

# Key Health Programs and Services Available to Texas Mothers

**An Excerpt of the Recent Texans Care for Children Report, *Healthy Moms Raising Healthy Babies: Central Texas and Statewide Challenges and Opportunities to Support Maternal Behavioral Health During the First Year After Childbirth***

The following is an edited excerpt of our recent report on maternal behavioral health for Central Texas women, which is available in full on [txchildren.org](http://txchildren.org). This excerpt outlines the programs available in Texas to keep new mothers healthy, first outlining broad health programs and then addressing programs and services that specifically address behavioral health.

There are a number of important programs and services available, but there are many barriers to health care and behavioral health for Texas women. A significant barrier to health care is that one in four Texas women are uninsured during their childbearing years, the highest rate in the nation. Texas is one of 14 states in the nation in which Medicaid health insurance for women only covers pregnancy and about 60 days after childbirth. In addition to the lack of insurance, Texas mothers and pregnant women who need mental health or substance use treatment often face additional barriers, such as cost, the limited number of providers, waitlists for treatment and recovery services, lack of transportation to appointments, and fear that seeking behavioral health services will lead to a Child Protective Services (CPS) investigation and removal. These barriers are discussed in our full report.

## Health Programs for Texas Women

**Important but limited maternal health services are available when women's Medicaid coverage ends 60 days after childbirth.**

Medicaid health insurance is generally not available to low-income mothers and other women unless they are pregnant, elderly, or have a terminal illness or disability that makes them completely unable to work. It is very

rare for women in Texas to qualify for Medicaid health insurance outside of those circumstances. A mother must have an annual household income of less than about \$3000 per **year** for a family of three to qualify for Texas Medicaid. To qualify for financial assistance to purchase a plan on healthcare.gov, families must have an income **above** the poverty line, since Medicaid expansion was intended to cover uninsured adults below the poverty line. As a result, low-wage Texas women who do not receive insurance through their job or their spouse's job are typically uninsured, except when they are pregnant. In fact, one in four women of childbearing age (age 18 to 44) is uninsured in Texas, the highest rate in the nation.<sup>1</sup>

**Medicaid for Pregnant Women** is available to women with low incomes during pregnancy and about 60 days following the birth of their baby. It is a vital program for the health of mothers and babies. Pregnant women are eligible if they have an income at or below about \$3,600 per month for a family of three (203 percent of the Federal Poverty Line or FPL). Medicaid covers comprehensive medical and behavioral health, including targeted case management for high-risk pregnancies. For behavioral health, Medicaid covers mental health counseling, peer supports, medications, substance use treatment, and case management. When their Medicaid coverage ends, new mothers are then auto-enrolled from Medicaid into the state's Healthy Texas Women program.

**Healthy Texas Women (HTW)** is available to non-pregnant women between age 15 and 44 who have an income at or below 200 percent FPL, about \$3,550 per month for a family of three. HTW covers a narrower set of health services than Medicaid or other health insurance. It focuses on preventive well-woman care, including family planning, cervical cancer screenings, and well-woman exams, as well as some screening and treatment for hypertension, diabetes, high cholesterol, and maternal depression in the primary care setting. For example, HTW covers maternal depression screening, some antidepressant medications, and consultation with a primary care provider. But, if a woman needs to see a therapist or psychiatrist for mental health counseling, a cardiologist for a heart condition, or an endocrinologist to help with diabetes, it is unlikely that she would find a provider who participates in HTW. Technically, HTW is open to these and other specialty providers as well as primary care providers. However, specialty providers offer an array of services that are not covered by HTW, and very few participate in the program in its current form.

**CHIP Perinatal** is available to pregnant women with low incomes who do not qualify for Medicaid for Pregnant Women because of income or immigration status. Health benefits are for the baby, which means prenatal care and two postpartum visits are covered, but family planning and mental health care are not covered. Most new mothers in CHIP Perinatal are not eligible for HTW but can qualify for Texas' Family Planning Program (FPP) after pregnancy.

**The Family Planning Program** is available to women up to age 64 who do not qualify for HTW because of income or immigration status. For instance, FPP has a slightly higher income threshold compared to HTW, at

250 percent FPL, which represents about a \$4,330 monthly income for a family of three. The focus of FPP is family planning and preventive health, including contraception, cervical cancer screening, and well-woman exams. FPP covers screening for diabetes, hypertension, and maternal depression screening, but not treatment for these health conditions. While fewer Texas providers participate in FPP, this program offers critical preventive care for many Texas women.

**Community health centers** — also called **Federally Qualified Health Centers** — accept patients regardless of insurance or ability to pay. Many of these health centers in Central Texas participate in Medicaid, HTW, and FPP. Many individual obstetrics and gynecology (OB/GYN) practices participate in both Medicaid and HTW, supporting continuity of care by allowing a mother to stay with her same provider for prenatal care, postpartum visits, and well-woman care after pregnancy.

## Behavioral Health Services in Texas

### **Access to behavioral health services provided by private practices is limited and costly.**

Behavioral health supports are available to new mothers through a few different avenues in Texas and may depend on the type or intensity of services needed. Some mothers find a mental health counselor, psychologist, or psychiatrist at a private practice. However, many of these providers do not take Medicaid insurance and accept limited private insurance. For mothers with low incomes, after Medicaid coverage ends about 60 days following childbirth, mental health visits become virtually unaffordable at an individual practice.

### **The Texas Health and Human Services Commission (HHSC) contracts with several behavioral health providers to serve Texans in need. But the shortage of mental health professionals and the waitlists for substance use treatment continue to be a challenge.**

HHSC contracts with 37 providers to serve as Local Mental Health Authorities (LMHAs) and deliver mental health services in a region.<sup>2</sup> Mental health services can include medication management, one-on-one mental health counseling and case management, mental health rehabilitative services, and crisis care, among other services. LMHAs can be an option for uninsured, low-income mothers depending on diagnosis and level of functioning. **Examples in Central Texas** include:

- **Integral Care** (serving Travis county);
- **Bluebonnet Trails Community Services** (serving Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, and Williamson); and

- **Hill Country Mental Health & Developmental Disability Center** (serving Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde).

Since each community mental health provider is responsible for serving many Texas counties, depending on the LMHA's locations, mothers may have to travel long distances to find a site offering mental health services they need. **While many LMHAs offer telehealth options, Texas continues to face a severe shortage of mental health professionals.** About 73 percent of Texas counties are designated as a Mental Health Professional Shortage Area (186 out of 254 counties), which means the county has more than 30,000 residents per clinician.<sup>3</sup>

**In addition, HHSC contracts with state-licensed behavioral health providers to deliver substance use treatment and recovery supports.**<sup>4</sup> Community-based providers may be the only option for Texans who cannot afford private, for-profit substance use treatment programs that are self-pay or only accept private insurance. Some providers offer substance use treatment and serve as an LMHA; some providers focus on substance use treatment and recovery only. Examples of community-based substance use providers in Central Texas include: **Bluebonnet Trails Community Services; Austin Recovery** (one of 10 Women and Children residential treatment providers in the state); **Integral Care;** and **Cenikor.**

HHSC-contracted substance use providers offer evidence-based services, such as outpatient or residential care, designed to support a client's recovery and health. Services can include individual, peer, and family counseling; detoxification treatment; medication-assisted treatment (MAT); case management; and recovery after-care services.

**Notably, some substance use providers offer female-specialized services, which can include outpatient services, detoxification, and female residential care.** These providers use gender-specific, trauma-informed models that are proven to help pregnant and parenting women move towards stable recovery, prevent child abuse and neglect, reduce the number of infants born affected by drugs or alcohol, and promote family stability.<sup>5</sup>

HHSC contracts with ten specialized Women and Children residential treatment providers that allow pregnant women and mothers to stay together with their children during the course of treatment.\* These programs help build parenting skills, reduce child abuse/neglect, and promote strong maternal-child attachment, which is a key element of recovery and critical for both infant health and parental success.

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\* See the Appendix for a map of providers.

Under federal and state rules, Texas has identified “priority populations” to expedite entry into substance use treatment:

1. Pregnant women with substance use disorders who inject drugs;
2. Pregnant women with substance use disorders;
3. Men and women with substance use disorders who inject drugs;
4. Men and women at high risk of overdose;
5. Men and women with substance use disorders who have been referred by the Texas Department of Family and Protective Services (DFPS).<sup>6</sup>

While priority criteria help, waitlists are an ongoing challenge, and there is a significant unmet need for substance use treatment and recovery services in Texas. **Only 5.8 percent of low-income Texas adults with a substance use disorder are able to receive treatment services through a community-based treatment provider.**<sup>7</sup> Waitlists and wait times for a treatment spot are a significant challenge:

- In 2017, there were 13,338 low-income Texans, including approximately 5,000 females, on a waitlist for a spot at a community-based substance use provider. Over 6,600 of those Texas adults were on a waitlist for intensive residential treatment.
- In 2017, Texas adults waited more than two weeks (15 days) on average for a spot in substance use treatment, but waitlists vary by type of service. Texas adults waited an average of 16 days for intensive residential treatment, over four weeks (31.9 days) for outpatient treatment, and nearly four weeks (26.1 days) for medication-assisted treatment.
- Over 100 Texas pregnant women and new mothers were on a waitlist in 2017 for a spot at a Women and Children intensive residential treatment center, waiting an average of 18 days before a spot became available.
- The number of pregnant women on a waitlist for treatment services more than doubled from 2011 to 2017.<sup>8</sup>

**Outreach, Screening, Assessment, and Referral Centers (OSARs) often serve as the entry point into substance use treatment and a person’s path towards recovery.** The OSAR for Central Texas is **Bluebonnet Trails Community Services**, which is responsible for 30 counties in Health and Human Services Region 7.<sup>9</sup> OSAR staff are trained to conduct screenings and assessments to determine whether a person needs substance use treatment and what kind of treatment is most appropriate — such as detoxification, intensive residential, or outpatient care. OSAR staff can help identify which providers have waitlists and help find a treatment provider that might have an open spot. An OSAR is co-located at an LMHA in each of the 11 Health and Human Service Regions. OSAR staff also travel to other settings, such as community health centers, or may conduct screenings by phone to cover the many Texas counties they serve.

## Texas has local programs to reach parents at risk of substance use disorder and reduce the impact of substance use on children and families.

HHSC contracts with local organizations to offer the **Pregnant and Postpartum Intervention (PPI)** program. An example of a PPI program in Central Texas is **Lifesteps Council on Alcohol and Drugs**.

PPI provides targeted outreach, screening, referrals, and intervention services — including counseling, home visits, case management, and transportation assistance — to help pregnant women and new mothers who have or are at risk of a substance use disorder. The program seeks to reduce prenatal substance exposure by providing earlier entry into prenatal care, substance use disorder treatment, and increased access to community resources.

PPI programs work to serve the most vulnerable local populations by conducting outreach efforts at homeless shelters, county jails, community health agencies, anti-human trafficking agencies, pregnancy resource centers, LMHAs, churches, crisis centers, and methadone clinics, among other locations.

## References

<sup>1</sup> Searing, A., & Ross, D. C. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Center for Children and Families (May 2019). Available at: <https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/>.

<sup>2</sup> Texas has 39 Local Authorities: 37 Local Mental Health Authorities and 2 Local Behavioral Health Authorities.

<sup>3</sup> Hogg Foundation for Mental Health. A guide to understanding mental health systems and services in Texas. 4th ed. (Nov. 2018). Available at: <http://hogg.utexas.edu/what-we-do/policy-engagement/mental-health-guide>.

<sup>4</sup> The majority of funding for substance use prevention, treatment, and recovery comes from Texas' federal Substance Abuse Prevention and Treatment Block Grant. In addition to Texas' federal block grant, Medicaid, 1115 Waiver project federal funds, and other federal SAMHSA grants, such as the Texas Targeted Opioid Response (TTOR) project, help substance use treatment providers deliver services to Texans in need. Under Texas' Substance Abuse Prevention and Treatment Block Grant, substance use providers that contract with HHSC for block grant funds must also participate in Medicaid, with Medicaid as the first payor and then block grant funding as the payor of last resort.

<sup>5</sup> See Texas Health and Human Services. Uniform Application FY 2018/2019: State Behavioral Health Assessment and Plan Substance Abuse Prevention and Treatment and Community Health Services Block Grant. at p. 36 (Aug. 2017). Available at <https://www.dshs.texas.gov/blockgrant/documents/Final-FY2018-2019-Combined.pdf>.

<sup>6</sup> See Substance Abuse and Mental Health Services Administration. "Substance Abuse Prevention and Treatment Block Grant." Retrieved from: <https://www.samhsa.gov/grants/block-grants/sabg>.

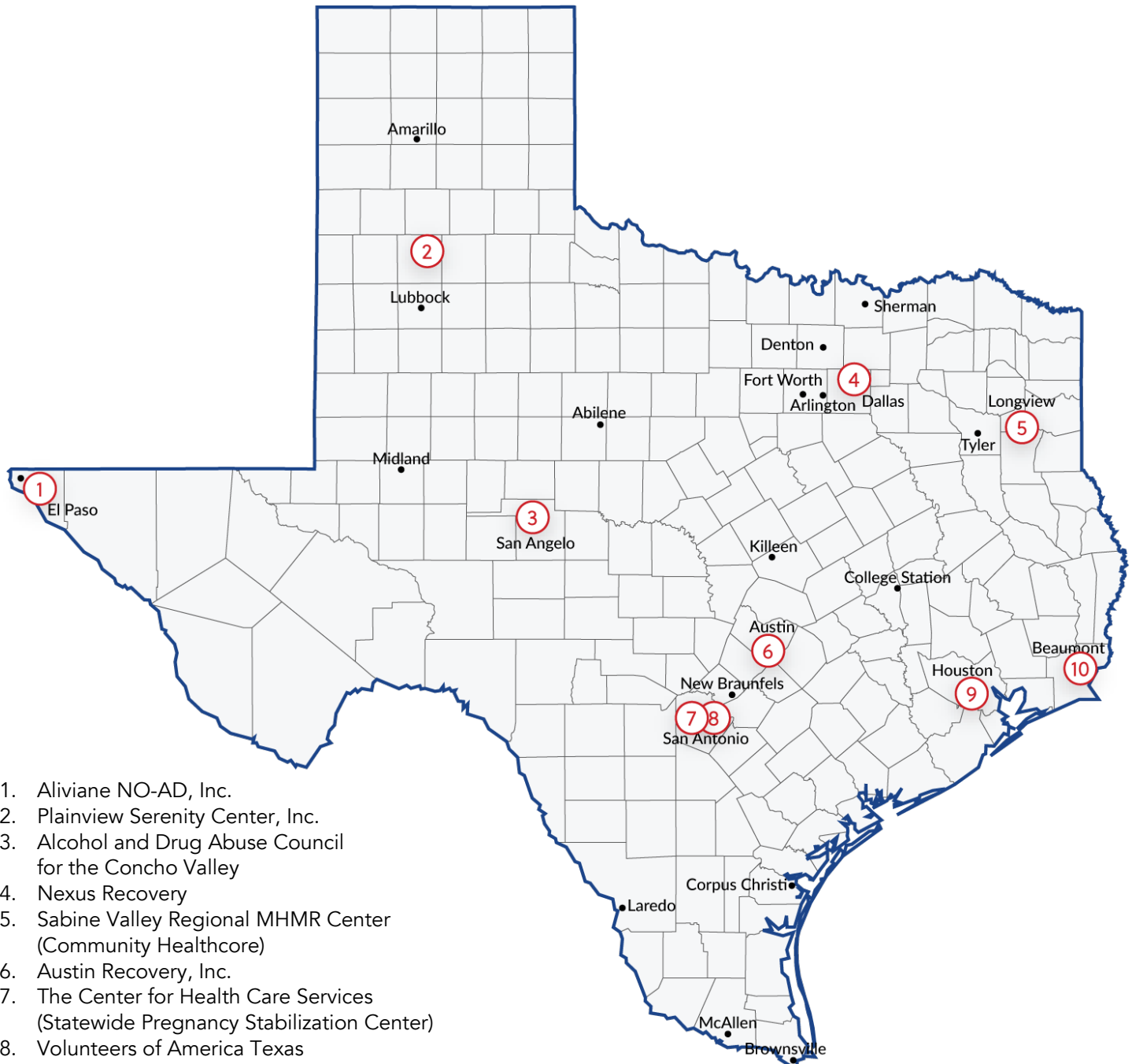
<sup>7</sup> Includes Texas adults with income under 200% of the federal poverty level seeking services at a treatment provider funded through Texas' substance abuse and prevention block grant, which helps fund treatment services for individuals who do not have insurance and have an income less than 200% FPL. Texas Health and Human Services, Behavioral Health Services, Office of Decision Support, Jan. 2018.

<sup>8</sup> Texans Care for Children analysis of substance use treatment waitlist data provided by the Texas HHSC via data request. Numbers used refer to the total unduplicated number of people on a waitlist during the course of fiscal year 2017, unless otherwise indicated. Note: data includes Substance Abuse Prevention and Treatment block grant-funded providers.

<sup>9</sup> Health and Human Services Region 7 is a 30-county area that includes Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington and Williamson counties.

## Appendix: Map of Substance Use Disorder Intensive Residential Treatment Providers for Women with Children FY2017

Texas HHSC contracts with 10 Women and Children residential treatment providers that allow pregnant women/new mothers and their children to stay together during the course of treatment and recovery.



1. Aliviane NO-AD, Inc.
2. Plainview Serenity Center, Inc.
3. Alcohol and Drug Abuse Council for the Concho Valley
4. Nexus Recovery
5. Sabine Valley Regional MHMR Center (Community Healthcare)
6. Austin Recovery, Inc.
7. The Center for Health Care Services (Statewide Pregnancy Stabilization Center)
8. Volunteers of America Texas
9. Santa Maria Hostel, Inc.
10. Land Manor