

## Behavioral Health Initiatives

*Objective 6.1: Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.*

### Mental Health Consultation and Resource Network (MHCRN)



*Partnership with Kansas' Psychiatric Access Programs (HRSA-funded PMHCA and MMHSUD Programs):* To simplify access to psychiatric consultation and resource support for providers across the lifespan, Kansas advanced consolidation of its psychiatric access programs, Kansas Connecting Communities (KCC) and KSKidsMAP, into a unified system known as the Kansas Mental Health Consultation and

Resource Network (MHCRN). This effort was designed to reduce fragmentation, streamline outreach, and create a single, recognizable entry point for providers seeking consultation, training, care coordination, and referral support for perinatal, infant, child, and adolescent mental health needs. Through MHCRN, providers can access support for both programs via a single centralized phone number and entry pathway, improving clarity and ease of engagement.

As a foundational step, the [MHCRN webpage](#) was launched as a centralized landing page to support outreach and joint promotion of KCC and KSKidsMAP services. The webpage consolidates program information, referral pathways, and outreach materials to support providers and partners navigating consultation and resource options across populations. Launch of the webpage and broader program consolidation efforts were announced at the October Kansas Maternal and Child Health Council (KMCHC) meeting, reaching approximately 43 attendees.

To further integrate MHCRN into broader maternal and child health systems, an overview of MCH Behavioral Health Resources was presented to the Family Advisory Council (FAC) on January 24, 2025. This presentation highlighted provider-facing resources, including MHCRN, alongside family-facing supports such as the National Maternal Mental Health Hotline, Postpartum Support International support groups, PAX Tools, and Erica's Lighthouse. Approximately 27 participants attended the virtual session.

To further support ongoing provider outreach and recruitment, a promotional video for the Mental Health Consultation and Resource Network was developed and published on the MHCRN webpage. The video introduces Kansas' psychiatric access programs under the MHCRN umbrella and serves as a key outreach tool to reinforce the single-network approach and encourage provider enrollment and utilization.

Psychiatric access programs across the country have become interested in consolidating their specialty population infrastructure, and Kansas is recognized as a

leader. Program leadership was invited to present on a panel with Missouri and Virginia during an HRSA all-grantee optional meeting focused on strategic marketing. Representing the Kansas MMHSUD program, the presentation highlighted Kansas's co-branding approach, consolidation strategy, and use of shared outreach tools to promote both perinatal and pediatric psychiatric access programs. Approximately 75 individuals attended the session.

With the MHCRN established and a strategic marketing plan in place, the focus shifted to program sustainability. With PMHCA funding scheduled to conclude in September 2026, sustainability is critical for the continuation of KSKidsMAP. As such KSKidsMAP applied and was selected to participate in the Long-Term Financing Community of Practice (CoP) convened by the National Network of Child Psychiatry Access Programs (NNCPAP) in partnership with the American Academy of Pediatrics (AAP). Kansas joined five other states, Indiana, New Hampshire, New Mexico, Ohio, and Maine, in this four-session Community of Practice, which took place from June through September 2025. The purpose of the CoP was to foster collaboration among PMHCA programs, AAP chapters, Medicaid partners, and other key stakeholders to identify sustainable funding pathways beyond time-limited federal grants. Kansas convened a multidisciplinary team that included the KDHE, KSKidsMAP contractors, the Kansas Chapter of the American Academy of Pediatrics, and Sunflower Health Plan, which serves as the KSKidsMAP Advisory Council Chair.

Through structured activities and peer learning, the Kansas CoP developed a relationship map to clarify existing partnerships and financing levers, and a finance strategy action plan to guide sustainability efforts. The action plan identified two primary goals: 1) securing funding to continue full program operations, and 2) leveraging braided and blended funding strategies to support individual program components. A third, overarching goal focused on strengthening communication strategies to align partners and elevate the value of psychiatric access programs among decision-makers.

As a result of this work, the Kansas team expanded CoP membership to include the perinatal psychiatric access program team and additional key stakeholders, reflecting a broader, cross-program approach to sustainability. The group committed to ongoing monthly meetings to continue advancing financing strategies and coordinating efforts to sustain and strengthen Kansas' psychiatric access programs.

Specific activities facilitated by Kansas' Psychiatric Access Programs are included in the Women/Maternal, Perinatal/Infant, Child, Adolescent, and Children with Special Health Care Needs sections of the reports.

### **Other Behavioral Health Activities**

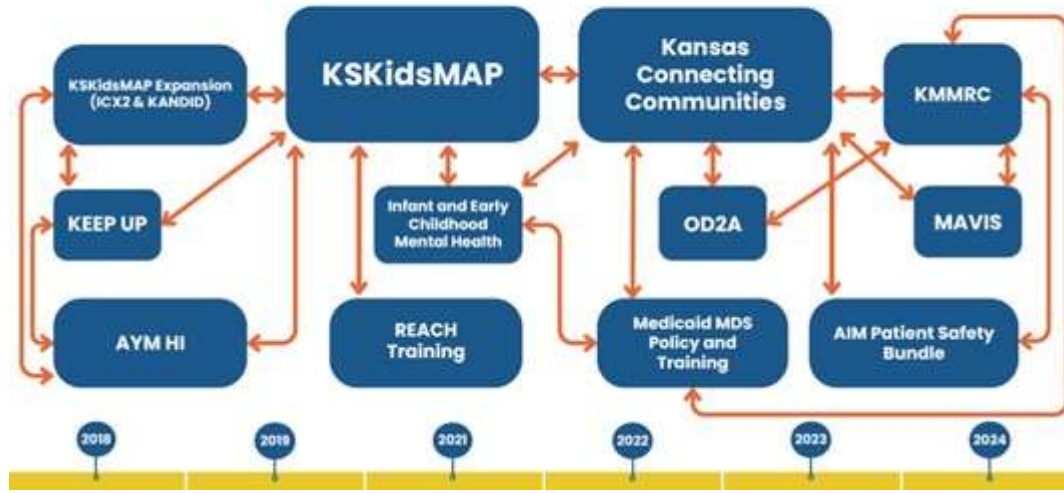
#### **2025 AMCHP Conference Presentation**

Kansas presented Bridging Gaps in Mental Health Care: Integration of Workforce Development Programs in a Rural State at the Association of Maternal & Child Health Programs (AMCHP) 2025 Conference, highlighting the state's long-standing, collaborative approach to addressing behavioral health workforce shortages and

capacity building approaches across maternal, child, and adolescent populations. Presented in partnership with the University of Kansas School of Medicine–Wichita, the session traced Kansas’ integrated workforce development efforts from 2018 to present, including initiatives such as REACH PPP (REsource for Advancing Children’s Health In Pediatric Primary Care) training, the Kansas Maternal Mortality Review Committee establishment, its findings and actions, securing federal grant funding to initiate key programs like Kansas Connecting Communities, KSKidsMAP, MAVIS (Maternal Anti-Violence Innovation and Sharing), Alliance for Innovation on Maternal Health (AIM), AYM-HI (Addressing Youth Mental and behavioral Health Illness in primary care), KEEP UP (Kansas Educating Excellent Psychologist and psychiatrists for Underserved/rural youth Patients), OD2A (Overdose Data to Action), and later KSKidsMAP Expansion for school-based support and autism-focused activities, policy advancement (e.g., Medicaid Maternal Depression Screening policy), and infant and early childhood mental health initiatives. The presentation demonstrated how highly coordinated, cross-program infrastructure has enabled Kansas to maximize limited specialist capacity in a largely rural state while strengthening prevention, early identification, treatment, and follow-up across systems. Approximately 50 participants attended the breakout session.



# Kansas Collaborations



## Recognizing and Responding to Persons with Mental Illness Training

KS MCH established a new partnership this Report Period with Mental Health America of the Heartland (MHAH) to further expand its reach and meet the needs of families who interact with the system through non-traditional entry points – law enforcement and crisis experiences.

Law Enforcement Officers and first responders are often the first to encounter individuals in crisis. Yet, many are not equipped with the training to de-escalate situations involving mental health challenges effectively. This gap in knowledge and response can lead to misunderstandings, escalated conflict, and even cause harm. By providing specialized training, we can enhance officers' ability to identify signs of mental illness, improve their interactions with individuals in crisis, and ensure more compassionate, effective, and trauma-informed responses that prioritize safety and well-being for all involved.

"Recognizing and Responding to Persons with Mental Illness" training is an alternative to Crisis Intervention Team (CIT) training, with a modified curriculum, for law enforcement officers and first responders in rural, frontier, and other small areas. In these communities where the first responder workforce is limited, it is neither reasonable nor realistic for agencies to cover travel expenses and staff time for a 40-hour training. MHAH adapted and condensed training components into an 8-hour training offered in an in-person and virtual hybrid format.

The first of four planned trainings occurred during this Report Period in Mankato, KS (population: 836), with a virtual option available. Four first responders attended in person, while 57 attended virtually. Of the 61 who attended the event, most individuals were law enforcement (18; 29.5%) and corrections (13; 21.3%).

## Trauma-Informed Approach Initiatives

*Objective 6.2: Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% by 2025.*

#### *KAAP Trauma-Informed Care and Relational Health Summit*

KS MCH participated in the Kansas Chapter of the American Academy of Pediatrics (KAAP) Trauma-Informed Care and Relational Health Summit, a multi-sector convening focused on advancing a coordinated, statewide approach to trauma-informed care (TIC) and relational health. The Summit was built on prior planning efforts initiated in June 2024 and brought together partners from KAAP, the Kansas Department of Health and Environment (KDHE), the Kansas Department for Aging and Disability Services (KDADS), United Methodist Health Ministry Fund, Kansas Health Institute, Wichita State University–Community Engagement Institute, University of Kansas School of Medicine Department of Pediatrics, and behavioral health clinicians.

Participants reviewed the current Kansas landscape across health, early childhood, education, and social service systems; examined the role of EPSDT (Early and Periodic Screening, Diagnostic and Treatment) and pediatric settings in identifying and responding to trauma; and prioritized two to three high-impact actions to expand trauma-informed practices statewide. Discussions emphasized the need for alignment across organizations and systems to ensure trauma-informed principles are embedded in policy, practice, and payment structures.

The Summit articulated a shared vision for trauma-informed care in Kansas that addresses trauma across the individual, family, organizational, and community levels, with an emphasis on prevention, healing, and long-term health. Key elements of this vision include a statewide network of trauma-informed providers, consistent and equitable screening and referral pathways, ongoing workforce training, and payment models that support evidence-based, trauma-informed care practices. Participants also highlighted the importance of promoting resilience among healthcare, childcare, and education professionals to reduce secondary trauma and sustain a healthy workforce. This healing-centered, systems-aligned approach is foundational to improving long-term health outcomes for Kansans.

#### **Social Determinants of Health Initiatives**

*Objective 6.3: Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.*

#### *KPCC/BaM Health Equity Opportunity Project (HEOP)*

Low literacy and the educational inequities that contribute to it represent a significant and persistent barrier to health equity. Health equity requires that all individuals have a fair and just opportunity to achieve optimal health outcomes; however, low literacy undermines this goal by limiting individuals' ability to access, understand, and act on health information and services. These barriers directly affect informed decision-making

and self-advocacy and are necessary factors in reducing maternal morbidity and mortality.

Recognizing health literacy as a modifiable determinant of maternal health outcomes, the Becoming a Mom® State Aggregate Reports for 2022 and 2023 identified the need to prioritize health literacy by developing a low-literacy version of the curriculum. Phase one of the initiative launched in FFY24 with the establishment of a multi-site Becoming a Mom (BaM) workgroup. This workgroup conducted a comprehensive review of the existing curriculum to identify accessibility barriers and recommend adaptations to better serve individuals with limited literacy, incorporating culturally responsive design principles and supplemental support.

Continued progress on the Health Equity Opportunity Project during this reporting year further underscored the need for a low-literacy curriculum in Kansas. According to the 2024 Becoming a Mom® State Aggregate report, BaM/Cb participants have lower educational attainment than the broader Kansas birth population during the same timeframe. Notably, 44.2% of BaM/Cb participants have a high school diploma or GED, compared with 37.2% of all Kansas births. These disparities highlight the importance of ensuring maternal health education is accessible to those most at risk of adverse outcomes.

Phases two and three, which occurred during FFY25, have focused on developing and preparing for the implementation of the adapted curriculum. This includes graphic design and adaptation to a largely image-based curriculum, with local field testing of the new material. The revised curriculum uses simplified and plain-language text and is designed to support comprehension across literacy levels. It will be available in both English and Spanish to address linguistic access and cultural relevance. Distribution and implementation are planned for mid-2026.

By reducing literacy-related barriers to maternal health education, this initiative advances health equity by equipping pregnant and postpartum individuals with accessible, actionable information that supports informed decision-making, strengthens self-advocacy, and promotes better maternal and infant outcomes across diverse communities.

# Color and Image Guide

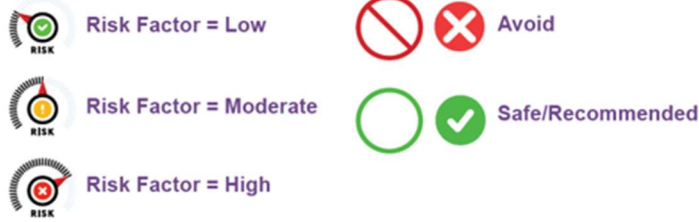
## Background Colors

Background shading indicates the following levels of recommendation:



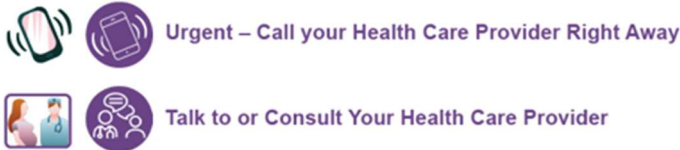
## Graphics

The following images highlight risk levels and the appropriate use recommendations:



## Contact Your Health Care Provider

The following images indicate IF and WHEN to speak to your health care provider:



# CHEMICAL AND SAFETY

BECOMING A MOM: SESSION 2, HANDOUT 13

### Chemicals to avoid during pregnancy:

- Cigarette smoke, including secondhand smoke
- Solvents, such as alcohols, degreasers, paint thinners and stain and varnish removers. Lacquers, silk-screening inks and paints contain solvents.
- Weed killer
- Liquids that have strong smells, such as turpentine.
- Lead
- Methylmercury in fish
- Exhaust
- Mold and mold cleaners
- Air pollution

### What you can do to help protect yourself and your baby:

- Don't smoke and ask people not to smoke around you.
- Wash your hands well before eating or drinking. Wash your hands after you use the bathroom.
- Wear gloves or a face mask. Wear long-sleeved shirts, pants and boots if you work with toxic chemicals.
- Take a shower and wash your hair if you've used or been exposed to toxic chemicals.
- If you've been exposed to someone who has an infection, ask your health care provider if you should be tested for the infection.
- Understand which hair treatments may increase risks. Visit [motherstobaby.org](http://motherstobaby.org).
- Read product instructions to know how to store and dispose of chemicals safely. Don't re-use containers that had chemicals in them to store other substances.

### Work safety tips:

- If you work with solvents at your job, talk with your boss. You may be able to change job responsibilities to help keep you and your baby safe during pregnancy.
- Air out your work area. Open a window or use a fan.
- Wear safety equipment such as gloves and a face mask. Wash and store your work clothes separately from your other clothes.
- Don't eat or drink in your work area. Wash your hands before eating.
- Avoid overworking, heavy lifting, bending or standing up for long periods of time.
- Take breaks at work when you can. Get up, walk around and stretch every so often. Don't sit still for too long.
- Drink plenty of water and use the bathroom when you need to.

### WATCH AND LEARN

Watch videos on how to have a healthy pregnancy at [marchofdimess.org/videos](http://marchofdimess.org/videos)



MARCHOFDIMES.ORG

# Chemicals and Safety

2025 Becoming a Mom® Adapted Version: Session 2, Handout 13

## Work Safety Tips

**Job Responsibilities**  
If working with dissolving liquids, talk to your boss about changing responsibilities to ensure safety.

**Air Flow**  
Air out your work area by opening a window or using a fan.

**Safety Equipment**  
Wear gloves and a face mask. Wash and store work clothes separately.

**Take Breaks**  
Get up, walk around and stretch regularly. Keep your body moving.

**Stay Hydrated**  
Drink plenty of water and use the bathroom when needed.

**Avoid Overworking**  
Avoid heavy lifting, bending or standing for long periods.

**Avoid Eating in Work Areas**  
Enjoy your meals away from your work area and wash hands before eating.

# Physical Postpartum Changes



## 13. Feeling Tired

- You may have lost blood during labor and birth. This can make your body tired.
- You are likely waking up overnight with your baby.

**Ways to Reduce Feeling Tired**

**Eat healthy foods.**

**Sleep when your baby sleeps, even when they nap during the day.**

**Ask your partner to help with nighttime baby care.**

*If breastfeeding, they can bring the baby to you and return them to the crib after feeding.*

**Limit**

**Limit sweets and foods with a lot of fat and carbs.**

## 14. Hair

- Your hair may have been thicker/fuller during pregnancy.
- Hair may get thinner after birth.
- Hair loss usually stops 3-4 months after giving birth.

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**Ways to Reduce Hair Loss**

**Eat healthy foods with plenty of protein.**

**Use the cool setting on your hair dryer.**

**How to Style Your Hair to Minimize Hair Loss**

✓ Relaxed Buns	✗ Tight Buns
✓ Loose Ponytails	✗ Tight Ponytails
✓ Loose Braids	✗ Loos and Tight Braids
✓ Hair Down	✗ Hair Extensions or Weaves

# Poison Diaper Bag



**Be Alert of the Dangers You May Carry**



**Diapers**  
May be a choking hazard.



**Baby Wipes**  
May be a choking hazard.



**Crayons**  
May be a choking hazard.



**Insect Repellent**  
May irritate eyes and mouth; possible seizures if swallowed.



**Diaper Cream, Lotion, Sunscreen**  
May cause stomach upset and diarrhea.



**Baby Powder**  
May irritate eyes or throat, dangerous if inhaled.



**Hand Sanitizer**  
Contains alcohol. May cause: vomiting, irritated eyes, skin or mouth.



**Baby Oil**  
May cause stomach upset and diarrhea, dangerous if swallowed.



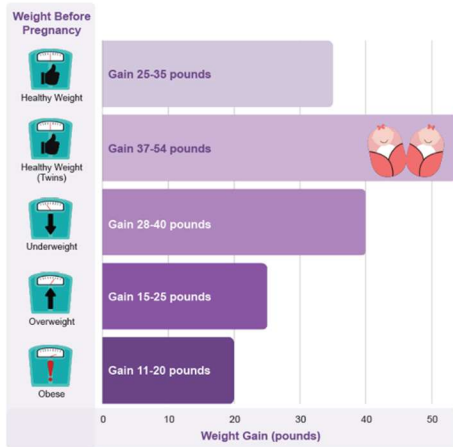
**Prescription and Over-The-Counter Medicines**  
May cause a wide variety of minor-to-serious problems, depending on product.



**Teething Gel**  
May cause serious harm if swallowed.

## Eating Healthy

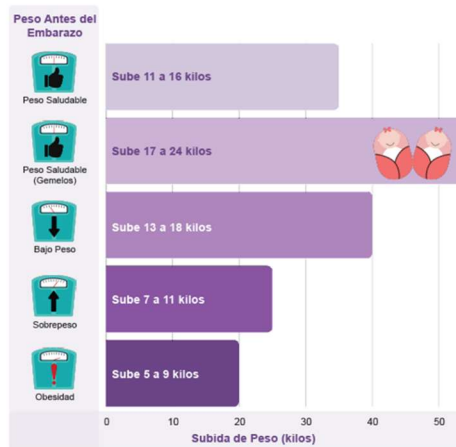
### Weight Gain During Pregnancy



Talk to your health care provider about how much weight you should gain.

## Comiendo Saludablemente

### Subiendo de Peso Durante el Embarazo



Habla con tu médico sobre cuánto peso debes subir.

## Helpful Resources

<p><b>Free Mindfulness Exercises</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://www.mindfulnessexercises.com/free-mindfulness-exercises/">www.mindfulnessexercises.com/free-mindfulness-exercises/</a></p>	<p>UCLA Health <b>MARC Guided Meditations</b></p> <p>Free, available in multiple languages</p>  <p><i>Scan to Learn More</i></p> <p><a href="http://www.uclahealth.org/uclamindful/guided-meditations">www.uclahealth.org/uclamindful/guided-meditations</a></p>	<p><b>Headspace One-Minute Meditation</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://www.headspace.com/meditation/one-minute-meditation">www.headspace.com/meditation/one-minute-meditation</a></p>
<p>KanQuit <b>Tobacco Cessation Program</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://kansas.quitlogix.org/en-US/">kansas.quitlogix.org/en-US/</a></p>	<p><b>Find Treatment for Mental &amp; Substance Abuse Disorders</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://findtreatment.gov/">findtreatment.gov/</a></p>	<p><b>FoodSafety.gov for Pregnant Women</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://www.foodsafety.gov/people-at-risk/pregnant-women">www.foodsafety.gov/people-at-risk/pregnant-women</a></p>
<p><b>Pregnant Workers Fairness Act</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://www.eeoc.gov/wysk/what-you-should-know-about-pregnant-workers-fairness-act">www.eeoc.gov/wysk/what-you-should-know-about-pregnant-workers-fairness-act</a></p>	<p><b>V-safe—Web-Based Tool to Check in on You after Receiving Vaccinations</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://vsafe.cdc.gov/vsafeportal">vsafe.cdc.gov/vsafeportal</a></p>	<p>CDC <b>Vaccines During &amp; After Pregnancy</b></p>  <p><i>Scan to Learn More</i></p> <p><a href="http://www.cdc.gov/vaccines-pregnancy/about/index.html">www.cdc.gov/vaccines-pregnancy/about/index.html</a></p>

### Other Workforce Development Activities

#### Title V Academy

Based on feedback from BaM/KPCC sites, a ten-module pilot training series was developed in partnership with the KU Center for Community Health and Development and the Clinical Perinatal and Infant Health Consultant. The first of the ten 90-minute virtual modules began in the previous reporting year, and the remaining nine modules were offered through June 2025. These trainings aimed to support sites in building collaborative development skills by utilizing the wealth of resources available through the Community Toolbox. The training topics were chosen based on a survey completed by the BaM/KPCC sites, which identified the most helpful topics. The goal was to build skills for community health and development work. See the graph below for training topics.



### Community Tool Box Capacity-building Curriculum Training Schedule

Trainings will typically be held online via Zoom from 9-10:30am on the 4<sup>th</sup> Wednesday of each month. Trainings will be recorded and made available following each session. Participant guide pdfs with activity worksheets will be provided to participants.

These practical trainings will provide curriculum material, skills training, activities, and opportunities for hands-on application.

Date	Topic & Recording Link
9/25/24	Module 1 - Creating and Maintaining Coalitions and Partnerships <a href="#">Video Recording</a>
10/23/24	Module 8 - Increasing Participation and Membership <a href="#">Video Recording</a>
11/13/24	Module 2 - Assessing Community Needs and Resources <a href="#">Video Recording</a>
12/18/24	Module 3 - Analyzing Problems and Goals <a href="#">Video Recording</a>
1/22/25	Module 5 - Developing Strategic and Action Plans <a href="#">Video Recording</a>
2/26/25	Module 6 - Building Leadership <a href="#">Video Recording</a>
3/5/25	Module 9 - Enhancing Cultural Competence <a href="#">Video Recording</a>
4/23/25	Module 10 - Advocating for Change <a href="#">Video Recording</a>
5/28/25	Module 12 - Evaluating the Initiative <a href="#">Video Recording</a>
6/25/25	Module 16 - Sustaining the Project or Initiative <a href="#">Video Recording</a>

Each module included a Curriculum Module sent to each participant in advance, a PowerPoint presentation with training content, breakout groups, discussion, a post-session survey to gather feedback, and a recording of the live session. The feedback was reviewed early in the series, and adjustments were made for future modules by the KU Center for Community Health and Development team and the KDHE Perinatal/Infant Health Consultant team. An average of 18 participants accepted the invitation to the training courses.

Survey feedback from participants included the following quotes:

- “I enjoyed seeing that other agencies are struggling with similar barriers and obstacles.”
- “I am walking away with a few ideas to help get other agencies to engage.”
- “Very useful topic and tools.”
- "It was insightful, encouraging, and uplifting. It has definitely challenged me to learn more and do better.”
- "The team, transparency, and diversity. It challenged me to think outside the box and see things from a different view than what I am used to in my role.
- “We will be using the framework to start a coalition in our area.”

Based on successful engagement and feedback during this pilot, the plan is to adapt the content based on the feedback received and possibly expand it to broader MCH programming in the future.

### MCH Third Thursday Webinar Series

In October 2024, Title V launched a new year of its MCH Third Thursday Webinar Series. The Kansas MCH Team, along with subject matter experts from across the state, continued convening a monthly learning opportunity for MCH providers. The sessions focused on providing information about initiatives and resources that could be applied to MCH work across all communities. All webinar sessions were recorded, and copies of the recordings, slide decks, and referenced resource materials were made available to anyone who registered for the sessions following the live training. The following sessions were facilitated throughout this Report period:

Date	Title	Registrants
October 17, 2024	CUES-An Evidence-Based Intervention	Not Available
November 21, 2024	Count The Kicks	121
January 16, 2025	Adolescent Health Care Transition	87
February 20, 2025	Implementing Developmental Screenings	100
March 20, 2025	Supporting Transitional Aged Foster Care Youth Through Independent Living Services	50
April 17, 2025	Screening for Substance Use and Connections to Care	61
May 15, 2025	Shaken Baby Syndrome Awareness Month	96

### Annual Home Visitor Conference

This year's Kansas Home Visiting Conference was a strong success, bringing together nearly 400 home visiting professionals from across the state for a full day of learning, connection, and strategic visioning. The conference used a unique multi-site model, with five regional in-person locations following the same agenda simultaneously. This approach reduced travel time and costs while maintaining statewide alignment through live virtual presentations broadcast to all sites, alternating with facilitated interactive sessions. Post-conference feedback was overwhelmingly positive, with 94% of respondents rating the conference as good, very good, or excellent. Participants highlighted meaningful peer connections, regional collaboration, engaging sessions, and the effective blend of in-person and virtual delivery. An impressive 96% found the dedicated networking time helpful for strengthening and expanding home visiting services locally, and 80% of live poll respondents reported high readiness (7–10 on a 10-point scale) to strengthen partnerships across Kansas to reach more families together. Overall, the conference reinforced statewide alignment and energized the field with a shared commitment to collaboration and growth over the next five years.

### Tailored Resources for MCH ATL Programs

During SFY2026, the MCH consultant team developed Tailored Resources for MCH Aid-to-Local (ATL) Programs to strengthen local work plan implementation and improve alignment with the Kansas Title V 2025–2030 State Action Plan. Using each grantee's application-identified populations, priorities, and screening tools, consultants produced a curated, domain-based resource guide with recommended activities, evidence-informed toolkits, key referral/partnership connections, and named consultant points of contact for technical assistance. The resource set is organized across core Title V domains (women/maternal health; perinatal/infant health; child health; adolescent health; CSHCN; workforce development; family services/supports) and includes practical implementation supports such as patient education initiatives, screening and referral guidance, quality improvement linkages (e.g., perinatal quality initiatives), and pathways

to partner with programs like WIC, Part C, home visiting, behavioral health, and Title X. These tailored guides were designed to be used as grantees finalize and execute their annual MCH work plans and to promote consistent, statewide adoption of high-impact, SAP-aligned strategies.

### KPQC Learning Forums



The KPQC offers monthly online learning forums throughout the year, open to the general KPQC Membership. General membership in the KPQC is voluntary and open to individuals committed to the KPQC's mission of improving maternal and infant health outcomes. Many of our aid to local Title V partners are members of the KPQC. Utilizing state and national experts to provide education, KPQC learning forum topics focus on reducing maternal morbidity and mortality and improving infant health outcomes. All learning forums are recorded and available for later access on the KPQC website. Learning forum attendance from October 2024 to September 2025 was 359.

The KPQC also hosts an annual conference. In October 2024, the KPQC hosted a virtual conference on the following topics:

- Sepsis: Before, During, and After Birth, including the scope of the problem, etiology and pathophysiology, definition, screening and diagnosis, treatment, outcomes, and prevention.
- Reimagining Health Equity: Leveraging Data, Partnerships, and Innovation to Drive Excellent Care, which explored the history of OB/GYN care in medicine and the impact of racism on pregnancy-related health, how to prioritize health equity strategies, and the goals of anti-racism workgroups at Stormont Vail Hospital- Topeka.

Eighty-eight individuals attended the virtual conference.

In April 2025, the KPQC hosted an in-person workday for all hospitals enrolled in the newly launched Severe Hypertension in Pregnancy AIM patient safety bundle. 52 individuals from 35 of the AIM participating hospitals attended the training.