

Well-Woman Visit Initiatives

Objective 1.1: Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit.

Well-Woman Visit Integration Toolkit and Promotion Efforts

The Women/Maternal Health Consultant continued maintenance of [The Well-Woman toolkit](#), which is available to partners on the KDHE website. This toolkit is frequently referenced when engaging with Aid-to-Local sites to promote Well-Woman Visits. Additionally, a link to purchase Well Woman cards was included in the Tailored Resource Packet provided to MCH grantees, along with a link to resources and recommendations developed by the Women's Preventive Services Initiative. The cards were also distributed at several conferences and events throughout the year, including the Governor's Public Health Conference and the Kansas Breastfeeding Conference. All materials are provided to local partners at no cost and can be ordered through the KDHE website.

Universal Screening Practices

CUES: An Evidence-Based Intervention: Through the Maternal Anti-Violence Information and Sharing (MAVIS) grant, CUES training has been presented to individuals across Kansas by the Kansas Coalition Against Sexual and Domestic Violence (KCSDV). The CUES Intervention includes Confidentiality, Universal Education + Empowerment, and Support. This is best practice when educating patients about Intimate Partner Violence and Healthy Relationships.

Behavioral Health Screening Tools Guidance: The [guidance](#) was published when the forms were added to DAISEY in July 2021. The guidance was reviewed, and minor revisions were made in 2025 to help streamline and simplify information. The guidance includes a one-page overview of each screening tool, along with scripts for introducing the tools to a client, administering the screening, scoring the screen, determining the risk level, and appropriate interventions. Additionally, a Plan of Action form is populated in DAISEY for moderate or high-risk screening results. This form allows for local MCH staff to document that a brief intervention was conducted, the type of brief intervention provided, indicate referral(s) made, and summarize any emergency or support services initiated for a client experiencing a crisis.

Medicaid Policy Improvements

Doula Reimbursement: As of July 1, 2024, doula services are reimbursable through KanCare (Kansas Medicaid), enabling more communities to access the socioemotional support doulas provide during pregnancy and the postpartum period. Doulas play an essential role in reducing the risk of maternal mortality by offering a high level of support, particularly when it comes to patient advocacy and navigating the relationship with other providers in the clinical setting to achieve better birth outcomes. Through funding from the Maternal Health Innovation program, two community-based organizations that provide doula training have expanded their work to reach a broader population, supporting the training and credentialing of doulas. To support their work and increase the number of doulas enrolled in KanCare, the KS Title V team developed a [doula toolkit](#) that includes policy information, enrollment documents, and resources to promote doulas. Both English and Spanish versions are available.

Maternal Depression Screening (MDS): Effective January 2021, Kansas Medicaid (KanCare) implemented a Maternal Depression Screening (MDS) policy that allows unlimited depression screenings during pregnancy and the 12-month postpartum period. MDS services can be billed under the mother's Medicaid ID (CPT 96160) or the child's Medicaid ID (CPT 96161). Title V

developed an MDS Billing and Policy Guidance document to increase awareness and education among providers of the policy.

In partnership with KDHE Division of Health Care Finance (Kansas Medicaid) (DHCF), Title V completes an annual analysis of MDS claims submitted. In 2024, 4,582 Medicaid Beneficiaries were screened for maternal depression; in total, 8,512 claims were submitted, indicating that most women were screened about twice. Of the submitted claims, 72.5% were billed under the child's Medicaid ID and 27.5% under the mother's Medicaid ID. Additionally, of the 1,265 women screened in 2024 (CPT 96160), 237 (18.7%) received a psychiatric evaluation following screening. Of these, 17% received a psychiatric evaluation within 31 days of being screened for maternal depression.

At the time this report was drafted, 2024 Kansas Vital Statistics records were unavailable. However, for reference, there were 34,041 live births in Kansas in 2023, of which Medicaid covered 32% (appropriately, 10,893). About 42% of Medicaid Beneficiaries were screened for maternal depression.

Based on findings, several opportunities for quality improvement have been noted: 1) to increase education on recommendations from various professional organizations on screening recommendations (e.g., ACOG recommends screening for perinatal depression and anxiety at the initial prenatal visit, later in pregnancy, and at the postpartum visit; AAP recommends screening for maternal depression by 1-month and at the 2, 4, and 6-month pediatric visits; PSI recommends screening for perinatal mental health disorders at the first prenatal visit, at least once in the second trimester, at least once in the third trimester, at the first postpartum visit, at the 6 and/or 12-months in OB and primary care settings, and at the 3, 9, and 12-month pediatric visits); 2) to increase education with prenatal care providers about the availability of Medicaid reimbursement for MDS services provided, potentially clarifying that MDS is not packaged in the maternity global fee; and 3) increase timely access psychiatric evaluation services in Kansas.

HEDIS Measure Adoption: Postpartum Depression Screening and Follow-Up (PDS-E): Effective January 1, 2025, the Division of Health Care Finance (DHCF) adopted the Postpartum Depression Screening and Follow-Up (PDS-E) measure as a HEDIS-based incentive for Medicaid managed care organizations (MCOs). HEDIS (Healthcare Effectiveness Data and Information Set) measures are nationally standardized performance metrics used to assess the quality of care and hold health plans accountable for delivering evidence-based services.

The first year of implementation (2025) is designated as a baseline and infrastructure-building year, during which MCOs receive credit for reporting performance data. Beginning in Year 2, incentive payments will be tied to incremental performance improvement relative to the baseline. The adoption of the PDS-E incentive was informed by the FFY 2024 national average screening and follow-up rate of 8.71 percent, highlighting a substantial opportunity for improvement. Within Kansas, baseline performance varied significantly among MCOs, with Sunflower reporting 0 percent and United reporting 3 percent. Healthy Blue, which was recently added to the KanCare network, does not yet have baseline data.

Substance Use Screening: KanCare adopted a Substance Use Screening, Brief Intervention, and Referral for Treatment (SBIRT) policy in 2013 (updated in 2017). In 2025, for the first time, Title V worked with KDHE Division of Health Care Finance (DHCF) (Kansas Medicaid) to obtain an SBIRT claims report. Similar to the MDS claims report, Title V will continue to obtain the SBIRT claims report annually. The received report included SBIRT claims (CPT codes 99408,

99409, H0049, and H0050) for 2019-2024 (included all claims, not specific to perinatal beneficiaries). Overall, there is a very low number of claims:

Year	99408	99409	H0049	H0050	Total Claims
2019	38	16	87	11	152
2020	56	6	140	5	207
2021	30	11	87	3	131
2022	40	18	251	11	320
2023	50	16	298	16	380
2024	15	11	251	11	288
Total	229	78	1,114	57	1,478

Title V hypothesized that low claim count could be due to unawareness of the reimbursement policy. To help increase provider education, an [SBIRT Billing and Policy Guidance](#) resource was created and published as part of the [Perinatal Substance Use Toolkit](#). The resource outlines the components of SBIRT, training requirements for billing SBIRT services, approved provider types, covered place-of-service codes, allowable CPT codes, and available resources. During the 2025 analysis of 2024 Medicaid claims, a significant discrepancy was noted. The claims summary is for all claims – approved and denied. Further analysis indicates:

Year	Approved 99408	Approved 99409	Approved H0049	Approved H0050	Paid	%
2019	9	5	43	5	62	41%
2020	20	4	75	4	103	50%
2021	16	7	44	2	69	53%
2022	10	6	44	2	62	47%
2023	3	1	31	1	36	11%
2024	3	1	10	0	14	4%
Total	61	24	247	14	346	23%
%	27%	31%	22%	25%		

Year	Denied 99408	Denied 99409	Denied H0049	Denied H0050	Paid	%
2019	29	11	44	6	90	59%
2020	36	2	65	1	104	50%
2021	14	4	43	1	62	47%
2022	30	12	207	9	258	81%
2023	47	15	267	15	344	91%
2024	12	10	241	11	274	95%
Total	168	54	867	43	1,132	77%
%	73%	69%	78%	75%		

This shows that 77% of all claims for SBIRT procedure codes from 2019-2024 were denied. More problematic is that the denial rate has increased significantly from 2022 (e.g., 95% for services provided and claims submitted in 2024). This could suggest that policy and process issues might be driving low utilization, rather than a lack of provider awareness and education.

Based on the findings, several opportunities for quality improvement in substance use screening have been identified. Still, the most pressing need is to strengthen system alignment among Title V, DHCF, and KDADS to address the high rate of denied SBIRT claims. This should

include alignment on billing guidance, documentation expectations, training requirements, and provider eligibility, to reduce administrative barriers to reimbursement.

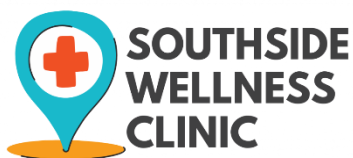
Transforming Maternal Health (TMaH) Grant: Led by KDHE's Division of Health Care Finance, in partnership with KDHE Division of Public Health, United Methodist Health Ministry Fund, Kansas Hospital Association, and others, [Kansas secured](#) the CMS Transforming Maternal Health Grant award. This is a 10-year, \$17M grant program focused on implementing the 'TMaH Model.' The model will be implemented in a sub-state region comprising 30 counties, mainly rural and frontier, in southwest/central Kansas. Thirty-one counties in northwest/central Kansas will serve as the comparison region. Kansas has yet to adopt Medicaid expansion, but KDHE has continued efforts to expand coverage and benefits for maternal health, improving outcomes that lag behind other states by extending KanCare coverage to 12 months postpartum and covering doula services. These efforts showcase KDHE's experience in addressing maternal health-related challenges, positioning it to participate in the TMaH Model. The strategic timeline aligns with previous and ongoing initiatives. It will continue this momentum to make a once-in-a-generation shift in service provision and provider payments, positively impacting maternal health for future generations of Kansans.

The purpose of participating is to use the new payment model as a catalyst to integrate and align the various initiatives across the state into a uniform approach that achieves the goals of the TMaH Model, improves maternal outcomes in Kansas, and offers a financial path forward for rural and other providers. The new payment model will enable the state to move away from a bundled, global obstetric reimbursement strategy and develop a model that is more equitable for providers and rewards practitioner performance for high-quality care and outcomes rather than incentivizing utilization.

Outcomes include improving data infrastructure; developing the payment model; supporting the implementation of AIM safety bundles; supporting "birthing friendly" hospital designation; promoting shared decision-making; enhancing screenings for HRSNs, mental health, and SUD; advancing health equity; growing the perinatal community health worker (CHW) workforce; and increasing use of home visits, mobile clinics, and telehealth including home monitoring in a sustainable way that involves partner providers, care delivery locations, and organizations. The TMaH Model will help close service gaps in southwest/central Kansas by building from the existing care offered by providers; supporting and restructuring partnerships across the region including MCOs, providers, and members; providing increased access to telehealth/home monitoring; supporting doula, midwife, and CHW workforce enhancements and retention; and helping to reduce disparities which will lead to achieving the model pillar elements and the TMaH goals. Achieving the model elements will also advance and align the maternal health policy priorities outlined in the state's Healthy Kansans 2030 initiative (patterned after the national Healthy People 2030 initiative).

Other Well-Woman Visit Initiatives

Holistic Women's Health Pilot with SENT, Inc



SENT, Inc. It is a 501(c)3 community development organization dedicated to working with under-resourced communities in Topeka and surrounding areas. Taking a whole-person approach, their work focuses on critical areas such as education, housing development, community wellness, and behavioral health. In January 2025, SENT, Inc. launched its Southside Wellness Clinic

to ensure that every individual and family in the area has access to affordable healthcare. The clinic was intentionally built in Southeast Topeka because that region has the highest rates of uninsured individuals in Kansas, particularly among children.

Because of the strong connection to Title V priorities, the MCH Director contracted with SENT, Inc., to continue and expand their mental health community wellness supports and their Southside Wellness Clinic, specifically in relation to MCH services such as well-woman exams, immunizations, flu vaccines, and STD testing. Additionally, Title V funds will be used to expand access to essential health and wellness services, including referrals to resources, a client-choice food pantry, occupational therapy, and chiropractic services. The nurse and counseling leads meet monthly with the Title V MCH Director to discuss progress on goals and discuss any ongoing support or resources. To date, SENT, Inc has been able to support several women throughout their pregnancies and work collaboratively with providers to help bridge gaps in care, especially for those who have had negative experiences with the health care system.

Perinatal Mood and Anxiety Disorders Initiatives

Objective 1.2: Objective 1.2: Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period.

Kansas Connecting Communities (KCC)

Partnership with the Kansas MMHSUD Program: The KDHE Bureau of Family Health provides oversight to the HRSA Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program, which was refunded in September 2023. Kansas Connecting Communities (KCC) serves as Kansas' perinatal psychiatric access program dedicated to supporting healthcare professionals in identifying, treating, and referring pregnant and postpartum individuals with behavioral health conditions. A collaborative initiative led by the Kansas Department of Health and Environment Title V Maternal and Child Health program and partners, KCC increases provider capacity through psychiatric consultation, training, technical assistance, care coordination support, and referral resources, all offered at no cost to providers serving perinatal populations across the state.

Throughout this report period, the KCC team facilitated many workforce training opportunities.

Kansas Moms in Mind (KMIM) Case Consultation Clinic Series

Kansas Moms in Mind (KMIM), powered by Kansas Connecting Communities (KCC), offers a structured case consultation and peer learning opportunity designed to support healthcare providers navigating the complexities of perinatal behavioral health care. The KMIM Consultation Clinic Series provides free, regularly scheduled sessions open to providers across Kansas, including physicians, advanced practice providers, midwives, psychologists, therapists, and other professionals caring for pregnant and postpartum individuals. Each clinic session combines a brief didactic presentation with collaborative case review, creating space for providers to deepen clinical knowledge, discuss challenging cases, and increase confidence in clinical decision-making related to perinatal behavioral health concerns.

During the report period, the KCC clinical team, including Dr. Erin Bider, Perinatal Psychiatrist; Dr. Tara Chettiar, OB/GYN with PMH-C; and Dr. Shelby Weber, Perinatal Psychologist, facilitated multiple KMIM Clinic sessions addressing high-priority and complex perinatal behavioral health topics.

- October 2024: the KMIM Clinic session, focused on perinatal anxiety, provided prescribers and other healthcare providers with an opportunity to explore clinical presentation, treatment considerations, and care planning for anxiety disorders during pregnancy and the postpartum period. Approximately 25 providers attended the session, which emphasized peer discussion and practical application through collaborative case review.
- December 2024: addressed medical treatment and management of perinatal behavioral health disorders, with a particular focus on comorbidities and complex clinical presentations. The session reinforced the nuanced nature of perinatal psychiatric care and offered participants the opportunity to consult with peers and specialists on real-world cases—a total of 41 providers attended.
- February 2025: focused on psychological treatment planning and differential diagnosis, with emphasis on understanding intrusive thoughts in the perinatal period. This session supported providers in distinguishing between normative experiences, anxiety-related symptoms, and more severe psychiatric conditions, while reinforcing appropriate treatment pathways. Thirty-four providers participated in the February clinic.
- April 2025: addressed perinatal grief and bereavement, offering providers guidance on recognizing and responding to grief related to pregnancy loss, infant loss, and other perinatal losses. The session emphasized compassionate, trauma-informed approaches and interdisciplinary collaboration. Thirty-seven providers attended.
- June 2025: focused on infertility, exploring the behavioral health impacts of infertility and fertility treatment and their intersection with perinatal mental health. Providers engaged in discussion related to screening, treatment considerations, and supporting individuals and families navigating infertility-related stress and grief. Thirty-four providers attended the June session.
- August 2025: addressed postpartum psychosis, a rare but severe perinatal psychiatric emergency. The session focused on early identification, risk factors, and clinical management, emphasizing the importance of timely intervention and coordination of care. Attendance for this session is pending final confirmation.

Collectively, the KMIM Consultation Clinic Series strengthened provider capacity to manage complex perinatal behavioral health presentations, supported peer-to-peer learning, and reinforced best practices for compassionate, evidence-informed care across pregnancy and the postpartum period.

Special Topics in Perinatal Mental Health Webinar Series

The Special Topics in Perinatal Mental Health Webinar Series is a collaborative training initiative offered by Kansas Connecting Communities (KCC) in partnership with the Postpartum Support International Kansas Chapter (PSI-KS). This webinar series is designed to provide Kansas perinatal care professionals with in-depth education on emerging, complex, or less commonly addressed perinatal mental health topics. Sessions feature local and/or national experts and explore evidence-based approaches to assessment, intervention, and care coordination through one- and two-hour continuing education offerings, supporting providers across disciplines in delivering responsive, informed perinatal behavioral health care.

As part of this series, the KCC Team facilitated a two-hour webinar titled *Infertility and Mental Health: What Every Perinatal Provider Should Know*. Presented by Shatiera Amankrah, LCSW, PMH-C, the session addressed the mental health implications of infertility, including common diagnoses, risk factors, and strategies perinatal providers can use to support patients' emotional well-being. Drawing on both clinical expertise and lived experience, the training emphasized

compassionate, trauma-informed care for individuals navigating infertility. A total of 113 providers attended the live session.

Another session in the series, Multidisciplinary Approaches to Perinatal Psychiatry, featured a collaborative presentation by Drs. Erin Bider and Tara Chettiar. This one-hour webinar provided an overview of medical treatment for psychiatric conditions during the perinatal period, including first-line medication options and safety considerations. The session also highlighted strategies for effective communication and coordination between therapists and obstetrical providers to support integrated care. Forty-eight providers attended the live training.

The series also included a session focused on Eating Disorders in the Perinatal Period, presented by Chelsea Fielder-Jenks, LPC-S, CEDS-C, PMH-C. This training explored the intersection of eating disorders and perinatal mental health, including risk factors, common clinical presentations, and potential impacts on both the pregnant or postpartum individual and the infant. Participants were provided with practical tools for screening, assessment, and the initiation of supportive interventions. Forty providers attended the live session.

In May, the Special Topics Webinar was on ADHD and the Perinatal Period. Presented by Dr. Monica Johnson, this session focused on diagnostic criteria and clinical presentation of ADHD, particularly among women, and reviewed effective strategies for symptom management during pregnancy and the postpartum period. The training emphasized culturally responsive care and considerations for marginalized populations. Approximately 106 providers attended the live webinar.

The July Special Topics Webinar, Supporting Parents and Families with Perinatal Substance Use, addressed the intersection of substance use, pregnancy, and the postpartum period. Presented by Dr. Margaret Lloyd Sieger alongside a presenter with lived expertise, the two-hour session covered screening, diagnostic criteria, brief intervention strategies, breastfeeding considerations, and family-centered, interdisciplinary approaches to care. A total of 107 providers registered for the session, of whom 62 attended the live training.

In August, the series featured Perinatal OCD and How to Treat It, presented by Amanda Petrik-Gardner, LCPC, LPC, LIMHP. This webinar focused on the clinical presentation of perinatal obsessive-compulsive disorder, diagnostic considerations, and evidence-based treatment approaches. Sixty-nine providers attended the live session.

The Special Topics in Perinatal Mental Health Webinar Series expanded provider knowledge on complex and emerging perinatal behavioral health issues, strengthened interdisciplinary understanding, and enhanced workforce capacity to deliver timely, evidence-informed, and family-centered care to pregnant and postpartum individuals across Kansas.

Ad-Hoc Trainings, Conference Presentations, and Workforce Engagement

In addition to scheduled training series and consultation clinics, the KCC Team responded to a range of ad hoc training requests and strategic dissemination opportunities to increase awareness of perinatal behavioral health needs, promote best practices, and expand provider engagement with KCC services.

The KCC Team contributed to statewide reproductive health education through a keynote presentation at the Reproductive Health Summit. The session, Unpacking Behavioral Health in Preconception and Postpartum, was delivered by Dr. Oller and Michaela Loxterman and focused on the prevalence and impact of perinatal mental health and substance use disorders,

barriers to accessing treatment, and best practices for universal education and trauma-informed care. Approximately 60 participants attended the keynote.

To support workforce engagement and enrollment, the KCC Team provided a KCC program overview for staff at the Family Conservatory. This session introduced clinicians to KCC consultation services and highlighted upcoming training opportunities. Staff were encouraged to enroll in KCC and list their clinic in the Maternal Mental Health Treatment Directory to increase visibility and referral pathways for perinatal clients.

At the 2025 Governor's Public Health Conference, the KCC Team presented Building Capacity to Address Perinatal Behavioral Health Concerns: Policies, Roadmaps, and Resources to Screen and Intervene as a breakout session. The presentation reviewed policies and best practices supporting screening for maternal depression during pregnancy and the postpartum period and highlighted resources available to support effective screening, brief intervention, and referral. Approximately 45 individuals attended the session.

Clinical workforce education was further supported through presentations at specialty conferences. Drs. Erin Bider and Tara Chettiar facilitated Perinatal Behavioral Health Treatment Best Practices at the 2025 Kansas Association of Osteopathic Medicine Conference, reaching approximately 35 physicians. Drs. Bider and Chettiar also presented at the University of Kansas School of Medicine–Wichita OB/GYN Residency Grand Rounds, where they discussed perinatal mental health, interdisciplinary and collaborative care models, and perinatal psychiatric consultation services available through KCC. Approximately 40 physicians attended the in-person training.

The KCC Team contributed to national dissemination efforts. Silke von Esenwein, Co-Principal Investigator with the KU-CPPR KCC Team, facilitated a digital poster presentation at the 2025 National Council for Mental Well-being Conference titled Addressing Barriers to Perinatal Behavioral Health Screening: Insights from Kansas Providers. The poster shared findings and implementation insights from Kansas providers and utilized innovative digital formatting to support broader reach and engagement.

The Behavioral Health Consultant/KCC Project Director participated in a panel presentation at the annual Postpartum Support International (PSI) Conference as part of a 90-minute breakout session titled Filling the Gaps: Addressing the Nationwide Perinatal Behavioral Health Workforce Shortage to Improve the Mental Health of Pregnant and Postpartum Parents. The panel featured representatives from five HRSA-funded perinatal psychiatric access programs: Kansas, North Carolina, Montana, Colorado, and Los Angeles County, and highlighted shared challenges and strategies to strengthen perinatal behavioral health capacity nationwide. Approximately 45 individuals attended the live session, and the recording was made available to all conference attendees.

The KCC Team also responded to organization-specific training requests. Catholic Charities of Northeast Kansas requested Perinatal Behavioral Health: Screening and Referral for Mental Health and Substance Use training for staff supporting their Pregnancy Maintenance Initiative program. Additionally, Health Partnerships Clinic requested an in-person Perinatal Psychopharmacology training facilitated by Dr. Erin Bider, which 12 providers attended.

Combined, these ad-hoc trainings and dissemination activities reflect KCC's role as a flexible, responsive, expert resource for perinatal care professionals and systems, extending the reach

of evidence-informed perinatal behavioral health education across clinical, community, and policy-relevant settings.

Other Perinatal Mood and Anxiety Disorders Initiatives

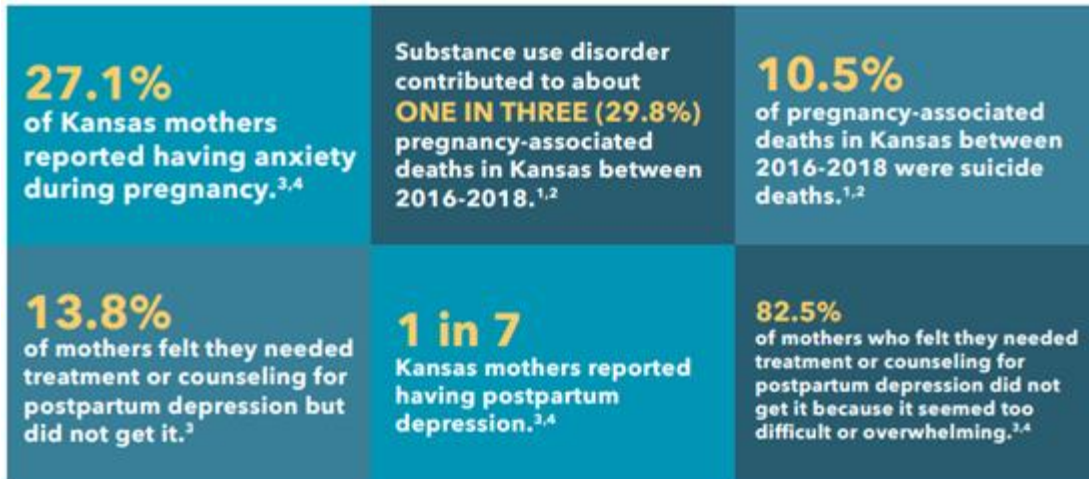
Public Awareness: Proclamations and Maternal & Paternal Mental Health Awareness

As part of broader efforts to elevate public awareness of perinatal behavioral health beyond direct service delivery, Kansas advanced several high-impact awareness initiatives focused on maternal and paternal mental health. These efforts aimed to reduce stigma, increase public understanding, and signal statewide commitment to supporting the mental health of parents during pregnancy and the postpartum period.

In May 2025, for the first time in Kansas history, the Governor issued a statewide proclamation recognizing May as Maternal Mental Health Awareness Month. Signed by Laura Kelly, the proclamation acknowledged the high prevalence of perinatal mental health conditions, the stigma and barriers that prevent many individuals from seeking care, and the importance of improving access to screening, treatment, prevention, and support services to advance equitable maternal and family health outcomes. The proclamation formally called on Kansans to join in raising awareness of maternal mental health and the critical role it plays in the health of women, children, and families statewide.

In parallel with the statewide proclamation, local proclamations recognizing May as Maternal Mental Health Awareness Month were secured in multiple Kansas communities. In the City of Lawrence, the Advocacy Chair of the Postpartum Support International Kansas Chapter [spoke before the City Council](#) on the importance of maternal mental health and accepted the signed proclamation on behalf of PSI-KS. Similarly, in the City of Wichita, the PSI-KS Board Chair addressed the City Council and accepted a local proclamation recognizing Maternal Mental Health Awareness Month. These local efforts were supported by a proclamation language drafted collaboratively by the PSI-KS Board of Directors, including representation from the Kansas Department of Health and Environment, and submitted to municipalities for consideration.

To complement proclamation efforts and encourage individual and organizational action, a [Maternal Mental Health Awareness Month Action Alert](#) was published on the Action Alerts webpage and disseminated statewide through the Kansas Department of Health and Environment listserv. The Action Alert reached 1,254 individuals and provided resources and suggested actions to promote awareness, education, and support for maternal mental health across communities.



Building on momentum generated through maternal mental health awareness activities, Kansas also advanced recognition of paternal mental health. In June 2025, the Governor issued the state's first proclamation recognizing June as Paternal Mental Health Awareness Month. The proclamation highlighted the prevalence and impact of perinatal mental health conditions among fathers, the stigma and lack of awareness that contribute to unmet need, and the importance of supporting paternal mental health to promote healthy child development and family well-being. This proclamation further reinforced Kansas' commitment to inclusive, family-centered approaches to perinatal behavioral health.

These proclamations and awareness activities marked a significant milestone in Kansas' public recognition of perinatal mental health, elevating maternal and paternal mental health as statewide priorities and reinforcing the importance of prevention, early identification, and access to support services for all families.

Public Awareness: Maternal Mental Health Hotline Promotion

To expand public awareness of maternal mental health resources and reduce barriers to help-seeking, the KDHE/KS Title V supported targeted promotion of the National Maternal Mental Health Hotline through a dedicated Maternal Mental Health Awareness Internship. During the Spring 2025 semester, a University of Nebraska Medical Center Master of Public Health student completed her Applied Experience (ApEx) requirements by designing and implementing a statewide outreach project focused on increasing awareness, education, and utilization of the Hotline among pregnant and postpartum individuals and the organizations that serve them.

The internship project emphasized community-based outreach and partnership development, focusing on social service organizations, healthcare providers, housing and shelter programs, and other community settings that regularly interact with pregnant and postpartum individuals. Outreach efforts reached 150 unique social service agencies across 33 Kansas counties, spanning mental and physical healthcare, housing and shelter services, emergency shelters, transitional housing, rapid rehousing programs, and comprehensive wraparound service providers. One key partner connected the project to 315+ Oxford Houses statewide, significantly expanding reach to individuals in recovery environments.

As part of the outreach strategy, organizations were provided with information on the National Maternal Mental Health Hotline and supported in ordering free, culturally responsive physical materials through the federal program. Approximately 77 percent of organizations contacted

ordered materials, including wallet cards, posters, and magnets designed for waiting rooms, discharge packets, shelters, and community spaces. In total, materials distributed included 89 wallet cards, 75 posters, and 52 magnets, which organizations creatively integrated into existing programs such as diaper drives, Early Head Start and Head Start services, community health events, and kits for new parents and families.

Feedback collected through outreach conversations highlighted strong receptivity to maternal mental health messaging, alongside persistent awareness gaps. Many organizations reported they were previously unaware of the Hotline's existence and expressed appreciation for having a simple, free, and confidential resource to share with clients. Partners also identified a high demand for multilingual resources, particularly Spanish-language materials, to better meet the needs of diverse communities.

Due to changes in the management and reporting structure of the National Maternal Mental Health Hotline program, statewide call volume data were not available during the report period. However, qualitative feedback from community partners and the scale of material distribution suggest increased visibility and normalization of maternal mental health support resources across Kansas communities. Future outreach efforts may include follow-up engagement with partner organizations to assess the use of materials and identify ongoing resource needs.

The intern created a [video](#) summarizing the project and an infographic-style report.

This project strengthened Kansas' public awareness infrastructure for maternal mental health, reinforced connections between community organizations and national support resources, and advanced stigma-reduction efforts by embedding maternal mental health support in trusted, everyday service settings.

Systems Change: Maternal Mental Health Policy and Infrastructure

Kansas advanced systems-level perinatal behavioral health work through participation in the [Maternal Mental Health Nonprofit State Policy Fellows Program](#), a national initiative led by the Policy Center for Maternal Mental Health. The Policy Fellows Program supports state teams in translating data and best practices into actionable policy strategies that strengthen maternal mental health systems. Fellows engage in structured learning, technical assistance, peer exchange, and policy analysis focused on improving screening, access to care, and coordination across systems.

During the 2024–2025 fellowship year, Kansas convened a cross-agency team representing the Kansas Department of Health and Environment (Division of Public Health/KS MCH and Division of Health Care Finance/Medicaid) and the Kansas Department for Aging and Disability Services (KDADS; Kansas' Behavioral Health Authority). The Team completed the program and celebrated the development of a multi-agency Maternal Mental Health Action Plan. The Action Plan prioritized system-level strategies, including: strengthening perinatal mental health screening during pregnancy; advancing HEDIS postpartum depression screening as a Pay-for-Performance incentive measure beginning in 2025; increasing statewide awareness and utilization of the National Maternal Mental Health Hotline; and enhancing perinatal substance use screening through policy clarification and SBIRT billing education.

Kansas' participation in the Policy Fellows Program was informed by findings from the 2024 & 2025 [Maternal Mental Health State Report Cards](#), an annual assessment that evaluates each state's maternal mental health policy landscape across key domains. The Report Cards grade states on measures related to provider and program capacity, screening and reimbursement

policies, and insurance coverage and treatment reimbursement. In 2025, the national overall grade for maternal mental health improved slightly from a D+ to a C-, but many states continued to receive low scores, indicating ongoing gaps in systems and policy supports.

On the 2025 Report Card, Kansas received an overall grade of D, indicating significant opportunities for improvement across multiple domains. Within the Providers and Programs domain, Kansas demonstrated capacity to meet provider-to-population ratios and to maintain the availability of some treatment programs, yet still received a D overall in this domain. In the Screening and Screening Reimbursement domain, the state received an F, reflecting limited requirements and reporting structures to support universal prenatal and postpartum depression screening. Finally, in the Insurance Coverage and Treatment Payment domain, Kansas earned a C, indicating moderate progress in coverage and reimbursement but continued gaps in ensuring equitable access to maternal mental health services.

These report card findings underscored the need for cross-sector policy action and helped shape Kansas' Maternal Mental Health Action Plan developed through the Policy Fellows Program. Participation in the fellowship provided Kansas with a structured framework to align agency efforts, leverage existing initiatives, and identify policy levers for systemic improvement. The fellowship strengthened cross-agency collaboration and positioned Kansas to move from programmatic and awareness-based efforts toward sustained policy and systems improvements that support early identification, access to care, and equitable maternal mental health outcomes statewide.

Perinatal Substance Use

Substance use during pregnancy and the postpartum period remains a critical public health concern with significant implications for maternal health, infant outcomes, and family stability. Perinatal substance use disorders (SUDs) are frequently intertwined with co-occurring mental health conditions, trauma exposure, social stressors, and structural barriers to care. Without timely identification and coordinated intervention, these factors increase the risk of adverse outcomes, including preterm birth, low birth weight, neonatal abstinence syndrome, maternal morbidity, and disruptions to early parent-child bonding.

Early identification and intervention are essential to improving outcomes for pregnant and postpartum individuals and their infants. However, screening and response efforts are often limited by inconsistent practices across care settings, workforce discomfort or lack of training, stigma, limited access to specialty behavioral health and substance use treatment, and confusion about mandated reporting requirements. These challenges underscore the need for systems-level approaches that integrate perinatal substance use screening, brief intervention, and referral to treatment into routine care.

The perinatal period (pregnancy through 12 months postpartum) can be a complex time for care professionals and the populations they serve. Substance use during the perinatal period can raise a variety of questions for professionals regarding mandated reporting requirements and appropriate, timely referrals to support services. Noting the perplexities of substance use on the pregnant and parenting population and confusion about mandated reporting regulations and policies, Kansas Title V partnered with the Kansas Department of Children and Families (DCF) to co-facilitate a 90-minute "Perinatal Substance Use: Recognition, Reporting, and Supporting" Training. The developed training offers an abridged overview of Kansas mandated reporting requirements, especially as they relate to the perinatal population, and reviews risk factors for abuse and neglect in the perinatal period. Additionally, this training provides an overview of the perinatal provider workflow, focused on pregnant women using substances, intended to

increase access to treatment and connection to community support services. Participants will learn from case examples taken from the perinatal period and have the opportunity to ask questions of DCF and KDHE representatives. The training was facilitated several times throughout this Report period:

- Kansas Children's Services League Webinar in October 2024: 127 professionals attended the live event
- 2024 Kansas Home Visiting Conference (virtual) in October 2024: About 101 professionals attended the breakout session (also mentioned in the PI Report)
- 2024 Kansas Opioid and Stimulant Conference breakout session presentation in December 2024: About 35 professionals attended the 2-session training
- Virtual Training for Mirror, Inc. (Substance Use Treatment Agency) in February 2025: A Mirror, Inc. Leadership staff attended the Opioid and Stimulant Conference breakout session and wanted to make this training available to all agency staff. Two virtual sessions were offered to ensure that all Mirror, Inc. staff could attend the training; about 69 professionals participated.
- Kansas Children's Services League Webinar in April 2025: 293 professionals registered for the training, and 178 attended the live event. For this training, KDHE also partnered with DCCCA's START Team to incorporate lived experience.
- Kansas Association of Osteopathic Medicine Conference in May 2025: About 35 physicians attended the session.
- 2025 Kansas Maternal Mortality Prevention Conference: About 100 professionals attended the breakout session.

The CARA Workgroup was re-established in Kansas in July 2024 to help support the implementation of Plans of Safe Care as outlined in the Comprehensive Addiction and Recovery Act (CARA) of 2016. With a strong partnership between DCF and KDHE demonstrated through the success of the "Perinatal Substance Use: Recognition, Reporting, and Supporting" Training, KDHE/KS Title V was invited to participate. The Workgroup's focus was on improving policy and its universal statewide implementation. Their work contributed to a DCF policy change that became effective on July 1, 2025: infants born positive for substances are now assigned as "Family in Need of Assessment" (FINA), as opposed to Abuse/Neglect Investigation. The Workflow for Pregnant/Postpartum Women Using Substances was updated and published in the Perinatal Substance Use Toolkit, and the training was updated to reflect the policy change.

The KCC Team presented at the HRSA MMHSUD & PMHCA All-Grantee Meeting in September 2025, "Navigating Mandated Reporting: Addressing Barriers to Substance Use Screening in Perinatal Care through Partnership with Department of Children and Families." The session highlighted the impact of the training, resources developed, and partnership with Kansas DCF. The Team highlighted the impact that psychiatric access programs can have on workforce development opportunities with meaningful partnerships with DCF. About 31 program staff attended the live, virtual session.

As part of statewide efforts to strengthen provider capacity to identify and respond to perinatal substance use, the Kansas Connecting Communities (KCC) Team delivered targeted trainings, conference presentations, and technical assistance (TA) focused on screening, brief intervention, and referral to treatment across clinical and community-based settings.

In response to a TA request, the KCC Team partnered with Pratt Regional Medical Center to support the implementation of substance use disorder (SUD) screening practices. To ensure broad staff participation, three identical presentations were delivered at staggered times on the

same day. The training reached providers and staff across the clinic and labor and delivery settings, including physicians, nurses, administrative staff, and social work/case management professionals. Approximately 20 individuals attended across sessions. Participants actively engaged with the content, asked implementation-focused questions, and at least one physician verbally indicated intent to begin routine screening during prenatal clinic visits following the training. While this activity did not result in an immediate increase in program engagement, it represented an important step toward normalizing screening practices within a rural hospital setting.

The KCC Team also presented *Perinatal Substance Use and Behavioral Health Screening and Referral* at the 2024 Kansas Opioid and Stimulant Conference. This session addressed the intersection of perinatal mental health and substance use, noting that approximately 20 percent of individuals experience a mental health condition during pregnancy or the postpartum period. Substance use disorders are estimated to co-occur at a rate of approximately 19 percent. The presentation reviewed relevant terminology, prevalence, signs, and symptoms, and highlighted best practices for screening, brief intervention, and referral for pregnant and postpartum individuals.

In April 2025, the KCC Team facilitated a Third Thursday Webinar titled *Screening for Substance Use and Connections to Care*. Training objectives included increasing participant understanding of perinatal behavioral health conditions, including substance use disorders; identifying key components of the SBIRT screening model; and implementing best practices for screening, brief intervention, and referral to additional supports or assessment when indicated. Thirty individuals attended the live session, and 61 individuals registered overall and received training materials, resources, and access to the session recording.

In partnership with Postpartum Support International Kansas Chapter (PSI-KS), the KCC Team convened a July 2025 Special Topics Webinar focused on *Supporting Parents and Families with Perinatal Substance Use*. This two-hour continuing education session explored the intersection of substance use, pregnancy, and the postpartum period through a clinical and lived-experience lens. The webinar, presented by Dr. Margaret Lloyd Sieger and a presenter with lived expertise, covered screening, diagnostic criteria, brief intervention strategies, breastfeeding considerations, and family-centered, interdisciplinary best practices. A total of 107 providers registered for the session, of whom 62 attended the live training.

Additional clinic-specific workforce development activities were delivered in response to provider requests. Health Partnerships Clinic requested an in-person Perinatal Behavioral Health training focused on screening, referral, and psychopharmacology considerations. This session was facilitated by Erin Bider and attended by 12 providers.

The KCC Team was also invited to present a *Perinatal Behavioral Health Resource Overview* at the annual Child Protective Services supervisors meeting hosted by the DCF. Approximately 100 supervisors attended the in-person session. DCF leadership identified this presentation as timely and aligned with ongoing efforts to reduce Child Protective Services reports related to perinatal substance use and substance-exposed infants, and to support a shift toward a “mandated supporting” approach that prioritizes resource connection and referral when appropriate.

In addition to training activities, the KCC Team updated key resources within the [Perinatal Substance Use Toolkit](#). The [Designated Women’s Substance Use Treatment Services](#) handout was revised to include a newly opened treatment provider, CKF Bridgehouse-Topeka, and to

reflect the transition from Beacon Health Options to Carelon Behavioral Health of Kansas. These updates ensure providers and care professionals have access to current, accurate referral information to support timely connection to treatment services.

Finally, funded by KDHE BFH's MAVIS grant, the KCC Evaluation Team at the University of Kansas Center for Public Partnerships and Research published the [Pathways and Barriers: Understanding Perinatal Substance Use Disorder Systems in Kansas](#) report. The report examines the landscape of perinatal substance use disorder (SUD) in Kansas, highlighting how SUD contributes significantly to maternal mortality, particularly postpartum overdose, and intersects with mental health, intimate partner violence, and child welfare systems. It synthesizes quantitative and qualitative data to illustrate system gaps, regional inequities, and lived experiences, underscoring barriers such as stigma, fragmented care, limited rural access, and workforce shortages. The report also identifies promising state and national practices. It outlines strategic priorities for systemic improvement, including expanded early identification and prevention, evidence-based, flexible care across the perinatal continuum, harm-reduction strategies, family-centered child welfare partnerships, and data-driven quality improvement with sustainable financing.



Prenatal Education and Support Services Initiatives

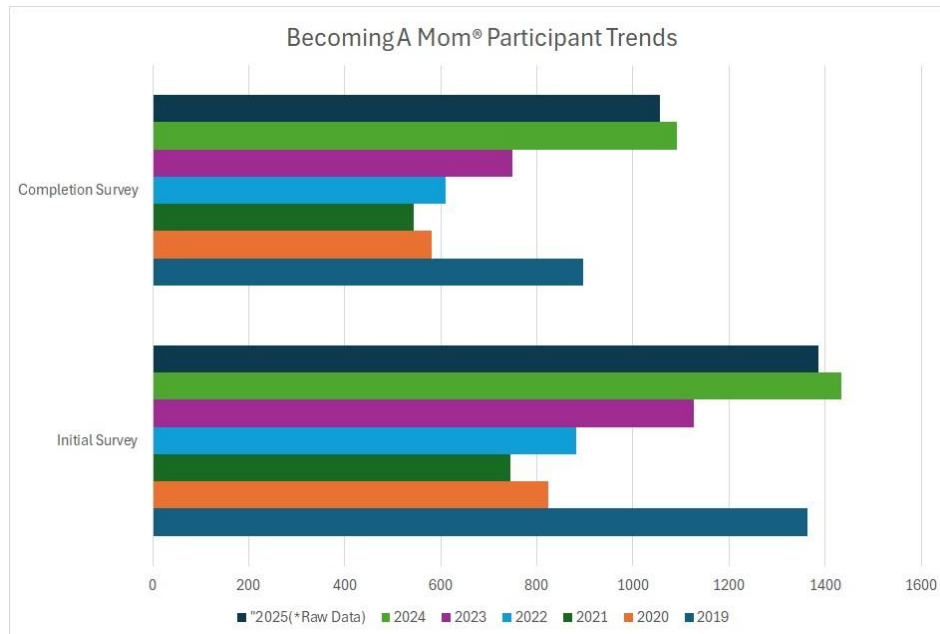
Objective 1.3: Increase the proportion of high-risk pregnant women receiving prenatal education and support services through perinatal community collaboratives.

KPCC/BaM Expansion

With proven success, Kansas MCH remains committed to infrastructure development that supports implementation and sustainability of the Becoming a Mom® (BaM) / Comenzando bien® (Cb) prenatal education program. KDHE's Title V commitment to this program extends beyond simply increasing the number of BaM programs across the state. Rather, we desire to support the model through continuous improvements that ease the burden of local implementation and enhance reach and relevance for all populations, especially those at greatest risk of poor health outcomes. Continual growth and sustainability are priorities. As part of this effort, the Program Manager position was created in July 2025. This position will focus specifically on the Becoming a Mom®/Comenzando bien® program rather than on the responsibilities of the Perinatal and Infant Health Consultant positions. One of the Perinatal and Infant Health positions was converted into this Program Manager position, leaving a single Clinical Perinatal and Infant Health position. The Maternal Health Innovation grant, in collaboration with Title V funds, funds the Program Manager position.

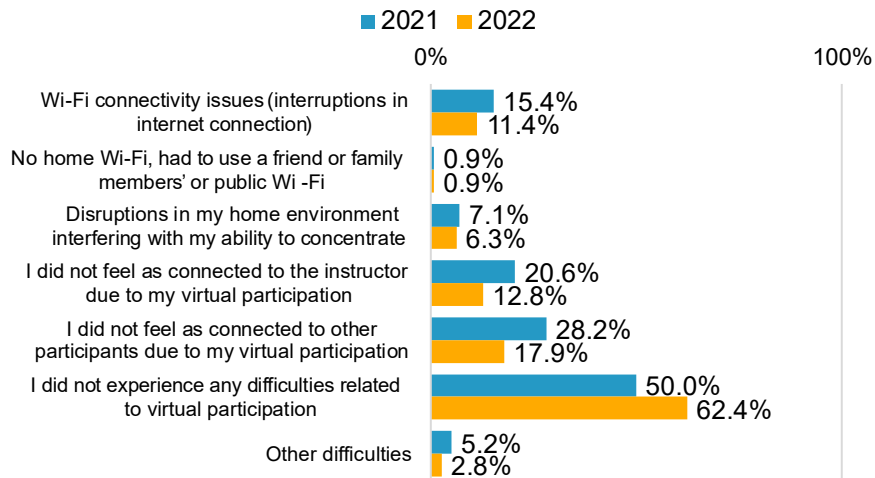
For historical context, efforts throughout FFY2023 were largely focused on reinvigorating local efforts that had suffered greatly during the pandemic. Fallout from the pandemic had not only left local coalitions/collaboratives struggling to reengage partners and program participants, but it had also left many BaM programs unstaffed and in mere survival mode. Following P/I

Consultants' support in stabilizing and rallying existing programs in FFY2023, FFY2024 was a year of renewed energy and growth. Recent data trends on program participation are promising and demonstrate the impact of these support efforts. The graph below shows program enrollment (Initial Survey) and program completion (Completion Survey) rates pre- and post-pandemic, depicting the significant impact the pandemic had on participation rates and the tremendous recovery programs have made since.



Part of these efforts has included analyzing program data and comparing virtual vs. in-person participation to help guide implementation mode options moving forward. While the pandemic created a need for virtual services, it also increased a preference for this learning format and removed barriers such as transportation, distance, and access to childcare. While wanting to support virtual expansion for these reasons, the outcomes comparison between the two modes needed to be assessed to ensure there were no negative ramifications for virtual participants, such as a lower degree of knowledge gain or behavior change. Contrary to initial concerns, the July 2024 analysis found statistically significant increases in knowledge and optimal behavior across most health topics (2021-2022 program data). This suggests that the virtual option offers equitable gains in knowledge compared to in-person participation and, hence, supports the continued provision and expansion of this mode of delivery. Interestingly, differences in answers to specific questions between modes of participation were noted and will prompt further review for future quality improvement. Over time, we will continue to monitor participant satisfaction and differences in knowledge gains across modes to identify areas requiring additional adaptation, TA, and support. The two figures below show ratings of difficulties experienced and overall satisfaction with the virtual mode. Worth noting are the significant improvements from 2021 to 2022, indicating the programs' ability to quickly adapt and improve in this new mode of service delivery. View the full report for more information on participant demographics by mode of participation, post-course changes in knowledge and behavior, and participants' feedback on their virtual learning experience.

Difficulties Experienced



Participants could check all answers that applied to them .

Source: KDHE Bureau of Family Health . BaM/Cb Program Data . 2021-2022

With the above data in mind, expansion during FFYs 2024 and 2025 has been focused primarily on regional expansion through in-person and virtual class offerings in communities surrounding lead BaM sites. Expansion sites include the following:

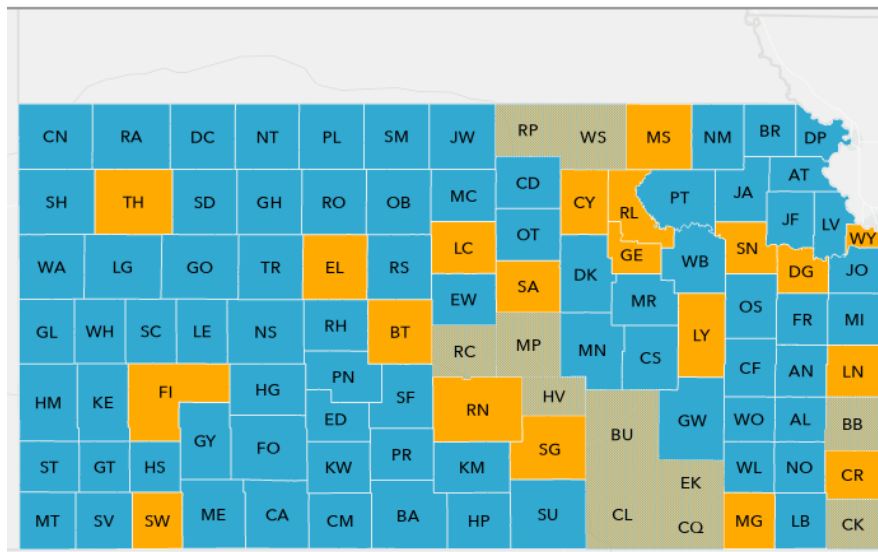
Lead Site	Regional Expansion Site
Crawford County	Cherokee County; Bourbon County (hybrid – virtual from lead/in-person local)
Marshall County	Washington County (in-person & virtual)
Saline County	McPherson County (in-person); Republic County; Rice County (virtual)
Sedgwick County	Butler County; Chataqua County; Cowley County; Elk County (virtual); Harvey County (in-person & virtual)

Ellis County was added as a new site during FFY 2025. K-State Extension serves as the lead organization in Ellis County. This partnership represents a new, nontraditional collaboration for BaM and presents an opportunity for further statewide expansion, as K-State Extension has a presence in all 105 Kansas counties. Early implementation has demonstrated strong community integration, including collaboration with a local church that provides hot meals during classes. This partnership exemplifies how diverse, community-based organizations can work together through the Kansas Perinatal Community Collaborative to enhance reach, engagement, and sustainability.

As shown in the map below, these regional expansion sites are indicated with yellow hatching. This map can be accessed on the Participating Communities webpage, where an online referral form is located. The map is interactive, with program information populating the drop-down menu based on the selected location. Additionally, our Sedgwick County program, locally branded as "Baby Talk", promotes and provides virtual statewide access for all KanCare members through partnerships with state MCOs Aetna (through December 2024) and Healthy Blue (beginning January 2025). Many existing program sites that lack the capacity to offer the

program in Spanish refer to Baby Talk for their virtual program. In contrast, Baby Talk refers back to local in-person programs when a KanCare referral is received for a member located near a lead site. Upon much success, Baby Talk requested Title V funding for SFY2025 to support services for any non-Medicaid pregnant persons residing outside an existing BaM service area in the state.

Legend	
	Primary BaM Organization
	Partnering Organization Offering BaM
	Virtual BaM Available Through BabyTalk



Maternal Health Innovation (MHI) Alignment with Title V-Funded KPCC Efforts

During the final quarter of FFY25, KDHE developed and submitted a Maternal Health Innovation (MHI) funding proposal to strengthen and expand the Kansas Perinatal Community Collaborative (KPCC), building upon infrastructure and regional efforts supported through Title V. The proposal was approved during this reporting period, with implementation scheduled for FFY26. This investment will bolster existing Title V–funded KPCC activities by enhancing regional coordination, expanding cross-sector engagement, and increasing momentum toward sustainable, community-driven perinatal systems of care. Alignment between Title V priorities and MHI-supported activities is further detailed in the FFY26 plan.

Maternal Health Innovation (MHI) Support for Adapted BaM Curriculum

During the final quarter of FFY25, KDHE submitted and received approval for Maternal Health Innovation (MHI) funding to support contracted graphic design services for adapting and professionalizing perinatal education curriculum materials and translating them into Spanish. This work builds upon Title V–supported programmatic efforts by enhancing the accessibility, consistency, and usability of existing curriculum content. Approved activities will be implemented in FFY26 and are intended to strengthen dissemination, support fidelity, and increase engagement across diverse community and delivery settings.

Pregnancy Intention Screening Initiatives

Objective 1.4: Increase the proportion of women receiving pregnancy intention screening as part of preconception and interconception services.

Pregnancy Intention Screening

Data from the Kansas Maternal Mortality Review Committee demonstrated that intentional intervention in the postpartum period should be a primary goal to improve maternal health outcomes in Kansas. The Kansas Perinatal Quality Collaborative (KPQC) Postpartum Discharge Transition AIM patient safety bundle (known in Kansas as the Fourth Trimester Initiative-FTI), which was implemented from 2021 to 2024, was a maternal health quality initiative aimed at decreasing maternal morbidity and mortality in our state by intentionally focusing on the immediate postpartum setting through the first year postpartum. See the Perinatal/Infant report for more information.

One component of the FTI model of care is ensuring that postpartum persons receive education and access to reproductive life planning services, including Long-Acting Reversible Contraception (LARC) devices. Nationally, 40% of birthing persons never attend a postpartum appointment, thereby missing a key opportunity and touchpoint for reproductive life planning education and conversation. This, in turn, leads to higher rates of unintended pregnancy, short pregnancy intervals, and higher preterm birth rates, along with missing a myriad of other leading maternal health indicators that impact maternal morbidity and mortality. As part of the FTI model of care, participating birth hospitals include reproductive life planning in their discharge education and schedule a postpartum appointment for the birthing woman before discharge from the AIM participating hospital. AIM hospitals also work collaboratively with community partners to connect postpartum persons to local community resources that provide low or no-cost reproductive life planning services- including LARC devices (Title X programs, safety net clinics, local providers, etc.).

While the FTI bundle transitioned from implementation to sustaining in December 2024, the groundwork laid for screening, referrals, and inpatient-to-outpatient care coordination remains an integral component of the new Severe Hypertension in Pregnancy (SHTN) patient safety bundle. See the Perinatal/Infant report for more information.

Other Women/Maternal Initiatives

Maternal Anti-Violence Information and Sharing (MAVIS)

The Maternal Anti-Violence Innovation and Sharing (MAVIS) grant seeks to reduce maternal deaths due to homicide or suicide in Kansas. In the fourth year of the project, the MAVIS work focused on increasing collaboration and referrals between perinatal care providers and intimate partner violence prevention agencies to enhance coordinated care and support for pregnant and postpartum women. This work included facilitating a Memorandum of Understanding (MOU) between care providers and IPV prevention agencies that outlined the resources and services provided by each entity, the referral process to each organization, and crisis intervention protocols. The KPQC birthing facilities currently enrolled in the Fourth Trimester initiative were targeted for the MOUs, as were Kansas Coalition against Sexual and Domestic Violence (KCSDV) member sites.

State Maternal Health Innovation

In 2024, staff recruited for a Maternal Health Task Force (MHTF) comprising community- and state-level partners from diverse sectors and fields related to maternal health, to ensure the MHSP's scope was complete and representative of patients' statewide needs. Task force members include representation from (but not limited to) the University of Kansas Medical Center, the KU School of Nursing, the Kansas State University Research & Extension, the

United Methodist Health Ministry Fund, Stormont Vail Health, the Kansas Birth Equity Network, the Kansas Birth Justice Society, the Topeka Doula Project, and other partnering organizations. Around 40 task force members were invited, and attendance at each meeting is around 30. Task Force members worked collaboratively to develop a draft Maternal Health Strategic Plan (MHSP). The MHSP presented identified strengths and gaps currently seen in the state and outlined planned activities. In 2025, the MHSP and MHI program staff refined the MHSP to target activities within the four focus areas (see below) and to address needs identified in the Title V Needs Assessment and through MHTF member input.

MHI objectives were broken down into four focus areas: (1) continuum of care, (2) supporting and expanding the maternal health workforce, (3) enhancing maternal health data capacity, and (4) promoting community and family engagement. As highlighted in the MHSP, proposed grant activities included needs assessment and surveys, training, education, and outreach for providers regarding the continuum of maternal health services, and other activities deemed necessary based on data from the KMMRC reviews and the review of SMM data.

Below are the activities that were planned or started in 2025.

Pilot a cuff project for providers to distribute blood pressure cuffs for high-risk patients: In alignment with the KPQC's current (2025 – 2026) AIM Patient Safety Bundle (Severe Hypertension in Pregnancy), the Kansas Cuff Project will be piloted to eight sites in various regions in the state to provide home blood pressure cuffs along with education for providers to distribute to high-risk pregnant patients, streamlining the process for receiving care and addressing hypertension early. Planning for this started in 2024 and continued into 2025, when the AIM Coordinator was hired.

Planning included determining which sites would be included in the pilot by pulling data on preeclampsia by county and region, as well as assessing hospital participation among previous AIM-enrolled facilities.

Pilot a Peer Mentor position within the L&D Unit at Stormont Vail: Planning for a certified Peer Mentor position began in 2025 (creating a timeline and proposing evaluation metrics) with the intent to start actual activities in 2026. CKF Addiction Treatment will provide support through a certified peer mentor position in Stormont Vail Health's Labor and Delivery Unit. Because substance use is a contributing factor to maternal mortality, supporting individuals with substance use disorders in a trauma-informed way that reduces the bias and stigma associated with substance use will increase trust between pregnant patients and their providers.

Support pathways to doula training and credentialing: Planning for recruitment and training of community-based doulas in Kansas started in 2024 – 2025. Most of the time was spent collecting proposals from partners and developing evaluation metrics. Two community organizations (Kansas Doula Alliance and the Academy of Childbirth Educators and Doulas) that provide doula education will provide extensive training for people interested in becoming doulas to provide care to patients statewide, meeting the needs of high-priority populations. Trainings will include education on how doulas can obtain their credentials and on navigating the billing process to ensure proper reimbursement for their services.

Deliver educational training and birth simulations to rural sites: Due to Kansas's rural nature, several organizations are currently working to address challenges in accessing maternal health care. This innovation will convene several state-level partners who are already providing obstetrical simulations to rural hospitals and support additional organizations to fill geographical

gaps, ensuring that all hospitals receive high-quality obstetrical drills and simulations. MHI is contracting with the Partnership for Perinatal Excellence, LLC in 2026 to travel to sites to provide simulations consistent with the partners' curriculum, including information on Severe Hypertension in Pregnancy (2025 – 2026 AIM bundle).

Support and promote the Kansas Perinatal Community Collaborative model with the Becoming a Mom® (BaM®) curriculum: The Kansas Perinatal Community Collaborative (KPCC) model/Becoming a Mom® (BaM®) curriculum connects pregnant women within their communities, provides social supports, and offers an evidence-based curriculum that supports a healthy pregnancy and postpartum period. For more information, see the Becoming a Mom® section.

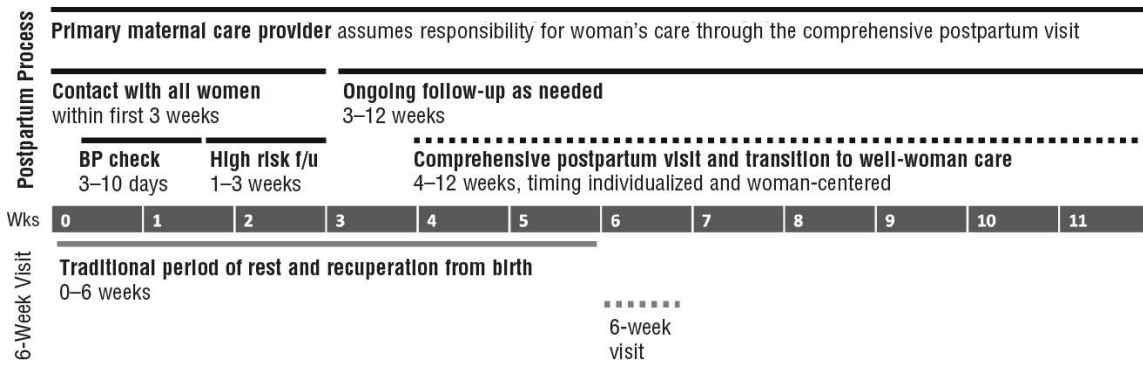
In 2025, MHI helped strengthen KPCC infrastructure by expanding access to coordinated, equitable perinatal care and education, hiring and supporting Regional Coordinators in up to eight regions of the state. The kickoff and planning meeting for the regional coordinators will happen in 2026.

Strengthen Becoming a Mom® prenatal education classes by implementing Whole Parent Support Groups: The Whole Parent Foundation curriculum will be implemented in Shawnee County in collaboration with the Lighthouse Therapeutic Community Outreach Foundation in 2026. Recruitment and selection of the pilot site began in 2024, and development of the contract, goals, and evaluation continued into 2025. Shawnee County currently offers Becoming a Mom® prenatal education classes. She sees an above-average number of responses from perinatal women on the Edinburgh Postnatal Depression Scale, a tool that screens for risk for depression and anxiety. The Whole Parent Foundation curriculum provides safe spaces where parents can connect with their community and build resources to gain additional support.

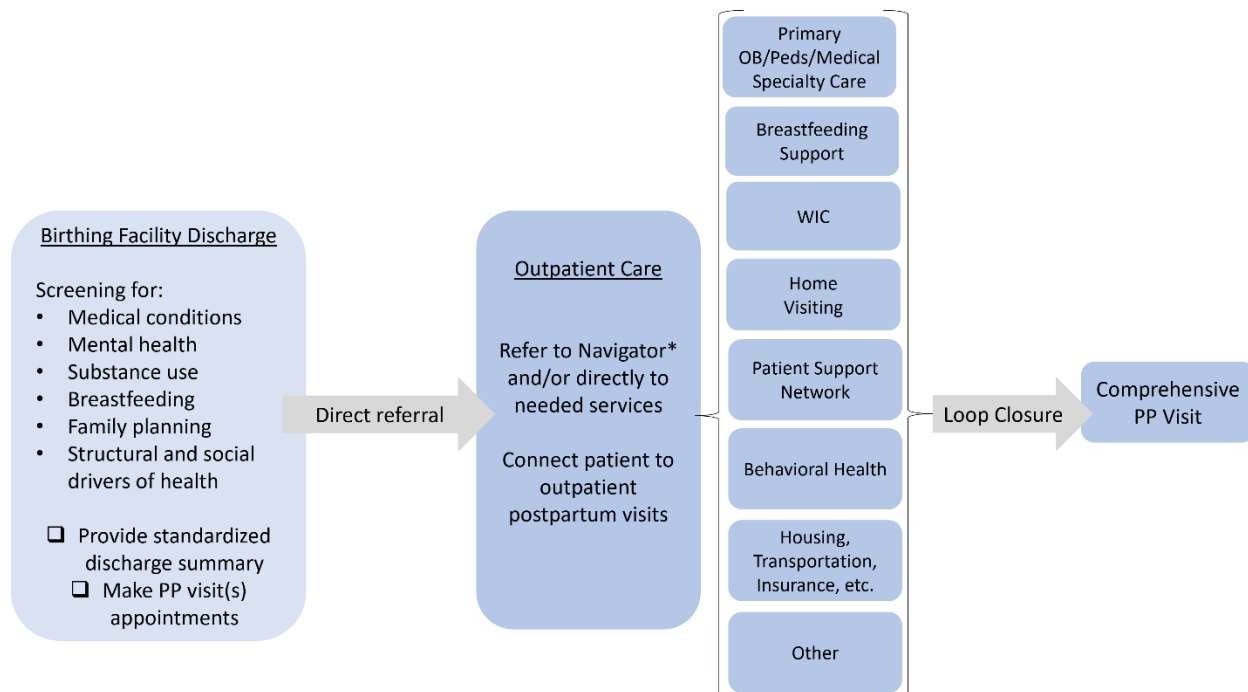
Postpartum Visit

In October 2021, the Kansas Perinatal Quality Collaborative (KPQC) enrolled as an AIM state implementing the Postpartum Discharge Transition (PPDT) patient safety bundle, known in Kansas as the Fourth Trimester Initiative (FTI). In December 2024, Kansas moved from the implementation phase of the FTI to sustaining, which includes the following PPDT bundle components: postpartum visit scheduling before discharge from labor and delivery, chronic disease management and referral, behavioral health (including mental health and substance use disorder) screening and referral, breastfeeding, health equity, care coordination, and access to care.

Postpartum visit scheduling will continue as a core component of the Severe Hypertension in Pregnancy (SHTN) AIM bundle (See P/I report for more details) for patients with a routine pregnancy/delivery course, and for those diagnosed with a hypertensive disorder of pregnancy/postpartum (HDP), including preeclampsia. Patients diagnosed with a HDP and/or preeclampsia will have a follow-up appointment scheduled before hospital/clinic discharge following the American College of Obstetricians and Gynecologists (ACOG) Postpartum Surveillance algorithm.



KDHE P/I Consultant has continued to work closely with the KPQC Coordinator to support their efforts in sustaining the PPDT safety bundle and in the implementation of the SHTN safety bundle by sharing resources (such as those listed above under "Optimizing Postpartum Care") for use in the in-patient setting, as well as connecting efforts in the community setting through our Title V services and our KPCC led outreach to outpatient clinical perinatal and family practice providers. Additionally, we are continuing to use consistent repeat messaging as we provide training in both the clinical and community settings, with a focus on each organization and provider's role in educating, screening, and connecting to services, as outlined in the flowcharts below.



Maternal Mortality Prevention Conference

Preliminary Kansas Maternal Mortality Review Committee data show that of the 153 pregnancy-associated deaths from 2016-2022, over one-fourth (27.7%) were caused by homicide, suicide, mental health conditions, or unintentional poisoning/overdose. Mental health conditions contributed to 24.8%, and substance use disorder contributed to 30.7% of these deaths. As such, on August 7-8, 2025, KDHE and cross-sector partners hosted the inaugural Million Moments for Maternal Mortality Prevention Conference, focused on the intersection of physical and mental health, substance use, and intimate partner violence during the perinatal period.

