

# KANSAS CONNECTING COMMUNITIES

# Improving Screening and Care Coordination

Intervention and Best Practices Perinatal Mental Health Toolkit Perinatal Substance Use Toolkit

Maternal mental health disorders, including depression, anxiety, and substance use, are the most common obstetric complication of the perinatal period. Addressing mental health needs through coordinated care is **critical to improving the health and well-being of Kansas moms and families.**

Kansas Connecting Communities (KCC) is a five-year collaborative initiative between the Kansas Department of Health and Environment (KDHE) Title V Maternal and Child Health (MCH) program and several state and local partners. KCC aims to improve the mental health and well-being of pregnant and postpartum women through increasing provider capacity to screen and intervene and as well as reduce barriers to accessing treatment.

## Prevalence

([Kansas Pregnancy Risk Assessment Monitoring System](#), 2019)

**1 in 5 mothers** (20.9%) reported having depression during pregnancy and more than 13% reported depressive symptoms during the postpartum period.

**13.8% of mothers** reported not getting treatment or counseling for postpartum depression, despite a perceived need.

## Provider Barriers

Kansas providers report many barriers to implementing mental health and substance use screening during the perinatal period. (KCC Environmental Scan, 2019)

### Provider Barriers to Depression/Anxiety Screening

Referral barriers (29%)  
No set protocol for follow-up (23%)  
No set protocol for screening (21%)

### Provider Barriers to Substance Use Screening

No set protocol for follow-up (19%)  
Staff not training to use screening tools (19%)  
Staff not training how to address a positive (18%)

## Implementing Mental Health Screening - A Case Study

- **Identify Challenges and Plan Approach:** Key staff met with the KCC team to discuss challenges and needs including appropriately referring clients with positive screenings; privacy, efficacy, and practical considerations for screening (including virtual options); and comfort introducing and discussing screenings in non-clinical setting.
- **Implementation:** Staff received necessary training and had a plan for when to screen, what tool would be used, and how to respond to a positive screen.
- **Review Outcomes and Refine Process:** The team reviews screening data each quarter to understand what is working and where refinements may be needed.

Fall 2020 (Baseline) - 25% of perinatal clients were screened

Winter 2021 (Implementation Quarter) - 88% were screened

Spring 2021 - 93% were screened

- **Next Steps:** The team is planning to expand identification through universal substance use screening.

- Train staff to identify symptoms and respond.
- Develop agency policies and procedures. Sample Policy for [Mental Health Screening](#) or [Substance Use Screening](#).
- Provide educational resources to every pregnant and postpartum patient. [Mental health](#) or [substance use](#) resources.

## PREPARE

## SCREEN

Implement standardized screening tool(s) in alignment with policy. With adequate systems of care in place for referral and treatment, universal screening using a validated tool is an optimal approach for identifying pregnant and postpartum mothers who are experiencing symptoms of mental health and substance use.

[Implementing Mental Health Screening](#)  
[Implementing Screening for Substance Use Disorders in Perinatal Populations](#)

Respond to positive screens with a brief intervention. Brief intervention is an evidence-based practice designed to educate and motivate behavior change. Using motivational interviewing techniques, providers can help encourage clients to make a change and/or access resources. Screening indicating minimal risk should also be reviewed and discussed.

## BRIEF INTERVENTION

## REFERRAL TO TREATMENT

- Use the [warmest-handoff](#) possible, such as introducing the patient directly to the recommended treatment provider, sending key information directly to the referral partner, and/or supporting the patient with scheduling an appointment directly.
- Obtain a completed [Release of Information](#) for any providers supporting the patient's care to ensure all providers are aware of and involved in the patient's treatment plan.

Implementation support, referral recommendations, and psychiatric consultations are available to Kansas providers supporting perinatal patients at no cost.

Call the Kansas Provider Consultation Line for Perinatal Behavioral Health at **833-765-2004** or visit [bit.ly/ProviderConsult](https://bit.ly/ProviderConsult)

Pregnant and lactating women face many barriers to accessing psychopharmacological treatment including limited access to psychiatric care and provider discomfort prescribing. Integrating behavioral health care into existing obstetrical and postpartum care is critical to expanding access to care for perinatal women.

## TREATMENT/ PRESCRIBERS

