

Cross-Cutting: Behavioral Health Initiatives

Objective 6.1: Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

Activities During Federal Fiscal Year 2023

Mental Health First Aid Training: The provision of the MHFA training, both adult and youth, was an interest of the Family Advisory Council (FAC). The Child and Adolescent work groups had expressed an interest in promoting MHFA trainings across a variety of providers serving children and adolescents. However, the FAC shifted their focus from MHFA training to identifying the mental health resource needs of families and finding ways to address the identified resource concerns.

Universal Screening Practices: KS Title V began utilizing the [Creating Effective Partnerships to Improve Behavioral Health Outcomes Guide](#) to assist local programs seeking to implement or enhance their behavioral health screening practices. Programs were recommended to follow the best practice guidelines referenced throughout the guidance and were strongly encouraged to follow the [U.S. Preventive Services Task Force's recommendation](#) for screening to be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up for all health screens for all populations. Title V continued promotion of the [Behavioral Health Screening Guidance for Kansas MCH Programs](#) resource which includes a behavioral health screening overview, universal screening framework, suggested workflows (integration of brief screen and/or full screen), virtual screening considerations, crisis assessments, supporting resources, and overviews of each of the behavioral health screening tools integrated into DAISEY. On each of the screening tool overviews, information about the screening tool is provided as well as guidance on how to introduce the screening tool to a patient or client, how to administer and score the screening, and suggestions on interventions to conduct following the screening.

Perinatal Behavioral Health Initiatives: Four key initiatives were implemented to help increase workforce capacity to screen, facilitate brief interventions, make referrals to treatment, and provide education and resources to their perinatal patients at risk of behavioral health conditions:

- **Maternal Depression Screening Payment Policy:** Effective January 2021, the maternal depression screening payment policy was adopted by Kansas Medicaid. This policy supports reimbursement for an unlimited number of screenings during prenatal and 12-months postpartum period under the mother's Medicaid plan, and an unlimited number of screenings during the 12-month postpartum period under the child's Medicaid plan supporting child social and emotional development and healthy family functioning. BFH continued to support implementation by assisting with any necessary [guidance](#) to providers, developing any needed training materials and analyzing Medicaid claims data to determine provider or clinic training or technical assistance needs.
- **Kansas Connecting Communities (KCC):** Through [KCC](#), a Perinatal Provider Consultation Line was established to support perinatal providers through case

consultations, providing best-practices information, and offering multiple training opportunities. The line is accessible weekdays from 8 a.m. to 5 p.m. to assist providers with their perinatal behavioral health questions. Consultation line staff can help with diagnosis, medication, treatment, patient resources, identifying local referral options, and connecting the calling provider with a clinical psychiatrist for case consultations. This effort directly supports increasing health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for depression, anxiety, and substance use disorders.

- Paternal Postpartum Depression (PPD): Title V continued to promote the PPD package (Paternal Depression tab in the [Perinatal Mental Health Toolkit](#)) to increase provider awareness about prevalence, educate about symptoms, inform on the difference of PPD and maternal depression, guide implementation of paternal screenings into clinic workflow, offer programming considerations, and provide resources for fathers who might be experiencing postpartum depression.
- Perinatal Behavioral Health Toolkits: Title V continued promotion activities to increase awareness and utilization of the [Perinatal Mental Health](#) and [Perinatal Substance Use](#) toolkits. The toolkits provide education, guidance, and resources to providers in support of their perinatal behavioral health screening practices. Each toolkit includes an overview of screening integration, screening tools, workflows and algorithms, templates for local use (e.g., sample policy, MOA/MOU template to execute with treating providers), provider resources, and resources providers can use with their clients. Title V reviews toolkit content and make updates, as needed, on an annual basis.

KSKidsMAP: The Title V Behavioral Health Consultant continued to provide leadership and guidance as the project director for Kansas' Pediatric Mental Health Access Program, KSKidsMAP to Mental Wellness ([KSKidsMAP](#)). KSKidsMAP continued to identify innovative outreach methods to increase provider enrollment, including presenting at conferences geared towards PCP engagement (e.g., American Academy of Pediatrics). Further, KSKidsMAP continued its development of subsequent sections to the [Pediatric Mental Health Toolkit](#) prioritizing new topic sections based on emerging needs identified via case consultation requests and ECHO Clinic sessions.

Local MCH Agencies:

The following are examples of how some of the local MCH grantee agencies have made progress toward objective 6.1 during the reporting period.

- A link to Mental Health First Aid (MHFA) training dates and formats was included in the tailored resource documents that every local MCH grantee agency received at the beginning of the grant year. MHFA training was also promoted through the local MCH grantee agency listserv.
- Haskell County Health Department nurses attended Mental Health First Aid training for youth.
- A webinar presented by KCC and PSI was conducted in April and promoted to local MCH grantee agencies. The webinar topic was Recognizing, Understanding, and Treating OCD During the Perinatal Period.

Plans for Federal Fiscal Year 2025

Psychiatric disorders among children and adolescents aged 0 to 21 years of age (youth) are at record highs in the United States. According to Mental Health America's The State of Mental Health in America 2023 Report, **Kansas ranked last (51st) in the overall ranking and 50th in youth ranking.** The youth ranking is based on seven measures: youth with at least one major depressive episode (MDE) in the past year, youth with substance use disorder in the past year, youth with severe MDE, youth with MDE who did not receive mental health services, youth with severe MDE who received some consistent treatment, youth with private insurance that did not cover mental or emotional problems, and students with an emotional disturbance for an Individualized Education Program. The National Survey of Children's Health projected that roughly one in five youth in Kansas are living with a mental, emotional, developmental, or behavioral problem but only half of those diagnosed are estimated to receive treatment. The COVID-19 pandemic has especially impacted youth who are at risk due to developmental age, race, ethnicity, educational status, economic underprivilege or pre-existing mental disorders.

Perinatal behavioral health disorders, including mental health conditions and substance use disorders (SUDs), 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. Furthermore, women experiencing perinatal mental health conditions are 19% more likely to experience a SUD, and drug overdose is one of the leading causes of pregnancy-associated deaths nationwide. Despite the prevalence and impact, these disorders are often undiagnosed and untreated.

According to the **Policy Center for Maternal Mental Health's 2024 State Report Cards, Kansas scored a D.** The report card grades states in three domains:

1. Providers and Programs (Kansas Grade: D)
2. Screening and Screening Reimbursement (Kansas Grade: F)
3. Insurance Coverage and Treatment (Kansas Grade: C*)

*Kansas has requested a revision to this domain (May 2024) based on extended Medicaid coverage to one-year postpartum in 2022 (report card showed activity had not occurred) and expanding Medicaid (report card showed activity had occurred, but Kansas has not expanded Medicaid)

Along with rising behavioral health condition prevalence, there is a national shortage of mental health professionals, especially those with specialty expertise, and specifically peripartum and child/adolescent psychiatrists. Largely rural and frontier, Kansas faces severe shortages of medical providers, particularly mental health professionals, with ninety-nine of the 105 counties in Kansas are designated as mental health professional shortage areas (HPSA; 2020). Kansas is amidst a community mental health system transformation. In 2021, legislation was passed to establish a new model for providing behavioral health services – the Certified Community Behavioral Health Clinic (CCBHC). The goals of the CCBHC program in Kansas are to increase access to

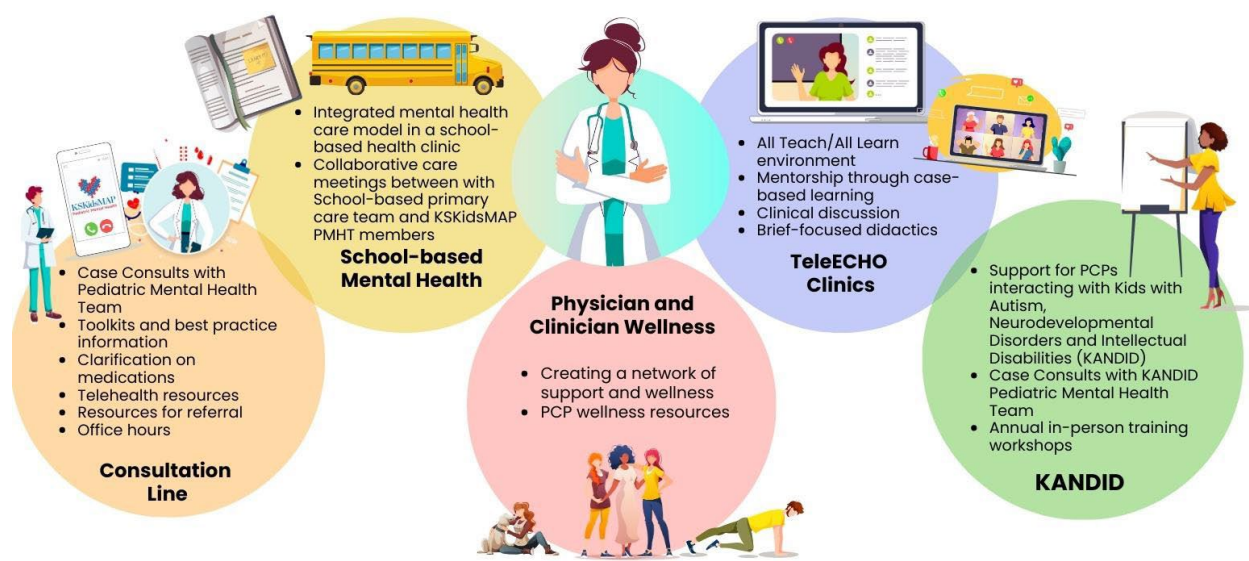
community-based mental health and substance use disorder services (particularly to under-served communities), advance integration of behavioral health with physical health care, and improve utilization of evidence-based practices on a more consistent basis. In 1990, the Kansas Mental Health Reform Act fundamentally changed the mental health system in Kansas with the goal of transitioning care from institutional services to community-based care, establishing Community Mental Health Centers (CMHCs) as the “safety net” for Kansans with mental health needs. As part of the CCHBC legislation, all 26 CMHCs will be certified by the State of Kansas as a CCBHC by July 2024. Title V will continue its partnership with the Kansas Department for Aging and Disability Services (KDADS), the Behavioral Health Authority in Kansas. Furthermore, to increase capacity to address the behavioral health needs for maternal and child populations, KDHE created a MCH Behavioral Health Director position. Previously, this role was a split position for Behavioral Health Consultant and Consultant Unit Director. This staff person moved into the MCH Behavioral Health Director role; a full-time Consultant Unit Director will be recruited.

Pediatric Behavioral Health: The MCH Behavioral Health Director serves as the project director for the HRSA funded Pediatric Mental Health Care Access (PMHCA) program, [KSKidsMAP](#). KSKidsMAP, a statewide program, aims to: 1) Strengthen the PCP workforce’s capacity to screen, diagnose, and treat youth with developmental, behavioral, and mental health disorders through trainings that incorporate equity and culturally and linguistically responsive care standards; 2) Increase utilization of real-time psychiatric consultations and care coordination support services, especially utilization by PCPs who serve individuals who experience health disparities (e.g., race, ethnicity, socioeconomic, Medicaid, rural or frontier); 3) Improve equitable access to referrals and quality treatment (in-person and via telehealth) for youth, with particular emphasis for those residing in rural and underserved areas; and 4) Further program impact through effective leadership and partnerships to achieve program goals, promote interdisciplinary collaboration, and sustain program components.

KSKidsMAP works directly with PCPs statewide, providing tailored resources to ensure confidence in delivering evidence-based mental health care to youth. Goals of KSKidsMAP include increasing PCPs’ capacity to screen, diagnose, treat, and refer youth with psychiatric disorders through established trainings (KSKidsMAP TeleECHO Clinic), continuation of its centralized access point (Consultation Line) for case consultation and resource and referral support, increasing timely access to quality mental health services for youth, especially those in rural, frontier, and other underserved areas, and supporting PCP wellness through resource sharing and wellness coaching to ensure a healthy, well-trained PCP workforce is available to appropriately identify and treat pediatric mental health conditions.

KDHE BFH was re-awarded the PMHCA grant in 2023 supporting the continuation of KSKidsMAP activities and opportunity to expand the program to provide training and consultation support to school-based health clinics and expand the expertise of the KSKidsMAP Pediatric Mental Health Team through utilization of two developmental and behavioral pediatricians (with one triple-boarded in pediatrics, psychiatry, child and

adolescent psychiatry), both with expertise in neurodevelopmental disorders. Added expertise will provide additional education through training and case consultations regarding youth with neurodevelopmental disorders. These services are part of a new program arm designated as KSKidsMAP for autism, neurodevelopmental disorders, and intellectual disabilities (KANDID) that will serve PCPs working with these vulnerable populations. See the SHCN Section for more information about KANDID.



Perinatal Behavioral Health: 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 \(KCC\)](#). 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.

Expert Support for Addressing Perinatal Behavioral Health

Training

- Didactic and case-based learning led by a collaborative and multi-disciplinary training team
- Monthly virtual training on treatment, medication management, and special topics in perinatal behavioral health
- On-demand modules, webinars, and additional custom training options available
- Training scholarship opportunities and up to 6 free CME/CEs offered annually

Consultation Line

- Psychiatric consultations with perinatal behavioral health team
- Resources and referral support
- Connection to training and technical assistance services
- Information about best practices, recommendations and research, and Medicaid billing and reimbursement

Technical Assistance

- Support to implement substance use and mental health screening in clinic, hospital, public health, and community settings
- Coaching to build a referral network and improve care coordination between referral partners.
- Assistance developing custom policies, workflows, and administrative support tools for screening and referrals

More information about KCC is included in the Woman/Maternal section.

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.