

Perinatal Substance Use Initiatives

Objective 1.3: By 2030, increase the percentage of pregnant women who report being asked about using illicit drugs during routine prenatal care visits from 77.7% to 88%.

Perinatal Substance Use Risk Screening

Currently, Kansas MCH recommends that local MCH Programs use the World Health Organization's Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) screening tool. This recommendation was issued in 2020 because ASSIST is a comprehensive screening tool covering 10 substances and is approved by Kansas Medicaid. The ASSIST was integrated into DAISEY for MCH program use, and resources were developed and made available via [the Perinatal Substance Use Toolkit](#) to support local program implementation. The Medicaid SBIRT policy recognizes any screening tools included on the National Institute on Drug Abuse's (NIDA) [Screening and Assessment Tools Chart](#) as approved for use and reimbursement. In January 2023, NIDA updated the chart, removing the ASSIST. The only screening tool listed on the chart that is validated for use with the perinatal population is the CRAFFT, which is validated only for adolescents and young adults up to age 21.

In collaboration with the CMS-funded Transforming Maternal Health (TMaH) initiative, Kansas MCH will advance efforts to standardize perinatal substance use screening practices across systems. Planned activities include identifying and promoting a validated perinatal substance use screening tool for use in local MCH programs. Once a screening tool has been selected by Kansas Medicaid and Public Health/MCH programs, Kansas MCH will make the necessary updates to the DAISEY form, transitioning away from the ASSIST form in DAISEY. Kansas MCH, TMaH, and Kansas Connecting Communities (KCC) teams will collaborate to develop resources to support implementation of the new screening tool and to facilitate training accordingly. Together, these efforts aim to improve early identification, streamline documentation, and strengthen connections to care for pregnant and postpartum individuals across Kansas.

Kansas Connecting Communities

Kansas Connecting Communities (KCC), the state's perinatal psychiatric access program (HRSA MMHSUD Program), will continue to strengthen provider capacity to identify, assess, and manage perinatal mental health and substance use conditions. Core services include real-time psychiatric consultation, resource and referral support, care coordination, and targeted training and technical assistance for obstetric, primary care, and community-based providers (e.g., CHWs, Home Visitors, Doulas, and behavioral health clinicians). KCC will prioritize expanding provider access to continuing education opportunities and support implementation of evidence-based screening, brief intervention, and referral practices. Trainings will emphasize trauma-informed, culturally responsive care; psychopharmacology; and integration of behavioral health into routine perinatal care. These efforts align with state priorities to improve early identification, increase access to care, and strengthen the perinatal workforce.

Cross-Sector System Collaboration

Child Welfare: Building on prior work, Kansas MCH will continue to deliver and expand training on perinatal substance use and mandated reporting in partnership with child welfare and community partners. This training will clarify reporting requirements, promote a "mandated supporting" approach, and equip providers with practical guidance on screening, documentation, and referral pathways. Planned enhancements include integrating updated policies (e.g., Plans of Safe Care), implementing case-based learning, and expanding reach to healthcare, home visiting, and social service providers. The training aims to reduce unnecessary reporting, increase appropriate referrals to treatment and support services, and improve coordination between healthcare and child welfare systems - ultimately supporting family preservation and improved maternal and infant outcomes with a focus on helping perinatal individuals parent safely. The 90-minute training will continue to be offered virtually at least twice a year, with conference presentations and training for clinics/programs being offered upon request.

Medicaid: Kansas MCH will continue to support the CMS-funded Transforming Maternal Health (TMaH) initiative housed within KDHE Division of Healthcare Finance (DHCF; Kansas Medicaid), with a focus on advancing screening and referral practices through participation in the Risk Assessment, Screening and Referrals Workgroup. This work will prioritize identifying a validated perinatal substance use screening tool suitable for use across clinical settings and populations, addressing current gaps in standardized screening practices. In parallel, the team will explore policy enhancements to the Medicaid Screening, Brief Intervention, and Referrals for Treatment (SBIRT) policy to better support perinatal populations, including recognizing perinatal-specific screening tools and increasing the allowable number of screenings within a year to align with clinical recommendations across pregnancy and the postpartum period. Additionally, Kansas MCH intends to work with the TMaH team to address the SBIRT claims-processing issues (e.g., a 95% SBIRT denial rate for 2024 claims) referenced in the Report. We will continue to receive Medicaid analysis reports on SBIRT and Maternal Depression Screening (MDS) claims to identify quality improvement opportunities. These efforts aim to strengthen early identification of substance use, improve care coordination, and ensure reimbursement policies support consistent, evidence-based screening and referral practices across Kansas.

Perinatal Substance Use Peer Support Pilot Project

In 2023, 23 percent of adults in the U.S. reported experiencing a mental illness, and 17 percent reported a substance use disorder (SUD). Of these individuals, the majority reported not receiving treatment for their SUD. Kansas Medicaid data for July 2022 through June 2023 shows 8,710 beneficiaries received prenatal care during this time period. Of these, 1,153 women (13.2%) also had a SUD diagnosis. For the same time period, 4,427 beneficiaries had a live birth but did not receive prenatal care. Of these, 823 women (18.6%) also had a SUD diagnosis. Of the 13,137 Kansas Medicaid beneficiaries who received prenatal care or had a live birth during this time period, 1,976 women (15%) also had a SUD.

Increasing access to and the availability of behavioral health services is key to improving health outcomes. However, it is also essential that both existing and expanded services are high-quality, as defined not only by providers and payers but also by people with lived experience of behavioral health needs. Partnering with people with lived experience to design behavioral health quality measures ensures that improvement efforts focus on what matters most to those seeking care. It can hold health systems and providers accountable for developing care models that align with patient needs, fostering increased patient engagement, and potentially improving health outcomes.

Substance use during pregnancy poses significant health risks to both mothers and infants, including preterm birth, neonatal abstinence syndrome (NAS), and maternal overdose. Despite the availability of treatments, stigma and fear of judgment and Child Protective Services (CPS) involvement often deter individuals from seeking care. Peer Mentors, individuals with lived experience in substance use and recovery, have demonstrated success in reducing stigma, improving engagement in treatment, and fostering trust within healthcare settings.

In reviewing Kansas Department of Children and Families (DCF) reports, two types of case assignments are noted: Substance Affected Infant (SAI) and Infant Positive for Substances (IPS). An SAI is defined by K.A.R. 30-46-10 as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance. An IPS is defined as an infant (birth to age 1) with a positive drug screen, and a medical professional has not determined that the infant is substance-affected. Still, there is an indication that services may be needed. In reviewing DCF case assignments for July 2023 through June 2024, 87 intakes were assigned to SAI. Of these, about 46% (n=40) had a finding decision of Affirmed or Substantiated. One case was affirmed in Shawnee County. For the same time period, 192 intakes were assigned to IPS. Twenty-seven cases (14%) were from Shawnee County.

As such, Kansas MCH will utilize a braided funding strategy with Title V/MCH Block Grant and Maternal Health Innovation (MHI) funds to launch a perinatal substance use peer support pilot project in Shawnee County, Kansas, in July 2026.

Initially, this pilot started with a partnership between Kansas MCH and CKF Addiction Treatment to integrate a person with lived experience using substances during pregnancy into a labor and delivery unit at a local hospital. This particular hospital was selected due to staggering patient experiences with infants born positive for substances being put into policy protective custody at the request of hospital staff due to clinician concerns around the safety of the child upon hospital discharge. CKF Addiction Treatment has a long-standing partnership with this hospital, having integrated peer mentors into the emergency department and psychiatric units. They worked with hospital leadership to expand peer mentor service delivery to the women's center to provide compassionate, non-judgmental support to pregnant and postpartum individuals

with substance use disorders (SUDs), improve maternal and infant health and experience outcomes, and foster a recovery-oriented culture within the healthcare team.

Simultaneously, Kansas MCH was exploring opportunities with DCCCA, Inc. to expand its START program upstream. The Sobriety Treatment and Recovery Teams (START) Model is a child welfare-based intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders. START is listed on the California Evidence-Based Clearinghouse as a model with promising research evidence. DCCCA has hired peer mentors, individuals with lived experience of substance use and involvement with the child welfare system, and case managers to provide START program services as part of their Family Preservation Services. Kansas MCH initially wanted to pilot START services prenatally to prevent child welfare involvement for the family, which doesn't align directly with START fidelity or Kansas DCF service provision. All entities were very interested and supportive of a prenatal pilot program to determine if child welfare system involvement could be prevented through the approach, and Title V funding was secured.

In working with the Maternal and Child Health Epidemiologist, live birth and hospital discharge data were analyzed for 2018-2022 in the communities where DCCCA believed they had the most START Team capacity to initiate a pilot program: Crawford, Shawnee, and Wyandotte counties. The analysis included maternal diagnosis of SUD and co-occurring mental health condition with SUD, initiation of prenatal care by trimester, adequacy of prenatal care utilization, infant birth weight, gestational age, birth weight category for gestational age, NICU admission, principal source of payment for the delivery (e.g., Medicaid, commercial insurance, self-pay), and delivery method. Findings overwhelmingly indicated the need for the START pilot program to be implemented in Shawnee County. At the time of drafting this Application, conversations are underway to streamline workflows and establish formal partnerships between CKF Addiction Treatment and DCCCA for a cohesive perinatal substance use peer mentor pilot project. Information is subject to change:

Perinatal Peer Mentor Pilot Project



Perinatal Peer Mentor Pilot Project Scope

