-1. The primary purpose of these resources, such as the Toolkit, is to provide mothers with support until they are able to access care. [Postpartum Support International](#) has PPD resources and an online provider directory available to the public.

HHS STRATEGY #9: Enhance provider resources. HHS will revise and publish version 3 of the PPD toolkit in fiscal year 2021. These updates will address: the PPD treatment network for women enrolled in Medicaid or HTW; managed care and fee-for-service referral networks; screening options in neonatal intensive care units (NICUs); updated information on Medicaid-covered services, including Zulresso; and updated information regarding HTW and HTW Plus mental health services. HHSC has a goal of publishing the revised toolkit before September 1, 2021.

3. Increase Access to Peer-Support Services

Increase women's access to formal and informal peer support services, including certified peer specialists who have additional training on PPD.

According to survey results, responses on PPD treatment from women with lived experience closely align with those without lived experience. The majority of women advocate for more mental health professionals with PPD expertise and over 44 percent recommend peer support specialists with lived experience and specialized training.¹⁷

From a Mental Health Peer Specialist:

"Peers that have life experience navigating public systems can be a useful tool for moms. Peer support doesn't have to match the exact same issue or diagnosis. It's about connecting a peer with a person who is struggling, giving them hope of finding a way through these challenges. Peers bring a nonjudgmental side to help."

Current Peer-Support Services

Formal Supports

Health and Human Services Commission

Medicaid Coverage for Peer Specialist Services

Effective January 1, 2019, Texas Medicaid added coverage for peer-specialist services, which are available in outpatient and community settings. A peer specialist uses personal experience to support another person with:

- Achieving the goals and objectives of a person-centered recovery plan
- Skills development

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

- Problem-solving strategies
- Coping mechanisms for stressors and barriers encountered when recovering from a mental health condition or a SUD

Peer-specialist services encompass:

- Recovery and wellness-support services, which include providing information and support for recovery planning.
- Mentoring, which includes serving as a role model and helping find needed community resources and services.
- Advocacy, which includes providing support during stressful or urgent situations and helping to **ensure the person's rights are respected. Advocacy** may also include encouraging the person to advocate to obtain services.

Peer specialists are not directly enrolled in Texas Medicaid and therefore are ineligible for individual or direct reimbursement. However, certified peer specialists are eligible to deliver the benefit to Medicaid clients, and payments are made to enrolled behavioral health providers in outpatient and community settings.

Mental health peer specialists can provide peer support services to anyone enrolled in Medicaid with a mental health diagnosis; they can also provide skills training and psychosocial rehabilitation to individuals enrolled in LMHAs/LBHAs.

WIC

WIC programs across the state employ and train breastfeeding peer counselors to provide mother-to-mother breastfeeding support in a variety of settings, including WIC clinics, hospitals, lactation support centers, and throughout the community. As mentioned previously in this plan, there is a strong connection between breastfeeding difficulties and PPD. WIC breastfeeding peer counselors can help lessen breastfeeding difficulties.

WIC breastfeeding peer counselors are mothers who have been enrolled in WIC and have successfully breastfed their infants. They serve as role models to their peers, conduct classes and one-to-one counseling, and make immediate appropriate referrals through established referral systems for any circumstances outside the realm of normal breastfeeding.

WIC offers a train-the-trainer course for breastfeeding peer counselors that may be attended by non-WIC organizations with interest in establishing their own program to provide breastfeeding peer-counseling services.

Department of State Health Services

DSHS develops programming using promotoras and CHWs to promote peer support among maternal women.

Promotoras and CHWs are trusted members of their communities with a close understanding of community **members'** ethnicity, language, socioeconomic status, and lived experiences. They support and empower their community peers through activities including outreach, patient navigation, health education, informal counseling, social support, advocacy, and cultural mediation between health care, social services, and the community.

MCHS HTMB's **High-Risk Maternal Care Coordination Services Pilot Program**, currently in development, will include integration of CHW services for women with high-risk pregnancies. Promotoras and CHWs will receive training to prepare them to educate and provide support for women who have a high risk of complications, including PPD and other perinatal mood and anxiety disorders, during and after pregnancy.

Informal Supports

Medicaid and CHIP Services

Women may access informal peer supports through Medicaid coverage of group prenatal care. Group prenatal care models include the [March of Dimes Supportive Pregnancy Care model](#) and the [Centering Healthcare Institute Centering Pregnancy model](#). Through group prenatal care, women receive up to 10 group visits for prenatal education facilitated by a physician or another qualified health care professional. Group visits provide a forum for women to connect, form friendships, and gain support.

In addition, many Medicaid health plans offer childbirth and parenting classes as value-added services at no cost to HHSC. This serves as another venue outside of routine care for women to form connections with peers.

Department of State Health Services

Lactation Support

DSHS promotes peer-support through lactation support activities. Breastfeeding counseling and support provided by peers is an effective strategy for increasing **breastfeeding initiation and duration while also increasing a mother’s network of social and emotional support during the postpartum period.**

Some LSCs provide mother-to-mother breastfeeding support groups under the MCHS HTMB Lactation Support Center Services-Strategic Expansion Program. Additionally, some employers that participate in the Texas Mother-Friendly Worksite Program provide mother-to-mother support groups and/or forums for mother-to-mother support. Employers who meet the standards of a Texas Mother-Friendly Worksite and provide enhanced breastfeeding support services, including mother-to-mother support, **may receive additional “Silver” or “Gold” level Texas Mother-Friendly Worksite recognition.**

Strategies to Increase Access to Peer Support Services

Health and Human Services Commission

Medicaid Peer Specialists

As part of the implementation of [H.B. 1486, 85th Legislature, Regular Session, 2017](#), peer providers who had been certified to deliver applicable services were eligible to apply their certification to the Medicaid service. The final date by which peers with certification in good standing were eligible to submit applications for grandfathered certification as a Medicaid peer specialist was June 14, 2019. Once the certification is completed, peer specialists become eligible to deliver services to Medicaid clients within the allowable places of service.

HHSC will assess the need for strategies to increase access to formal peer support services upon completion of the post-implementation utilization review (PIUR) for the benefit. As part of the review, HHSC’s **Center for Analytics and Decision Support** will run reports on the number of times a procedure code or service has been submitted to the state for payment via fee-for-service claims in traditional Medicaid or encounter data in managed care. The encounter data is submitted to HHSC from

Medicaid managed care plans and reflects specific services provided to clients. The completed, cleaned encounter data typically has a nine-month delay.

The reports are generally run at six months after a new policy is implemented and again at one-year post-implementation. Due to the certification timelines described above, HHSC is allowing sufficient time for providers to complete their certification and establish themselves within their partner organizations prior to conducting the PIUR of the Medicaid peer specialist benefit. The initial six-month PIUR will be based on utilization from June 14, 2019, through December 14, 2019.

HHS STRATEGY #10: Evaluate access to peer support services. Based on the PIUR results, HHS staff will consider whether policy changes are necessary to increase access to the benefit in fiscal year 2021.

Group Prenatal Care

HHSC is taking steps to increase access to informal peer supports through group prenatal care. Information on Medicaid coverage for group prenatal care can be found in Subsection 9.2.56.3.1 of the Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook in the [Texas Medicaid Provider Procedures Manual](#). Staff are conducting a comprehensive review of the obstetric services policy, with plans to move the group prenatal care information into the obstetric policy both for ease of reference and to help increase awareness of the benefit to obstetric providers.

March of Dimes

HHSC worked with March of Dimes to provide information on Medicaid billing and reimbursement for group prenatal care as March of Dimes promotes its new Supportive Pregnancy Care model in Texas.

Intellectual and Developmental Disability-Behavioral Health Services

IDD-BHS will collaborate with WIC peer counselors, doulas, and others on training for PPD. The department will also consult with the Texas System of Care on their work with youth peers. Strategies developed and used with adult peers could be shared with youth peer groups and be incorporated into training and engagement. Texas System of Care is a statewide effort to strengthen state and local coordination to ensure the availability of high-quality mental health care that is

family-driven, youth-guided, community-based, culturally-grounded, and sustainable.

Department of State Health Services

DSHS will ensure integration of CHW services for high-risk pregnancies in the High-Risk Maternal Care Coordination Services Pilot Program.

HHS STRATEGY #11: Promote peer support models in existing programs. DSHS 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.

4. Raise Public Awareness and Reduce Stigma

Raise public awareness of and reduce the stigma of PPD.

According to survey results, most health professional respondents feel confident talking with clients about maternal mental health. However, the vast majority would also like to increase their awareness and ability to screen. They also suggest that OB/GYNs, pediatricians, and mental health providers are professionals who need the most additional training on PPD ¹⁸.

From a Recovery Coach:

"I am someone with lived experience in addiction and mental health challenges and experience navigating Medicaid for Pregnant Women coverage. Having someone with lived experience work with pregnant women or postpartum moms helps debunk myths, provide guidance and reassurance, and promotes looking at the situation from a positive standpoint."

Current Awareness of PPD and PPD Services

Health and Human Services Commission

Medicaid and CHIP Services

HHSC has shared information on specific benefits with providers and Medicaid and CHIP health plans, such as PPD screening during the infant checkup and the **Texas Clinician's Postpartum Depression Toolkit**.

Additionally, the Centering Pregnancy and Parenting model of well-child care builds in education, conversation, and de-stigmatization on topics that support the health and well-being of the mother and family.

¹⁸ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

Healthy Texas Women and Family Planning Program

In addition to supplying provider resources and client fact sheets explaining PPD screening and treatment options for eligible women, HTW staff frequently engage stakeholders at conferences, meetings, and webinars that focus on women and maternal health. Increasing awareness of PPD treatment directly with providers and potential clients helps to normalize this diagnosis and decrease associated stigma.

HHSC WIC and DSHS Collaboration

The WIC Every Ounce Counts Campaign includes the [Breastmilkcounts.com](https://www.breastmilkcounts.com) website that serves as a one-stop breastfeeding resource for Texas families. HHSC's WIC program partners with MCHS HTMB to provide content about perinatal mood and anxiety disorders. The site includes information and resources for [women](#) and their support networks (including their [partners](#), [mothers](#), and [family and friends](#)) that describe signs of maternal mood disorders, tips for providing support, and how to seek help. The current focus of the campaign is to normalize breastfeeding struggles and connect women with free and accessible help.

Department of State Health Services

PPD is addressed as a part of DSHS awareness activities, as previously described. Those activities include:

- DSHS Grand Rounds hosts live presentations and simultaneous webcasts with continuing education presentations on important public health topics. The presentations are attended by several hundred public health, healthcare, and social service practitioners around the state during the fall and spring of each year.
- In accordance with Health and Safety Code, Section 161.501, obstetric-care providers are **required to provide the infant's parents or other adult** caregivers with a resource pamphlet on a variety of topics related to maternal and infant health, including PPD and other emotional trauma associated with pregnancy and parenting. Providers may develop their own material for this purpose or use MCHS HTMB's [Information for Parents of Newborn Children pamphlet](#).
- DSHS is developing a Maternal Health and Safety Public Awareness Campaign to increase public awareness of and help prevent maternal morbidity and mortality. The campaign will include information about perinatal mood and anxiety disorders, including PPD.

- LSCs support public awareness by providing lactation education, counseling, and referral services for families who do not participate in the WIC program. LSCs also provide perinatal depression screening, appropriate referrals for all women receiving lactation counseling and support, and facilitate after-hour operations of the statewide Texas Lactation Support Hotline.
- The HTMB Peer Dad program provides father-to-father peer support services to increase breastfeeding support and provide new fathers with information on maternal and infant health and safety, and how to recognize signs and symptoms of pregnancy-related depression and anxiety.
- In partnership with participating hospitals across the state, the TexasAIM Initiative promotes uptake of recommended care practices to increase maternal safety and prevent maternal morbidity and mortality. A component of each bundle focuses on awareness of the need for patient and family social-emotional support for women who experience maternal health complications.

Stigma of PPD

In the Texans Care for Children/St. David's Foundation survey, stigma about PPD was the third-highest reported barrier to treatment for maternal mental health challenges.¹⁹ Some of the stigma around PPD may be due to the fact that many women find the primary care providers with whom they have developed a trust relationship do not provide care for the most common forms of PPD. Instead, the woman may be referred to a different provider she does not know at a time of serious vulnerability, increasing the likelihood that she will not follow up with the care she needs and potentially impairing her ability to respond to treatment. In addition, many behavioral health referral resources are already overburdened, leading to long wait times before a woman can receive care.

¹⁹ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

Strategies to Increase Public Awareness and Decrease Stigma of PPD

Health and Human Services Commission

Intellectual and Developmental Disability-Behavioral Health Services

IDD-BHS will share PPD materials and resources and support participation in a variety of settings, such as the Behavioral Health Art Competition and Mental Health Awareness campaign.

MentalHealthTX.org, a website developed by the HHS Office of Mental Health Coordination, has printable PPD awareness [flyers](#), posters, and [rack cards](#).

Healthy Texas Women and Family Planning Program

According to the Texans Care for Children/St. David's Foundation survey, "most health professional respondents feel confident talking with clients about maternal **mental health**." Psychiatrists, Licensed Professional Counselors, and OB/GYNs express more confidence than pediatricians, nurses, and neonatologists. HTW and FPP will focus on PPD awareness among the less-confident providers as well as increasing awareness of available PPD services among all providers.

HHS STRATEGY #12: Increase PPD awareness and access to treatment to reduce stigma. Psychotherapy and peer support services will be included as benefits of HTW Plus starting in fiscal year 2021 which will increase PPD awareness and access to treatment, help normalize the diagnosis, decrease stigma, and help prevent maternal morbidity and mortality.

Department of State Health Services

The DSHS Grand Rounds Program will provide a continuing education series to increase awareness and knowledge of perinatal mood and anxiety disorders among health care professionals. The series will include education on the prevalence of perinatal mood and anxiety disorders, their effects on outcomes for women and children, and information on PPD signs, symptoms, screening, diagnosis, treatment, and referral.

DSHS will continue to provide information on PPD in the [Information for Parents of Newborn Children pamphlet](#) for distribution by obstetric care providers to parents and other adult caregivers of infants.

DSHS will ensure that messaging and information about maternal morbidity, including PPD and other perinatal mood and anxiety disorders, will be disseminated to key audiences across the state through the Maternal Health and Safety Public Awareness Campaign.

Lactation education, promotion, and support services provided through the MCHS HTMB Lactation Support Center Services-Strategic Expansion Program, the HTMB Peer Dad Program, and the TexasAIM Initiative will continue to promote increased awareness of the relationship between lactation challenges and PPD and reduce the stigma of PPD and other perinatal mood and anxiety disorders.

HHS STRATEGY #13: Increase PPD outreach to providers to reduce stigma. The OB OUD Bundle focuses on addressing stigma and bias in the care of women with opioid use disorder and comorbidities, which include PPD and other perinatal mood and anxiety disorders. This bundle will be available in fiscal year 2021.

5. Leverage Funding Sources

Leverage sources of funding to support existing community-based PPD screening, referral, treatment, and support services.

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) recommend community-based services as a strategy to meet the needs of vulnerable and high-risk mothers and families. In addition, the MMMRC recommends increasing maternal health programming to address disparities and target high risk populations.²⁰

From an OB/GYN Doctor:

"Funding and access to mental health professionals are the biggest challenges."

Current Funding

Health and Human Services Commission

Medicaid and CHIP Services

Federal funds are a critical component of healthcare financing for the state of Texas. The amount of federal Medicaid funds Texas receives is primarily based on the federal medical assistance percentage, which the federal government updates **annually based on each state's per capita income. With some exceptions, there is no cap on federal funds for Medicaid expenditures.**

Unlike Medicaid, total federal funds allocated to CHIP each year are capped, as are the funds allocated to each state. Each state is allotted a portion of the total federal funds based on a formula set in federal statute and each state receives federal matching payments up to the allotment.

²⁰ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

Healthy Texas Women

HTW was implemented in 2016 as a state-funded program providing family **planning services and other women’s health services that contribute to** preconception care and better birth outcomes. In June 2017, HHSC submitted a Section 1115(a) Medicaid Demonstration Waiver application to the Centers for Medicare and Medicaid Services (CMS) to move the state general revenue-funded HTW program into Medicaid.

CMS approved the HTW 1115 demonstration waiver to provide comprehensive **women’s health services for women** ages 18-44 and to operate the HTW demonstration program as a Medicaid program on January 22, 2020.

As a state general revenue-funded program, HTW also serves clients ages 15 through 17 years old if a parent or legal guardian applies, renews, and reports changes on their behalf, pursuant to 1 Texas Administrative Code (TAC) §382.7(a)(1)(B). As of February 18, 2020, the effective date of the 1115 waiver demonstration, HHSC continues to use state general revenue to provide HTW services to eligible clients ages 15 through 17.

HTW offers both fee-for-service and cost-reimbursement components. Cost-reimbursement funds are awarded to HTW providers to pay for services that enhance and support the HTW fee-for-service program.

For more information on funding for women’s health programs including HTW, go to the [HHS women’s health services provider portal website](#).

Strategies to Support Community-Based PPD Services

Child Psychiatric Access Network (CPAN)

[S.B. 11, 86th Legislature, Regular Session, 2019](#), created the Texas Child Mental Health Care Consortium and established and provided state funding for the Texas Child Psychiatry Access Network (CPAN). In its initial phase in 2020, CPAN will be a network of child psychiatry access centers based at health-related institutions. The network will provide consultation services and training opportunities for pediatricians and primary care providers to improve the care of children and adolescents with behavioral health needs. The regional hubs are institutions such as

The University of Texas at El Paso, Baylor College of Medicine, and UT Southwestern Medical Center. Texas CPAN lays the foundation for future implementation of a Texas perinatal psychiatric access program.²¹

HHS STRATEGY #14: Utilize CPAN to support pediatricians and primary care providers. HHS will explore options for CPAN to provide and expand teleconsultation for PPD in regional hubs throughout the state in fiscal year 2021.

Medicaid and CHIP Services

HHSC requires Medicaid and CHIP health plans to refer members to community resources for non-covered services. To the extent community-based services are available, health plans will facilitate the connection to PPD services for women enrolled in Medicaid or CHIP managed care.

HHS STRATEGY #15: Collaborate with DFPS on evidence-based PPD trainings. HHSC will explore opportunities to collaborate with the DFPS Prevention and Early Intervention Division to connect mothers and families to evidence-based community trainings and programs such as [Family Connects](#) and Healthy Outcomes through Prevention and Early Support (HOPES).

²¹ Texans Care for Children. [Maternal Mental Health in Texas](#). (2020)

Conclusion

While many women experience some mild mood changes during pregnancy and after the birth of a child, over 14 percent of mothers in Texas experience more significant and sometimes severe symptoms of PPD and other perinatal mood and anxiety disorders. Women of any age, ethnicity, race, and income level can develop PPD, and reliable access to care and treatment can avert worsening symptoms and prevent maternal mortality.

There are several collaborative initiatives in place throughout HHS to address PPD and improve maternal outcomes, yet survey data suggests there are still improvements that can be made to ensure adequate statewide access to care for women.

This strategic plan identifies five key goals to improve access to PPD screening, referral, treatment, and support services:

1. Increase awareness among state-administered program providers who may serve women who are at risk of or are experiencing PPD about the prevalence and effects of PPD on outcomes for women and children;
2. Establish a referral network of community-based mental health providers and support services addressing PPD;
3. **Increase women's access to formal and informal peer support services,** including access to certified peer specialists who have received additional training related to PPD;
4. Raise public awareness of and reduce the stigma related to PPD; and
5. Leverage sources of funding to support existing community-based PPD screening, referral, treatment, and support services.

HHS will maintain the maternal mental health workgroup that was convened for this strategic plan to build upon current efforts to increase statewide access to comprehensive, evidence-based, and patient-centered PPD care. HHS will also implement new strategies and initiatives that will improve maternal health outcomes. The strategic plan will be updated in one year, and annually as needed to maintain current and accurate information and strategies.

Appendix A: Acronyms

Acronym	Definition
ACOG	American College of Obstetricians and Gynecologists
AHRQ	Agency for Healthcare Research and Quality
CDC	Centers for Disease Control and Prevention
CHIP	Children’s Health Insurance Program
CHW	Community Health Worker
CMBHS	Clinical Management for Behavioral Health Services
CMS	Centers for Medicare & Medicaid Services
CPAN	Child Psychiatric Access Network
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
FPP	Family Planning Program
HB	House Bill
HDIS	Health, Developmental and Independence Services
HHS	Health and Human Services

Acronym	Definition
HHSC	Health and Human Services Commission
HRC	Human Resources Code
HRSA	Health Resources and Services Administration
HSC	Health and Safety Code
HTMB	Healthy Texas Mothers and Babies
HTW	Healthy Texas Women
IDD-BHS	Intellectual and Developmental Disability-Behavioral Health Services
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LSC	Lactation Support Center
LSCS-SEP	Lactation Support Center Services-Strategic Expansion Program
MCHS	Maternal and Child Health Section
MMMRC	Texas Maternal Mortality and Morbidity Review Committee
NFP	Nurse-Family Partnership
PHC	Primary Health Care
PIUR	Post-implementation utilization review

Acronym	Definition
PPD	Postpartum depression
SB	Senate Bill
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TexasAIM	Texas Alliance for Innovation on Maternal Health
TCHMB	Texas Collaborative for Healthy Mothers and Babies
VDP	Vendor Drug Program
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Appendix B: PPD Resources

[The Blue Dot Project](#)

[Centering Healthcare Institute](#)

[Child Psychiatric Access Network](#)

[Council on Patient Safety in Women's Health Care: Maternal Mental Health](#)

[Healthy Texas Women](#)

[March of Dimes](#)

[Mental Health Texas](#)

[Office on Women's Health: Postpartum Depression](#)

[Postpartum Support International](#)

[Pregnancy and Postpartum Health Alliance of Texas](#)

[Texans Care for Children](#)

[Texans Care for Children Maternal Mental Health Survey Results](#)

[The Texas Clinician's Postpartum Depression Toolkit](#)

[Texas Department of State Health Services](#)

[Texas Health and Human Services](#)

[Texas Health Steps: Maternal PPD Screening Tools](#)

[Texas Vendor Drug Program](#)

[Texas Collaborative for Healthy Mothers and Babies](#)

[Texas WIC](#)

Appendix C: Glossary

Term	Definition
Centers for Disease Control and Prevention (CDC)	The national public health institute that provides health information that protects the nation against expensive and dangerous health threats and responds when these arise.
Centers for Medicare and Medicaid Services (CMS)	The federal agency that runs the Medicare program and works with states to run the Medicaid program.
Children’s Health Insurance Program (CHIP)	CHIP is a health care program for children whose families earn too much to get Medicaid but can't afford insurance. CHIP offers many of the same services as Medicaid but does not cover long-term services and supports.
CHIP Perinatal Program	A program that provides services for the unborn children of pregnant women who are uninsured and do not qualify for Medicaid due to income or immigration status, and whose household income is at or below 202 percent of the federal poverty level.
Community health worker/promotor(a)	<p>A liaison who provides cultural mediation between health care, social services and the community. A promotor(a) or community health worker is a trusted member, and has a close understanding of, the ethnicity, language, socio-economic status, and life experiences of the community served.</p> <p>A promotor(a) or community health worker assists people to gain access to needed services and builds individual, community, and system capacity.</p>
Early Childhood Intervention (ECI)	A statewide program for families with children from birth to three years of age, with developmental delays, disabilities, or certain medical diagnoses. ECI supports families to help their children reach their potential through developmental services.

Term	Definition
Family Planning Program (FPP)	A program that provides comprehensive family planning and related health services statewide to reduce unintended pregnancies, positively affect future pregnancies, and improve the health status of low-income women and men in Texas.
General Revenue (GR)	The principal funding source for most Texas government operations. Any revenue that is not restricted for a specific purpose flows into the general fund. The Legislature may direct money out of this fund for any legal purpose of the government.
Health, Developmental and Independence Services (HDIS)	HDIS is comprised of more than 40 programs that provide non-Medicaid gap health coverage, social services, and educational resources for low-income children, families, seniors, specialty health populations, and people with disabilities.
Health Resources and Services Administration (HRSA)	An agency of the U.S. Department of Health and Human Services that provides health care to people who are geographically isolated, and/or economically or medically vulnerable.
Healthy Texas Women (HTW)	A program dedicated to offering women’s health and family planning at no cost to eligible women in Texas. These services help women plan their families, whether it is to achieve, postpone, or prevent pregnancy.
Local behavioral health authority/Local mental health authority (LBHA/LMHA)	An entity that provides programs and services based on evidence-based practices to help people manage mental illness.
Managed care organization (MCO)	A health care provider or a group or organization of medical service providers who offers managed care health plans. The MCO contracts directly with doctors and other health care providers to create provider networks their members can use.

Term	Definition
Medicaid for Pregnant Women Program	Health coverage for low-income pregnant women during pregnancy and up to two months after the birth of the baby.
Primary Health Care Services Program	A program that works with clinic sites across Texas to ensure eligible Texas residents can access comprehensive primary health care services.
Post-implementation utilization review (PIUR)	A technique to evaluate whether project objectives were met, to determine how effectively the project was run, to learn lessons for the future, and to ensure that the organization gets the greatest possible benefit from the project.
Texas Collaborative for Healthy Mothers and Babies	A multidisciplinary network of health professionals whose mission is to advance health care quality and patient safety for all Texas mothers and babies.
Texas Health Steps	Texas Medicaid's comprehensive preventive child health service that provides medical and dental prevention and treatment services for children age 20 and younger from low-income families, who are enrolled in Medicaid.
Texas Maternal Mortality and Morbidity Review Committee (MMMRC)	Established by S.B. 495, 83rd Texas Legislature, Regular Session, 2013, (which promulgated HSC Ch. 34) as a multidisciplinary advisory committee within and administered by DSHS to study maternal mortality and morbidity in Texas.
Texas WIC	The Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC, is a nutrition, education, and support program for pregnant women, breastfeeding women, and families with children younger than 5.

Term	Definition
Title V Maternal and Child Health Fee for Service Program	A program that is available to low-income women, children, and adolescents who aren't eligible for Medicaid, CHIP, CHIP Perinatal, or any other program that covers the same service.