

Women and Maternal Health: Perinatal Mood and Anxiety Disorders Initiatives

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.

Activities During Federal Fiscal Year 2023

Kansas Connecting Communities (KCC): Managed by the MCH Behavioral Health Director and funded by the HRSA Maternal Mental Health and Substance Use Disorder (MMHSUD) (originally awarded in October 2018, re-awarded in October 2023), KCC strives to increase health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for depression, anxiety, and substance use disorders. KCC provided statewide access to training and technical assistance for screening, assessment, and treatment for maternal depression, anxiety, and substance use disorders at no cost to Kansas healthcare professionals who treat perinatal populations in their program or practice.

The KCC work encourages the development of provider knowledge on assessing and treating perinatal behavioral health conditions through facilitating partnerships between FTI sites and KCC training and technical assistance staff, including provider-provider consultation with access to a perinatal psychiatrist and a perinatal mental health – certified (PMH-C) OB/GYN. Through this program all healthcare professionals can access resource and referral support and receive trainings tailored to their programs by submitting a request through an online form or calling a 1-800 number.

For MCH programs, this is a continuation of the 2020-2021 Perinatal Behavioral Health Community Collaborative. By aligning with KCC, there is an increase in trainer capacity to assist more local programs. The components that were developed as a guide to Perinatal Behavioral Health Community Collaborative participants were incorporated into KCC's training plans and serve as guidance for local agencies to enhance their programs. These components include establishing an agency screening policy, executing a MOA/MOU with a mental health or substance use treatment professional/organization to increase access to timely care, and starting a support group. Additionally, several training opportunities were made available in the reporting period:

- **PMAD Components of Care Training:** This virtual, [2-day training](#) follows an evidence-based curriculum designed for nurses, physicians, social workers, mental health providers, childbirth professionals, social support providers, or anyone interested in learning skills and knowledge for assessment and treatment of PMADs.
- **PSI Advanced Psychotherapy Training:** With the onset of the MDS Medicaid policy and increase in screening practices, an increased demand in perinatal mental health treatment services is anticipated. This evidence-based, advanced, curriculum (6-hour virtual [training](#)) is designed for mental health and

psychotherapy providers and covers differential diagnosis, evidence-based psychotherapeutic approaches, and advanced therapeutic issues. It combines expert presentation with case studies, group discussion, and practical examples of treatment approaches. KCC is collaborating with the Association of Community Mental Health Centers of Kansas (ACMHCK) to ensure mental health clinicians employed by Community Mental Health Centers, Kansas' community-based public mental health services safety net, can participate.

- Kansas Moms in Mind (KMIM): Family physicians and OB practitioners play a critical role in the identification and treatment of PMADs. The KMIM project is a closed virtual rounds format where a multidisciplinary team look at real cases in didactic form where live questions on the treatment and follow-up for real cases is explored.

Kansas' Pediatric providers continue to be the largest group of professionals billing Medicaid for Maternal Depression Screenings. This year, efforts continued in the evaluation of billing utilization and reimbursement education. Through partnerships and outreach the KCC program presented to ACOG, Community Mental Health Centers, KS Office of Primary and Rural Healthcare, as well as to local programs including Parent and Teacher groups and other less traditional perinatal health professionals. Based on PRAMS data and other key indicators of mental health treatment access, KCC and the program experts are under-utilized. Through a series of provider interviews and feedback, the Behavioral Health Consultant was able to consolidate KCC and KSKidsMap under one umbrella and continues to work to re-brand the programs to simplify the process and increase access for all prescribers throughout the state.

Maternal Mental Health Treatment Pilot Project: To further increase the identification of postpartum women experiencing perinatal mood and anxiety disorders 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, Infant Toddler 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 is to increase the availability, accessibility, and affordability of evidence-based maternal mental health treatment services by:

- Increasing timely detection, assessment, and treatment of perinatal mood and anxiety disorders in postpartum populations 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.

RCDC employs two licensed master's social worker's (LMSW) who accept referrals for treatment from RCDC staff, local healthcare, social services, and other providers screening for risk of PMADs. Maternal mental health therapy services were made

available in-person and by telehealth and in collaboration the individuals' healthcare providers to coordinate comprehensive care for the caregiver and the family. The pilot allowed infants and toddlers (0-3) and their caregivers to receive therapeutic services from one organization. While reducing barriers in accessing care, the pilot also increased local capacity by expanding the mental health professional network and subject-matter expertise in a mental health professional shortage area. This grant year both LMSW's received Perinatal Mental Health – Certification through Postpartum Support International. On-site interactive training was provided to the entirety of the staff at RCDC where best practices and prevalence were presented, and the referral process was refined in a collaborative all-staff meeting with guidance from MCH staff and KCC facilitators. To support sustainability, RCDC has established a Medicaid billing process for screening and referral treatment and intends to apply for 2024 MCH aid-to-local funding. The RCDC team reports positive experience in engagement and treatment but has experienced challenges in the billing and reimbursement process. These challenges have been largely clerical, with rejected claims resulting in troubleshooting for billing identification.

Local MCH Agencies: The following are examples of how some of the local MCH grantee agencies have made progress toward Objective 1.2 during the reporting period.

- Barton County Health Department screened 204 clients using the Edinburgh Postnatal Depression Scale (EPDS). They provided maternal mental health education to the community at a Mental Health Awareness event. They also worked to increase partnerships with mental health providers by inviting two to attend the community baby shower and inviting another to join the IRIS referral network. They were successful in getting staff from The Center to provide education at the community baby shower.
- Coffeyville Regional Medical Center completed 34 EPDS during infant immunization appointments. This was an increase from 23 the previous year. They attributed the increase to increased availability of interpreters post-COVID restrictions.
- Lawrence-Douglas County Health Department met their goal of screening 80% of prenatal Healthy Families Douglas County clients for maternal mental health concerns. Clients were screened during the third trimester of pregnancy, six weeks postpartum, and again six months postpartum with referrals being made and more frequent screening when a score indicated need for additional support and monitoring.
- University of Kansas's Becoming a Mom program, known locally as Baby Talk, had 91% of participants complete maternal mental health screening. Of those, 101 (27%) screened positive with a score of 10+ or indication of self-harm. They provided education on maternal mental health during Session 6 which is taught by labor and delivery nurses at partner sites.

Plans for Federal Fiscal Year 2025

Kansas Connecting Communities (KCC): 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.

Oversight will continue to be provided by the KDHE BFH, which manages the state's Title V MCH Program. The BFH will ensure the program aligns with the MCH vision and is collaborative to maximize efficiencies, awareness, and system impact. The BFH will contract 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.

To achieve program goals, the KCC Team will support providers within a statewide network through three main program components: education (robust multimodality training program), consultation (Consultation Line), and resources and referral support.

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 Role Play 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 role play 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. An accompanying perinatal behavioral health screening video [resource guide](#) was also developed to be used along with the videos. 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 racial equity, LGBTQ+, 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).

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.

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 consultation line. This will continue to be used to increase awareness of the policy.

KANSAS CONNECTING COMMUNITIES

(KCC) supports healthcare providers to improve the identification and treatment of perinatal behavioral health disorders.



Clinical Guidelines

by the Kansas Chapter American Academy of Pediatrics (KAAP)

- workflow recommendations
- billing guidance
- scripts for screening and making referrals

bit.ly/KAAPscreen

Maternal Depression Screenings

The KanCare Maternal Depression Screening policy supports up to 5 caregiver-focused health risk assessments in the 12-months postpartum under the child's Medicaid ID using CPT code 96161 (Fee schedule rate \$21.86).

Maternal depression is common and affects both the mother and child, posing significant risks to optimal childhood development.

Pediatricians are encouraged to screen for postpartum depression, use community resources for the treatment and referral of the depressed parent, and provide support for the parent-child relationship.¹

**PERINATAL PROVIDER
CONSULTATION LINE**
for BEHAVIORAL HEALTH

1-800-332-6262

or visit bit.ly/MCHRNform

¹Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice | Pediatrics | American Academy of Pediatrics [aap.org](https://www.aap.org)

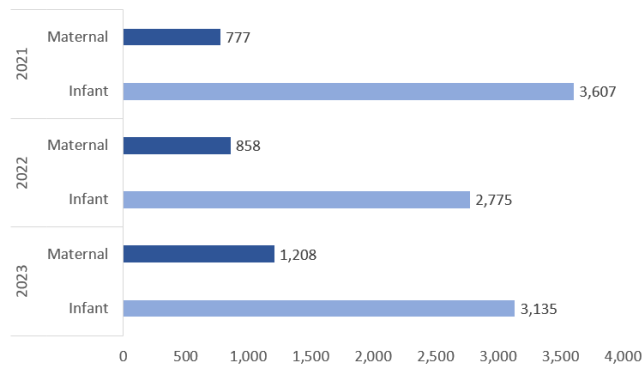
**KANSAS
CONNECTING
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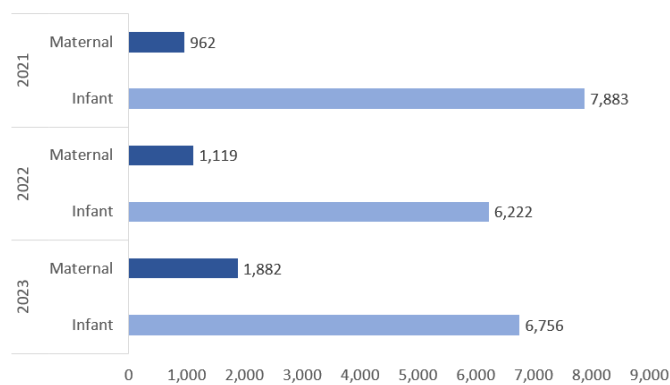
Maternal Depression Screening Billing Quality Improvement: In partnership with KDHE Division of Health Care Finance (Kansas Medicaid), Title V completed an analysis of MDS claims submitted in the first three years of the policy change (2021-2023). In summary, over 12,000 individuals have been screened 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.

Individuals Receiving a MDS by Record-Type



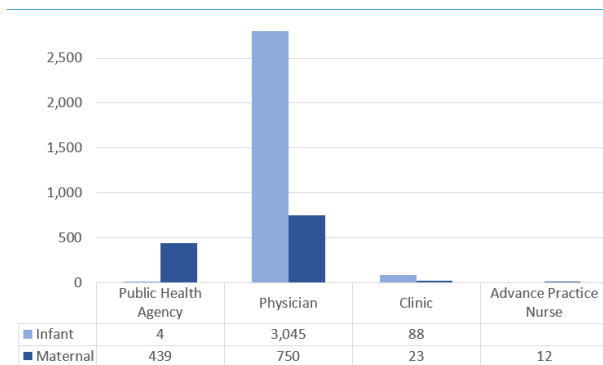
On average, each individual was screened twice (24,824 MDS claims were processed from 2021-2023).

Distinct Count of MDS Claims by Record-Type



Following trends in 2021 and 2022, 2023 MDS services were predominantly provided by physicians and billed under the Child's Medicaid ID (70%).

CY 2023: Beneficiary Count by Billing Provider Type



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); and, 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.

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 this Plan period, Title V will partner with Kansas Medicaid to conduct research on other state's coverage of perinatal anxiety screenings and explore possibly of developing a perinatal anxiety screening policy for Kansas.

Kansas PRAMS: Prevalence of Perinatal Mental Health Concerns

	2017	2018	2019	2020
Depression, Prior to Pregnancy	18.9%	18.5%	20.9%	23.0%
Anxiety, Prior to Pregnancy	25.2%	26.7%	29.4%	31.6%
Depression, During Pregnancy	16.8%	18.6%	20.9%	22.5%
Anxiety, During Pregnancy	23.0%	25.8%	29.4%	31.1%
Depression, Postpartum	12.4%	14.7%	13.5%	14.3%

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

Local MCH Agencies: The following are examples are local MCH grantee agencies plans toward Objective 1.2 during the plan period.

- Crawford County Health Department will continue to screen prenatal and postpartum clients using the Edinburgh Postnatal Depression Scale (EPDS) during the Healthy Beginnings Prenatal (BAM) as well as by home visitors. Home Visitors will screen using the EPDS at least once during pregnancy and once postpartum. Results will be recorded in DAISEY. All participants of the Healthy Beginnings Prenatal Classes will be given the screening at least two times during the series of classes with results recorded in DAISEY. Referrals will be made if needed during the appointment. The health department has a "fast track" referral system in place with Crawford County Mental Health if a person is in crisis. For those that are not in crisis referral is made to their physician or a mental health professional.
- Seward County Health Department will education and/or screening for perinatal mental health conditions is completed on all of the MCH participants. The program nurses evaluate all of the clients by using the EPDS. To improve the client outcomes, a Social Worker is available to see the clients when a referral is needed. Evaluations are completed more than once during the pregnancy and after the delivery to assure the patient has not had any negative changes in her mental state.
- Saline County Health Department will continue to improve upon the data accuracy for the maternal mental health screenings, as documentation will be added under client notes in DAISEY as to why a screen was not provided. Additionally, education provided will be noted during this encounter. Postpartum screens will also be provided to all consenting mothers who are enrolled in the Incredible Babies Parenting program. All MCH staff will participate in maternal mental health trainings to enhance knowledge base of maternal mental health. Additionally, to expand our program outreach for this objective, we will collaborate with our local law enforcement to provide MCH services to Incarcerated women prenatally or newly postpartum.