

## Women/Maternal Health – Objective 1.2 Perinatal Mood and Anxiety Disorder Initiatives

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### REPORT – October 2021 through September 2022

**Kansas Connecting Communities (KCC):** Kansas' Perinatal Psychiatric Access Program, [KCC](#), a HRSA-funded Maternal Depression and Related Behavioral Disorders (MDRBD) program (awarded in October 2018) is managed by the Behavioral Health Consultant. KCC strives to increase health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals for depression, anxiety, and substance use disorders. In October 2020, KCC expanded from a regional implementation approach and launched statewide. KCC services include resource and referral support, psychiatric consultations, and training/technical assistance for any perinatal provider in Kansas.

To bring awareness and utilization of KCC capacity-building trainings, a Perinatal Behavioral Health Survey was developed with goals to pilot with KPCCs, Pregnancy Maintenance Initiative, Teen Pregnancy Targeted Case Management, and MCH ATL grantees. The survey was designed to support the KCC team in tailoring resources to meet program needs. The survey was conducted across these programs in a phased approach, beginning with the KPCC sites in May 2021 to support the implementation of a KCC/KPCC training plan focusing on implementing perinatal substance use screening and interventions and implementation/availability of perinatal peer support groups. See the "Peer & Social Networks" subsection within this report for more information about the perinatal peer support group component of the established KCC/KPCC training plan.

A 3-session Perinatal Substance Use Screening Implementation Training Series and Learning Collaborative was offered virtually to KPCC sites in November and December 2021. The first session focused on utilizing and administering the ASSIST substance use screening tool. The second session focused on developing and/or adapting a universal perinatal behavioral health screening policy, and the third session was on motivational interviewing and other behavioral health intervention skills.

The training series was held in preparation of the NIDA Quick Screen, a substance use pre-screening tool, being integrated into the Becoming a Mom (BaM) participant initial survey effective January 2022 to ensure all BaM prenatal education programs, a vital component of the KPCC model, were universally screening pregnant women for risk of substance use. The Behavioral Health Consultant presented an overview of perinatal substance use, examples of screening workflows, and response protocols for positive screening results as part of the January 2021 KPCC Quarterly Meeting. BaM programs continue to conduct screening and will provide feedback on effectiveness of including the pre-screen on the BaM Initial Survey Form during the KPCC/BaM Conference in November 2022. Based on provider feedback, changes would become effective in January 2023.

For more information about perinatal behavioral health training opportunities made available through KCC, see the Perinatal/Infant and Cross Cutting Domains.

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**Maternal Mental Health Treatment Pilot Project:** To further increase the identification of postpartum women experiencing PMADs and improve access to mental health treatment (counseling/therapy), Title V partnered with Russell Child Development Center (RCDC) on a Maternal Mental Health Treatment Pilot Project. RCDC is a Part C, Kansas Early Childhood Developmental Services program, that provides early childhood services in 19 rural/frontier counties in Southwest Kansas. All 19 counties are designated Mental Health Provider Shortage Areas, and timely access to quality perinatal mental health treatment is limited. The aim of the pilot

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is to increase the availability, accessibility, and affordability of evidence-based maternal mental health treatment services by:

- Increasing timely detection, assessment, and treatment of PMADs in postpartum women using evidence-based practices;
- Increasing RCDC staff capacity to provide maternal mental health specialty treatment services to caregivers of children participating in RCDC services; and
- Supporting infrastructure development and create a replicable and sustainable model for addressing maternal mental health conditions through early childhood systems.

The pilot allows infants and toddlers (0-3) and their caregivers to receive therapeutic services from one organization. While reducing barriers in accessing care, the pilot also increases local capacity by expanding the mental health professional network and subject-matter expertise in a mental health professional shortage area. RCDC has employed two licensed master's social workers (LMSW) currently pursuing their clinical licenses who receives referrals for treatment from other RCDC program staff. Both professionals are bi-lingual and provide therapy services in English and Spanish. Maternal mental health therapy services are made available in-person and by telehealth and in collaboration with the individuals' healthcare providers to coordinate comprehensive care for the caregiver and the family.

From the launch of the pilot through this reporting period (May 1, 2021 – September 30, 2022), 48 referrals have been received by project staff. Of these, therapy services were initiated with 30 individuals. Reasons for the 18 individuals who were referred but did not participate in therapy services through the project include: therapy not indicated upon further assessment, already participating in services with another clinician, not interested in therapy at this time, and lost to follow-up. Project staff have completed about 200 therapy sessions; on average, participating individuals receive about six or seven therapy sessions.

Title V continues to offer resources, instruction and technical assistance to RCDC, including coordination with Kansas Medicaid, to ensure services will be sustained beyond the pilot project period and can be replicated by other early childhood development centers.

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**Peer & Social Networks:** Title V continues to support pregnant individuals and new parents through the KPCC model, which allows parents to connect with one another during this important time and share lived experiences in an authentic and supportive environment. Plans to extend the program past birth are underway, which will provide an opportunity for parents to share birth stories as well as postpartum struggles – reinforcing a network that can reduce isolation and promote healing and resilience. For women not participating in BaM, Title V staff will vet and promote secure and safe peer support options through social media, training and marketing including those offered through Postpartum Support International (PSI) and within [Kansas Support Groups](#).

As previously mentioned, a KCC/KPCC training plan was created based on provider responses to the Perinatal Behavioral Health Survey administered with KPCC sites in May 2021. A topic of interest was implementation/availability of perinatal peer support groups. As such, KCC supported the development and maintenance of perinatal peer support groups by offering a Kansas Moms in Mind: Perinatal Peer Support (KMIM: PPS) Project to community programs servicing pregnant and postpartum parents. Two ATL grantees, Delivering Change and Saline County Health Department, participated in KMIM: PPS, which convened from September 2021 through June 2022. They received technical assistance from Wichita State University's Community Engagement Institute (WSU-CEI), a key KCC partner, to help establish a support group within their community, using the previously developed [Perinatal Support Group Guidebook](#) as a reference and implementation resource. The Guidebook includes information on recruitment and promotion, establishing a support group agreement, group structure and environment, choosing a group's location (e.g., in-person and virtual meeting place considerations), facilitator roles and responsibilities, how to keep a support group going, and supporting group members who are experiencing a crisis.

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Participant spotlight: [Client] struggled during her pregnancy and postpartum periods. She stopped meeting with her Navigator. When the support group was getting ready to start, the Navigator reached out to all current and previous clients and shared information about the group. [Client] accepted the invitation to join, came to the first meeting, and enjoyed being there!

As part of the project, staff from WSU-CEI, Saline County Health Department, and an individual with lived experience presented a “Perinatal Peer Support and Guidelines” session during the 2022 Governor’s Public Health Conference, as well as a session at the annual KU School of Medicine-Wichita Center for Research for Infant Birth and Survival (CRIBS) Symposium. The sessions focused on the role and impact of peer support and shared lived experience within the continuum of care, as well as provided attendees with information and resources, such as the Guidebook, to begin the process of developing or improving peer support and systems within their own communities.

Through the KCC program, two handouts were created to promote use of the Guidebook and impact of peer support for pregnant and parenting individuals.

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**Local MCH Agencies:**

- Barton County Health Department recorded 151 PMAD services and 308 maternal depression screenings. They used the Edinburgh Postnatal Depression Scale (EPDS) at every visit from pregnancy through one year postpartum.
- Community Health Center of Southeast Kansas (CHC-SEK) screened 100% of postpartum clients for depression. Clients were assessed for postpartum depression at their six-week follow up visit and at each Well Child Check until the child turned one year old. CHC-SEK has embedded mental health professionals within its medical clinics in Crawford, Cherokee, Bourbon and Labette counties. Education on the signs of postpartum depression and what to do if experiencing them was provided to clients and check-in calls were made every quarter during baby’s first year.
- Delivering Change exceeded their goal to increase use of the EPDS. 306 EPDS were completed in this reporting period compared to 229 completed in SFY 2020. Additionally, Maternal Depression Screening services were provided 535 times and PMADs/Postpartum Depression education was provided 389 times. Delivering Change is in Geary County which has a higher teen birth rate compared to the state of Kansas rate.
- Hamilton County Health Department used the EPDS to screen for postpartum depression. They reported using the EPDS for every MCH visit done, including prenatal visits to provide a baseline for the client. They shared that the EPDS was simple to use and easy to administer with their clients. Having it available in Spanish was vital for their client population. It is not too lengthy, and mothers feel comfortable completing it. They also provided education on PMADs 26 times.
- Johnson County Department of Health and Environment completed 1,905 maternal depression screenings as recorded in DAISEY. APRNs called clients two weeks post-delivery and completed the PHQ-9 over the telephone. At the in-person 6 weeks postpartum appointment, the clients were given a PHQ-9 again and referrals were made if indicated. Social work staff consulted with all postpartum clients after the RN/APRN visit. Social work contacted clients at approximately 7 weeks postpartum if the client had not presented for postpartum follow-up. A mood screening was performed during those calls and referrals made, if indicated.
- Lawrence-Douglas County Health Department exceeded their goal to increase completion rate of depression screening to 75%. They continued to use the EPDS during the third trimester of pregnancy, six weeks postpartum, and again six months postpartum to screen for maternal depression. They moved from using the PHQ-2 to the PHQ-9 which is completed with the mother one year postpartum and then annually. 87% of mothers enrolled were screened for depression. Due to high-risk depression screen results, seven referrals to therapy services were made during this time. Of those seven, six clients have successfully connected to services and began treatment.

- Riley County Health Department screened 100% of MCH and/or BaM clients for PMADs with the EPDS. A total of 231 maternal depression screenings were administered. 100% of MCH clients scoring a 10 or higher or who answered "yes" to question 10 were referred same day to their PCP/OBGYN. Riley County Health Department partnered with Kansas State University Family Center in June to place student therapists at the health department to provide low or no-cost PMAD therapy services which were an identified need in the community.
- University of Kansas Medical Center-Wichita/Baby Talk enrolled 281 participants in their BaM course. 258 (92%) completed the EPDS prenatally. 148 (94%) completed the EPDS postnatally. 72 of 281 (26%) screened positive prenatally and 33 of 148 (22%) screened positive postnatally. All participants who screened positive were offered a referral. During the reporting period, the Baby Talk Team refined its referral process for participants that screened positive (score of 10+ or indication of self-harm). In January 2022, the Baby Talk Team received the Maternal Mental Health 101 training which highlighted the resources readily available to the team during follow-up. Additionally, a Baby Talk Team member attended further training regarding perinatal mental health amid the COVID-19 pandemic to better assist participants with a positive screen.
- Catholic Charities of Northern Kansas had 69% of their PMI clients complete the EPDS. The goal was for case managers to complete the EPDS with the client during at least one postpartum visit.

*Local Reports from the Pregnancy Maintenance Initiative (PMI) Program:*

- GraceMed, during SFY2022, 100% of the new and existing PMI participants had access to prenatal care. Participants were provided education in their preferred language and information regarding their prenatal care, any specialty care or testing recommended by the women's health provider, parenting skills, SIDS prevention and safe sleep practices, prenatal, perinatal and postpartum behavioral health risk, resources, substance abuse treatment options if applicable, smoking cessation and other needs identified on their intake and assessment form. These education sources were provided through books, printouts, verbal teachings, and referrals to community partners. In addition, 100% of participants were screened for insurance if they needed coverage.
- University of Kansas School of Medicine, during SFY2022, 98% of participants reported receiving prenatal care that met the level of adequate or adequate plus. In addition, the Family Support Advocates encouraged participants to complete the tobacco screening immediately following the enrollment and assessment intake, along with continued education throughout the duration of the PMI program. Participants who indicated tobacco or substance use received an immediate referral for support; all participants were referred to the KS Quitline.

## PLAN – October 2023 through September 2024

Ongoing partnerships with communities around maternal mental health screenings, treatments, and resources will support our goal to provide opportunities for women to receive education or screening on perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period. Title V intends to continue their previous initiatives, such as:

- **Maternal Mental Health Treatment Pilot Project:** The pilot with Russell Child Development Center (RCDC) will continue in the coming year and Title V will continue providing instruction and technical assistance to RCDC, including coordination with Kansas Medicaid, to ensure services will be sustained beyond the pilot project period and can be replicated by other early child development centers.
- **Kansas Connecting Communities (KCC):** KCC will continue to increase statewide access to screening, assessment, and treatment for maternal depression, anxiety, and substance use disorders. KCC is a HRSA Maternal Depression and other Related Behavioral Disorders program that is funded through FFY2023. Title V intends to apply for a new award to continue the essential workforce development opportunities made available by the program. See the Cross-Cutting Domain for more information about these activities.

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**Local MCH Agencies:**

- Barton County Health Department will launch a monthly postpartum depression support group. This was an area of need identified through resource mapping. The health department's social worker will attend training to become the group facilitator and will monitor attendance.
  - Butler County Health Department staff will collaborate with their WIC program to screen 85% of pregnant and postpartum clients for PMADS using the Edinburgh Postnatal Depression Screening (EPDS). This will be an increase from 65%.
  - City-Cowley County Health Department will begin completing the EPDS at all home visits. Currently they are completed at visits up to 6 months postpartum.
  - Clay County Health Department will screen 100% of Becoming a Mom (BaM) and home visiting clients for PMADS. They will also begin screening postpartum parents during the infant's 2, 4, and 6-month immunization visits.
  - Mitchell County Health Department will begin documenting the PMADS education provided through their MCH program. The target for this year is 85% of clients will have PMADS education documented in DAISEY. Progress toward their goal will be monitored using the DAISEY Education Provided Report. Their goal will be achieved by ensuring all staff are educated on the how to screen for PMADS, document it in DAISEY and provide education and referral based on the score.
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