



Postpartum Depression Strategic Plan Draft

**As Required by
House Bill 253, 86th
Legislature, Regular Session,
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Health and Human Services

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TEXAS
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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, including depression, as a factor contributing to the burden of pregnancy-related death. 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.¹

HHS and the Texas Legislature have increasingly prioritized postpartum depression and maternal mental health initiatives and share the common goal of increasing access to services for all mothers and women in the state to improve maternal health outcomes.

As required by [House Bill 253, 86th Legislature, Regular Session, 2019](#), HHSC must develop and implement a five-year strategic plan to improve access to postpartum depression (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 <https://www.dshs.texas.gov/mch/Maternal-Mortality-and-Morbidity-Review-Committee.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. It is estimated that 14-23 percent of pregnant women experience depression during pregnancy and 5-25 percent experience postpartum depression.”² The prevalence of PPD in Texas is approximately 14 percent, which is higher than the national average.³

The symptoms of PPD⁴ 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 your baby
- Worrying or feeling overly anxious
- Thinking about hurting yourself or your baby
- Doubting your ability to care for your baby

There are several other perinatal and postpartum mood disorders including anxiety disorder, obsessive compulsive disorder, bipolar disorder, and post-traumatic stress disorder.⁵ The scope of this strategic plan will focus predominantly on PPD.

For several years, PPD has been a focus of the Texas Health and Human Services system, which is comprised of the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).

² <https://www.2020mom.org/acog-statement>

³ According to CDC Pregnancy Risk Assessment Monitoring System (PRAMS) data, 1 in 7 Texas women (14.4 percent) reported symptoms of postpartum depression within six months after delivery, 2015.

⁴ <https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>

⁵ <https://www.postpartum.net/learn-more/pregnancy-postpartum-mental-health/>

Following are a few of the PPD initiatives that have been undertaken at the Texas Legislature's direction:

- In accordance with [House Bill 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 (HHSC), Rider 85), HHSC submitted a report titled, "[PPD Among Women Utilizing Texas Medicaid](#)," which discussed the screening and treatment of PPD.
- In implementing the High-Risk Maternal Care Coordination Services Pilot Program required by [Senate Bill 748, 86th Legislature, Regular Session, 2019](#), DSHS plans to ensure that pilot services include education and referral for perinatal mood disorder.
- In accordance with [Senate Bill 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 PPD strategic plan required by HB 253 builds on and incorporates these and other efforts in the plan's five components. HHSC has complied with the statute's requirement to "coordinate with the department (DSHS), the statewide health coordinating council, the 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's Health, Developmental and Independence Services (HDIS) staff met with the Local Mental Health Authorities/Local Behavioral Health Authorities Medical Services Consortium to discuss the PPD plan required by HB 253. Local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) are local authorities who 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 HB 253 and SB 750 and provided an opportunity to answer questions from

members. In May 2020, HDIS staff also joined staff from HHSC's Medicaid and CHIP Services department to conduct a similar PPD presentation for the Texas Health Improvement Network.

- HHSC coordinated with the Office of Mental Health Coordination and solicited feedback throughout the development of the strategic plan.
- HHSC also worked collaboratively with Texans Care for Children, in partnership with St. David's Foundation, to engage communities, providers, mothers, families and other stakeholders across Texas to gather qualitative data about their experience with maternal mental health screening, referral and treatment.
- Texans Care for Children convened a HB 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 as well as opportunities for improving access to maternal mental health screenings, referrals, treatment and support services in Texas.
- HB 253 advisory workgroup members represented various regions of the state (e.g. Dallas/Fort Worth, Central Texas, Corpus Christi, San Antonio, Houston, and Midland) and various provider types (e.g., OB/GYNs, pediatricians, neonatologists, licensed psychologists, mental health counselors, peer specialists, mother support group leaders, mothers with lived experience). Texans Care for Children utilized the advisory workgroup to help share the survey with broad networks. The results of the survey were shared with HDIS in its development of the HB 253 strategic plan and several of the findings are included in this report.

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 more awareness of PPD is necessary and they 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 of any socioeconomic class, insurance plan, or those without insurance.⁶

From a maternal mental health expert who trains professionals and leads support groups

"I see that often OBs don't have the training or don't know where to refer...perhaps they don't value the mental health component as much as the physical component. When OBs find out about resources, trainings, and regional support coordinators that can help them, they are more interested in screening and referring."

⁶ Texans Care for Children/St. David's Foundation Results of Maternal Mental Health Survey (April 2020)

Current Practices of State-Administered Programs⁷

Health and Human Services Commission

Texas Clinician's Postpartum Depression Toolkit

HHSC's Texas Clinician's Postpartum 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. Activities and stakeholder engagement aimed at increasing toolkit utilization potentially can increase access to treatment services for underserved women by improving the knowledge and comfort level of primary care providers related to treatment of this condition.

The toolkit serves as a resource for Texas clinicians about screening, diagnosis and treatment of PPD. It includes coverage and reimbursement options for PPD through Medicaid, Children's Health Insurance Program (CHIP), HTW, the Family Planning Program (FPP) and other referral options.

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

Texas Health Steps PPD Screening

In accordance with [House Bill 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.

⁷ For purposes of this report, "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.

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

The HHSC Intellectual and Developmental Disabilities-Behavioral Health Services (IDD-BHS) department sends annual reminders to LMHAs and LBHAs 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 system offices. The workgroup implements a unified approach to behavioral health awareness. It also fosters cross-system collaborations with external partners around behavioral health activities to educate and inform stakeholders about behavioral health services and where to find resources and help.

PPD Coverage Under Healthy Texas Women

When coverage under the Medicaid for Pregnant Women program ends, a woman will automatically transition to HTW program if she meets eligibility requirements. In addition, any woman who meets eligibility requirements may enroll directly in the HTW program. The HTW program covers diagnostic evaluation, medications and follow-up visits for women with a diagnosis of PPD.

For a list of medications covered under the HTW program, including antidepressants, go to the [Texas Medicaid/CHIP Vendor Drug](#) website.

PPD Coverage Under the Family Planning Program

FPP covers screening and diagnosis of PPD for women who meet income eligibility requirements and do not qualify for other similar coverage. Providers are required

by section 3.2.2 of 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 and DSHS Maternal and Child Health Unit

The goal of WIC (officially known as the Supplemental Nutrition Program for Women, Infants and Children) 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.

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 a number of 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 targeting pregnant and breastfeeding women, as well as a robust peer counseling program.

In addition, WIC and HTMB each fund distinct but complementary scopes of 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 is provided later in this report.

Primary Health Care Services Program

The Primary Health Care (PHC) services program covers screening, diagnosis and medication for PPD, if necessary. PHC requires that providers perform age-appropriate health assessments, using the Texas Health Steps Periodicity schedule, which requires PPD screening to be conducted for mothers at infant checkups up to 12 months of age. Additionally, PHC program providers are instructed to follow ACOG guidelines for prenatal and postpartum services, which recommends PPD screening.

Early Childhood Intervention

Early Childhood Intervention (ECI) providers work with infants and toddlers with developmental delays and disabilities and their families. In some cases, delays or qualifying conditions such as failure to thrive may be the result of impaired attachment between a mother with PPD and her infant. 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 and improve a mother's responsiveness to the needs of her infant. ECI service coordinators can provide mothers with suspected 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 are required to give parents of newborns certain pamphlets that includes information on PPD. 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.

Department of State Health Services

Grand Rounds

DSHS Grand Rounds is a program of continuing education presentations provided by subject matter experts in 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 during the fall and spring of each year. DSHS last held a Grand Rounds presentation on PPD screening and management in 2016.

Maternal and Child Health Section

The Maternal and Child Health Section (MCHS) within DSHS' Community Health Improvement Division includes the Healthy Texas Mothers and Babies (HTMB) Branch, which houses DSHS' maternal and infant health subject matter experts and 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 among service providers for improvement of maternal health and safety. Initiatives that include current practices related to PPD are:

- Texas Maternal Mortality and Morbidity Review Committee
- TexasAIM Initiative
- Texas Collaborative for Healthy Mothers and Babies (TCHMB, 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 (LSC) Services – Strategic Expansion Program and administration of the after-hours services of the Texas Lactation Support Hotline

Texas Maternal Mortality and Morbidity Review Committee

[Senate Bill \(SB\) 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 jointly submit a 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, including depression, as a factor 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 conditions⁸. 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.

The MCHS HTMB [TexasAIM Initiative](#) is a statewide health care quality improvement initiative to support Texas hospitals that provide obstetric services in adopting [Maternal Patient Safety Bundles](#) that are endorsed by the [Alliance for Innovation on Maternal Health](#). TexasAIM seeks to address some of the leading causes of severe maternal mortality and pregnancy-related death in Texas by supporting hospital-based obstetric care improvement teams with information, resources, technical assistance and collaborative learning to increase maternal safety. 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 this year.

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

⁸ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from http://reviewtoaction.org/Report_from_Nine_MMRCs

perinatal mood disorders. 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 [Senate Bill 748, 86th Legislature, Regular Session, 2019](#), (promulgated as [HSC 1001, Subchapter K](#)). As previously discussed, mental and behavioral health, including perinatal mood disorders, have been identified as a contributing factor to maternal risk.

MCHS HTMB will support one or more pilot sites with resources, technical assistance, training, and guidance to implement services including maternal high-risk screening, education and health promotion, and care coordination to address barriers to care. MCHS HTMB is currently conducting an assessment of existing maternal high-risk screening tools, educational materials for promotoras and community health workers on maternal risk assessment, as well as 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 public awareness and prevention activities related to maternal mortality and morbidity. DSHS is currently working with a vendor to develop a Maternal Health and Safety Public Awareness Campaign that includes health care and health-related service providers as target audiences to engage in increasing a culture of maternal safety. Information and messaging about PPD and other perinatal mood disorders 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 provide parents or other adult caregivers of infants with a resource pamphlet on a variety of topics related to maternal and infant health, including postpartum depression and “other emotional trauma associated with pregnancy and parenting.” Providers may develop their own material for this purpose or use HCHS 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

MCHS HTMB and the HHSC WIC program collaborate to coordinate and align programming for implementation of evidence-based strategies to increase breastfeeding support in Texas. A relationship between depression and breastfeeding difficulties is well-documented in the literature. 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”⁹.

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 will help increase new dads’ breastfeeding support and infant care, including dads whose infants and/or partners are enrolled in the WIC program. The Peer Dad program also provides information for new fathers to support their own wellness as well as their partners’ physical, mental and emotional health, such as recognizing and seeking help for signs and symptoms of perinatal depression and anxiety.

Lactation Support Centers

The HHSC WIC program and DSHS MCHS HTMB program partner through distinct but complementary scopes of work 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, education and support resources for WIC staff and health professionals, targeted population-based services to increase community capacity for breastfeeding support, and the 24-hour

⁹ 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).

Texas Lactation Support Hotline that 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) scope of work. The LSCS-SEP supports a wide range of activities at the LCSs, including population-based lactation education, counseling, support and referrals for families who do not participate in the WIC program. LSCS-SEP also supports provider awareness through:

- conducting activities to increase competencies and skills of health care workers;
- working with community partners to support organizational policy and process improvements; and
- 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 to women and their families about key maternal, infant and early childhood health topics that impact infant feeding outcomes, including perinatal mood disorders. As an activity of their LSCS-SEP programming, the LSCs provide perinatal depression screening and referrals for 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 and women's health providers to be the first line in 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, leaving 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.”¹⁰

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, specialized referral information (e.g., the 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 [Senate Bill 748, 86th Legislature, Regular Session, 2019](#), HHSC plans to ensure that pilot providers are implementing routine mental health screening.

Effective July 1, 2020, HHSC has added Medicaid coverage for Zulresso, a new clinician-administered drug to treat severe PPD.¹¹

Intellectual and Developmental Disabilities-Behavioral Health Services

IDD-BHS will distribute a survey to LMHA/LBHAs to establish a baseline of provider challenges and current knowledge.

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

The Behavioral Health Awareness Workgroup, which is led by the Office of Mental Health Coordination, will collaborate and share strategies and lessons learned from

¹⁰ Texans Care for Children/St. David’s Foundation Results of Maternal Mental Health Survey (April 2020)

¹¹ <https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-post-partum-depression>

organizational behavioral health awareness campaigns in other HHS programs. In addition, the Behavioral Health Awareness Workgroup will explore opportunities to spread awareness about PPD.

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.

Healthy Texas Women+

Effective Sept. 1, 2020, HTW will begin offering a limited postpartum service package, pursuant to [Senate Bill 750, 86th Legislature, 2019](#). This new program, called HTW+, 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 disorders. The new postpartum benefits in HTW+ will raise awareness of PPD and treatment options among HTW providers and increase access to care.

HealthyTexasWomen.org

The HTW website, [HealthyTexasWomen.org](#), includes a page for new mothers that discusses emotional health and PPD to increase awareness among HTW clients in the prenatal, perinatal and PPD periods.

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

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](https://www.texaswic.org) ([self-care webpage](#))
- Client-facing web lesson: Nutrition and Self-Care for the New Mom

WIC has several materials under development that will include information on PPD, including a healthcare provider website that will include a page on PPD, as well as additional client-facing web lessons.

Department of State Health Services

DSHS Grand Rounds will host a series of continuing education presentations on perinatal mood disorder in state fiscal year 2021. Lectures will include information about the prevalence and effects of PPD on outcomes for women and children, and on PPD diagnosis and treatment.

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

MCHS HTMB will ensure that awareness of perinatal mood disorders including PPD will be promoted throughout the components of the High-Risk Maternal Care Coordination Services Pilot Program through training of promotoras and CHWs and 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 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 to support obstetric care providers in distributing information about PPD and other perinatal mood disorders to parents and other adult caregivers of infants.

2. Establish a Referral Network

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

From an OB/GYN from West Texas

"The problem is there are no psychiatric facilities for referrals in West Texas. We would send the patient to the ER, but the ER would say they don't take pregnant women with psychiatric challenges....in one case, we bought a bus ticket to Houston for a woman who wanted to go there for psychiatric treatment."

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 mom needs services for PPD, a follow-up text or call to the mom is the most important factor in ensuring she receives care. Other referral success factors include access to health insurance, provider expertise in maternal mental health, and family engagement in treatment.¹²

¹² Texans Care for Children/St. David's Foundation Results of Maternal Mental Health Survey (April 2020)

Current Referral Network

Health and Human Services Commission

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 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. Services include prenatal visits, prescription prenatal vitamins, labor and delivery and two postpartum visits.

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 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 is not contingent upon the mother's Medicaid eligibility.

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

- Mental health clinicians
- The woman's primary care provider
- Obstetricians and gynecologists
- Family physicians
- Community resources such as LMHAs

Providers may also refer a woman to an emergency center when the risk for imminent harm or danger is present, such as mothers who report suicidal thoughts or thoughts of harming herself or the baby. Resources for support in the interim should be provided 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 aid with scheduling appointments and answering questioning about the health plan as well as 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.

Additionally, health plans in managed care maintain online provider directories to enable clients to search their provider network. Processes are also in place to update information weekly.

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

Healthy Texas Women and Family Planning Program

Women who have coverage under Medicaid for Pregnant Women are automatically 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 under 18 years of age can enroll in HTW with parental or guardian consent. The HTW program covers services for 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
- Obstetricians and gynecologists
- 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 felt to be acutely at risk of suicide or harming herself or others should be referred for 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 Disabilities-Behavioral Health Services

LMHAs/LBHAs

IDD-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 waitlisted. LMHAs/LBHAs can serve women with PPD who meet the identified needs threshold.

The Texas Resilience and Recovery model establishes who is eligible to receive mental health services, determines a recommended level of care, and provides guidance about level-of-care authorization.

LMHAs/LBHAs provide programs and services based on evidence-based practices to help people manage mental illness, including 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 which is automatically

calculated during the assessment process as part of the Adult Needs and Strengths Assessment. Not all individuals with PPD will be eligible for LMHA/LBHA services. In addition, many procedure codes utilized by providers to deliver mental health services to individuals receiving services in LMHAs/LBHAs are reimbursable through Medicaid but are not reimbursable through HTW.

Substance Use Disorder Treatment Programs

Substance use disorder (SUD) treatment programs provide evidenced-based, trauma-informed counseling and education to women with a SUD 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 that are part of a SUD treatment program address psychosocial issues that contribute to or impact PPD. The following services address these types of psychosocial issues and are available to women with PPD who are engaged 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 into 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, etc.) to support healthy development. For children whose mothers have PPD, the support services may be 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 support 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 on guidance to providers. The guidance will discuss permissible billing practices 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 (SB 750)

In accordance with [Senate Bill 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 referring women to specialty mental health care. HHSC surveyed Medicaid health plans and HTW providers on a variety of topics about 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 conducted research regarding maternal mood disorders programs developed by state Medicaid programs, nonprofits, advocacy groups and universities in the United States.

HHSC will continue collaborating 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 has a goal of implementation in state fiscal year 2022.

HHSC Medicaid and CHIP Services staff are analyzing options to connect women with pregnancy-related Medicaid coverage to providers who also participate in the HTW program to serve as their primary care providers. Connection with 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:

- Revise Medicaid provider directories to identify HTW providers.
- Add information to Medicaid managed care enrollment packets to encourage women to select HTW providers as primary care providers.
- Encourage HTW providers to serve as Medicaid and CHIP primary care providers.
- Add mental health counseling and providers to the HTW+ 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. Included within this system is a function to make note of individuals who have been positively screened for PPD.

HHSC also will develop a survey to assess current challenges experienced by LMHAs/LBHAs.

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 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's support for each bundle includes efforts to increase awareness among obstetric care providers about providing patient and family social-emotional support, including recognition and referral of perinatal mood disorders, for women impacted by the health conditions each bundle is designed to address. The OB OUD Bundle also includes components related to increasing knowledge and awareness of trauma-informed care as well as screening and referral for psychiatric conditions including perinatal mood disorders.

3. Increase Access to Peer-Support Services

Increase women's access to formal and informal peer support services, including access to certified peer specialists who have received additional training related to postpartum depression.

According to survey results, responses on PPD treatment from women with lived experience closely align with those without lived experience. While the majority advocate for more mental health professionals with PPD expertise, over 44 percent recommend peer support specialists with lived experience and specialized training.¹³

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."

¹³ Texans Care for Children/St. David's Foundation Results of Maternal Mental Health Survey (April 2020)

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.
- Problem-solving strategies.
- Coping mechanisms for stressors and barriers encountered when recovering from a mental health condition or a substance use disorder.

Peer-specialist services include:

- 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 will be made to enrolled behavioral health providers in outpatient and community settings.

Mental health peer specialists can provide peer support services to anyone on Medicaid with a mental health diagnosis and skills training/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 earlier in this report, 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 and 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

Though DSHS does not have programming specific to providing formal peer-support services related to PPD, the department develops programming using promotoras and community health workers to promote peer support generally among maternal women.

Promotoras and community health workers are trusted members of their communities with a close understanding of community members' ethnicity, language, socio-economic 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 community health worker services for women with high-risk pregnancies. Promotoras and community health workers will receive training to prepare them to educate and provide support for women at high risk for complications, including perinatal mood disorders, during and after their pregnancies.

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 model¹⁴ and the Centering Healthcare Institute Centering Pregnancy model.¹⁵ Through group prenatal care, women receive up to 10 group visits for prenatal education facilitated by a physician or other 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

Though DSHS does not have programming specific to providing informal peer support services related to PPD, the department promotes peer-support through lactation support activities.

Lactation Support

Breastfeeding counseling and support by a mother's peers is an effective strategy for increasing breastfeeding initiation and duration while also increasing a mother's network of social and emotional support in the postpartum period.

Some LSCs provide mother-to-mother breastfeeding support groups as an activity of 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 who also provide enhanced breastfeeding support services including mother-to-mother support may receive additional "Silver" or "Gold" level Texas Mother-Friendly Worksite recognition.

¹⁴ <https://www.marchofdimes.org/supportive-pregnancy-care/about-march-of-dimes-supportive-pregnancy-care.aspx>

¹⁵ <https://www.centeringhealthcare.org/what-we-do/centering-pregnancy>

Strategies to Increase Access to Peer Support Services

Health and Human Services Commission

Medicaid Peer Specialists

As part of the implementation of [House Bill 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 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 Data Support will run reports on the number of times that 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.

Typically, the reports are 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 has delayed the PIUR of the Medicaid peer specialist benefit to allow sufficient time for providers to complete certification and establish themselves within their partner organizations. The initial six-month PIUR will be based on utilization from June 14, 2019, through December 14, 2019. Based on the PIUR results, staff will consider whether policy changes are necessary to increase access to the benefit.

Group Prenatal Care

HHSC is taking steps to increase access to informal peer supports through group prenatal care. Information regarding Medicaid coverage for group prenatal care is currently 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

Additionally, HHSC has worked with the 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 Disabilities-Behavioral Health Services

IDD-BHS will collaborate with WIC peer counselors, doulas, etc. on training for PPD. The department also will 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 to incorporate in 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 community health worker services for high-risk pregnancies in the High-Risk Maternal Care Coordination Services Pilot Program.

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

From a Mental Health Peer Specialist

"Maternal mental health challenges often show up when mothers go back to work or are expected to be back in life after birth. This is also the time when any complex trauma issues will come up."

4. Raise Public Awareness and Reduce Stigma

Raise public awareness of and reduce the stigma related to 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 and suggest the professions who need the most additional training on PPD include OB/GYNs, pediatricians, and mental health providers.¹⁶

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 with providers and Medicaid and CHIP health plans on distinct benefits, such as the PPD screening during the infant checkup, as well as other resources such as the above-mentioned Texas Clinician's Postpartum Depression Toolkit.

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

¹⁶ Texans Care for Children/St. David's Foundation Results of Maternal Mental Health Survey (April 2020)

stakeholders at women and maternal health conferences, meetings and webinars. Increasing awareness of PPD treatment directly with providers and potential clients serves to normalize this diagnosis and decrease any 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 MCHU HTMB to provide content about perinatal mood disorders, including depression and anxiety. The site includes targeted information and resources for [women](#) and their support networks (including their [partners](#), [mothers](#), and [family and friends](#)) to describe signs of maternal mood disorders, give tips for providing support and encourage seeking help. The current focus of the campaign is to normalize the idea that breastfeeding can be a struggle, but free and accessible help is available.

Department of State Health Services

Though DSHS does not have specific programs focused on raising public awareness of PPD, PPD is addressed generally as a part of other awareness activities described in section one above ("Increase Awareness Among State-Administered Program Providers"):

- DSHS Grand Rounds hosts live presentations and simultaneous webcasts with continuing education presentations on topics of importance for public health. 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 HCHS HTMB's [Information for Parents of Newborn Children pamphlet](#). Annually, more than 125,000 DSHS pamphlets are provided to Texas mothers and their families.
- DSHS is developing a Maternal Health and Safety Public Awareness Campaign to increase public awareness and prevention activities related to

maternal mortality and morbidity. The campaign will include information about perinatal mood disorders, including PPD.

- As a component of the Lactation Support Center Services-Strategic Expansion Program scope of work, LSCs support public awareness by providing lactation education, counseling and referral services for families who do not participate in the WIC program, perinatal depression screening and appropriate referrals for all women receiving lactation counseling and support at the LSCs and facilitating 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 information for new fathers related to maternal and infant health and safety, including recognition of signs and symptoms of depression and anxiety around pregnancy.
- 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 among women who experience maternal health complications.

Stigma of PPD

In the above-mentioned 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.¹⁷ 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.

¹⁷ Texans Care for Children/St. David's Foundation Results of Maternal Mental Health Survey (April 2020)

Strategies to Increase Public Awareness and Decrease Stigma of PPD

Health and Human Services Commission

Intellectual and Developmental Disabilities-Behavioral Health Services

IDD-BHS will include PPD materials and resources shared and support participation in nontraditional spaces, 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." However, psychiatrists, licensed professional counselors and OB/GYNs expressed more confidence than pediatricians, nurses and neonatologists. HTW and FPP will focus more on PPD awareness among the less-confident providers and intend to increase awareness of available PPD services among all providers.

Including mental health therapy and counseling as a benefit of HTW+ will also serve to normalize the diagnosis, decrease inherent stigma and reduce stigma from family and the community.

Department of State Health Services

Measures like provider education in diagnosis and treatment of PPD, as in the DSHS Grand Rounds program, can increase the number of primary care providers who manage common forms of PPD, allowing more women to receive care in a timely manner and with a provider with whom they already have a trusted relationship.

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 disorders, will be disseminated through the

Maternal Health and Safety Public Awareness Campaign to key audiences across the state.

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 and reduced stigmatization of PPD and perinatal mood disorders.

The OB OUD Bundle also includes a focus on addressing stigma and bias in care of women with opioid use disorder and comorbidities, including PPD and other perinatal mood disorders.

From staff at an LMHA in Central Texas:

"It's important to talk to mom and dad prior to birth about postpartum depression. One idea is for more OB/GYNs to educate moms, especially new moms, about what to expect and get them to seek intervention at the first sign of mental health concerns."

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 Texas Maternal Mortality and Morbidity Review Committee recommends increasing maternal health programming to address disparities and target high risk populations.¹⁸

From a Licensed Psychologist in Dallas

"I hear that pediatricians don't know they can get reimbursement for maternal depression screenings, they don't know how to have the conversation with parents, and they don't know where to send the person."

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 based primarily 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 allotted to CHIP each year are capped, as are the funds allotted to each state. Each state is allotted a portion of the total federal

¹⁸ Texans Care for Children/St. David's Foundation Results of Maternal Mental Health Survey (April 2020)

funds based on a formula set in federal statute and receives federal matching payments up to the allotment.

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 & Medicaid Services (CMS) to move the state general revenue-funded HTW program into Medicaid.

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

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 the February 18 effective date of the 1115 waiver demonstration, HHSC continues to use state general revenue to provide services to clients ages 15 through 17 in HTW.

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

- Assistance for eligible women with enrollment into the HTW fee-for-service program.
- Direct clinical care for women deemed presumptively eligible for the HTW fee-for-service program.
- Staff development and training related to HTW.
- Client and community-based educational activities related to HTW.

Strategies to Support Community-Based PPD Services

[Senate Bill 11, 86th 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 that 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 University of Texas El Paso, Baylor College of Medicine, and UT Southwestern Medical Center. The Texas CPAN lays the foundation for future implementation of a Texas perinatal psychiatric access program.¹⁹

Health and Human Services Commission

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 would facilitate the connection with PPD services for women enrolled in Medicaid or CHIP managed care.

Healthy Texas Women

HHSC has recently allowed the use of telemedicine and telehealth delivery to provide both physician and non-physician services to eligible women in HTW. With the new HTW+ program and its coverage of postpartum benefits, including mental health counseling for PPD, mental and behavioral health PPD services will soon be available via telehealth platforms. According to survey results, one psychiatrist in Houston explained “their no-show rate has gone from 25 percent to 8 percent with the use of telehealth.”²⁰

¹⁹ Texans Care for Children/St. David’s Foundation Results of Maternal Mental Health Survey (April 2020)

²⁰ Id.

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 postpartum depression and perinatal mood disorders. Women of every age, culture, race and income level can develop PPD, and access to informed care and treatment can avert worsening symptoms and prevent maternal mortality.²¹

There are several current and 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 all eligible women.

This strategic plan identifies five key strategies 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 continue to build upon current efforts to increase access to comprehensive PPD care and will implement new strategies and initiatives that will improve maternal health outcomes. The results of this work will inform new strategies and initiatives that will be developed and implemented in the next five years.

²¹ <https://www.postpartum.net/learn-more/pregnancy-postpartum-mental-health/>