



Maternal Depression Strategic Plan for Fiscal Years 2021-2025: Fiscal Year 2024 Update

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

**Texas Health and Human Services
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Executive Summary

In September 2020, the Texas Health and Human Services Commission (HHSC) released the Postpartum Depression Strategic Plan, required by [Section 32.046, Texas Health and Safety Code](#). HHSC worked with stakeholders, including local mental health authorities (LMHAs), local behavioral health authorities (LBHAs), and women’s health providers to identify recommendations to increase the screening and treatment of postpartum depression and improve continuity of care.

In the September 2021 update, HHSC issued the [Maternal Depression Strategic Plan Update for Fiscal Years 2021-2025](#), which broadened the title to reflect the potential onset of depression during pregnancy, provided progress updates on strategies, and included a focus on measures to understand the prevalence of the condition, screening, and treatment in Texas.

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

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

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

Introduction

[Section 32.046, Texas Health and Safety Code](#) requires HHSC to annually review the five-year strategic plan to improve screening and treatment for postpartum depression.

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

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

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

Background

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

Prevalence, Screening, and Treatment

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

According to 2021 data from the Texas Pregnancy Risk Assessment Monitoring System, 14.8 percent of Texas women reported experiencing depression during pregnancy, with 12.6 percent experiencing postpartum depression symptoms. During pregnancy, 76.3 percent of respondents were screened for depression, and 86.2 percent of all Texas women were screened for postpartum depression at least once after pregnancy.⁵

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

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

³ Department of State Health Services (2024). 2022-2023 Healthy Texas Mothers and Babies Data Book. <https://www.dshs.texas.gov/sites/default/files/healthytexasbabies/Documents/2022%20-%202023%20Healthy%20Texas%20Mothers%20and%20Babies%20Data%20Book.pdf>

⁴ “Depression Among Women.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductive-health/depression/>. Accessed May 6, 2024.

⁵ Department of State Health Services, 2024

Maternal Depression Key Goals and Strategies

The original strategic plan outlined 15 strategies to support the statutory goals related to maternal depression awareness, screening, and treatment. The following sections, organized by goal and strategy, detail fiscal year 2024 progress and activities for the remainder of the strategic plan period.

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

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

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

Strategies 1 and 2: Increase opportunities for telehealth and telemedicine.

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

- As directed by Senate Bill (S.B.) 670, 86th Legislature, Regular Session, 2019, HHSC prohibited Medicaid and CHIP health plans from denying reimbursement for a covered health care service or procedure delivered as a telemedicine or telehealth service solely because the covered service or procedure was not provided through an in-person consultation.

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

- As directed by House Bill (H.B.) 4, 87th Legislature, Regular Session, 2021, HHSC analyzed the clinical and cost effectiveness of Medicaid and CHIP COVID-19 telemedicine and telehealth flexibilities. In September 2022, HHSC transitioned many fee-for-service telemedicine and telehealth policies that were operating under temporary public health emergency flexibilities to permanent policies. The permanent policies for telemedicine and telehealth are outlined in the [Texas Medicaid Provider Procedures Manual](#).
- HHSC made HTW COVID-19 telemedicine and telehealth flexibilities permanent. HTW policies are now aligned with Medicaid fee-for-service policies for telemedicine and telehealth services, including HTW Plus services.
- HHSC made Family Planning Program (FPP) COVID-19 telemedicine and telehealth flexibilities permanent.

Fiscal Year 2023 Activities

HHSC began rulemaking related to telecommunications to implement H.B. 4, 87th Legislature, Regular Session, 2021. H.B. 4 directs HHSC to ensure people receiving HHSC-funded behavioral health services can receive telemedicine or telehealth services, including an audio-only platform, to the extent it is clinically effective and cost-effective.

Fiscal Year 2024 Activities

HHSC worked with external stakeholders to develop draft rules related to telecommunications and subsequently posted proposed new Texas Administrative Code Title 26, Chapter 306, Subchapter H rule relating to Behavioral Health Services Telecommunications to the HHS website for informal comment.

Planned Activities for Fiscal Year 2025

HHSC will file proposed new Texas Administrative Code Title 26, Chapter 306, Subchapter H rule relating to Behavioral Health Services Telecommunications in the Texas Register. HHSC anticipates adopting these rules in January 2025.

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

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

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

Fiscal Year 2023 Activities

- The CTI hosted an online seminar in recognition of Maternal Mental Health Month to share knowledge and decrease the stigma associated with perinatal mental health. During the webinar, the presenter discussed the clinical diagnosis of perinatal mood and anxiety disorders (PMADs), identified the risk factors of developing PMADs, and discussed approaches to the prevention, assessment, and treatment of PMADs.
- CTI provided resources to stakeholders regarding other maternal mental health trainings and symposiums, including multiple perinatal mental health webinars throughout the fiscal year.

Fiscal Year 2024 Activities

- CTI conducted the annual needs assessment. Of the 366 respondents, 162 expressed interest in workshops and 185 were interested in webinars on the topic of maternal mental health.
- CTI hosted an online perinatal seminar series on effectively treating women with maternal mental health conditions. The two-part series included the following webinars.
 - ▶ "Risk Management and Perinatal Mental Health" provided information to Texas mental health providers on commonly identified risks associated with perinatal mental health and strategies to prepare for and support patients during crises.
 - ▶ "Trauma-Informed Perinatal Mental Health Care" focused on the diagnostic criteria for childbirth-related post-traumatic stress disorder, identifying signs and symptoms of trauma relevant to the perinatal period, and exploring risk factors that could heighten the likelihood of developing birth trauma. This session aimed to equip Texas mental health providers with tools to mitigate risk factors and facilitate emotional healing for women affected by birth trauma.

Planned Activities for Fiscal Year 2025

- CTI will continue to research potential maternal mental health training opportunities. Potential topics will be informed by the fiscal year 2024 CTI Needs Assessment survey.

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

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

- HHSC updated the HTW Plus provider fact sheet. HHSC distributed it to provider associations and posted it on the HTW website.
- HHSC sought to recruit HTW Plus-specific provider types, including cardiologists, psychiatrists, and others, through email solicitations. HHSC continues to work with the Texas Medicaid and Healthcare Partnership to track HTW Plus provider enrollment.
- HHSC began to implement H.B. 133, 87th Legislature, Regular Session, 2021:
 - ▶ On May 25, 2022, HHSC submitted a request to the Centers for Medicare and Medicaid Services to amend the Texas Healthcare Transformation Quality Improvement Program Section 1115 Waiver to extend Medicaid eligibility to certain women to six months after delivery.⁷

Fiscal Year 2023 Activities

- HHSC continued to promote HTW and HTW Plus through social media posts, client mailings, webpage updates, and provider digital and paper mailings. HHSC consistently works to recruit more providers into HTW and HTW Plus through in-person and email outreach.

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

- HHSC presented to the medical directors and executive directors of the LMHAs on the availability of HTW Plus and provided information on enrolling as an HTW Plus provider.
- HHSC partnered with the Texas Medical Association to host a webinar on the unwinding of continuous Medicaid eligibility and the availability of HTW Plus as a service option for postpartum women who may be determined ineligible for Medicaid for Pregnant Women.

Fiscal Year 2024 Activities

- In accordance with H.B. 12, 88th Legislature, Regular Session, 2023, HHSC extended its postpartum Medicaid and CHIP coverage to 12 months for eligible women, effective March 1, 2024. The 12 months of postpartum coverage begins the month after a pregnancy ends.
 - ▶ HHSC submitted a state plan amendment to the Centers for Medicare and Medicaid Services in October 2023, to adopt the federal 12-month extended postpartum coverage option in Medicaid and CHIP. The Centers for Medicare and Medicaid Services approved the state plan amendment in January 2024, with an effective date of March 1, 2024.
 - ▶ HHSC automatically reinstated coverage to women who were not current beneficiaries but were within their 12-month postpartum period. Coverage (Medicaid or CHIP) was reinstated for the remainder of the woman's 12-month postpartum period.
- HHSC updated the HTW Plus client fact sheet and posted it on the HTW website.

Planned Activities for Fiscal Year 2025

- HHSC will continue to promote HTW and HTW Plus through social media posts.
- HHSC will host a webinar to FPP grantees highlighting promising practices for working with and supporting pregnant women who have substance use issues. These best practices are lessons learned from the Integrated Family Planning Opioid Response Pilot ending in fiscal year 2024.

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

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC launched a new web lesson, "[The Baby Blues and Postpartum Depression](#)," for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants. This lesson is free and available to anyone online in English and Spanish. Since its creation in October 2020, over 24,600 people have taken the class.

Fiscal Year 2022 Activities

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

Fiscal Year 2023 Activities

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

Fiscal Year 2024 Activities

During Mental Health Awareness month, HHSC shared mental health trainings on suicide and self-harm prevention with FPP, PHC, and the Title V Maternal and Child Health Fee-for-Service program grantees.

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

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

HHSC and DSHS staff presented on maternal mental health and available services to various groups, including the 2022 Texas Collaborative for Healthy Mothers and Babies (TCHMB) Summit. The event educated providers, advocates, and others on maternal mental health needs and HHSC services.

Fiscal Year 2023 Activities

- DSHS hosted presentations to increase awareness among health care professionals and other interested stakeholders about the Texas Perinatal Psychiatry Access Network (PeriPAN). PeriPAN is a hotline for clinician-to-clinician consultation for providers serving pregnant women and new mothers experiencing mental health distress.
 - ▶ September 2022 Texas Maternal Mortality and Morbidity Review Committee public meeting
 - ▶ December 2022 Texas Alliance for Innovation on Maternal Health (TexasAIM) Leadership Summit
 - ▶ August 2023 DSHS TexasAIM Opioid and other Substance Use Disorders (OSUD) Biennial Summit
- DSHS promoted the Hear Her Texas media campaign to providers to increase awareness of serious pregnancy-related complications and their warning signs, including perinatal mood and anxiety disorders, among Texas women, their partners, and other advocates. DSHS distributed educational campaign materials to providers at statewide and regional events:
 - ▶ 2023 TCHMB Summit
 - ▶ Fiscal Year 2023 TexasAIM Learning Collaboratives
 - ▶ 2023 WIC Nutrition & Breastfeeding Annual Conference

Fiscal Year 2024 Activities

- At the January 2024 DSHS TexasAIM OSUD Innovation and Improvement Learning Collaborative's (IILC) Learning Session 2, collaborative faculty presented on the following mental health and OSUD topics:
 - ▶ Mental health as a co-morbidity with substance use
 - ▶ Leveraging the Screening Brief Intervention Referral and Treatment model for mental health screening through referral and provision of supportive resources
- During the March 2024 TexasAIM OSUD IILC Action Period Call, hospital teams discussed stigma and substance use during breakout discussions and identified next steps for addressing stigma through improvement work.
- DSHS sustained the Hear Her Texas media campaign efforts to bolster awareness and support for pregnant women and new mothers, alongside their networks and healthcare professionals, to recognize and address urgent maternal warning signs including perinatal mood and anxiety disorders. DSHS disseminated campaign educational resources to providers through statewide and regional events, such as the 2024 TCHMB Summit and the fiscal year 2024 TexasAIM Learning Collaboratives.

Planned Activities for Fiscal Year 2025

- In fiscal year 2025, DSHS will continue Hear Her Texas campaign efforts. Campaign activities will include:
 - ▶ Stakeholder research on effective strategies for incorporating messaging and maternal morbidity prevention strategies in existing state and local maternal health initiatives;
 - ▶ Enhancing the campaign website and refreshing social media to increase campaign engagement; and
 - ▶ Implementing a comprehensive stakeholder outreach.

Goal 1 Measures

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

Table 1. Goal 1 Measures

Measure	FY19	FY20	FY21	FY22	FY23	FY24⁸
Number of clients screened in HHSC programs⁹	5,196	5,810	7,972	8,192	8,104	N/A
Number of claims related to postpartum mental health¹⁰	7,003	8,221	12,036	12,022	12,310	N/A
Number of HHSC providers billing for postpartum depression screening¹¹	1,107	1,105	1,199	1,149	1,129	N/A
Number of completions for the Baby Blues and Postpartum Depression self-paced class through the WIC website¹²	N/A ¹³	N/A ¹²	11,665	5,434	3,943	3,578 ¹⁴

⁸ Some FY24 figures are not available until the end of the fiscal year and due to a data lag will be provided in the next update.

⁹ Clients served include women with any paid outpatient or professional claims from Medicaid fee-for-service, HTW and FPP claims data, or encounters from Medicaid Managed Care and CHIP Perinatal indicating postpartum depression screening, for services provided during the fiscal year.

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

¹¹ Number of providers represents the number of billing providers providing postpartum depression service.

¹² Numbers have been updated to reflect state fiscal year. Previous Maternal Depression Strategic Plans were reported as federal fiscal years (October 1 through September 30).

¹³ Class launched October 2020.

¹⁴ Data pulled at time of report, includes September 1, 2023 through July 31, 2024.

Goal 2: Establish a referral network.

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

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

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC established an internal workgroup to address feedback received from health plans and HTW providers and joined the TCHMB - Perinatal Mental Illness Workgroup.

Fiscal Year 2022 Activities

- HHSC identified in-network primary care providers and maternal mental health providers who can treat maternal mental health conditions.
- HHSC drafted new contractual requirements in the Uniform Managed Care Manual,¹⁵ which were shared with managed care organizations for comment, requiring Medicaid health plans to identify maternal mental health providers in their online provider directories to assist providers and members in finding qualified clinicians to treat maternal mental health conditions.

Fiscal Year 2023 Activities

HHSC added contractual requirements in the Uniform Managed Care Manual to require Medicaid health plans to:

- Identify members who screen positive for a maternal mental health condition and support them in seeking treatment.
- Refer members to appropriate community resources, including but not limited to: LMHAs and LBHAs for members in crisis, federally qualified health centers, rural health clinics, and others as appropriate.
- Have a workflow or standardized process to schedule and refer members to maternal mental health diagnostic and treatment services.

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

Fiscal Year 2024 Activities

HHSC has continued to work with health plans to implement the newly added requirements specified above under fiscal year 2023 activities and identify providers for the maternal mental health treatment network.

- As part of the Better Birth Outcomes Exceptional Item, the 88th Legislature allocated funds to FPP to reimburse providers for pharmacological treatment for four chronic diseases, including postpartum depression. Prior to this change, FPP providers only screened for these conditions and referred clients elsewhere for necessary treatment.

Planned Activities for Fiscal Year 2025

HHSC will continue to support the health plans in ongoing efforts around the establishment of the maternal mental health treatment network and referral requirements.

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

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

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

Fiscal Year 2023 Activities

- HHSC completed production of the “LMHA 101” video and made it available to the public on www.mentalhealthtx.org. You can find the video here: [Local Mental Health Authorities - Mental Health TX](#)

Fiscal Year 2024 Activities

- HHSC promoted the “LMHA 101” video among various systems and providers that screen and serve pregnant or postpartum women. The video is available to the public on www.mentalhealthtx.org.
- CTI hosted an online seminar series that included presentations on “Risk Management in Perinatal Mental Health” and “Trauma-Informed Perinatal Mental Healthcare.” The webinar series served to promote the behavioral health provider workforce. HHSC recorded the series and made it available on the CTI website.
- HHSC’s Primary Health Care (PHC) program, which provides preventive and primary health services including family planning, presented to the Texas Certified Community Behavioral Health Centers (T-CCBHC) Executive Leadership learning community about the PHC program and points of connection with the T-CCBHC. Contacts for each county served by a PHC grantee were shared with T-CCBHCs to create new referral networks. As PHC funding primarily supports physical health, these networks are an important step toward connecting women with maternal mental health needs to appropriate care.
- HHSC coordinated with The University of Texas Health Science Center at San Antonio and Baylor College of Medicine to host the webinar “Introduction to Perinatal Mood and Anxiety Disorder.” The webinar was offered in May 2024 in recognition of Maternal Mental Health Awareness Month to share knowledge on perinatal mental health and to decrease the stigma often associated with this topic. HHSC recorded the series and made it available on the CTI website.

Planned Activities for Fiscal Year 2025

- HHSC will continue promoting the “LMHA 101” video located at www.mentalhealthtx.org.
- HHSC and CTI will continue to collaborate on identifying and hosting maternal mental health training opportunities.

- HHSC will develop a resource directory of maternal mental health and substance use disorder service providers as a component of a larger federally funded initiative in collaboration with Be Well Texas and Texas PeriPAN.
- HHSC will explore the feasibility of enhancing integrated care through collaborative care models for maternal mental health and substance use disorders.

Strategy 9: Enhance provider resources to address maternal depression.

HHSC will revise the postpartum depression toolkit.

Status: In Process

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

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

Fiscal Year 2023 Activities

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

Fiscal Year 2024 Activities

- HHSC collaborated with Texas PeriPAN in the review of the third edition of the postpartum depression toolkit. The [HHSC Women's Health Provider Toolkits](#) page now links to the [PeriPAN Perinatal Mental Health Toolkit](#).
- HHSC applied for and was awarded the Health Resources and Services Administration's (HRSA's) [Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program](#). The proposed Maternal Mental Health and Substance Use Disorder (MMHSUD) project enhances and expands the PeriPAN program's successful launch of a multi-hub model of mental health consultation, training, and referral assistance by forming a

partnership with experts at Be Well Texas, an access hub for training, telementoring, and 24-hour accessible treatment and recovery support for substance use disorders. This partnership will expand the state’s ability to detect MMHSUD and provide fully integrated on-demand access to evidence-based MMHSUD treatment and recovery support. The project leverages existing substance use service networks funded by Texas HHSC to provide telehealth consultation and liaison services, recovery support services, substance use disorder treatment access, and training and telementoring.

Planned Activities for Fiscal Year 2025

- Texas MMHSUD will continue to be funded by HRSA for a period of five years allowing for PeriPAN expansion and enhancement, ultimately improving the availability and quality of maternal mental health and substance use disorder services in Texas.

Goal 2 Measure

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

Table 2. Goal 2 Measure¹⁶

Measure	FY20	FY21	FY22	FY23	FY24
Number of women referred to and served by LMHAs and LBHAs following postpartum depression screening	113	165	158	115	N/A

Goal 3: Increase access to peer-delivered support services.

Survey data suggests that peer-delivered services can help women navigate the service delivery system, provide nonjudgmental support, demystify untruths, and offer hope and reassurance.¹⁷ HHSC identified two broad strategies to increase peer support usage.

¹⁶ Data for FY 20-22 differs from previous reports and reflects accurate numbers.

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

Strategy 10: Evaluate access to peer-delivered support services.

Status: Implementation Complete

Fiscal Year 2021 Activities

HHSC added peer specialist services as a benefit for HTW Plus and conducted a Post-Implementation Utilization Review (PIUR) of the peer specialist services benefit in Medicaid. Based on the PIUR, HHSC determined no policy changes are needed at this time.

Strategy 11: Promote peer-delivered service models in existing programs.

Status: Implementation Complete

Fiscal Year 2021 Activities

DSHS developed a pilot program for high-risk maternal care coordination services in which community health workers provide peer-delivered support, coaching, and referrals to women with high-risk pregnancies. A supportive relationship with a community health worker during pregnancy can increase access to screening, risk identification, and referral for maternal mental health disorders, and reduce the odds of having maternal depression symptoms.^{18,19,20}

Fiscal Year 2022 Activities

- In May 2022, DSHS established the High-Risk Maternal Care and Coordination Services Pilot Program. The pilot offers guidance, resources, training, and support to complete risk assessments with pregnant women

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>.

¹⁹ Bliznashka, L., Yousafzai, A.K., Asheri, G., Masanja. H., Sudfeld. C.R. Effects of a community health worker delivered intervention on maternal depressive symptoms in rural Tanzania. Health Policy Plan. 2021 May 17;36(4):473-483.

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.

and integrate community health worker services into care delivery for women with identified risk factors for poor pregnancy, birth, or postpartum outcomes.

- HHSC staff provided education on existing peer-delivered support programs, such as WIC's breastfeeding peer counselors, and began exploring how to leverage existing peer efforts.
- WIC staff presented at the HHSC Office of Disability Prevention for Children Conference in March 2022, and shared information about WIC's breastfeeding peer counselor services to over 750 attendees.

Fiscal Year 2023 Activities

- WIC staff presented at the HHSC Office of Disability Prevention for Children Conference in August 2023, and shared information about WIC's breastfeeding peer counselor services to over 600 attendees.
- In July 2023, Texas WIC widened the peer counselor candidate criteria in policy ([Policy BF: 03.0](#)) to reduce barriers and increase accessibility to trained peer support services.
- DSHS developed a comprehensive plan for the High-Risk Maternal Care and Coordination Services Pilot Program. DSHS planned, developed, and delivered training on maternal health, mental health, and safety for the pilot staff. DSHS also worked with evaluation partners to develop a clinical tool to assess high-risk maternal care needs during pregnancy and postpartum.

Fiscal Year 2024 Activities

- Texas WIC exhibited at the Texas Pediatric Society's Annual Meeting in September 2023 and promoted its peer counselor services.
- HHSC programs collaborated to plan the development of a maternal behavioral health peer endorsement training and secure a contractor to complete the training by 2025.
- DSHS is implementing the second and final year of the High-Risk Maternal Care and Coordination Services Pilot Program. DSHS will evaluate the feasibility of the program to determine if it should be continued.

Planned Activities for Fiscal Year 2025

- The maternal behavioral health peer specialist endorsement training will continue to be supported through the MMHSUD grant activities funded through HRSA.
- DSHS will publish the Maternal Health and Safety Initiatives Biennial Report, which will include details on the results of the High-Risk Maternal Care Coordination Services Pilot Program, and other agency activities focused on maternal health and safety.

Goal 3 Measures

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

Table 3. Goal 3 Measures

Measure	FY19	FY20	FY21	FY22	FY23	FY24
Peer specialist services provided in Medicaid ²¹	N/A	66 ²²	161	92	207	N/A
Number of breastfeeding peer counselors providing support to WIC clients ²³	240	230	250	254	250	N/A

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

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

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 HHSC Data, Analytics, and Performance Department.

²² This data varies from the plan update published in September 2021 and reflects updated methodology to target peer specialist services provided in the 12 months following a delivery.

²³ WIC peer counselor data is based on annual survey of WIC service providers and reflective of federal fiscal year budget (October 1 through September 30).

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

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

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

Fiscal Year 2023 Activities

- In June 2023, HHSC and The University of Texas Health Science Center at San Antonio hosted the eighth annual Neonatal Abstinence Syndrome (NAS) Symposium. This annual event recognizes NAS Awareness Month and serves to increase education about and reduce stigma surrounding substance use during pregnancy; and highlight the relationship between abrupt

discontinuation of substances and maternal substance use issues, including returning to use, overdose, withdrawal, and fetal distress.

Fiscal Year 2024 Activities

- In June 2024, HHSC and The University of Texas Health Science Center at San Antonio hosted the ninth annual NAS Symposium *Thriving in Recovery: Creating a Continuum for Healthy, Safe, and Prosperous Communities* where recovering families and healthcare professionals shared knowledge and explored ways to support a thriving lifestyle consisting of health, safety, and economic stability for families recovering from substance use disorder.

Planned Activities for Fiscal Years 2026²⁴

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

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

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

DSHS provided technical assistance, data support, and biweekly communication to more than 200 enrolled TexasAIM hospital teams as they worked independently to

²⁴ Evaluation of HTW Plus cannot be completed until December 1, 2025, 18 months after the continuous Medicaid coverage renewals are completed to ensure 12 months of final service utilization data.

implement and sustain bundle components; however, in response to hospitals' COVID-19 surge experiences, DSHS paused all TexasAIM learning collaborative activities. DSHS pivoted to provide guidance, support, and resources to hospital teams for obstetrics care and COVID-19 support.

Fiscal Year 2023 Activities

TexasAIM resumed bundle implementation activities in fiscal year 2023. DSHS completed faculty recruitment for the TexasAIM OSUD IILC and worked to reengage 10 pilot hospitals in this collaborative. DSHS launched the TexasAIM OSUD IILC with the Biennial OSUD Summit and Learning Session 1 attended by nine hospital teams in August 2023.

Fiscal Year 2024 Activities

A total of eight hospital teams are currently enrolled in Wave 1 of the TexasAIM OSUD IILC. TexasAIM OSUD IILC teams are working to address the stigma among women with opioid and other substance use disorders. During the March 2024 TexasAIM OSUD IILC Action Period Call, teams discussed stigma and substance use and identified next steps for addressing stigma.

Planned Activities for Fiscal Year 2025

- DSHS will conclude the TexasAIM OSUD IILC with a meeting in November 2024 to collect lessons learned. DSHS will also hold the TexasAIM Biennial Summit in December 2024 to highlight successes and lessons learned and launch new TexasAIM activities.
- DSHS will build on Wave 1 OSUD IILC lessons learned to develop the Wave 2 TexasAIM Obstetric Care for Mental Health and Substance Use Disorders initiative. Through this initiative, DSHS will continue and expand TexasAIM's implementation of the AIM OSUD bundle while simultaneously implementing the AIM Perinatal Mental Health Conditions bundle. The initiative will include both a clinic-based outpatient component and a statewide learning collaborative for Texas birthing hospitals. DSHS will partner with TCHMB and PeriPAN to launch the outpatient components in fiscal year 2025 and anticipates launching the hospital learning collaborative in fiscal year 2026.

Goal 5: Leverage funding sources.

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

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

Status: Implementation Complete

Fiscal Year 2021 Activities

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

Fiscal Year 2022 Activities

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

Fiscal Year 2024 Activities

HHSC collaborated with Texas PeriPAN on several initiatives including updating toolkits available to providers on maternal mental health, applying for federal grant funding to enhance PeriPAN activities, and dissemination of MMHSUD project information at the PeriPAN summit.

Planned Activities for Fiscal Year 2025

PeriPAN will continue to support and host the development of training opportunities, psychiatric consultative services, a resource directory, and treatment and recovery support services developed in collaboration with HHSC and the University of Texas Health at San Antonio through the Texas MMHSUD grant activities.

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

Status: Implementation Complete

Fiscal Year 2021 Activities

- TexProtects and Family Connects staff presented to health plans about the availability of the Family Connects program in Texas.
- HHSC, DSHS, and the Texas Department of Family and Protective Services (DFPS) participated in the National Academy for State Health Policy's State Policy Institute on Public Insurance Financing of Home Visiting.

Fiscal Year 2022 Activities

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

Planned Activities for Fiscal Year 2025

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

Conclusion

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

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

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

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

List of Acronyms

Acronym	Full Name
CHIP	Children’s Health Insurance Program
CPAN	Child Psychiatry Access Network
CTI	Centralized Training Infrastructure
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
FPP	Family Planning Program
FY	Fiscal Year
H.B.	House Bill
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HRSA	Health Resources and Services Administration
HTW	Healthy Texas Women
IILC	Innovation and Improvement Learning Collaborative
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MMHSUD	Maternal Mental Health and Substance Use Disorder
NAS	Neonatal Abstinence Syndrome
OSUD	Other Substance Use Disorders
PeriPAN	Texas Perinatal Psychiatry Access Network
PHC	Primary Health Care

Acronym	Full Name
PIUR	Post-Implementation Utilization Review
PMADs	Perinatal Mood and Anxiety Disorders
S.B.	Senate Bill
T-CCBHC	Texas Certified Community Behavioral Health Centers
TCHMB	Texas Collaborative for Healthy Mothers and Babies
TexasAIM	Texas Alliance for Innovation on Maternal Health
WIC	Women, Infants, and Children (the Special Supplemental Nutrition Program for Women, Infants, and Children)