



Kansas Maternal & Child Health Council

JANUARY 12, 2022 MEETING



KANSAS
MATERNAL &
CHILD HEALTH

Community Resource Spotlight: Kansas Safe Kids

CHERIE SAGE

Housekeeping Notes

- Phones/Zoom on mute unless speaking
- Set Zoom to Speaker view for large group sessions and Gallery view for breakouts
- Make sure your Zoom profile shows your name to help us with attendance
- Send chat message *or* text Connie (785-410-0410) if you are having technical issues, in the wrong breakout room, etc.



Welcome Recognize New Members & Guests

KARI HARRIS, MD, MCH COUNCIL CHAIR



Behavioral Health Screenings

KANSAS MATERNAL AND CHILD HEALTH COUNCIL MEETING

JANUARY 12, 2022

Are we
saying the
same thing?



Behavioral Health is an umbrella term that addresses any behavioral problems impacting health, including mental and substance abuse conditions, stress-linked physical symptoms, patient activation and health behaviors. (SAMHSA)

Mental Health is the foundation for emotions, thinking, communication, learning, resilience and self-esteem. It's key to relationships, personal and emotional well-being and contributing to community. (APA)

Mental Illness is a condition that affects a person's thinking, feeling or mood, and may affect someone's ability to relate to others and function each day. Also referred to as a "mental health condition." (NAMI)

Perinatal Mood and Anxiety Disorders (PMADs) encompass a range of mental health disorders, including depression, anxiety, bipolar, and psychosis, that occurs during pregnancy or up to 12-months postpartum. (PSI)

Substance Use Disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. (SAMHSA)



Why?

SHARE



AAP, AACAP, CHA declare national emergency in children's mental health

October 19, 2021

Article type: [News](#)

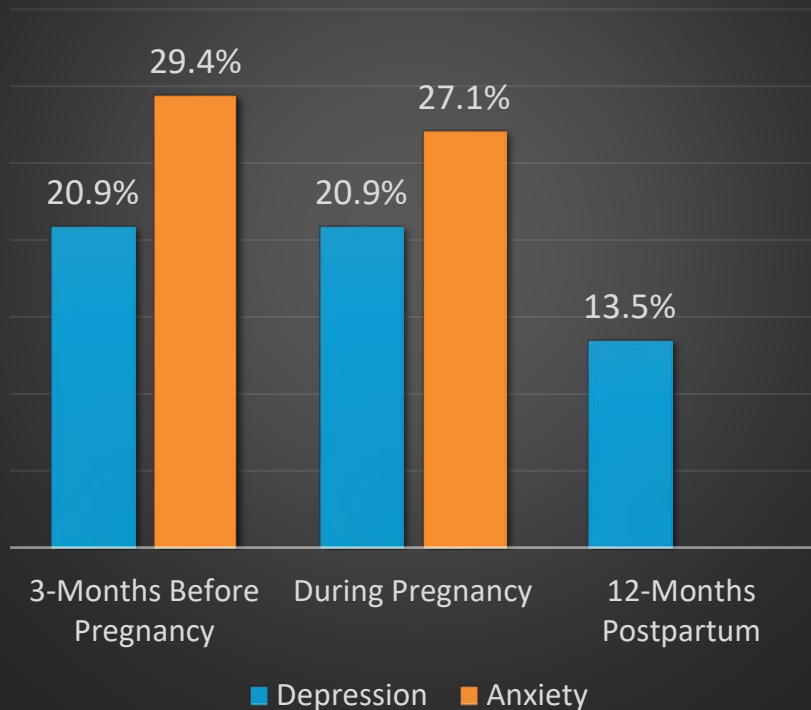
Topics: [Adolescent Health/Medicine](#) , [Advocacy](#) , [Diversity, equity and inclusion](#) , [Psychiatry/Psychology](#) , [Psychosocial Issues](#)

The AAP, American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association have declared a [national emergency in children's mental health](#), citing the serious toll of the COVID-19 pandemic on top of existing challenges.

They are urging policymakers to take action swiftly to address the crisis.

Perinatal Behavioral Health

Prevalence of Self-Reported Health Conditions (PRAMS, 2019)



- Mental health conditions contributed to around **1 in 5** of Kansas' pregnancy-associated deaths in 2016-2018 (KMMRC)
- **13.8%** of mothers felt they **needed treatment or counseling** for their postpartum depression and **did not get it** (PRAMS, 2019)
- Reasons for not getting treatment or counseling include:
 - **82.5%** - It seemed too difficult or overwhelming
 - **57.0%** - Didn't have time because of a job, childcare or another commitment
 - **54.1%** - Worried about the cost or could not afford it



How do we take action?

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is an evidence-based practice used for the early identification and intervention of **health risk behaviors**.

SBIRT is an approach to help connect people, including perinatal women, with substance use disorders and those at risk of developing these disorders to treatment services and support.

While the SBIRT model has traditionally been used for substance use, the SBIRT process can be applied to any **health risk behavior** (e.g., mental health, tobacco use, unsafe sexual practices, violent or suicidal ideations, etc.).





Increase Identification

- Universal screening is an optimal approach to detection of individuals who are experiencing, or at risk of experiencing, a behavioral health condition.
- Identification is the critical first step to preventing use and reducing harm through intervention and increase access to treatment and other support services.
- It is impossible to accurately predict substance use from looking at an individual. **Universal screening** reduces the possibility for implicit bias, accounts for the possibility of risk associated with high stress life events, and helps providers identify the need to facilitate a brief intervention.



Available in the Perinatal Substance Use Toolkit: [We Ask Everyone Poster](#)

Screening Administration

Screenings can be administered by healthcare providers (primary care, OB/GYN, midwifery, pediatric), public health, addictions and mental health clinicians, community social services, and early childhood programs

Behavioral health screening is a health risk assessment, similar to weight and blood pressure checks

Screening tools are not diagnostic assessments, and positive results do not necessarily mean a person is experiencing a behavioral health condition – it indicates further assessment is needed (e.g., clinical interview)

Administering a screening is an opportunity to check-in with a patient or client about their wellbeing, to increase education about health risks, and helps normalize conversations about behavioral health concerns



Universal Screening

Select Screening Tools

- Identify a validated screening tool
- Determine screening frequency

Prepare Your Agency

- Create a universal screening policy
- Train staff
- Integrate screening into office workflow

Establish and Formalize a Local System of Care

- Identify treatment providers
- Execute an MOU/MOA outlining referral process to improve timely access to treatment

Capture the Data

- Record screens and any action steps in client's chart
- Bill client's insurance for services provided, when possible



Brief Interventions

Following a screen, engage a patient in a short conversation.

The goal is to motivate your patient to change a behavior or access resources and support related to health, social, financial, legal, and relationship concerns.

Provide resources or other educational information.



Making Referrals to Treatment

(or further assessment)

A positive screen does **NOT** necessarily indicate the need for treatment.

A positive screen does indicate a need for further assessment by a specialty provider.

Complete a referral and include up-to-date information about the client's medical care.

Follow referral best practice guidelines (e.g., be an interactive discussion between treatment providers). See AHRQ website for more information.



What resources are available?

Perinatal Mental Health and Substance Use Toolkits

<https://www.kdhe.ks.gov/457/MCH-Integration-Toolkits>

The Toolkits provide education, guidance, and resources for providers and patients related to screening and treatment of PMADs and substance use

Toolkits include:

- Screening tools and algorithms
- Provider resources
- Templates for local use
- Patient resources



Pediatric Mental Health Toolkits are coming soon!

Behavioral Health Screening Resources

Behavioral Health Screening Tools Recommendations for MCH ATL Grantees

- Published on the [DAISEY Solutions Find Answers](#) page under Program Support, Program Instructions: Includes guidance on creating a framework for administering behavioral health screenings and other support resources
- Includes 1-2 page overview for each of the recommended screenings tools and guidance on introducing the screening tool and establishing rapport, administering the screening, scoring and determining risk level, providing the appropriate intervention and action steps based on risk

Maternal Depression Screening Medicaid Policy, effective 1/1/2021

- Up to 3 screenings during the prenatal period under the mother's Medicaid ID
- Up to 5 screenings during the 12-months postpartum period under the child's Medicaid ID
- Screenings can be administered by non-licensed staff (e.g., home visitors, community health workers) who are supervised by licensed professionals
- **Billing guidance** is available in the [Perinatal Mental Health Toolkit](#)

Kansas Connecting Communities

The Provider Consultation Line for Perinatal Behavioral Health

Consultations are available regarding psychiatric care, resources, and referral support.

Call 833-765-2004 or connect online using this [form](#)

Requests are responded to within 24 hours or the next business day.

More information:

<https://www.kansasmch.org/psychiatric-consultation-care-coordination.asp>



KSKidsMAP

Pediatric Mental Health

A program for primary care physicians
and clinicians in Kansas through
a telehealth network.

1-800-332-6262

wichita.kumc.edu/KSKidsMAP



KSKidsMAP is a partnership
between the Kansas Department
of Health and Environment and
the University of Kansas School
of Medicine-Wichita Departments
of Pediatrics and Psychiatry &
Behavioral Sciences.

KSKidsMAP to Mental Wellness

Supports primary care physicians and
clinicians' treatment of children and
adolescents with mental health conditions

- Support services through the toll-free
Consultation Line: 1-800-332-6262
- Mental health and community **resources**
- Toolkits and **best practices** information
- **Case consultation** with child/adolescent
psychiatrist, psychologist, and
pediatrician
- KSKidsMAP **TeleECHO Clinic**

For more information, visit:

wichita.kumc.edu/KSKidsMAP



Kansas Mental Health Modernization & Reform

2020 & 2021 SPECIAL LEGISLATIVE COMMITTEE REPORTS

2021 Committee Recommendation

Promote Social Isolation as a Public Health Issue. Create strategies to disseminate the importance of social isolation as a public health issue, using social media and media campaigns, educating providers, and encouraging adoption of a screening tool. (Rec. 4.6; Strategic Importance)

Normalize Behavioral Health Discussions. In lieu of discussing stigma, build on recent success stories to publicize behavioral health as health, creating a culture in which mention of depression, anxiety, post-trauma, addiction and other common illnesses become as mentionable as diabetes, heart disease and migraines. (Rec. 4.7; Immediate Action)

Other recommendations: Workforce Investment Plan, Expanding Mental Health Intervention Team Programs (schools), Medicaid Postpartum Coverage, Suicide Prevention, and Statewide Psychiatric Access Programs

Questions?



Small Group Instructions

CONNIE SATZLER

Small Groups

Facilitators and Recorders

- Women/Maternal: Jennifer Marsh (F), Ivonne Rivera-Newberry (R)
- Perinatal/Infant: Stephanie Wolf (F), Jill Nelson (R)
- Child: Kayzy Bigler (F), Cora Ungerer (R)
- Adolescent: Carrie Akin (F), Holly Frye (R)

Ground Rules

1. Stay present (cameras on, if possible)
2. Utilize chat.
3. Invite everyone into the conversation. Take turns talking.
4. ALL feedback is valid. There are no right or wrong answers.
5. Value and respect different perspectives (providers, families, agencies, etc.)
6. Be relevant. Stay on topic.
7. Allow facilitator to move through priority topics.
8. Avoid repeating previous remarks.
9. Disagree with ideas, not people. Build on each other's ideas.
10. Capture "side" topics and concerns; set aside for discussion and resolution at a later time.
11. Reach closure on each item and summarize conclusions or action steps.

Small Group Report Out

Announcements & Closing Remarks

Kudo Board for Rachel

<https://www.kudoboard.com/boards/bmflwbdj>

Next Meeting Date

APRIL 13, 2022

Optional Session: WorkWellKS

DR. ELIZABETH ABLAH