



July 24, 2020

Dee Budgewater
Deputy Executive Commissioner
Health, Developmental & Independence Services
Texas Health and Human Services Commission
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751

Submitted via email to HDISPublicComments@hhsc.state.tx.us

Re: Comments on HHSC's Draft 5-Year Postpartum Depression Strategic Plan, required by House Bill 253 (86th Legislature, Regular Session)

Dear Ms. Budgewater:

Thank you for the opportunity to submit comments on the draft 5-year Postpartum Depression Strategic Plan. We thank you for your commitment to prioritizing maternal mental health and Health and Human Services' (HHS) efforts to increase access to maternal mental health screening, referral, and treatment. We are grateful that, as more state leaders recognize that a child's health is inextricably linked to the health of his or her mother, there has been growing interest in the Texas Legislature and HHS in supporting maternal health, including maternal mental health.

Addressing maternal mental health is becoming even more urgent as the uninsured rate in Texas skyrockets and moms face the added social isolation and stress of the COVID-19 pandemic and rising unemployment. An estimated 659,000 Texas adults became uninsured between February and May.¹ Isolation and lack of available help from friends and family due to social distancing leave many new parents on an island like never before, increasing risks of maternal mental health challenges among new mothers. Improving state strategies to address maternal mental health challenges is also a key step towards tackling racial injustice in our state. While all women are at risk of maternal mental health challenges, Black moms in Texas are more likely to experience

¹Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

them, and research shows Black moms are less likely to receive treatment compared to other moms.ⁱⁱ (18.5% of Black Texas moms reported symptoms of postpartum depression within six months of delivery compared to 12.9% of White moms and 14.4% statewide.)ⁱⁱⁱ

With support from the St. David's Foundation, Texans Care for Children engaged communities, providers, families, and others across Texas in early 2020 to learn more about challenges and opportunities in maternal mental health. After convening an advisory group of more than 20 Texas maternal health and mental health experts, disseminating an online survey across Texas, and hosting an online listening session, we submitted recommendations to the Health and Human Services Commission (HHSC) with action steps to improve screening and treatment of maternal mental health challenges. Several relevant findings from our survey and other research are described below. More information on the survey findings is available on the Texans Care for Children website.^{iv}

We sincerely thank HHSC for working collaboratively with us as we embarked on this community engagement project. We thank the agency for considering our recommendations and incorporating many of them in the draft Strategic Plan.

In general, we recommend restructuring the draft Strategic Plan so that the relevant HHSC programs and initiatives are available in an appendix, and focusing instead on the specific strategies and activities that HHSC will pursue in the short and long term to address maternal mental health. As a strategic plan, it is important that HHSC set out a vision for where it would like Texas to be in five years, including clear milestones to measure progress and recommendations for policies needed to achieve the vision. Also, since HB 253 requires the agency to annually review and update the Strategic Plan, we also ask HHSC to outline the process it will use to engage stakeholders over the next five years to identify and implement programmatic changes.

We are glad to see the following goals included in the draft Strategic Plan. We offer some suggestions below to strengthen the state's strategies and activities to achieve these goals.

- 1. We support HHSC's plan to add mental health services and counseling as a covered benefit in the new postpartum package in Healthy Texas Women+. When Medicaid for Pregnant Women cuts off 60 days after childbirth, a new mom can receive limited benefits**

in the Healthy Texas Women (HTW) program, such as well-woman exams, family planning, and maternal depression screening in the primary care setting. Under SB 750, which passed the Legislature in 2019, HHSC is creating a postpartum care package within HTW. The draft Strategic Plan says “behavioral health services and counseling for women diagnosed with postpartum depression and other mood disorders” will be a covered benefit in the new postpartum package under “Healthy Texas Women+.” We support coverage of mental health counseling services in the HTW+ package.

Access to mental health care for new mothers, especially those who are uninsured or have a low income, is sorely needed. In the Texans Care for Children survey, nearly three-quarters of respondents said that the top barrier keeping mothers from treatment to address maternal mental health challenges is that treatment is not affordable. And when asked what steps would increase the number of moms receiving needed mental health treatment, the top recommendation was to add mental health therapy as a covered benefit in HTW.

However, coverage is just the first step. Texas HHSC should work closely with provider groups and associations to implement a strong provider recruitment strategy so mental health professionals *participate* in the HTW+ network to *deliver* mental health services. This includes working with provider groups to add licensed professional counselors, psychiatrists, psychologists, social workers, and other qualified professionals to the HTW+ network.

We urge HHSC to create easy-to-use reference tools on the HTW website so health professionals and women can quickly identify covered benefits in HTW, HTW+, and the Family Planning Program. A common complaint from Texas women and health providers is that there is significant confusion about health services covered and not covered under HTW. This confusion was one of the key findings from the recent Postpartum Access to Healthcare (PATH) Project (a project of the Texas Collaborative for Healthy Mothers and Babies (TCHMB), the state perinatal quality collaborative).^v

- 2. We support HHSC’s goal to leverage informal and formal peer support services, including certified peer specialists, community health workers, and group prenatal care such as CenteringPregnancy; but specific steps are needed to achieve this goal.** The type of support a mother needs to address her maternal mental health challenge may vary. HB 253 directs HHSC to develop strategies to increase access to formal and informal peer support services, including access to “certified peer specialists who have received additional training related to postpartum depression.”

Our community engagement and online survey reinforce a need for both formal and informal peer supports to help new mothers. Over 44 percent of survey respondents recommended peer support specialists with lived experience and specialized training. When asked what steps would increase the number of moms receiving needed mental health treatment, one of the top recommendations was to “have more home visiting options, including nurses, mental health peer specialists, and postpartum doulas.”

Certified Peer Supports: Certified through the state, peer specialists use formal training and their lived experience of recovery from mental health or substance use conditions to help guide individuals through recovery from their condition(s). The draft Strategic Plan states that HHSC will review utilization of the new Medicaid peer support benefit and consider policy changes needed to increase access to the benefit. **This is a good first step** since there’s mounting evidence that the Medicaid peer benefit is underutilized, primarily because of low reimbursement rates. **To truly leverage and increase access to peer support specialists, Texas should take further action:**

- Increase Medicaid rates to cover the costs of certified peer specialists;
- Encourage more health settings to add mental health peer specialists to their teams, especially settings where moms already go for their or their baby’s care, such as FQHCs, women’s health practices, and pediatric practices; and
- Work with HHSC’s contractors offering training to peer specialists to develop continuing education focused on maternal mental health. This step is needed to achieve HB 253’s goal to “increase access to certified peer specialists who have received additional training related to postpartum depression.” Specialized training for peer specialists will enhance the network of professionals equipped to serve moms with maternal mental health challenges.

Group health care: Moreover, group prenatal care, such as CenteringPregnancy, offers a unique opportunity to discuss maternal mental health and treatment options in a trusted setting with other women and health providers. In fact, in Texas, 95 percent of CenteringPregnancy mothers receive a mental health screen and 87 percent attend their postpartum visit.^{vi} The draft Strategic Plan says HHSC will add information in the Obstetrics Handbook to increase awareness of the Medicaid group prenatal care benefit. **This is a great first step** since awareness of the Medicaid group care benefit is low. **Yet, more is needed to address policy and operational challenges that prevent health centers from implementing group prenatal and pediatric care.** Specifically, HHSC should:

- Update the Medicaid group prenatal care benefit so more provider types, including FQHCs and facility-based providers, can get reimbursed for the enhanced prenatal group rate.
- Establish an enhanced Medicaid rate for group well-child care. Currently, providers doing curriculum-based group well-child care are reimbursed for the *individual* health assessments, but the group component is not compensated. Group well-child visits, such as CenteringParenting, offer opportunities for families to deepen connections with their child’s health provider, discuss maternal mental health screening and treatment options in a trusted setting, and work with staff to find a local resource. Group pediatric care has been shown to increase attendance at well-child checkups and increase maternal depression screening rates. Specifically, in Texas, 91 percent of CenteringParenting moms are screened for maternal mental health challenges at their child’s 2 or 4 month visit, 84 percent are screened at the 4 or 6 month visit, and 89 percent are screened at the 6 or 9 month visit.^{vii}

3. We support HHSC’s aim to build off of Texas’s new Child Psychiatry Access Network (CPAN) as a foundation for a perinatal psychiatric access program. We urge HHSC to set out specific steps it will take to build on CPAN to incorporate perinatal psychiatric teleconsultation in future years. Created by SB 11 in the 86th Legislature, Texas CPAN is legislatively funded through the Texas Child Mental Health Care Consortium. Similar programs in other states, such as Massachusetts’ child psychiatry access program, have expanded their work to provide consultation services to health professionals serving women with mental health challenges (e.g., MCPAP for Moms). Implemented in 14 other states, perinatal psychiatric access programs help health professionals feel more comfortable screening and managing clients with maternal mental health challenges. Trained perinatal psychiatrists are available in real time, via teleconsultation to help answer provider questions about medications, complications, how to find a local referral, etc. Research shows that training plus the ability to talk to a trained psychiatrist via teleconsult increase health providers’ knowledge, willingness, and self-efficacy to screen and manage clients and incorporate depression care into their practice.^{viii}

From our survey, the vast majority (89%) of health professionals surveyed said they wanted to increase their own ability to screen for maternal mental health challenges. When asked what steps would significantly increase early detection of maternal mental health challenges, two out of three respondents recommended increasing health professionals’ comfort with screening and referring for maternal mental health challenges.

While the draft Strategic Plan does not say Texas will establish a psychiatric access program, it notes that Texas CPAN lays the foundation for future implementation of a Texas perinatal psychiatric access program. **We urge HHSC to collaborate with the Texas Child Mental Health Care Consortium to explore ways to add a perinatal psychiatric access component to CPAN. CPAN could use its existing academic “hub” structure to provide teleconsultation, training, and referral services to health providers serving moms.**

4. **We support HHSC’s plan to increase awareness of maternal mental health challenges by training a range of professionals serving mothers and families.** Specifically, under the draft Strategic Plan, DSHS Grand Rounds will host a series of continuing education presentations on maternal mental health challenges in 2021 with information on the signs, symptoms, diagnosis, and treatment options. And as DSHS implements the Maternal Care Coordination Pilot Program (under SB 748), it will include maternal mental health as a component of training for *promotoras* and community health workers.

Through our community engagement and online survey, we found a widely recognized need for increased training. Professionals working with families want to know the signs and symptoms of maternal health challenges, but also want to feel more comfortable screening for maternal mental health challenges, discussing results with their clients, and finding a reliable referral option. Eighty-nine percent of surveyed health professionals said they wanted to increase their ability to screen for maternal mental health challenges. According to the survey, the top-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.

We respectfully ask HHSC to add or modify the following strategies in the Strategic Plan.

1. **HHSC should recommend extending Medicaid coverage for eligible mothers from 60 days to 12 months postpartum, as recommended by the Texas Maternal Mortality and Morbidity Review Committee, so mental health conditions can be treated before getting worse.** Other than limited benefits in HTW, if a woman does not receive insurance through her job or spouse’s job, she likely becomes uninsured after Medicaid cuts off 60 days postpartum, especially if she has a low income. Prior to the COVID-19 pandemic, 1 in 4 Texas women of reproductive age was uninsured, the worst rate in the nation.^{ix} An

estimated 659,000 Texas adults became uninsured from February to May as unemployment soared amid the COVID pandemic.^x When Medicaid for Pregnant Women ends, the sudden plunge into uninsured status when a new baby is just two months old can mean mothers discontinue visits to the doctor, mental health treatment, or medications they need. As part of its response to the pandemic, Texas temporarily suspended the removal of mothers from Medicaid health insurance two months after childbirth. Texas should make that change permanent by extending coverage for a full year postpartum.

Our community engagement and online survey reinforce the dire need for affordable health insurance. **Texans surveyed said that the inability to afford services because of lack of insurance was the greatest challenge women face in receiving treatment or support for maternal mental health challenges.** Survey respondents' top recommendation to increase early detection of maternal mental health challenges is to extend Medicaid for eligible moms from 60 days to one year postpartum.

2. HHSC should add meaningful strategies to incentivize and build capacity for maternal mental health screenings in more settings, including pediatric care and neonatal intensive care units (NICU). The draft Strategic Plan has strategies to promote screenings *among providers serving women*. Yet pediatric providers are a critical touchpoint for identifying maternal mental health challenges and working with new parents. Mothers of infants in the NICU are more likely to experience maternal mental health challenges, and research shows the benefits of screenings in NICUs as a critical part of every family assessment. **Strategies for Texas should include:**

- Reimbursing pediatric providers for screening done at 1, 2, 4, and 6-month well-baby visits under a child's Medicaid, as recommended by AAP (not just reimbursing once per year);
- Giving clearer guidance to pediatric providers on screening tools, reimbursement and billing practices when additional time is needed to discuss results with a new mom, and how to develop referral plans with parents;
- Promoting maternal mental health screenings in NICU settings by reimbursing facilities for screenings under a baby's Medicaid and CHIP insurance;
- Disseminating information to Texas hospitals to better equip NICU staff on *how* to do effective, safe referrals or "warm hand-offs" with moms.

3. With respect to the Referral Network required under HB 253 and SB 750, HHSC should create a website and provider toolkits with referral network resources focused on maternal mental health. Professionals serving families want to know how and where to

refer mothers for mental health care or follow-up services. Providers – ranging from women’s health and pediatric providers to community health workers – have difficulty locating a mental health provider in their area that offers mental health services. In fact, according to our survey, the top-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.

A list of Local Mental Health Authorities or making updates to Medicaid health plan directories is not sufficient. Referral network resources must be available to families *and* providers and should include community-based mental health providers, peer supports, local and online support groups, and home visiting programs. In creating a website, Texas can leverage existing referral network resources, such as Postpartum Support International provider directory, PSI Support Coordinators who are available in each region of Texas to answer questions from providers and families, and Pregnancy and Postpartum Health Alliance directory (“Kristi’s list”), among others.

- 4. HHSC should add activities it will take to promote telehealth flexibilities in future years, including ensuring Medicaid, CHIP, and TDI-regulated private insurance cover and reimburse for behavioral health services delivered via telehealth and telemedicine, including audio-only services.** This includes ensuring that telehealth flexibilities also apply to HTW and the Family Planning Program, including the additional mental health benefits added to HTW+. The coronavirus pandemic accelerated the need for – and implementation of – telehealth, especially in terms of behavioral health. Providers have seen significant drops in ‘no-show rates’ through the use of telehealth. Even before COVID-19, tele-mental health was a critical need for pregnant women and new mothers, especially those without transportation or child care options. Mental health delivered by telephone/audio-only will continue to be critical for moms in rural areas where high speed Internet for simultaneous visual-audio capabilities is not possible.

In our survey, the top-reported barriers keeping moms from mental health care were: (1) treatment is not affordable (73%), (2) child care issues (61%), (3) stigma (43%), (4) unable to find a provider (36%), (5) transportation issues (34%), and (6) location (18%). Tele-mental health has the incredible opportunity to address several of these barriers to treatment.

- 5. HHSC should change language in the draft Strategic Plan referring to auto-enrollment from Medicaid for Pregnant Women to HTW.** On page 8 and 22, the draft Strategic Plan states that women are auto-enrolled in HTW after Medicaid for Pregnant Women

coverage ends. However, once the HTW 1115 Waiver is fully implemented, this policy will no longer apply. Ending auto-enrollment will disrupt continuity of care and make it more difficult for women to gain access to HTW+, including the additional mental health benefits in HTW+ mentioned in the draft Strategic Plan. **We urge HHSC to collaborate with stakeholders to identify ways to streamline eligibility and streamline the transition from Medicaid to HTW.**

6. **HHSC should include strategies and specific steps it will take to leverage DFPS Prevention and Early Intervention Programs (PEI) – such as Texas Home Visiting, Project HOPES, Project HIP, and Nurse Family Partnership (NFP)– to reach more mothers and families.** Home visiting programs, such as NFP among others, have been shown to improve maternal and infant health outcomes, including improving mothers’ mental health and reducing stress and anxiety for new parents.^{xi} Through Texas NFP, which is available in 21 Texas counties, a nurse regularly visits the home of first-time mothers starting during the prenatal period. The strong relationship between new parents and NFP trained nurses builds trust, improves referrals and connections, helps moms navigate the healthcare system, and builds parenting skills that last a lifetime.^{xii}

Additionally, Family Connects is a short-term, voluntary evidence-based nurse home visit program that starts at the hospital when a mom delivers her baby. During a home visit starting three weeks after the baby is born, a nurse works with a family to assess newborn and maternal health, identify their individual needs (such as child care, tips on safe sleep, or mental health resources), and link families to community resources. With some Family Connects sites partially funded through PEI, Family Connects is currently in a few Texas communities (Travis, Bastrop, Bexar, Victoria, and Tarrant counties).

Yet, the draft Strategic Plan does not mention DFPS PEI programs as informal peer support for moms. PEI programs currently only reach a portion of the families in highest need and who could benefit from the resources. In fact, DFPS PEI programs are only serving 3.5 percent of Texas families in highest need.^{xiii} **The draft Strategic Plan should include specific, measurable ways HHSC will work with DFPS to extend PEI programs to reach more families.**

Our community engagement and online survey reinforce a need for informal support to help new mothers. When asked what steps would increase the number of moms receiving needed mental health treatment, one of the top recommendations from survey respondents was to “have more home visiting options, including nurses, mental health peer specialists, and postpartum doulas.”

We appreciate your commitment to these critical issues affecting Texas mothers and babies. If you have any questions or need more information, please contact Adriana Kohler, Policy Director at akohler@txchildren.org or Stephanie Rubin, CEO of Texans Care for Children at srubin@txchildren.org.

ⁱ Families USA. The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History. July 2020. Available at <https://www.familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/>

ⁱⁱ <https://khn.org/news/black-mothers-get-less-treatment-for-postpartum-depression-than-other-moms/>. See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733216/>

ⁱⁱⁱ DSHS Maternal & Child Health Epidemiology Regional Reports. Prepared by Maternal & Child Health Epidemiology, DSHS, based on Pregnancy Risk Assessment Monitoring System (PRAMS) combined CY 2012 - 2015 data.

^{iv} Survey findings available here:

<https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/5f074a34406e70280293fc25/1594313273455/maternal-mental-health-challenges-survey-results.pdf>

^v Nehme E, Patel D, Cortez D, Gulbas L, Lakey D. (2020) Increasing Access to Healthcare Coverage for Uninsured, Postpartum Women in Texas: A Report from the Postpartum Access to Healthcare (PATH) Project. Austin, TX: The University of Texas System/Texas Collaborative for Healthy Mothers and Babies.

^{vi} Based on data reported to Centering Healthcare Institute by Texas' 32 CenteringPregnancy sites.

^{vii} Based on data reported to Centering Healthcare Institute by Texas' CenteringParenting sites.

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<https://www.mcpapformoms.org/docs/publications/Byatt%20et%20al%202018%20MCPAP%20for%20Moms%20Utilizatn.pdf>.

^{ix} Searing, A., & Ross, D. C. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Center for Children and Families. Appendix B. (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/>.

^x Families USA. The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History. July 2020. Available at <https://www.familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/>

^{xi} For instance, Early Head Start-Home Based (EHSHB), which serves pregnant women and families with children up to age three, is a voluntary comprehensive family support and child development program with a strong presence in Texas communities. Through weekly, 90-minute home visits aimed to promote healthy prenatal outcomes and child development, EHS-HB has been shown to improve mothers' mental health and reduce stress and anxiety for new parents. See Chazan-Cohen, R., Ayoub, C., Pan, B. A., Roggman, L., Raikes, H., Mckelvey, L. Hart, A. (2007). It takes time: Impacts of Early Head Start that lead to reductions in maternal depression two years later. *Infant Mental Health Journal*, 28(2), 151-170. doi: 10.1002/imhj.20127.

^{xii} NFP has been extensively researched and evaluated. See, e.g. <https://bmcnurs.biomedcentral.com/articles/10.1186/1472-6955-11-15>

^{xiii} DFPS PEI programs are only serving 3.5 percent of Texas families in highest need. In 2018, 15,068 families were served by THV, NFP, HOPES, and HIP. Research shows that over 423,000 families in Texas have children under age 6 with three or more risk factors that would make the family eligible for Texas Home Visiting. Risk factors are factors that make a child more likely to encounter adverse experiences leading to negative consequences, including preterm birth, poverty, low parental education, having a teenage mother or father, poor maternal health, and parental underemployment or unemployment. See TexProtects. Home Visiting in Texas: Current and Future Directions. Available at https://www.texprotects.org/media/uploads/home_visiting_in_texas_combined_reports.pdf.