Alone No More

How Texas Policymakers Can Support Mothers with Perinatal Depression

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Methodist Healthcare Ministries
OF SOUTH TEXAS, INC.
"Serving Humanity to Honor God"

TEXANS CARE for CHILDREN

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The opinions expressed in this document are those of Texans Care for Children and do not necessarily reflect the views of Methodist Healthcare Ministries or the other organizations and individuals with whom we have collaborated on this issue.

About Texans Care for Children

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. We are a statewide, non-profit, non-partisan, multi-issue children's policy organization. We develop policy solutions, produce research, and engage Texas community leaders to educate policymakers, the media, and the public about what works to improve the well-being of Texas children and families. Funded by a variety of foundations and individual donations, our work covers child protective services, juvenile justice, mental well-being, health and fitness, early childhood, and the ways that each of those policy areas work together to shape children's lives and the future of Texas.

About Methodist Healthcare Ministries of South Texas, Inc.

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based not-for-profit organization dedicated to creating access to health care for the uninsured in South Texas through direct services, community partnerships and strategic grant-making. The mission of the organization is "Serving Humanity to Honor God" by improving the physical, mental and spiritual health of those least served in the Rio Texas Conference area of The United Methodist Church. Methodist Healthcare Ministries also works with similarly-focused organizations and state government in developing more socially conscious public policy.

The purpose is to change legislative perspectives and policies so the root of the problems of the underserved is addressed for the long-term. Our public policy agenda and advocacy efforts are guided by the Social Principles of The United Methodist Church and are carried out by increasing the public's understanding of how health policies impact their communities; strengthening and cultivating relationships with other groups concerned with health policy; and advocating for policies that enhance the health and well-being of families and their communities.

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EXECUTIVE SUMMARY

We all want Texas children to be healthy, do well in school, and grow up to succeed as our next generation of teachers, scientists, neighbors, co-workers, and leaders. This starts by ensuring parents are healthy and children have positive early experiences. To reach that goal, Texas policymakers must address perinatal depression.

Perinatal depression — also referred to as postpartum depression, maternal depression, or perinatal mood and anxiety disorders — is one of the most common complications of pregnancy.[1] In fact, perinatal depression affects one in seven new mothers in the United States and about one in six new mothers in Texas.[2] With symptoms that can begin during pregnancy and up to a year after the birth of a child, a new mother may face debilitating anxiety weeks after childbirth and major depressive episodes as she is trying to bond with her newborn, settle into a feeding routine, and help her baby grow and play.

Early screening and treatment of perinatal depression is critical for a mother's health and a child's health, brain development, and ability to succeed in school. Texas has taken steps in the right direction, yet further action is needed, including allowing more opportunities for pediatric providers to screen mothers for perinatal depression during well-child visits. In addition to early detection, Texas policymakers must also ensure that new parents can access effective mental health services and counseling, including peer supports, to address perinatal depression and support families.

With Governor Greg Abbott highlighting the issue during his 2014 gubernatorial campaign, and state leaders pledging to prioritize mental health in 2017, the Legislature is poised to make important strides on this issue.

This report is intended to highlight key issues and opportunities for Texas policymakers to address perinatal depression. To support healthy mothers and children and ensure children are on track for strong development and growth, we recommend Texas leaders take the following steps.

Early Detection of Perinatal Depression

1. Enact policy to allow pediatricians and other primary care providers to bill for screening mothers for perinatal depression during a child's Medicaid or Children's Health Insurance Plan (CHIP) well-baby visit.
2. Equip health care providers with better tools by establishing an online education module on perinatal depression screening and directing Medicaid managed care organizations (MCOs) to work with providers to identify referral options for mental health care in their service area.
3. Eliminate current coding and procedural issues that impede health providers from conducting perinatal depression screening and counseling for adult women enrolled in Medicaid for Pregnant Women.
4. Eliminate coding and procedural issues that impede providers from conducting perinatal depression screening and counseling for teens and adult women enrolled in Healthy Texas Women or the Family Planning Program.

Referrals to Care and Training Opportunities to Better Support Moms

5. Create a website for Texas providers and families that identifies mental health professionals, provides referral information, and identifies other programs that support parents, such as Texas' Home Visiting programs.
6. Increase training opportunities for clinicians and non-clinicians to learn about best practices for identifying and supporting women facing perinatal depression, including resources on making referrals to clinical and other support services.

Access to Care and Treatment

7. Apply for federal grants available to states under the 21st Century Cures Act to support screening, referral, and treatment of perinatal depression.
8. Increase access to perinatal depression services within Local Mental Health Authorities (LMHAs) and community health centers.
9. Increase access to community-based doula services for underserved women.
10. Improve access to affordable health insurance coverage for families.

BACKGROUND ON PERINATAL DEPRESSION

Perinatal depression is one of the most common complications of pregnancy.[3] About one in seven new mothers (14 percent) in the United States will experience perinatal depression,[4] and this rate rises to one in six (17 percent) for new mothers in Texas.[5] Perinatal depression is a range of mood and anxiety disorders and depressive conditions that may begin during pregnancy, in the weeks after delivery, or up to a year after childbirth.[6] Symptoms can include anxiety, panic attacks, feelings of guilt, shame, or hopelessness, loss of appetite, sleeplessness, and major depressive episodes.[7] About half of women who are later diagnosed with perinatal depression began experiencing symptoms during pregnancy.[8] In other cases, mothers feel symptoms six months after birth of a child.[9]

While all women are at risk, perinatal depression disproportionately affects certain groups — women from low-income households, teenage parents, and women with personal or family histories of depression. For parenting teens and women with low incomes, the rates of depressive symptoms are between 40 and 60 percent.[10]

Timely screening and treatment of perinatal depression is critical for a mother's health and a child's health, brain development, and school readiness. If untreated, perinatal depression can have devastating effects on families. Tragically, suicide is one of the top causes of maternal mortality in Texas, underscoring the need for prenatal and postpartum care to ensure women are screened and referred to mental health services before symptoms get worse.[11] Moreover, untreated perinatal depression can harm a child's development and can disrupt a child's stress response system, leading to a higher chance of behavioral problems, social disorders, and learning disabilities down the road.[12] The effects of untreated perinatal depression on children are far reaching:

- Child safety is at risk. Parents may be less likely to implement injury prevention measures, such as putting their baby on her back to sleep;[13]
- Children of mothers with untreated perinatal depression and related conditions are at increased risk of neglect or abuse;[14]
- Infants are more likely to be diagnosed with "failure to thrive," which can be seen in babies as early as two months old;[15]
- Perinatal depression can interfere with early bonding and parent-child interaction, which may lead to delays in language development;[16]
- Children are more likely to experience developmental delays, such as delays in language, cognitive, and motor development;[17]
- There is increased risk of sleeping and eating difficulties,[18] temper tantrums, and hyperactivity;[19]
- Children are more likely to experience behavioral and social-emotional problems, including social withdrawal, poor emotion regulation, and reduced empathy towards others;[20] and
- Children have a higher chance of experiencing depression or other mood disorders later in childhood and adolescence.[21]

In other words, as a new mother tries to console her crying baby or put her newborn to sleep, she could be facing onset of debilitating anxiety or suffering from a panic attack. Or, a parent suffering from perinatal depression may not be fully in-tune with her newborn's non-verbal cues or may not interact and play with her child in a way that encourages growth and development. A parent's mental health greatly impacts a child's health, growth, and development, making early detection and access to mental health supports critical for Texas families.

In addition to the health and emotional consequences, untreated perinatal depression can be devastating to the financial security and stability of new families across Texas. If untreated, mothers suffering from depression are more likely to become unemployed and less likely to be employed full time compared to non-depressed mothers.[22] This affects a family's income and the strength of Texas' workforce. Given the important role women play in today's workforce, it is in Texas' interest to make sure new mothers have access to mental health care and treatment to ensure a prosperous economy for years to come.[23]

Elaine Cavazos, a Licensed Clinical Social Worker who counsels families in Central Texas, provides insight on how perinatal depression impacts families:

"Perinatal mood disorders can be very isolating for the parent, so early detection and linking to a highly trained mental health professional really helps. Without treatment, a parent might struggle with hypervigilance, feeling overly protective, or might struggle to engage, feeling disconnected from the child and unable to respond to his or her needs. Children who are parented by a depressed or anxious caregiver are at greater risk for developmental delays, cognitive delays, and increased levels of stress and anxiety.

"When I see a woman really struggling with postpartum depression, I might notice all sorts of subtle signs between her and the baby. Mostly, I'll see a mother who can't relax and gaze calmly into her infant's eyes. I might not see her smile or coo to the baby. There have been times that I have noticed that, although the baby is upset, the mother feels as though she can't respond to his needs and instead looks to someone else to address them. It's not uncommon for a mom in this state to say something like, "I am no good with the baby."

"In my experience, this almost always improves quickly once the mother is in treatment. In therapy, we work to identify all of the ways she is connecting and bonding to the baby, even when it's hard for her to see that for herself."

—Elaine Cavazos

Licensed Clinical Social Worker (LCSW) in Central Texas and Clinical Director of the Pregnancy and Postpartum Health Alliance of Texas. Ms. Cavazos has seven years of experience counseling families facing perinatal mood and anxiety disorders.

PERINATAL DEPRESSION IS A TREATABLE CONDITION BUT IT OFTEN GOES UNRECOGNIZED OR UNTREATED

Evidence-based treatments for perinatal depression exist, including cognitive therapies, medication, and peer supports.[24] Yet, many women are not getting the help they need. Despite its prevalence, **over half** of cases of perinatal depression go undetected and undiagnosed.[25] Uninsured and low-income women are far less likely to receive treatment for depression. **In fact, more than one-third (37 percent) of low-income mothers with young children who have had a major depressive disorder do not receive any treatment**, compared to one quarter (25 percent) of their higher-income counterparts.[26]

Texas cuts off insurance coverage through Medicaid for Pregnant Women just 60 days after the birth of a child, meaning new mothers may become uninsured at a time when symptoms of perinatal depression are just surfacing. Texas has taken positive steps to address this by auto-enrolling women from Medicaid into Healthy Texas Women (one of the state's women's health programs) after the 60-day postpartum period ends and by including perinatal depression screening and limited treatment under Healthy Texas Women.[27] Yet, Healthy Texas Women does not provide comprehensive treatment or counseling for perinatal depression. **A limited benefit is allowed — such as screening, anti-depressant medications, and brief consultation with a primary care provider — but specialty care, including mental health counseling or therapy, is not covered.**

In Texas, many cases of perinatal depression may be going undetected and untreated. In October 2016, the Texas Health and Human Services Commission (HHSC) in coordination with the Department of State Health Services (DSHS) released a report on *Postpartum Depression Among Women Utilizing Medicaid*. The report noted that perinatal depression appears to be significantly underreported among Medicaid clients compared to statewide estimates from other data sources. In fact, based on Texas Medicaid claims and encounter data:

- The reported rate of perinatal depression among Texas Medicaid clients in 2014 was **80 to 90 percent lower** than statewide estimates and the national average;
- Reported rates of perinatal depression diagnoses also varied by region, with relatively lower diagnosis rates within the Texas-Mexico border region and higher rates in the Texas Panhandle and northeast Texas.[28]

While there may be several reasons for this underreporting, it is concerning that perinatal depression is going unrecognized during pregnancy and the postpartum period, particularly among women enrolled in Medicaid. Moving forward, a renewed focus on screening and detection — both during and after pregnancy — is essential in order to identify perinatal depression early and refer women to supports or mental health services before symptoms get worse.

OVER HALF

OF ALL CASES OF PERINATAL DEPRESSION GO

UNDETECTED

Data source: Beck CT. Postpartum depression: It isn't just the blues. The American Journal of Nursing. 106(5):40–50 (2006).

STATE LEADERS RECOGNIZE THE NEED TO ADDRESS PERINATAL DEPRESSION

State leaders have recognized that meeting the needs of mothers with perinatal depression benefits the entire family and is critical to prevent costlier health care expenses later. During Governor Greg Abbott's gubernatorial campaign in 2014, his Healthy Texans campaign platform called for action on perinatal depression to support mothers' health after their baby is born. Specifically, Governor Abbott called for adding perinatal depression screening and treatment to the types of services covered by CHIP Perinatal and Medicaid for Pregnant Women.[29]

Moreover, the HHSC Statewide Behavioral Health Coordinating Council, in its 2016 Strategic Plan for 2017-20121, recognized that mothers with perinatal depression are a unique population with distinct and specialized behavioral health needs.[30] The Council found that, even though the behavioral health delivery system in Texas is a person-centered approach, Texas faces challenges in serving many special populations with distinct needs, including mothers with perinatal depression. The Council also stressed that behavioral health providers should engage with individuals with distinct needs in outpatient settings — such as a therapist's office or behavioral health clinic — in order to improve mental health and prevent the need for a higher level of care, such as inpatient or hospital care.[31]

In its October 2016 Postpartum Depression Report, HHSC and DSHS developed specific recommendations for Texas. The report focused on ways to increase perinatal depression screening and treatment through the Medicaid program, increase the treatment of perinatal depression provided by the local mental health authorities, and improve continuity of care.[32] HHSC and DSHS made the following recommendations:

- **Increase Provider and Consumer Education:** The report recommends that the state formalize a state-approved perinatal depression curriculum or "toolkit" and require Medicaid managed care organizations (MCOs) to provide educational information to health providers on perinatal depression. The agencies also suggest using MCO communications with providers and other existing state websites to encourage providers to integrate these toolkits into their practices. The agencies emphasize requiring MCOs to include information on perinatal depression in welcome packets sent to pregnant women enrolled in Medicaid and through post-childbirth letters to new mothers.

> "Pregnancy and the postpartum period present unique opportunities for screening, diagnosing, and treating depression due to the consistent contact women have with the healthcare delivery system during this time. Diagnosing and treating symptoms of postpartum depression benefits both the mother and her family; children's mental and behavioral disorders improve when maternal depression is in remission."
>
> **—Governor Greg Abbott**
> "Healthy Texans Plan," 2014 gubernatorial campaign

- **Establish State Referral Resources:** HHSC and DSHS recommend establishing a statewide website for providers and consumers that includes referral information and identifies mental health providers by area.

- **Increase Perinatal Depression Services at Local Mental Health Authorities (LMHAs):** The 37 LMHAs in Texas are community mental health centers that offer services to eligible youth and adults. LMHAs also operate a hotline and crisis outreach services in communities. As noted above, Medicaid coverage is available during pregnancy and up to 60 days after birth of a child. HHSC and DSHS noted that referrals to LMHAs need to occur **prior to delivery** so women are able to access needed mental health care immediately, while they have Medicaid coverage.

  Additionally, the report found that, under current practices, many instances of perinatal depression "are not appropriately referred to LMHAs." A woman who has screened positive after completing a screening tool with her provider (e.g. Edinburgh Postpartum Depression Scale) may be referred to an LMHA. But, it's possible many referrals are not sent with the specific diagnosis of "Major Depressive Disorder," which is a diagnosis that LMHAs have historically prioritized so individuals are seen quickly without a waitlist.[33] This prioritization has helped ensure crisis resolution and timely treatment. While the report does not specify this, additional guidance to health care providers on best practices for referrals to LMHAs could help ensure pregnant women and mothers are referred and able to receive mental health care as soon as possible.

- **Develop Reimbursement Strategies that Incentivize Screening and Treatment:** The report recommends the state urge MCOs to develop innovative payment structures that encourage providers to screen for perinatal depression and work with patients to get treatment.

TREATING PERINATAL DEPRESSION CAN REDUCE STATE COSTS

Prevention and early treatment of perinatal depression lead to healthier families and help reduce costs for the state.

When undiagnosed and untreated, depression during pregnancy increases the risk of premature birth,[34] which is a substantial cost to our Medicaid program. **In Texas, the average cost to Medicaid for premature infants is 200 times higher than the cost of healthy, full term births.**[35] Making sure perinatal depression is detected and treated early will continue the state's efforts to improve birth outcomes and reduce Medicaid costs.

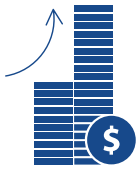
Research shows that women facing perinatal depression after birth of a child incurred 90 percent higher health services expenditures and were four times more likely to have emergency room visits compared to non-depressed women.[36] Earlier identification and treatment of maternal depression can divert women from costly emergency room care, which is paid for by the state and local communities if a woman is uninsured.

Healthy mothers are more likely to raise children who are healthy and developmentally ready for school, which reduces state and community costs for services like Early Child Intervention (ECI), physical and mental health care, special education, and even child welfare and juvenile justice involvement. Children of mothers with untreated perinatal depression are more likely to be hospitalized for preventable conditions, such as untreated asthma and increased suicide attempts.[37]

UNTREATED PERINATAL DEPRESSION IS EXPENSIVE

Women with untreated perinatal depression:

are 4 times more likely to visit the emergency room



have 90% higher health care costs

Compared to non-depressed women, controlling for demographics, health status, and other characteristics.
Dagher, Rada K.; McGovern, Patricia M.; Dowd, Bryan E.; Gjerdingen, Dwenda K. Postpartum depression and health services expenditures among employed women. Journal of Occupational & Environmental Medicine. 54(2):210-215 (Feb 2012)

POLICY RECOMMENDATIONS

Over the years, Texas has taken steps in the right direction. Yet, key steps are needed to improve early screening, referral, and treatment of perinatal depression and ensure the health and well-being of children and families.

Early Detection of Perinatal Depression

The first step to addressing perinatal depression is making sure pregnant women and new mothers are screened for symptoms before the condition becomes more severe. Since **over half of patients with perinatal depression go undiagnosed**[38] and perinatal depression is significantly underreported among women in Texas Medicaid (see above), early detection is key to starting the process of recovery. To meet this goal, Texas should:

1. **Enact policy to allow pediatricians and other primary care providers to bill for screening mothers for perinatal depression during a child's Medicaid or CHIP well-baby visit.** Primary care providers frequently interact with mothers during a child's first year of life, thus providing greater opportunities to detect perinatal depression early.[39] Recognizing that a mother's mental health is an integral component of an infant's well-being, the American Academy of Pediatrics recommends screening mothers for perinatal depression during well-child visits.[40] In fact, research shows that screening at well-child visits during the first year of life has led to significant increases in recognizing perinatal depression.[41] Screening allows providers to respond with appropriate levels of care — such as medical therapy, medication, and/or referrals — before symptoms get worse.

   In May 2016, the Centers for Medicare and Medicaid Services (CMS) issued guidance clarifying that state Medicaid agencies may cover maternal depression as part of a well-child visit.[42] CMS affirmed that, "since the maternal depression screening is for the direct benefit of the child," state Medicaid agencies may allow these screenings to be billable under the child's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The EPSDT benefit — referred to as Texas Health Steps in Texas — is Medicaid's comprehensive child health benefit. EPSDT ensures that children under age 21 enrolled in Medicaid can access preventive and comprehensive care, including periodic screenings, well-child exams, and treatment services. The May 2016 guidance also emphasized that states have flexibility to develop their own reimbursement mechanisms and included examples of reimbursement structures other states have adopted thus far.

   Ten other states have clarified that primary care providers may bill for perinatal depression screenings under the child's Medicaid plan, if the screening is conducted at a well-child visit or other pediatric visit and uses an approved standardized screening tool.[43] When Virginia was considering whether to adopt this policy, the state concluded that identifying and addressing perinatal depression provides state cost savings by preventing developmental delays and thereby reducing service expenditures needed to address developmental delays in children.[44] Texas should take a similar step in Medicaid and CHIP policy to improve early detection of perinatal depression during well-child visits.

   Indeed, this step is also recommended in the recent report by the Texas House Select Committee on Mental Health, which spent significant time in 2016 examining key mental health issues for lawmakers to address. Recognizing the need to improve maternal mental health during and after pregnancy, the Committee's report urges state leaders to consider allowing pediatricians to screen new mothers for perinatal depression during babies' well checks.[45]

   Moreover, a recent update to national clinical guidelines for children's health further recognizes perinatal depression screening as part of routine well-child care. The AAP recently updated the

Bright Futures/American Academy of Pediatrics Periodicity Schedule for well-child visits — a nationally recognized set of clinical guidelines for infant, child, and adolescent health screening and care. Under the February 2017 updates, the *Bright Futures/AAP Periodicity Schedule* recommends "screening for maternal depression at one-, two-, four-, and six-month visits."[46] While AAP has for many years recommended integrating maternal depression screening into the well-child care, this is the first time these screenings have been included in the *Bright Futures/AAP Periodicity Schedule*. This recent step is important because many states, including Texas, base their Medicaid EPSDT benefit on the *Bright Futures/AAP Periodicity Schedule*.

With recent changes and a renewed focus on perinatal depression screening as part of routine well-child care, Texas should take this opportunity to update policies to ensure that Medicaid and CHIP covers perinatal depression screening during a child's Medicaid or CHIP well-child visit.

2. **Equip health care providers with better tools by establishing an online education module on perinatal depression screening and directing Medicaid MCOs to work with providers to identify referral options for mental health care in their service area.** Many Texas pediatricians and primary care physicians already screen new mothers for perinatal depression using validated screening tools. In line with the HHSC Postpartum Depression Report's recommendation to increase provider and consumer education, it is important that more primary care providers have the tools they need to incorporate perinatal depression screenings into their practices. One way to do this is by creating a Texas Health Steps online education module focused on perinatal depression.[47] Texas Health Steps, administered through Texas HHSC, offers award-winning, free continuing education online courses for primary care providers and other health professionals to boost their skills and knowledge in critical areas, such as the Zika virus, pediatric head injury, and effective asthma management, among others. Texas can improve early detection of perinatal depression if more clinicians — including obstetrician/gynecologists, pediatricians, family practice providers, and nurses — are trained on the validated screening tools used to detect perinatal depression and ways to incorporate screening and counseling into prenatal and well-child care.[48]

An Innovative Approach in Houston

The Pavilion for Women at Texas Children's Hospital in Houston, Texas has implemented an innovative project to improve early detection and better serve women facing perinatal depression. Since October 2014, Texas Children's Hospital has utilized Delivery System Reform Incentive Payments (DSRIP) funding under Texas' 1115 waiver to train obstetricians and pediatricians to screen for perinatal depression using validated screening tools and incorporate screening in both obstetric and pediatric practices. Through the Women's Mental Health DSRIP Project, they have successfully trained over 100 clinicians and staff at four obstetric practices and eighteen pediatric practices within the Texas Children's Hospital network.

As part of this project, Texas Children's Hospital also set up an integrated referral system so that mothers who are screened and identified as at risk of perinatal depression may be referred to a dedicated treatment source for mental health care. Through partnerships between Texas Children's Hospital's psychiatry department and obstetric and pediatric clinics, trained providers send referrals to one place so staff can contact patients quickly to schedule follow-up care. Through effective coordination of care, the Women's Mental Health DSRIP Project has seen an **80 percent follow-through rate** of patients completing an appointment for follow-up mental health care within 60 days of referrals.

Increasing provider education also means making sure pediatricians and primary care providers know where they can refer parents for mental health care, if needed. Medicaid MCOs play a critical role here. The state should work with MCOs to identify mental health referral options in each service area and provide referral network information to providers.

3. **Eliminate current coding and procedural issues that impede health providers from conducting perinatal depression screening and counseling for adult women enrolled in Medicaid for Pregnant Women.** Medicaid for Pregnant Women offers routine care for prenatal and postpartum visits as well as mental health treatment and counseling if needed.[49] However, the Medicaid program does not separately reimburse when providers screen adult women for perinatal depression. In contrast, Children's Medicaid covers specific billing codes for mental health screening when pregnant and postpartum teens are screened.

   Alignment between these two programs is needed so Medicaid providers may bill and receive reimbursement for procedure codes related to perinatal depression screening, counseling, and treatment when services are rendered. This is particularly important given that HHSC found that perinatal depression is significantly underreported among Medicaid clients compared to statewide rates. Resolving coding issues will help ensure more women are screened during and after pregnancy, more women receive appropriate services earlier, and costs are reduced by improving infant development and maternal health.

4. **Eliminate coding and procedural issues that impede providers from conducting perinatal depression screening and counseling for teens and adult women enrolled in Healthy Texas Women or the Family Planning Program.** In mid-2016, Texas launched Healthy Texas Women (HTW) and the Family Planning Program (FPP) to offer women's health care, preventive health screenings, and family planning, including contraception, at little or no cost to eligible low-income women and men. These preventive health programs are an important step for women's health in the state.

   HTW and FPP offer a limited benefit for perinatal depression. FPP covers initial and repeated screenings for perinatal depression during an office visit, but not treatment. HTW covers perinatal depression screening and limited treatment, such as antidepressant medications and basic consultation with a primary care provider.[50]

   Within the benefits covered under FPP (screening) and HTW (screening and limited treatment), there has been confusion among providers, particularly about which billing codes to use when administering the screening tool and when consulting with a patient about perinatal depression. Also, providers need additional guidance on identifying and referring to local mental health professionals who serve new mothers. HHSC should clarify the recommended procedures to providers so they can better serve women and utilize this new benefit.

Referrals to Care and Training Opportunities to Better Support Moms

Screening alone is insufficient to improve health outcomes. Once a woman is diagnosed with perinatal depression, it is equally important that she can identify where to go for mental health supports or counseling — and that the professionals she turns to understand the signs, symptoms, and mental health needs of perinatal depression. To meet that goal, policymakers should:

5. **Create a website for Texas providers and consumers that identifies mental health professionals, provides referral information, and identifies other programs that support parents, such as Texas' Home Visiting Programs.** In its recent Postpartum Depression Report, HHSC recommended Texas create state referral resources by setting up a website identifying mental health professionals and providing information on referral options. Local initiatives like this are underway. For instance, the Pregnancy and Postpartum Health Alliance of Texas offers a map of Austin-area services, including psychiatrists, therapists, support groups, and doulas that serve women facing perinatal depression.[51] A statewide referral network website would significantly help clinicians and families identify mental health providers and other support programs in their area to get the services they need to stay healthy and raise healthy children.

Each family may need different kinds of support. One mother may require mental health therapy and/or medication, while another new mother may benefit greatly from participating in a support group, or one of Texas' Home Visiting programs. For instance, Early Head Start-Home Based (EHS-HB), which serves pregnant women and families with children up to age three, is a 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.[52] State referral resources should include the range of assistance available, from mental health professionals to other support programs that serve women across the state.

6. **Increase training opportunities for clinicians and non-clinicians to learn about best practices for identifying and supporting women facing perinatal depression, including resources on making referrals to clinical and other support services.** The state has taken steps to improve education and awareness of perinatal depression, such as a DSHS "Grand Rounds" webinar on postpartum depression and educational materials during Postpartum Depression Awareness month. Yet, more training opportunities on perinatal depression are needed and should target the range of providers serving children and parents: obstetricians and gynecologists, pediatricians, family practice providers, nurses, community mental health providers, peer specialists, social workers, home visiting providers, and Early Childhood Intervention (ECI) contractors. Additional training opportunities would help a broader array of providers that serve families understand the signs of perinatal depression and the unique needs of this population.

   The state can tap into existing programs to ensure more trainings are available. For example, Texas can encourage professionals serving children and families to complete Postpartum Support International (PSI) Certificate Trainings and continuing education courses. PSI offers a two-day training on perinatal depression that is nationally recognized and evidence-based. The training program is designed for clinicians and non-clinicians (health providers, social workers, doulas, and social support providers) to help understand perinatal mood disorders, screening tools, risk factors, and prevention and identify ways to engage mothers and fathers so that professionals can better serve their clients or patients. Additionally, PSI and 2020Mom offer an online webinar series on maternal mental health developed by experts in perinatal mental health and tailored to mental health and clinical professionals.[53]

   Another avenue to make trainings available is by adding an "endorsement" training program on perinatal depression to Texas' existing peer specialist certification program.[54] Peer specialists use their lived experience of recovery from mental health or substance use condition — plus skills learned in formal training — to help individuals through recovery from their condition(s). Peer services are cost-effective and used in community clinics and LMHAs to complement (not replace) traditional mental health services.[55]

   Texas has an official certification process for peer providers, which includes required training and testing to become a Certified Peer Specialist (CPS).[56] Peer specialists can receive further endorsement trainings to enhance skills and knowledge in specialized areas. For instance, Via Hope, the organization contracted with Texas to implement peer training and certification, offers endorsement trainings on trauma-informed peer support, peer support for veterans, and trainings for peer specialists working with people re-entering the community from incarceration. Additional endorsement trainings focused on perinatal depression would help peers tailor their services to meet the unique needs of women facing perinatal depression.

Access to Care and Treatment

The type of service a mother needs may vary, ranging from antidepressant medication to mental health counseling to support provided from trained doulas before, during, and after birth. To truly address perinatal depression and improve health for mothers and infants, new mothers need meaningful, timely access to affordable mental health treatment and counseling, as well as community-based resources.

To meet this goal, Texas leaders should:

7. **Apply for federal grants available to states under the 21st Century Cures Act to support screening, referral, and treatment of perinatal depression.** Passed with broad bipartisan support in 2016, the federal 21st Century Cures Act aims to facilitate medical research and improve treatments and cures for chronic conditions. The law includes several mental health provisions, including one authorizing federal grants to states to develop, maintain, or expand programs for screening and treatment of perinatal depression. Up to $5 million total grant funding will be available to distribute to at least three states annually. Texas could use this grant opportunity to expand or develop new programs focusing on perinatal depression. This could include training providers to screen for perinatal depression, upgrading the statewide website to link families to support services and mental health professionals, and increasing capacity at LMHAs and community health centers to offer mental health services to mothers facing perinatal depression.

8. **Increase access to perinatal depression services within LMHAs and community health centers.** It is critical that safety-net providers across the state have capacity and trained professionals to offer perinatal depression treatment and supports. In its Postpartum Depression Report, HHSC specifically recommends the state increase postpartum depression services provided by LMHAs and improve referrals to LMHAs, particularly referrals before delivery while a woman still has Medicaid coverage. The state should provide guidance and assistance to LMHAs in serving this population, including how to help plan for continuity of care for women once they are no longer covered by Medicaid.

   The state can increase access to perinatal depression services within LMHAs by making peer support services a Medicaid-billable service. As noted above, peers 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). Most Texas LMHAs utilize peers to offer clients peer-provided mental

An Innovative Approach in Central Texas

The **Pregnancy and Postpartum Health Alliance of Texas (PPHA)** is a volunteer-driven non-profit dedicated to increasing support for families facing perinatal depression in Central Texas. In addition to a website and database of local providers with expertise in treating perinatal depression, PPHA offers several programs.

- The **Psychiatric Voucher Program** provides financial assistance to women who need to be evaluated by a psychiatrist for medical management and treatment for perinatal depression. The vouchers are provided directly to the psychiatrist and the amount of assistance is determined on a sliding scale. The voucher program is designed to help women who are underinsured or uninsured access psychiatric services. Psychiatrists in the voucher program agree to see mothers within two weeks of the initial phone call.
- The **Therapy Voucher Program** is a new program to help postpartum women seek therapy services from a highly trained psychotherapist (e.g., licensed professional counselor, social worker, or psychologist). This program is similar to the Psychiatric Voucher Program in that it provides financial assistance in the form of a voucher directly to the therapist. The woman can receive this assistance for up to eight therapy visits.
- The **Postpartum Doula Program** matches new mothers with a specially trained postpartum doula for up to 20 hours of in-home support.

health services; however, Medicaid currently does not cover or reimburse for peer services for mental health conditions.[57] CMS has encouraged states to increase innovation and integrate peer services into their Medicaid programs as part of the state's behavioral health model of care.[58] The current framework in Texas limits opportunities for many Texans — including pregnant women and new mothers facing perinatal depression — to benefit from peer-provided mental health services. Texas has a shortage of mental health professionals, including a decreasing number of mental health providers accepting new Medicaid clients.[59] Increasing access to peer support services can help mitigate this issue and greatly benefit women at a critical time. Making peer support services a Medicaid-billable service would help increase the capacity and workforce available to offer mental health services and supports to pregnant and postpartum women.

Moreover, community health centers can increase women's access to perinatal depression services by co-locating mental health providers within their primary care setting, or when there is a lack of mental health providers within the community, by using telehealth technology. Increasing the use of telemedicine and telehealth to address mental health workforce shortages is recommended by the Senate Health and Human Services Committee in its Interim Report to the 85th Legislature.[60] The report references the TeleHealth Counseling Clinic out of Texas A&M University, which provides counseling and assessment services via telehealth free of charge to underserved individuals living in the Brazos Valley.[61] In this case, services are provided by counseling and clinical psychology doctoral students. Innovative practices like this one can increase access to services while also providing an opportunity to better equip the emerging mental health workforce to address perinatal depression.

9. **Increase access to community-based doula services for underserved women.** Doula services — which include non-clinical emotional, physical, and informational support provided by trained doulas during pregnancy, labor, and in the months after childbirth — have been proven to improve

the health of mothers and babies. Studies show doula care reduces the risk of perinatal depression, helps identify perinatal depression, and improves mother-child bonding, among other benefits.[62] They offer evidence-based information to mothers on both emotional and physical recovery from birth, and when necessary, they can make referrals for additional services a woman may need.[63] The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) recommend community-based doula programs as a strategy to meet the needs of vulnerable and high-risk mothers and families.[64]

While some insurance plans cover doula services, the majority of doula services are paid for by parents themselves. This leaves uninsured and low-income women with very limited access to postpartum doula supports. CMS allows state Medicaid programs to cover doula services under regulations allowing reimbursement of preventive services provided by non-licensed service providers.[65] Texas should take advantage of this revision to amend its Medicaid State Plan to cover doula support. Additionally, communities can include access to doula support through new and existing Delivery System Reform Incentive Payment (DSRIP) waiver programs.

10. **Improve access to affordable health insurance coverage for families.** Early screening and treatment for perinatal depression is vital to the health of mothers and babies. Yet, lack of health insurance may prevent a new mother from getting needed care. **One in four (27 percent) Texas women of childbearing age between ages 15 and 44 does not have health insurance — that is more than 1.5 million women in Texas.**[66] When women lose Medicaid 60 days after birth of a child, coverage for perinatal depression is extremely limited. Women living in urban counties with comprehensive safety-net programs may be able to access limited mental health care, but women living in rural and suburban counties are not as fortunate. Implementing comprehensive coverage would ensure access to the needed array of perinatal depression treatment options and improve health for mothers and children in Texas.

    The Texas House Select Committee on Mental Health, which spent significant time in 2016 examining key mental health issues for lawmakers to address, looked at this issue as it examined some of the gaps in postpartum mental health care. In its report to the 85th Legislature, the Committee recommended additional funding to address postpartum care, including increasing the length of Medicaid coverage from 60 days to one year after birth of a child to ensure more women are screened and receive treatment for perinatal depression.[67]

CONCLUSION

Affecting one in six Texas mothers, perinatal depression is the most common complication of pregnancy and can have long-lasting, devastating effects on women, children, and families if untreated. While the state has taken steps in the right direction, more action is needed to improve early detection, strengthen referrals to follow-up care, and ensure mothers have access to trained professionals and mental health care that meet their needs. These are critical steps in Texas' broader effort to improve maternal and child health, address mental health throughout the state, and reduce costs to the state. State leaders should act on these opportunities to support healthy mothers and children and ensure children are on track for strong development, growth, and success.

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[55] Peer supports do not replace professionals but their participation on the behavioral health care team can provide a different perspective and improve outcomes.

[56] Texas Department of State Health Services (DSHS) works with Via Hope Texas Mental Health Resource to provide training, education, and certification for individuals to become certified peer specialists. At this time, Via Hope is the only entity in the state that offers a Peer Specialist Certification Training that is recognized by the Texas DSHS. The Peer Specialist Certification course is a 43-hour training followed by a written certification exam. Individuals must successfully complete both to become a Certified Peer Specialist (CPS). Once certified, a peer specialist must earn at least 20 Continuing Education Units every two years to maintain his or her certification. There is a separate, but similar, process to become either a Certified Recovery Support Specialist or Certified Recovery Coach for substance use disorders.

[57] In Texas, reimbursement for peer services is currently limited to Rehabilitative Services – peer supports for mental health conditions are excluded. This limits opportunities for many Texans to benefit from these services.

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[66] Center for Public Policy Priorities and Kids Count. State of Texas Kids 2016. (May 2016). Available at http://forabettertexas.org/images/KC_2016_SOTCReport_web.pdf.

[67] Texas House Select Committee on Mental Health. Interim Report to the 85th Legislature. (Dec. 2016).

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