Pregnancy Screening Initiatives

Objective 1.3—By 2030, increase the percentage of pregnant women that report being asked about using illicit drugs during routine prenatal care visits from 77.7% (2023 birth cohort data) to 88%.

Perinatal Behavioral Health: Perinatal behavioral health disorders, including mental health and substance use conditions, are the most common complication of pregnancy and childbirth and are a leading cause of maternal mortality and morbidity. These disorders present during pregnancy through the first year following childbirth and affect the health and wellbeing of the entire family unit. Potential consequences include reduced ability to care for oneself or one's infant, developmental delays for the infant, and impaired bonding between the mother and the infant. Despite the prevalence and impact, these disorders often go undiagnosed and untreated.

KDHE Bureau of Family Health (BFH) was re-awarded HRSA's Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program in October 2023. The Kansas Program, Kansas Connecting Communities (KCC) has four overarching goals: 1) Maintain, expand, and enhance a diverse interdisciplinary Perinatal Behavioral Health Team (PBHT); 2) Increase the number of providers trained in perinatal behavioral health, including screening, brief interventions, treatment/referral to treatment, and follow-up support, including providers who predominately serve individuals who experience health disparities; 3) Increase utilization of real-time psychiatric consultations and care coordination support services, especially utilization by providers who serve individuals who experience health disparities (e.g., race, ethnicity, socioeconomic, Medicaid, rural or frontier); and 4) Develop a robust communications plan to increase provider enrollment and utilization of all KCC program components as well as with key stakeholders for program sustainability.

The MCH Behavioral Health Director also serves as the project director for the HRSA funded Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program, Kansas Connecting Communities (KCC). The BFH contracts with the University of Kansas Medical Center Research Institute for the establishment of the PBHT for training and consultation, the University of Kansas Center for Public Partnerships and Research for KCC coordination and evaluation activities, and the Postpartum Support International (Kansas Chapter) for additional training components. Similar to KSKidsMAP, KCC provides tailored support services directly to perinatal providers to increase their capacity and confidence to deliver evidence-based behavioral health care through three components:

- **Education**: Trainings and toolkits for perinatal PCPs on evidence-based guidelines for early identification through universal screening practices, assessment, brief intervention, treatment, referral, and monitoring following evidence-based, culturally and linguistically appropriate, trauma informed, and patient-centered services.
- **Consultation**: Real-time psychiatric consultation between a provider and the KCC Perinatal Behavioral Health Team, which includes a peripartum psychiatrist, addictions psychiatrist, an obstetrician-gynecologist with perinatal mental health certification, and a social work care coordinator.

- **Resource and referral support**: Linkages with community-based mental health resources including individual and group therapy, support groups, and other resources to support health and wellness.

For the purposes of this program, 'provider' is used to reference frontline health care practitioners and public health providers, which includes, but is not limited to, obstetrician and gynecologists, family medicine physicians, pediatricians, psychiatrists, nurse practitioners, physician assistants, certified nurse midwives, doulas, mental health and substance use clinicians/counselors, social workers, and care coordinators, including home visitors and community health workers.

Through collaboration with these providers, KCC promotes early identification, referral to resources, and treatment for pregnant and postpartum individuals with anxiety, depression, and substance use disorder(s) across the state, particularly those who reside in the rural mental health professional shortage areas. With an effective outreach strategy and through its main program components, KCC will improve timely access to quality care in rural and frontier communities, especially for uninsured, underinsured, and low-income families.

KCC and Title V will continue promotion of the sustained training resources, such as:

- *Perinatal Behavioral Health Screening and Intervention Demo Videos*: Through funding and support of the MAVIS initiative and collaboration with KCC, a series of videos have been developed to help providers and clinics implement screening and brief interventions. These short videos were created with the guidance of KCC's clinical consultant team to offer guidance and shared language, specifically for behavioral health concerns with perinatal patients. Videos can be used individually to build skills or integrated into organizational policy for ongoing training of staff. Additional information on implementing perinatal behavioral health screenings can also be found in the toolkits or by reaching out to the Provider Consultation Line. The videos include:
    - Screening Tool Overviews for the ASSIST (adult substance use), CRAFFT 2.1N (adolescent/young adult substance use), EPDS (perinatal depression and anxiety), GAD-7 (anxiety), and PHQ-9 (depression) (5 videos)
    - Introducing a mental health and substance use screening (2 videos)
    - Responding to a patient who does not want to be screened (1 video)
    - Discussing a high risk, moderate risk, and low risk screening result for both mental health and substance use (6 videos)
    - Responding to a crisis (1 video)

- *Perinatal Support Group Guidebook* has been developed through collaborative work between Wichita State University Community Engagement Institute with contributions from the PSI-KS. The guidebook has been developed to provide information and guidance for those looking to start a perinatal support group. Too often, there is a recognized need and a desire to provide support for this population, but a lack of guidance around how to make this desire a reality. The guidebook provides practical tips and ideas to consider for creating and maintaining a support group, specifically for the perinatal experience. Individuals can search for peer support groups in Kansas by topic and location at supportgroupsinkansas.org or connect to the Provider Consultation Line for perinatal specific resources. Further, KCC developed a perinatal peer support online training module for Certified Peer Supports (mental health), Peer Mentors (substance use disorder), and Parent Peer Specialists (parents of children with behavioral health challenges) in Kansas. These peer professionals are required to complete Kansas Certified Peer Specialist training to bill Medicaid for services provided. The perinatal peer support training was added as an optional training to the curriculum in 2023. KCC and Title V will continue promoting its availability throughout this Plan period.
    - MCH Integration Toolkits have been created through the work of many state and local partners with shared interest in providing coordinated and comprehensive services to women before, during, and after pregnancy. KCC and Title V will facilitate an annual review with subject matter experts and make updates to the Perinatal Mental Health Toolkit and Perinatal Substance Use Toolkit.

In addition to ongoing activities for the sustained resources, KCC will continue its robust offering of various workforce development opportunities related to perinatal mental health.

- *Kansas Moms In Mind (KMIM) Case Consultation Clinics*: The treatment and management of perinatal behavioral health disorders, especially comorbidities, can be a nuanced process. The KMIM Consultation Clinic Series will offer physicians and other providers the opportunity to connect with peers and build their knowledge on a variety of topics related to perinatal behavioral health. Each clinic will feature a brief didactic and collaborative case review. These clinics are designed to build the confidence and knowledge of frontline providers to manage perinatal behavioral health conditions. Providers are encouraged to bring questions and examples from their own practice for discussion. Note: These clinics are intended to provide evidence-based education and support from trained professionals. Decisions around medication in the perinatal period should always involve an individual risk benefit analysis and discussion with the pregnant person and their partner/family about treatment options, especially concerns for the fetus or baby. Participants are encouraged to call the Provider Consultation Line for individual case consultations with the KCC perinatal psychiatrist.
- *Bi-Monthly Training Webinars*: In partnership with the PSI-KS, live, virtual training opportunities will be made available. Past training topics have included biopsychosocial assessments, perinatal substance use disorders, infertility, maternal morbidity and mortality, and peer support. Future topics will be selected in collaboration with the PBHT and KCC partners, with priority given to topics identified through feedback from training attendees. These one-hour trainings are intended for all perinatal provider types. As part of this webinar series, “advanced training” opportunities will also be identified. These two-hour trainings will be intended for licensed physicians and clinician who are listed with the Kansas Maternal Mental Health Provider Directory. The advanced trainings will help enhance quality perinatal mental health treatment service provision (e.g., “Advanced Assessment of Perinatal Mood and Anxiety Disorders;” “Recognizing, Understanding, and Treating OCD During the Perinatal Period”). Session topics will be decided in collaboration with the PBHT and KCC partners, as well as based on feedback

from training attendees, inquiries to the Consultation Line, and the Directory questionnaire responses. Three, live, virtual "advanced trainings" will be made available annually, in addition to three, live, virtual one-hour trainings.

- *Training Scholarships*: Also, in partnership with PSI-KS, KCC will offer, administer, and manage scholarships for PCPs to cover registration costs for external trainings, such as those offered by PSI Central, Centimano Counseling, and Mass General. The PSI-KS Board of Directors will identify quality evidence-based trainings that will expand provider competency in perinatal mood and anxiety disorders. This includes, but is not limited to, trainings that included on the approved list as part of the Perinatal Mental Health Certification (PMHC) process. PSI-KS will develop scholarship criteria prioritizing providers in all geographic regions who work with vulnerable populations (e.g., low-income, uninsured/underinsured). Scholarship recipients will complete a pre/post self-efficacy survey to measure knowledge, skills, and confidence changes based on the training.
- *Ad Hoc Training Requests (In-Person and Virtual)*: KCC will coordinate with the PBHT, solicit feedback from PCPs, and use data collected through Consultation Line inquiries to identify training topics and will develop a training listing. The listing of available training topics will be promoted through PCP networks, as part of KCC Network outreach, and published on the KCC website. These trainings are intended to be live, either in-person or virtual, and delivered for an entire organization, clinic, and/or program staff. The KCC team will maintain a master training curriculum that incorporates best-practice guidelines and culturally and linguistically appropriate standards. When a training request is received, the KCC Team will complete a perinatal behavioral health screening/treatment implementation checklist to determine training content. The developed checklist will follow the universal screening guidelines (e.g., select a validated screening tool, adopt a universal screening policy, program workflow development, identify a local system of care to enhance the referral process, bill for screening services provided, etc.). Members of the PBHT will identify which trainings they would like to facilitate, and training coordination will occur accordingly. Already identified training topics include overview of maternal mental health and substance use disorders, screening for perinatal behavioral health risk using the SBIRT process, using motivational interviewing and other person-centered approaches when implementing universal screening practices, developing organizational and program specific screening and referral algorithms/workflows, and building local referral networks and refining referral process mapping. All trainings will include an overview of available resources (e.g., Consultation Line, Perinatal Mental Health Toolkit, Perinatal Substance Use Toolkit, National Maternal Mental Health Hotline, and Kansas Medicaid screening reimbursement policies).

KCC and PSI-KS will continue activities to promote, vet, and enhance the Kansas Maternal Mental Health Provider Directory. PSI-KS has developed an application to collect information from Kansas providers with special training or expertise in the perinatal period. The application requires providers to share their demographic information to help make referrals for people who prefer to see providers with the same identity as them (e.g., gender identify, race/ethnicity, language), as well as treatment provision (e.g., professional role/provider type, certifications, catchment area, availability of telehealth services, accepted insurance types, years of experience treating perinatal populations). As part of the vetting process, PSI-KS assesses the qualifications, experience, and continuing education needs of the PCPs completing the application. The Directory is shared between the KCC Social Worker as a resource for provider inquiries and with PSI-KS Support Coordinators who triage calls from perinatal individuals

seeking support to ensure both perinatal providers and individuals can receive referral options to a behavioral health treatment provider with perinatal specific training.

Partnering with Lived Experience Experts: To enhance available perinatal behavioral health trainings, KCC will be working to include individuals with lived expertise as training facilitators. In 2023, 23 percent of adults in the U.S. reported experiencing a mental illness, and 17 percent reported a substance use disorder. Of these individuals, the majority reported not receiving treatment. Increasing access to and the availability of behavioral health services is key to addressing the behavioral health crisis. 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, facilitate, and evaluate workforce development opportunities ensures that improvement efforts focus on what matters most to those seeking care and have positive experiences interacting with the system of care (e.g., healthcare, child welfare). It can hold health systems and providers accountable for unbiased, quality service delivery that align with patient needs, fostering increased patient engagement and potentially improving health outcomes.

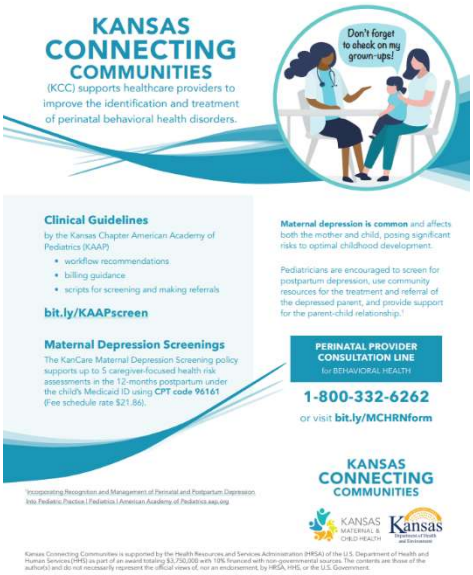
KCC and KS Title V will contract with DCCCA for partnership with their START Team. The Sobriety Treatment and Recovery Teams (START) Model is a child welfare based interventional that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment 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, to provide START program services as part of their Family Preservation Services. The proposed project will leverage START Peer Mentors to share their experiences as part of perinatal behavioral health trainings, including in the Perinatal Substance Use: Recognition, Reporting, and Supporting Training co-facilitated with DCF. Program staff will also participate on the Maternal Mortality Prevention Conference Planning Committee and the Conference Lived Experience panel sharing their experiences. Inclusion of individuals in these workforce development opportunities will enhance state MCH sponsored trainings, follows best practice recommendations, and promotes trauma-informed care and person-first language practices.

The overarching project goals are to reduce MCH professional bias of pregnant and postpartum individuals use of substances, foster an MCH service delivery system of support, and improve connections to care thus preventing maternal mortality due to overdose and family involvement with the child welfare system. Tangible outcomes include DCCCA START program staff participation in up to 6 MCH/KCC sponsored workforce development opportunities. KCC will collect feedback as part of the already established training evaluation process around the impact of inclusion of individuals with lived experience in the training facilitation.

Medicaid Maternal Depression Screening: The KanCare Maternal Depression Screening (MDS) policy became effective January 1, 2021 to reimburse for up to three screenings during the prenatal period under the mother's Medicaid ID and for up to five screenings during the 12-months postpartum period under the child's Medicaid ID. The policy was updated thereafter allowing reimbursement to occur when non-licensed professionals, like home visitors and community health workers, administer screenings under the supervision of a licensed professional. With the KanCare Postpartum Medicaid Extension, the MDS policy was reviewed, and the limitations on number of screenings was lifted effective July 2022. Title V updated the

MDS Medicaid Billing and Policy Guidance, as well as the MDS Medicaid Billing and Policy Guidance for Part C Programs, as part of the Perinatal Mental Health Toolkit. The guides are intended for healthcare providers treating perinatal women and for pediatric providers who administer MDS during the postpartum period. It outlines allowable screening tools, approved provider types, approved places of service, the procedure codes, and documentation requirements for MDS service reimbursement, as well as training opportunities and case consultation support available to providers through the KCC program.

Through the KCC program, several handouts were created to promote and increase awareness on the importance of universal screening practices, the KanCare MDS policy, and availability of psychiatric case consultations made available through the program's toll-free provider consult



Maternal Depression Screening (MDS), Substance Use Screening, Brief Intervention and Referral for Treatment (SBIRT) and Anxiety Screening Medicaid Billing Quality Improvement: In partnership with KDHE Division of Health Care Finance (Kansas Medicaid; DHCF), Title V will continue to complete an annual analysis of MDS and SBIRT claims submitted. In the first three years of the policy change (2021-2023), over 12,000 individuals have been screened for depression during pregnancy or 12-months postpartum period. Of these, 23% were billed under the mother's Medicaid ID and 77% were billed under the child's Medicaid ID. On average, each individual was screened twice (24,824 MDS claims were processed from 2021-2023). 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 to quality services provided by CCBHCs in Kansas.

Effective January 1, 2025, Kansas Medicaid began its planning period for Managed Care Organization (MCO) incentives for the Postpartum Depression Screening HEDIS Measure. DHCF leaders are currently exploring timely reporting and establishing a monitoring plan for incentives to occur in 2026. Title V will continue partnering with DHCF to support these impactful activities.

Additionally, an analysis of SBIRT procedure codes was conducted for the first time in 2024. KanCare adopted a [Substance Use] Screening, Brief Intervention, and Referral for Treatment (SBIRT) policy in 2013 (updated in 2017). The received report included SBIRT claims (CPT codes 99408, 99409, H0049 and H0050) for 2019-2023 (included all claims, not specific to perinatal beneficiaries). Overall, there is a very low number of claims:

SBIRT Claims	**2019**	**2020**	**2021**	**2022**	**2023**
	150	206	130	318	379

Title V hypothesized that low claim count could be due to unawareness of the reimbursement policy. To help increase provider education, a 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 to bill for SBIRT services, approved provider types, covered places of service codes, allowable CPT codes, and available resources. DHCF agreed to provide SBIRT claims annually, along with the MDS claims report for ongoing monitoring and quality improvement opportunities. Further, Title V submitted a SBIRT Policy Change Request to the Kansas Department for Aging and Disability Services (KDADS), the Behavioral Health Authority in Kansas. The policy request asked for two changes:

1. Lift the screening frequency restrictions. Currently, only one screening annually is reimbursable by Medicaid, limiting billable services from occurring during pregnancy and the 12-months postpartum period.
2. Include a validated substance use screening tool for perinatal populations as an approved tool under the KanCare SBIRT policy. Currently, only the CRAFFT 2.1+N is approved and validated for perinatal populations however the age validation is only through 21 years old.

The policy change request is under review by KDADS leadership. Title V will continue working with KDADS on policy change initiatives. Further, KCC and Title V will develop strategy aligning with these quality improvement opportunities. If successful, there should be an increase in number of screening claims submitted for each Medicaid member, and there should be an increase in number of MDS claims submitted under the mother's Medicaid ID. The MCH Behavioral Director will continue partnering with Kansas Medicaid to complete an annual analysis of MDS claims and identify additional quality improvement opportunities.

In review of Kansas PRAMS Reports, it was noted that self-reported anxiety symptoms were more prevalent than depression prior to pregnancy and during pregnancy. During the Report period, Title V partnered with Kansas Medicaid to complete a Kansas MCH Policy Roadmap that included exploration of a perinatal anxiety screening policy in 2026. During this Plan period, the MCH Behavioral Health Director will conduct research on other state's coverage of perinatal anxiety screenings and strategize needs that could help ease the lift on Medicaid partners as part of this slated work for 2026 (e.g., draft a white paper, outline other states' coverage, etc.).

Kansas PRAMS: Prevalence of Perinatal Mental Health Concerns

	2017	2018	2019	2020	2021	2022
Depression, Prior to Pregnancy	18.9%	18.5%	20.9%	23.0%	20.8%	21.3%
Anxiety, Prior to Pregnancy	25.2%	26.7%	29.4%	31.6%	36.7%	35.4%
Depression, During Pregnancy	16.8%	18.6%	20.9%	22.5%	21.0%	21.3%
Anxiety, During Pregnancy	23.0%	25.8%	29.4%	31.1%	33.3%	33.7%
Depression, Postpartum	12.4%	14.7%	13.5%	14.3%	15.1%	11.9%

Anxiety during the postpartum period is not currently included in the PRAMS Survey

Furthermore, to increase provider comfort, address mandating reporting concerns for identifying pregnant or parenting individuals using substances, and increase perinatal substance use screening prevalence, Title V will continue its collaborative partnership with the Kansas Department of Children and Families (DCF). Through this partnership, two "best practices for screening for substance use: guidelines for mandated reporters" training have been facilitated virtually. KDHE and DCF also collaborated to develop a Perinatal Provider Workflow: Pregnant Women Using Substances guide that is published as part of the Perinatal Substance Use Toolkit and included as resource handouts during trainings. During this Plan period, the MCH Behavioral Health Director will continue working with DCF to offer trainings, co-facilitate conference presentations, and identify new opportunities to increase provider education on importance of universal perinatal substance use screening and reducing perceived child welfare system involvement barriers.

Also, through the Title V and DCF partnership, mandated reporting policy changes are underway with anticipated effective date of July 1, 2025. Currently, there are two types of classifications: infants positive for substances and substance affected infants. If an infant is positive for substances, this indicates there is future risk of abuse or neglect and further assessment for services is necessary, therefore a Family in Need of Assessment (FINA) case assignment is made. If there is a substance affected infant, criteria is met for assessment of abuse or neglect. The proposed policy change adjusts case assignment for substance affected infants, and instead of an assessment of abuse or neglect, a FINA will occur. The MCH Behavioral Health Director will continue working closely with DCF to ensure accurate resource changes are conducted and planning for workforce development activities to offer education on the policy change and suggested next steps for mandated reporters, especially within birthing facilities, is scheduled.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Process: Title V promotes universal education and a universal screening, brief intervention, and referral to treatment (SBIRT) approach to identifying health risks across MCH programming and health care providers. The SBIRT process is used as the comprehensive, integrated, public health approach for the early identification and intervention of MCH patients exhibiting health risk behaviors. To further support the integration of behavioral health SBIRT into pediatric primary care settings and well-adolescent visits, Title V will continue to promote the modified AAP algorithm developed by KSKidsMAP (Kansas' pediatric mental health care access program for primary care physicians and clinicians).

Focusing on the 'S' in SBIRT: Identifying needs is a critical first step to connecting individuals and families with appropriate services. Universal screening is the optimal approach to identifying individuals who are experiencing, or at risk of experiencing, a behavioral health condition. In support of best practice recommendations, Title V strives to assure adolescents are screened

for mental health, substance use, and suicide risk annually, as part of the comprehensive well-adolescent visit.

Effective July 2022, Title V added three evidence-based behavioral health pre-screening questions into the DAISEY KDHE Program Visit Form ensuring that all individuals served by Kansas MCH ATL programs are screened for anxiety, depression, and substance use. The Visit Form is completed at every ATL program (e.g., Title V, PMI, TPTCM, Title X) service visit. Title V updated the Behavioral Health Screening Guidance for Kansas MCH Programs to reflect the changes as a resource for ATL providers.

The Guidance includes an overview of the DAISEY form changes, outlining suggested protocols for positive responses to the pre-screening questions. All protocols include a recommendation to administer a full screen that is validated for the population group and health risk topic. For example, an adolescent responded to the Patient Health Questionnaire - 2 (PHQ-2) prescreening questions as part of their well visit. Following the protocol, the provider would administer the modified patient health questionnaire for adolescents (PHQ-A) to help determine if further support, intervention, or treatment might be needed. Several behavioral health full screening tools were integrated into DAISEY in July 2021. As part of this integration, a Plan of Action form is populated in DAISEY for moderate or high-risk screening results. This form allows 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.

The Guidance also includes a 1-page overview of each of the screening tools available in DAISEY and scripts for introducing the tool to a client, administering the screening, details on scoring the screen, determining risk-level and appropriate interventions. With the 2022 updates, the Guidance resource was expanded to include universal screening framework, behavioral health screening workflow, virtual screening considerations, and crisis information. The MCH Behavioral Health Director will provide technical assistance to ATL programs to help improve internal program workflows and referral processes, as needed.

Substance Use During Pregnancy Educational Materials: The Title V Women/Maternal Consultant, Perinatal/Infant (P/I) Consultant and the BaM Program Manager will continue to add to the existing MCH Integration Toolkits and Action Alerts with the creation of additional resources to support local health agencies in educating women about the risks of substance use during the perinatal period and local resources available to them to quit using substances. These resources will be integrated into existing Title V supported programs such as Home Visiting (HV), Becoming a Mom®/Comenzando bien® (BaM/Cb) prenatal education and Part C. Resources will also be disseminated through existing partnerships with Women, Infants and Children (WIC), the Kansas Perinatal Community Collaborative (KPQC), the state's Doula and midwife networks, as well as utilized by Kansas Perinatal Community Collaborative (KPCC) Regional Coordinators during their targeted outreach to outpatient clinical perinatal and family practice providers.