



Maternal Depression Strategic Plan Update for Fiscal Years 2021-2025

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

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Table of Contents

Executive Summary	1
Introduction and Background	3
Key Goals and Strategies	5
Goal 1: Increase awareness among program providers and people served	5
Goal 2: Establish a referral network.....	10
Goal 3: Increase access to peer-support.....	14
Goal 4: Raise public awareness and reduce stigma of maternal depression.....	16
Goal 5: Leverage funding sources.....	18
Conclusion	20
List of Acronyms	21

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](#). Since that time, HHSC and the Department of State Health Services (DSHS) have implemented the plan, and despite the ongoing COVID-19 public health emergency, HHSC and DSHS have implemented 10 of the 15 identified strategies.

The agencies developed multiple trainings, including a series of grand rounds presentations on perinatal mood and anxiety disorders; a Local Mental Health Authority 101 training module for healthcare providers; a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) client-facing web lesson on the baby blues and maternal depression; and multiple webinars on the new Healthy Texas Women (HTW) Plus postpartum services.

Throughout the first year of the strategic plan, the two agencies have also worked to coordinate with other efforts being implemented across the state. For instance, HHSC leveraged relationships with the Texas Child Mental Health Care Consortium and participated in the State Policy Institute on Public Insurance Financing of Home Visiting and the Center for Medicaid and CHIP (Children's Health Insurance Program) *Services Improving Postpartum Care* affinity group. These collaborations offer opportunities to share best practices, leverage existing resources, and ensure Texas is a leader in improving maternal mental health.

This update details these efforts along with new deliverables to improve access to postpartum depression screening, referral, treatment, and support services by 2025. Updated strategies reflect stakeholder feedback and input from the statewide health and behavioral health coordinating councils.

This update uses the term "maternal mental health conditions" instead of "postpartum depression." The updated terminology reflects the fact that depression symptoms can start during pregnancy and acknowledges the wider range of mental health conditions that pregnant and postpartum women may experience, which may or may not include depressive symptoms. Similarly, other clinical resources may use the term "perinatal mood and anxiety disorders" to speak to the broad range of maternal mental health conditions. Throughout this plan, we will use the terms "maternal depression" or "postpartum depression" when speaking specifically

about pregnancy-associated depression or depression with postpartum onset, respectively.

The 2021 update focuses on outputs, with some initial measures being established. Although irregularities caused by the COVID-19 public health emergency may complicate analysis for the foreseeable future, HHSC will continue working to identify relevant measures for each of the strategies.

While we may not understand the effects of COVID-19 and the public health emergency for some time, preliminary research demonstrates that the pandemic has impacted the general population's mental health,¹ including pregnant and postpartum women. As such, we must maintain our commitment to addressing postpartum depression and other maternal mental health conditions.

¹ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>.

Introduction and Background

Maternal mental health conditions, such as depression, 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 health conditions are one of the leading causes of pregnancy-related deaths in Texas.² Additionally, an analysis by DSHS found that suicide was the cause of death for 8.6 percent of deaths among mothers during pregnancy or within 365 days postpartum.³

While rates vary, as many as one in five women will experience depression after a pregnancy.⁴ According to a DSHS analysis of Texas Pregnancy Risk Assessment Monitoring Survey data from 2014-2016, the prevalence of depression within six months of delivery in Texas was approximately 14 percent higher than the national average of 12.5 percent.⁵

To improve outcomes among women at risk for maternal depression and other mental health conditions, HHSC's five-year strategic plan, required by [Section 32.046, Texas Health and Safety Code](#), seeks to:

- Increase awareness among state-administered program 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 women's access to formal and informal peer support services, including access to certified peer specialists with training related to maternal mental health;

² <https://www.dshs.texas.gov/legislative/2020-Reports/DSHS-MMMRC-2020.pdf>

³ <https://www.dshs.texas.gov/healthytxasbabies/Documents/HTMB-Data-Book-2019-20200206.pdf>

⁴ "Depression Among Women." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/depression/index.htm>. Accessed May 24, 2021.

⁵ <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/state-efforts-maternal-mortality-morbidity-dec-2020.pdf>

- 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 strategic plan reflect research and stakeholder feedback and recommendations. 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.

Key Goals and Strategies

The inaugural strategic plan reviewed HHSC and DSHS efforts to educate providers about maternal mental health, promote screening of women at risk for maternal depression, and collaborate on outreach approaches to ensure unified messaging and access to information for providers and families in various settings. The following sections, organized by goal and strategy, detail the progress Health and Human Services (HHS) has made in fiscal year 2021 and planned activities for the remainder of the strategic plan period.

Goal 1: Increase awareness among program providers and people served

In support of this goal, HHS committed to six strategies to increase awareness of the prevalence and effects of maternal depression among state-administered program providers who may serve women at risk of or experiencing a maternal mental health condition.

Some strategies below support increased access to treatment and complement HHSC efforts to increase awareness of maternal depression. Providers who regularly screen women for maternal depression report that they do not know how or where to refer women for treatment.⁶ For this reason, it is critical to increase providers' awareness of service availability – including telehealth and telemedicine options – and not just the prevalence and effects of maternal depression. Further, major barriers to treatment include the location of the provider, transportation issues, and childcare.⁷ Telehealth and telemedicine can mitigate these barriers if providers are aware of available services.

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

⁷ Ibid.

Strategy #1-2: Opportunities for telehealth and telemedicine in Medicaid, CHIP, and Healthy Texas Women.

HHS will continue to explore ways to support and expand telehealth and telemedicine for maternal depression through Medicaid, CHIP, and Healthy Texas Women services in fiscal year 2021 and beyond.

Status:

- HHSC has authorized billing for various behavioral health services delivered by phone or video as a flexibility during the public health emergency.
- HHSC has encouraged health plans to reimburse for telemedicine or telehealth services and posted information regarding flexibility for teleservices on www.hhs.texas.gov to support individuals and providers during the public health emergency.
- The Texas Medicaid & Healthcare Partnership issued multiple provider articles with information on COVID-related flexibilities.

FY 2022-2025 Activities:

HHSC will implement the provisions of [House Bill 4](#), 87th Legislature, Regular Session, 2021, which would make permanent the authorization to bill for services delivered by phone or video if determined clinically appropriate and cost effective.

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 local mental health authorities (LMHA) and local behavioral health authorities (LBHA) 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: HHSC issued the survey in Summer 2021 and is reviewing responses.

FY 2022-2025 Activities:

- HHSC will develop an action plan to distribute information to increase LMHA/LBHA staff awareness and address challenges identified based on the results of the survey.
- HHSC will further explore LMHA/LBHA staff knowledge and challenges related to other maternal mental health needs.
- HHSC will implement the action plan.

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

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

Status:

- In September 2020, HHSC implemented the HTW Plus enhanced postpartum service package, which includes additional mental health services such as individual and group psychotherapy.
- HHSC hosted two webinars in October 2020 for providers, clients, and other stakeholders. These webinars aimed to educate stakeholders about the availability of these services, to recruit providers to participate in HTW, and to encourage providers to offer these newly added services. Nearly 700 people participated in the webinars.

FY 2022-2025 Activities:

- HHSC will begin to implement [House Bill 133](#), 87th Legislature, Regular Session, 2021. Among other provisions, this bill makes changes to service delivery for pregnant and postpartum women by directing HHSC to:
 - Contract with health plans to provide HTW services. As part of this transition, House Bill 133 requires HHSC to identify barriers that prevent women from obtaining HTW program services and to seek mitigation opportunities.
 - Seek federal approval to extend Medicaid for Pregnant Women coverage to six months following the date the woman delivers or experiences an

involuntary miscarriage. (Current coverage in Medicaid for Pregnant Women ends at two months postpartum.)

- ▶ Transition case management for children and pregnant women services to a Medicaid managed care model.
- ▶ Assess the feasibility, cost-effectiveness, and benefits of automatically enrolling women who become pregnant while receiving services through HTW into managed care.
- HHSC will provide additional outreach and information on HTW benefits and program information to help providers stay informed and aware of services.

Strategy #5: Increase WIC clients' awareness of maternal mental health and available resources for assistance.

WIC will develop materials that include information on maternal depression. The materials will be available in 2021.

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

Status: In October 2020, HHSC launched a new client-facing web lesson: "[The Baby Blues and Postpartum Depression](#)," which is available in English and Spanish on www.TexasWIC.org. Individuals have completed this class more than 10,000 times.

FY 2022-2025 Activities:

- HHSC will expand this strategy to "Increase awareness among HHSC programs and the people they serve."
- Understanding that many families interact with multiple service providers (e.g., Early Childhood Intervention, LMHAs, WIC, etc.), HHSC staff will coordinate efforts to ensure that families receive consistent messaging about maternal mental health needs across all agency systems. This will include ongoing updates and a planning workgroup for internal staff.
- HHSC will use social media to raise awareness of maternal mental health and encourage Texans to access resources such as the [mental and emotional health webpage](#) at Texas WIC's www.breastmilkcounts.com.

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

FY 2022-2025 Activities:

- Through the [TexasAIM initiative](#), DSHS will continue to help hospitals implement the Alliance for Innovation on Maternal Health's (AIM) maternal patient safety bundles. Severe maternal morbidity is associated with increased risk for subsequent postpartum mental health disorders.^{8,9} Each bundle includes guidance for hospitals to develop programs that provide patients, families, and staff support after severe maternal events.
- HHSC and DSHS will promote maternal mental health awareness through all available channels, such as distributing information through health plans, the DSHS-funded Texas Collaborative for Healthy Mothers and Babies, the Child Psychiatry Access Network, the Perinatal Advisory Council, and other appropriate channels.

⁸ Lewkowitz AK, Rosenbloom JI, Keller M, López JD, Macones GA, Olsen MA, Cahill AG. Association Between Severe Maternal Morbidity and Psychiatric Illness Within 1 Year of Hospital Discharge After Delivery. *Obstet Gynecol.* 2019 Oct;134(4):695-707.

⁹ Wall-Wieler E, Carmichael SL, Urquia ML, Liu C, Hjern A. Severe maternal morbidity and postpartum mental health-related outcomes in Sweden: a population-based matched-cohort study. *Arch Womens Ment Health.* 2019 Aug;22(4):519-526.

Goal 1 Measures:¹⁰

Measure	FY 2018 ¹¹	FY 2019	FY 2020	FY 2021 ¹²
Number of clients screened in HHSC programs ¹³	1,956	5,196	5,810	N/A
Number of claims related to postpartum mental health ¹⁴	2,483	7,003	8,221	N/A
Number of HHSC providers billing for postpartum depression screening ¹⁵	633	1,107	1,105	N/A
Number of class completions for the Baby Blues and Postpartum Depression self-paced class completed through the WIC website ¹⁶	N/A	N/A	N/A	10,086

¹⁰ DSHS presented additional 2019 data related to postpartum depression screening and treatment at the March 5, 2021, maternal mortality and morbidity review committee. An archived recording of the presentation is available at <https://texashhsc.swagit.com/play/03052021-760/8/>.

¹¹ Effective July 1, 2018, postpartum depression screening may be performed in addition to a Texas Health Steps (THSteps) visit for infants under the age of 1. The addition of postpartum depression screening to THSteps benefits may explain the sharp increase in claims and clients served in SFY 2019 and 2020. It is possible that these screenings were occurring previously, to align with guidance from the American Academy of Pediatrics, but not billed to HHSC.

¹² Fiscal year 2021 data is not yet available for all measures.

¹³ Clients served include individuals with any paid outpatient or professional claims from Medicaid fee-for-service, Healthy Texas Women and Family Planning claims data, or encounters from Medicaid Managed Care and CHIP perinatal indicating postpartum depression screening, for services provided during FY 2018, 2019 and 2020 (dates are based on header date of service).

¹⁴ 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, G8433 (Screening for depression not completed, documented reason), G8431, G8510 (screening for depression is documented), or 96161 (Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory)).

¹⁵ Number of providers represent the number of billing providers providing postpartum depression service.

¹⁶ Data includes completions from the October 26, 2020, launch date through July 12, 2021.

Goal 2: Establish a referral network

This goal includes three strategies to promote continuity of care for women at risk of postpartum depression and in need of services.

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

HHS will continue to collaborate with Medicaid health plans and HTW providers throughout fiscal year 2021 to determine how to best 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. HHS aims to implement this strategy in fiscal year 2022.

Status:

- In fiscal year 2021, HHSC established an internal workgroup to address feedback received from health plans and HTW providers about establishing a treatment network.
- HHSC joined the Perinatal Mental Illness Workgroup, hosted by the Texas Collaborative for Healthy Mothers and Babies. This group is identifying state-covered services to treat perinatal mental illness and substance use disorders, as well as recommended screening, referral, and service delivery practices.
- To improve continuity of care between Medicaid/CHIP and HTW, HHSC is:
 - ▶ Amending the Uniform Managed Care Manual to require health plans to specify in their provider directories whether providers are enrolled in HTW.
 - ▶ Proposing managed care contract amendments to strengthen requirements for health plans to educate women who will age out of Medicaid or CHIP coverage, or lose coverage after pregnancy, about HTW and other family planning services. Contract changes will be effective September 2021.

FY 2022-2025 Activities:

- HHSC will continue working on changes to provider directories for Medicaid health plans and HTW to assist providers and clients in finding clinicians with experience treating maternal mental health conditions.
- HHSC plans additional amendments to the Uniform Managed Care Manual to require health plans to:
 - ▶ Identify members who screen positive for a maternal mental health condition, including postpartum depression, and support them in seeking treatment.
 - ▶ Identify in-network primary care providers and maternal mental health providers who can treat maternal mental health conditions
 - ▶ Have a workflow or standardized process using a hotline 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 in early in fiscal year 2022. This training/webinar will aim to educate providers and referral networks about the role of LMHAs in the community and how to best access their services.

Status: At the time of this strategic plan’s publication, the LMHA 101 training module is in development with an expected release of September 1, 2021. HHSC has partnered with the University of Texas Health Science Center at San Antonio to develop the training.

FY 2022-2025 Activities:

- HHSC will promote the training to various systems that would benefit from the information (including providers in the Medicaid and HTW treatment network).
- HHSC will augment the training for target audiences as needed.
- HHSC will promote referral information among various systems that screen for postpartum depression or serve pregnant and postpartum women, including WIC/DSHS Lactation Support Centers and family violence centers.

- Based on feedback from LMHAs/LBHAs and other providers, HHSC will look for additional opportunities to integrate awareness of the behavioral health system and maternal mental health needs. To do so, the agency may leverage existing platforms like www.mentalhealthtx.org.

Strategy #9: Enhance provider resources to address maternal depression.

HHSC will revise and publish the third version of the postpartum depression toolkit in fiscal year 2021.

Status: HHSC staff are updating links to ensure the toolkit is current; however, the third version of the toolkit is pending a more comprehensive review.

FY 2022-2025 Activities:

- HHSC will revise the toolkit in fiscal year 2022 and make additional updates based on input from clinicians.
- HHSC is developing a healthcare provider webpage with maternal depression-related content, with plans to launch it by early 2022.
- The DSHS TexasAIM Initiative will continue to support hospitals' implementation of the AIM *Obstetric Hemorrhage and Severe Hypertension in Pregnancy* maternal patient safety bundles.

Goal 2 Measure:

Measure	FY 2020	FY 2021 (through 7/20/21)
Number of women referred to and served by LMHA following postpartum depression screening	382	468

Goal 3: Increase access to peer-support services

Women with maternal mental health conditions may desire connection with others who have experienced and recovered from mental illness, including certified peer specialists. Survey data suggests that peers can help women navigate the service delivery system, provide nonjudgmental support, demystify untruths, and offer hope and reassurance to women.¹⁷ HHS identified two broad strategies to increase use of peer support.

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: HHSC added peer support as a benefit for HTW Plus and conducted a PIUR of the peer specialist services benefit in Medicaid.

FY 2022-2025 Activities:

HHSC will evaluate PIUR results, which indicate a higher utilization in Medicaid fee-for-service than in the managed care programs and seek to improve utilization based on findings.

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: DSHS is developing a pilot program for high-risk maternal care coordination services in which Community Health Workers will provide peer support, coaching, and referrals to women with high-risk pregnancies. The pilot will

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

launch in fiscal year 2022. A supportive relationship with a community health worker during pregnancy can increase access to screening, risk identification, and referral for maternal mental health disorders, and reduce the odds of having maternal depression symptoms.^{18,19,20}

FY 2022-2025 Activities:

- DSHS will launch the pilot described above.
- HHSC will educate staff and providers about existing peer support programs, such as WIC’s peer counselors.
- HHSC will explore opportunities to highlight maternal mental health needs within existing peer service programs.

Goal 3 Measures:

Measure	FY 2018	FY 2019	FY 2020
Peer Specialist Services Provided in Medicaid ²¹	N/A	N/A	11,693
Number of peer counselors providing support to WIC clients	220	240	230

¹⁸ 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>. Available at <http://www.commonwealthfund.org/publications/newsletters/transforming-care/2015/december/in-focus>.

¹⁹ Bliznashka L, Yousafzai AK, Asheri G, Masanja H, Sudfeld CR. 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.

²⁰ 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.

²¹ 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 TX HHSC Center for Analytics and Decision Support. Business Objects Queries - AHQP Claims and Best Picture Encounters for dates of service 09/01/2019 - 08/31/2020. Procedure code 9-H0038 utilization.

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

According to the survey conducted by Texans Care for Children as part of the inaugural Postpartum Depression Strategic Plan, stigma about postpartum depression is a significant barrier to treatment. Survey responses indicate that a mother's trusted healthcare provider not providing care for maternal depression may contribute to the stigma of postpartum depression. Further, stigma associated with maternal mental health conditions may be exacerbated by already existing stigma and a lack of understanding of substance use disorders and mental health conditions. To address this, HHS identified two overarching strategies.

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

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

Status: Effective September 1, 2020, these benefits are included in the HTW Plus service array.

FY 2022-2025 Activities:

- HHSC will participate 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 will streamline information on maternal depression and other mental health conditions by coordinating the Maternal Depression Strategic Plan with the reports required by Chapter 34, Texas Health and Safety Code, and the 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 71).

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

Spotlight: Reducing Stigma Through Art

Each May, the Texas System of Care, Texas Institute for Excellence in Mental Health at the University of Texas at Austin, and HHSC host the Texas Mental Health Creative Arts Contest to shine a light on the importance of mental health, an often-overlooked topic. In recent years, several entries have showcased maternal mental health, such as the images below.



Left: Motherhood (2020)
Right: Healthy Mom (2021)

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. National resources for this developmental bundle were released in 2019. The first cohort of the TexasAIM Obstetric Care for Women with Opioid Use Disorder Innovation and Improvement Learning Collaborative will launch in 2021.

Status:

- 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 women’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.

FY 2022-2025 Activities:

- DSHS will continue to implement the TexasAIM initiative to support participating providers with implementing maternal patient safety bundles.
- HHSC will explore opportunities to increase trainings and provide available information to LMHAs.

Goal 5: Leverage funding sources

HHS seeks to improve the health, safety, and well-being of Texans with good stewardship of public resources. As part of this effort, the agency always seeks to leverage funding and existing resources to maximize the benefit to Texans. As part of this strategic plan, HHSC is working to collaborate with the Child Psychiatry Access Network (CPAN) and other state agencies.

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

HHS will explore options for CPAN to provide and expand teleconsultation for maternal depression in regional hubs throughout the state in fiscal year 2021.

Status: HHSC is in ongoing discussions with CPAN and the Texas Child Mental Health Consortium representatives to leverage the CPAN network with existing resources.

FY 2022-2025 Activities: HHSC and CPAN will review resource requirements for expanded teleconsultation and identify potential funding sources.

Strategy #15: Collaborate with the Department of Family and Protective Services (DFPS) on evidence-based trainings and programs.

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.

Status:

- In April 2021, TexProtects and Family Connects staff presented to health plans about the availability of the Family Connects program in Texas.
- HHSC, DSHS, and DFPS participated in the National Academy for State Health Policy's State Policy Institute on Public Insurance Financing of Home Visiting. This program consisted of four peer-to-peer learning sessions to strengthen home visiting programs.

2022-2025 Activities:

- HHSC will continue to work with DFPS, nonprofit organizations, and home visiting programs to explore innovative ways to connect Medicaid and CHIP members with these programs.
- HHSC, DSHS, and DFPS will apply for continued participation in the State Policy Institute on Public Insurance Financing of Home Visiting to receive targeted technical assistance to identify and advance innovative strategies on public insurance financing of home visiting services.
- HHSC will expand this strategy to collaborate with other state agencies and entities (e.g., the University of Texas System Office of Population Health, the DSHS-funded Texas Collaborative for Healthy Mothers and Babies, and other appropriate entities).

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 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. Maternal mental health conditions affect women of any age, ethnicity, race, and income level, 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, yet opportunities for improvement exist to ensure adequate access to care for women across the state.

The actions outlined in this report for the strategic plan period ending in 2025 address these opportunities and seek to increase awareness of maternal depression and other mental health conditions; establish a referral network for maternal depression services; increase access to peer support services; raise public awareness of and reduce the stigma related to maternal mental health conditions; and leverage sources of funding to support existing community-based maternal depression screening, referral, treatment, and support services.

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

List of Acronyms

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