

Workforce Development – Objective 6.1 Behavioral Health

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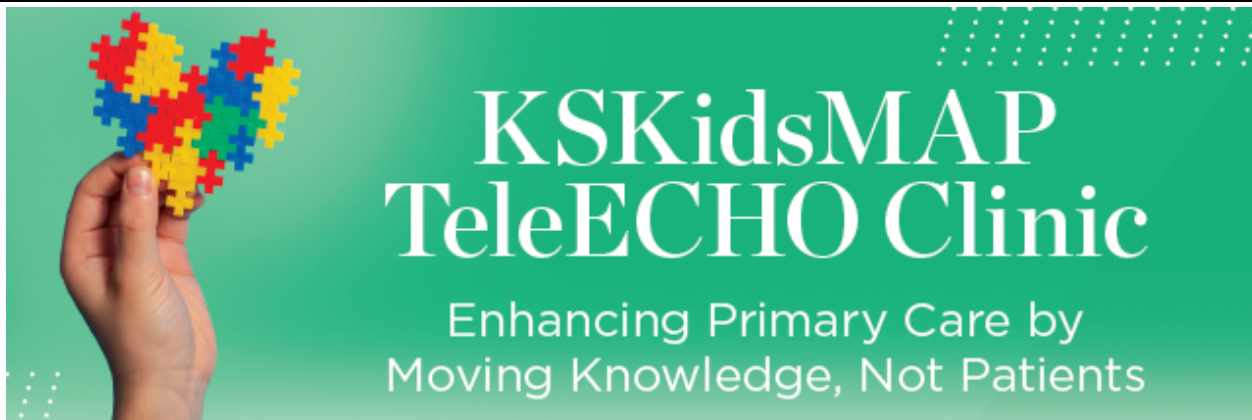
REPORT – October 2021 through September 2022

Pediatric Behavioral Health: The Behavioral Health Consultant co-serves as the project director for the HRSA funded Pediatric Mental Health Care Access program, KSKidsMAP to Mental Wellness ([KSKidsMAP](#)). The program has established a centralized telehealth network with an expert pediatric mental health team that supports primary care physicians and clinicians (PCPs) in identifying, assessing, and treating behavioral health conditions within their clinical practice.

The KSKidsMAP Team facilitates TeleECHO Clinic sessions (virtual, twice monthly) and offers mentorship to support knowledge in practice for case consultation and didactic learning on childhood and adolescent mental health needs. The TeleECHO Clinic philosophy is “enhancing primary care by moving knowledge, not patients,” and aims to create an “all teach, all learn” environment for PCPs to provide the best care for children and adolescents with behavioral health conditions. Each participant has the opportunity to present a case and receive feedback and recommendations from other participants, as well as from the KSKidsMAP Team. Following each TeleECHO Clinic session, the recommendations are summarized, and additional resources are compiled and emailed to all session participants.

In HRSA grant year 3 (July 2021 – June 2023), KSKidsMAP facilitated 23 TeleECHO Clinic Sessions, training 106 PCPs (unduplicated count). Session didactic topics include billing and coding, prior authorization for psychiatric medication, assessing for trauma, trauma informed care, substance use, intellectual and developmental disabilities, PANDAS and PANS, bipolar disorder, and physician wellness.

An evaluation survey is administered every six months to assess PCP changes in comfort level for screening, assessing, treating, and referring patients with mental and/or behavioral health concerns based on their participation in the KSKidsMAP TeleECHO Clinic. The survey is also an opportunity for PCPs to provide feedback on topics of interest and wellness needs. In addition to reporting an increase in confidence for skills and abilities related to session topics, survey respondents also indicated the KSKidsMAP TeleECHO Clinic’s interactive format is more effective than standard webinars, and all respondents gained knowledge, obtained helpful skills and techniques to improve professional practice, would recommend the KSKidsMAP TeleECHO Clinic training to a colleague, were satisfied with their experience, and felt it was a good use of their time.



TeleECHO Model builds community through virtual interactive case-based learning. Together we can build new skills, share ideas, teach one another, and solve problems to treat children and adolescents with mental and behavioral needs.

The KSKidsMAP TeleECHO Clinic:

- Enhances access for patients in rural and underserved communities
- Promotes consistency in patient care and practice
- Democratizes and demonopolizes medical knowledge and links interdisciplinary teams with primary care physicians
- Provides rapid dissemination of new knowledge
- Promotes consistency in care and practice
- Spreads knowledge, expands capacity and collective wisdom
- Provides a collaborative case-based learning environment

The KSKidsMAP Pediatric Mental Health Team, collaborating with participating physicians and other clinicians, will meet virtually for case presentation and a short didactic. With a minimum of a six-month commitment, each participant will be expected to submit at least one case, provide feedback, learn from others, and receive treatment recommendations centered around a specific mental and behavioral health concern for children and adolescents. Free continuing education credits including CME and CEU will be provided.

In Spring 2022, KSKidsMAP facilitated a pilot TeleECHO Clinic series to support pediatric inpatient interprofessional teams by providing them the tools to address mental and behavioral health concerns within the inpatient setting in response to the nationwide pediatric mental health crisis. In Kansas, the percentage of weekly emergency department visits for suspected suicide attempts among adolescents ages 12–17 during the winter has increased from 2019 to 2021 (KDHE, ED Visits for Suspected Suicide Attempts [Report](#)). This results in an increased rate of adolescent hospitalizations due to suicide attempts or self-harm, less availability of psychiatric beds, and therefore increased “holding time” for these youth on pediatric hospital floors and in emergency departments. The KSKidsMAP Wesley Medicaid Clinic Pilot aimed to provide pediatric inpatient interprofessional teams with the knowledge and resources to provide mental health care to youth, especially those waiting for placement in a psychiatric facility.

A total of 20 PCPs participated in the 7-session training pilot. Topics addressed in this pilot project included working with autism spectrum disorder (ASD) patients and families (focus on agitation); management of autism; developmental disability with challenging behavior; emergent de-escalation of aggressive combative patients; initiation psychiatric pharmacotherapy in inpatient setting; collaborative assessment, and management of suicidality (CAMS); maximizing mental health management for patients while waiting for psychiatric placement; psychological support for patients with eating disorders; and communication with community services.

In addition to the ongoing TeleECHO Clinic, KSKidsMAP provides support to PCPs via the KSKidsMAP Provider Consultation Line. The KSKidsMAP Social Worker provides mental health and community resources, toolkits, best practice guidelines, referral information, and physician wellness recommendations. PCPs can use the Consultation Line for more than one reason at a time; in HRSA grant year 3 (July 2021 – June 2022), KSKidsMAP received 168 intakes encompassing 230 inquiries. The primary reasons for contacting the KSKidsMAP Consultation Line were request for case consultation, resources for referral, and mental health resources, such as toolkits and websites. Of the total consultation intakes, information on presenting problem was available in 80.4% (n=135/168) of cases. The primary presenting problem was need for psychotherapy resource for referral (25.6%), followed by ongoing psychopharmacological treatment (22.0%). Anxiety among child and adolescent patients (21.5%) was the number one reasons PCPs requested assistance, followed by depression (12.6%).



KSKidsMAP
Case Consultation
 For Pediatric Mental Health

The KSKidsMAP pediatric mental health team provides consultative support to primary care physicians (PCPs) and other clinicians as an integrated team. KSKidsMAP staff include a board-certified child and adolescent psychiatrist, a board-certified child and adolescent psychologist, a board-certified pediatrician and a licensed social work care coordinator.

What is the purpose of a psychiatric consult?

- Supports PCPs in the early identification, diagnosis, treatment and referrals for children and adolescents with mental and behavioral health concerns.
- Provides recommendations based on best practices to support PCPs in the treatment of children and adolescents with mental and behavioral concerns within their practices.
- Assists PCPs in identifying treatment services for children and adolescents with more complex behavioral health concerns who may require referrals to specialists.

Why consultation services are important?

- Over 60% of Kansas adolescents between the ages of 12-17 with a major depressive episode did not receive treatment from depression.
- An estimated 22% of Kansas children have suffered from a mental disorder in their lifetime, and about 5% meet the criteria for severe impairment.
- Of Kansas' 105 counties, 99 are designated as mental health professional shortage areas ; this shortage leaves more than 70% of Kansas children with unmet mental health needs.
- PCPs have become the first responders in mental and behavioral health identification and service provision. Consultation services can be utilized to support efforts in treatment.

What questions can I ask?

Anything related to mental and behavioral health treatment:

- Medication
- Diagnostic
- Screening tools
- Treatment protocols
- Locations of mental health clinicians
- Community resources

How can I receive more information? Please contact:
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KSKidsMAP continued outreach activities to increase PCP enrollment and engagement with the program. In partnership with Title V, KSKidsMAP expanded outreach efforts beyond PCP clinics to local MCH programs and presented during the MCH Third Thursday Webinar series. They continued distribution of an e-newsletters on a quarterly basis, developed a program [promotional video](#), published a program [impact paper](#) and subsequent program [impact summary resource](#), and co-presented with the Kansas Connecting Communities (KCC) perinatal behavioral health program to the 2021 Special Legislative Committee on

Perinatal Behavioral Health: Title V completed three key initiatives 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 experiencing a behavioral health condition:

1. **Pediatrics Supporting Parents (PSP) Workgroup:** This workgroup convened in 2020 to support the adoption of a Kansas Medicaid Maternal Depression Screening policy. Their efforts were successful, and the policy became effective on January 1, 2021. For 2022 planning purposes, Title V anticipated providing continuous support of policy implementation by assisting with any necessary guidance to providers, developing training materials, and analyzing Medicaid claims data to determine quality improvement opportunities. All activities were completed and outlined within the Woman/Maternal Report.
2. **[Kansas Connecting Communities \(KCC\)](#):** Through KCC, a **[Perinatal Provider Consultation Line](#)** was established and launched statewide in 2021. The Consultation Line supports perinatal providers through case consultations, providing best-practices information, and offering multiple training opportunities. The consultation line is accessible weekdays from 8am – 5pm to assist providers with their perinatal behavioral health questions. Consultation line staff can help with diagnosis, medication, treatment identification, patient resources, identifying local referral options, and connecting the calling provider with a peripartum psychiatrist for case consultations. This effort directly supports increasing health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals with depression, anxiety, substance use, or other behavioral health conditions.
3. **Paternal Postpartum Depression:** Title V continued to promote paternal postpartum depression materials and resources integrated into the **[Perinatal Mental Health Toolkit](#)** to: increase provider awareness about prevalence; educate about symptoms; inform on the difference of paternal postpartum depression 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.

In addition to these activities, the KCC grant team facilitated several additional training opportunities:

- **Kansas Moms in Mind (KMIM) Case Consultation Clinics:** An initial 3-session case consultation and training clinic series was offered in November 2021 to prescribing providers (e.g., physicians, advanced nurse practitioners, etc.) involved in the treatment of perinatal mental health disorders. The clinic sessions aimed to build confidence and knowledge of perinatal prescribing best practices, as well as comfort in developing or supporting treatment plans. The three sessions focused on depression, bipolar disorder, and psychosis in the perinatal period highlighting risk of untreated conditions, risk of psychiatric medications during the perinatal period, and unique factors and special considerations for management of patients with these disorders. Fifty-two providers registered for the clinic, twenty-nine attended at least one of the three sessions.
- **KMIM 2.0:** KCC expanded upon its initial 3-session KMIM Clinic Series, adding nine sessions throughout January-September 2022. Sessions include:
 - **Preconception Counseling:** medication changes, non-medication treatment options for patients who would like to become pregnant with pre-existing mental health conditions and/or history of a perinatal mood and anxiety disorder. (16 attendees)
 - **ADHD in the Perinatal Period:** overview of existing research on ADHD in perinatal period, risks associated with untreated ADHD, and use of stimulant and non-stimulant meds during pregnancy and breastfeeding, as well as non-medication treatment options. (23 attendees)
 - **Family-Focused Interventions:** treatment planning with the entire family, community-based resources, programs for parents/children, how to start conversations around support with the patient with their family/partner present. (18 attendees)
 - **Perinatal Anxiety Disorders:** epidemiology, risk factors, and comorbidities, screening recommendations, and both medication and non-medication treatment options. (28 attendees)

- Treating SSRI-Resistant Depression in the Perinatal Period: thorough review of the data on available medication alternatives to SSRIs including success for various types of depression, dosing and considerations for pregnancy and breastfeeding, titration recommendations, and non-medication treatment options. (20 attendees)
- Long-Term Treatment Planning for PMADs: long-term treatment planning including a review of the data around recurrence and relapse, best practice recommendations for monitoring and titrating off medication or moving to a maintenance dose, and conjunctive non-medication treatment options. (11 attendees)
- Perinatal Loss and Bereavement: definition and epidemiology, risk factors and comorbidities, psychiatric disorders most often seen following loss, protective factors, and resource, education, and support options to include in treatment planning. (19 attendees)
- Perinatal Substance Use Disorders (part 1): perspective and framing the conversation of addiction and understanding long-term treatment; overview of diagnoses and diagnostic criteria, prevalence, screening and referral best practices, addressing stigma, and overview of MAT treatment and treatment resources/options. (19 attendees)
- Perinatal Substance Use Disorders (part 2): management of substance use in pregnancy; overview of prevalence and legal considerations at both national and state levels, impact of substance use on maternal and infant health outcomes, opioid use and opioid antagonist therapy, NOWS/NAS, and case study review. (10 attendees)
- Postpartum Support International (PSI) Supported Trainings: Through contract between KDHE/KCC and PSI-Kansas Chapter, PSI coordinated four webinar training sessions for perinatal providers in Kansas, including MCH programs/providers. Presenters included subject-matter experts from Kansas as well as experts identified through the PSI national network.
 - Lactation and Perinatal Mood and Anxiety Disorders (PMADs): Dr. Lauren Hughes, MD, IBCLC and Emily Winters, RN, IBCLC focused on perinatal behavioral health, lactation considerations, and practices to support individuals experiencing or at risk for PMADs. (88 attendees)
 - A Move Toward Cultural Humility in Perinatal Care: Dr. Meyleen Velasquez, DSW, LCSW, LICSW, PMH-C, RPT-S, presented on racial equity and cultural humility in perinatal healthcare with an emphasis on the intersection of mental health and equity. (46 attendees)
 - Perinatal Mental Health and Fatherhood: Dr. Dan Singley discussed the mental health of fathers during pregnancy and transition to fatherhood, including risk for paternal perinatal depression, signs and symptoms, effective interventions, and screening recommendations. (20 attendees)
 - Infertility, Grief, and Bereavement: Kara Shelman, LCSW, MPH, PMH-C detailed the unique aspects of the infertility and perinatal grief journey that can impact the risk for psychological distress, outlined the use of whole reproductive stories to assess and support mental health through infertility, perinatal loss and postpartum, and shared several therapeutic tools to use to help support individuals experiencing infertility and perinatal grief. (72 attendees)

Resilience/Preventing Adverse Childhood Experiences (ACEs): The previous Child and Adolescent Health Consultant became a trainer in January 2021 for the four-hour curriculum, [Connections Matter](#). Connections Matter allows the public to learn about intersecting topics of ACEs, trauma, brain development, and resilience and how caring connections and trauma-informed communities can serve as a primary buffer on the negative effects of trauma in children and their development. However, this position was vacant October 2021 through May 2023. Because of the vacancy, prior plans to partner with the [Kansas Children's Service League](#) (KCSL) to provide at least two trainings to early childhood professionals, educating a minimum of 30 people, by March 2022 did not occur.

Community Partnerships: Universal behavioral health screening is most effective when providers work collaboratively to ensure adequate systems of care are in place supporting accurate diagnostic assessments, appropriate treatment, and essential follow-up. Having effective partnerships or collaboration is critical when

creating and sustaining a local community of care. Title V developed a [Creating Effective Partnerships to Improve Behavioral Health Outcomes](#) guide for local MCH programs. The guide includes steps for developing effective partnerships (e.g., determine needs, create new relationships, enhance existing relationships, and determine levels of involvement). Title V intended to develop a marketing strategy to promote use of the report by local MCH programs. With the Behavioral Health Consultant transitioning to co-serve as a consultant and the Consultant Unit Director and vacancies within the Woman/Maternal and Child/Adolescent Health Consultants, development of a marketing strategy was temporarily put on hold.

PLAN – October 2023 through September 2024

Pediatric Behavioral Health: The Behavioral Health Consultant serves as the project director for the HRSA funded Pediatric Mental Health Care Access (PMHCA) program, KSKidsMAP to Mental Wellness ([KSKidsMAP](#)). The program has established a centralized telehealth network with an expert pediatric mental health team (PMHT) that includes child and adolescent psychiatrists, psychologists, pediatrician, and a social worker. The PMHT supports primary care physicians and clinicians (PCPs) in identifying, assessing, and treating behavioral health conditions within their clinical practice. To achieve this, the PMHT facilitates an ongoing TeleECHO Clinic Session series that convenes twice a month, established a Consultation Line for case consultations and resource and referral support, as well as supports PCP wellness activities. Current HRSA funding concludes in June 2023. KDHE intends to reapply for a HRSA PMHCA award, which will be necessary to continue the KSKidsMAP program. If the application is unsuccessful, Kansas Title V will reevaluate key activities for the 2024 Report period and determine alternative opportunities for supporting MCH providers in meeting the behavioral health needs of child, adolescent, and young adult populations served.

Perinatal Behavioral Health: The Behavioral Health Consultant serves as the project director for the HRSA funded Maternal Depression and other RElated Behavioral Disorders (MDRBD) program, [Kansas Connecting Communities \(KCC\)](#). Similar to KSKidsMAP, KCC established a perinatal behavioral health training team and launched a perinatal provider consultation line to increase providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals with depression, anxiety, substance use, or other behavioral health conditions. Further, consultation line staff can help with diagnosis, medication, treatment identification, patient resources, identifying local referral options, and connecting the calling provider with a peripartum psychiatrist for case consultations. Current HRSA funding concludes in September 2023. KDHE intends to reapply for a HRSA MDRBD award, which will be necessary to continue the major components of the KCC program. If the application is unsuccessful, Kansas Title V will reevaluate key activities for the 2024 Report period and determine alternative opportunities for supporting MCH providers in meeting the behavioral health needs of pregnant and postpartum individuals served.

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