



## TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM

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### Title V Overview

The Kansas Department of Health and Environment (KDHE) is responsible for the administration of programs carried out with allotments under Title V. The Title V Maternal and Child Health (MCH) Services Block Grant is administered by the Bureau of Family Health (BFH) in the Division of Public Health. The mission of the Bureau is to “provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.” In addition to the MCH conceptual framework and public health essential services, the Title V program depends on many strengths—translated through core values and guiding principles—to promote a strong culture of continuous quality improvement, innovation and growth, and a sustained focus on what matters.

#### *Core Values*

- Prevention and Wellness
- Social Determinants of Health
- Life Course Perspective
- Health Equity

#### *Guiding Principles*

- Collaboration
- Relationships
- Community Norms\*
- Family & Consumer Engagement

*\*addressing community norms that have created a stigma or other challenges for access*

### MCH Population

Kansas, spanning 82,278 sq. miles, is divided into 105 counties with 628 cities. The US Census Bureau estimates there were approximately 2,911,505 residents living in the state in 2018, a 0.1% decrease from 2017. Kansas has a unique geographic layout that ranges from urban to frontier counties based on population density. During 2014-2018, the population of the urban peer group increased by 2.4%, while the frontier, rural, densely-settled rural, and semi-urban peer groups decreased by 4.3%, 2.9%, 2.0%, and 2.1%, respectively. In 2018, there was an estimated 36,439 infants or 1.3% of the total population (2,911,505) and 837,605 children and adolescents (ages 1-21) representing 28.8%. The number of females in the reproductive/child-bearing age group (ages 15-44) was 560,121, representing 19.2% in 2018, down 2.5% from 574,617 in 1999 (the peak in the 1999-2018 period). In 2017-2018, 20.3% of children ages 0 to 17 (est. 144,559) were identified as having special health care needs. About 20.1% of males under 18 had special health care needs, compared with 20.6% of females.

## Total Individuals Served by Title V\* (2019 Annual Report)

Pregnant Women	6,616
Infants < 1 Year	3,779
Children 1 through 21 Years	18,009
(Children with Special Health Care Needs 2,102)	
Other (women 22+ Years)	5,753
<b>Total</b>	<b>34,157</b>

*\*More details are available on Block Grant Form 5a*

## Assessing State Needs

Kansas continuously assesses the needs of MCH populations through an ongoing Needs Assessment, and the State Action Plan is reviewed during interim years. With a goal to maximize the input of internal and external partners, the Title V Five Year Needs Assessment process utilizes a mixed methods approach relying on input from a diverse network of key informants, partners, and community members including families and consumers. The State Systems Development Initiative (SSDI) staff provide data capacity for informed decision-making. This comprehensive process and broad approach assist with identifying key priorities used to develop an action plan that addresses and improves MCH in Kansas while leveraging resources and partnerships across the state.

## Title V MCH Priorities (FFY 2021)

Kansas identified seven priorities with the Title V mission, purpose, legislation, and measurement framework in mind.

1. Women have access to and receive coordinated, comprehensive services before, during, and after pregnancy.
2. All infants and families have support from strong community systems to optimize infant health and well-being.
3. Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.
4. Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.
5. Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.
6. Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.
7. Strengths-based supports and services are available to promote healthy families and relationships.

## Title V National Performance Measures (NPMs) (FFY 2021)

Kansas selected five NPMs that most closely align with the state priorities.

- NPM1: Well-woman visit (women 18 44 years)
- NPM5: Safe sleep
- NPM6: Developmental screening
- NPM10: Adolescent preventive medical visit
- NPM12: Transition to adulthood

## **Title V State Performance Measures (SPMs) (FFY 2021)**

Kansas identified four SPMs to monitor progress with priority needs not addressed by NPMs.

- SPM1: Postpartum Depression
- SPM2: Breastfeeding Exclusivity
- SPM3: Workforce Development
- SPM4: Strengths-based Family Supports

## **Title V Activities & Program Highlights by Population Domain**

The Title V plan coordinates MCH activities across funding sources, agencies, and local providers. It relies on partnerships, high quality shared measurement, and data to track the impact and effectiveness of services, activities, and strategies. Review the full Block Grant Application to learn more about these and other activities at [www.kdheks.gov/c-f/mch.htm](http://www.kdheks.gov/c-f/mch.htm).

### Women/Maternal & Perinatal/Infant Health

*Maternal Mortality:* Title V launched the [Kansas Maternal Mortality Review Committee](#) (KMMRC) in collaboration with key partners in 2018 in an effort to review pregnancy-related deaths, identify causes, and implement interventions to prevent future occurrences. The KMMRC meets regularly; information and data collected from cases will inform selection of an Alliance for Innovation on Maternal Health (AIM) patient safety bundle for statewide adoption in 2020. Learn more about the KMMRC and follow progress at <https://kmmrc.org/>.

*Perinatal Quality & Systems of Care:* Title V partnered with the Wichita State University Community Engagement Institute beginning in 2018 to convene the [Kansas Perinatal Quality Collaborative](#) (KPQC), a panel of experts to improve the safety and quality of care for mothers and infants. Since that time, Title V has been working with the KPQC and partners to implement a state-level response to address [Neonatal Abstinence Syndrome \(NAS\)](#) using the Vermont Oxford Network (VON) [NAS Training Program](#). A total of 32 hospitals are enrolled in the effort, accounting for ~84% of births. Work has shifted from hospital setting assessment to safe discharge to support continuity of care. The KPQC is looking forward to the next initiative which will be focused on maternal health/safety (AIM initiative), driven by findings from the Maternal Mortality Review Committee (KMMRC).

*Count the Kicks® (CTK):* Title V has a partnership with Healthy Birth Day to implement [Count the Kicks®](#), an evidence-based stillbirth prevention campaign that educates providers and patients about monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy. The campaign kicked off August 2018 and has been successful—more than 67,000 pieces of materials have been distributed across the state.

*One Key Question® (OKQ):* Title V has a partnership with The Power to Decide to implement [OKQ](#), an evidence-based intervention known to prevent unplanned pregnancy and reduce incidence of poor birth outcomes. OKQ helps a woman uncover her pregnancy intention by encouraging all health providers to routinely ask, “Would you like to become pregnant in the next year?” Training and collaborative learning have been provided and will continue through the next year.

*Birth Outcomes/Perinatal Community Collaboratives:* Title V is committed to supporting expansion and sustainability of the [Kansas Perinatal Community Collaborative \(KPCC\)](#) model

with local communities and the broader network of local health care and community service providers, as a consistent and proven delivery system for prenatal care education curriculum. The model brings prenatal education, clinical care, and wraparound services together. Data reveals improvements in preterm delivery, low birth weight, and breastfeeding and [outcomes](#) for mothers and infants participating in a KPCC are improving when compared to state outcomes.

*Breastfeeding:* Title V has a partnership with the [Kansas Breastfeeding Coalition](#) (KBC) to align and support breastfeeding across programs including MCH, WIC, Child Care Licensing, Home Visiting, and others. KBC increases the capacity and strengthens the support of local breastfeeding coalitions, provides technical assistance and support for several initiatives, participates in planning for Community Baby Showers, and assists with updating breastfeeding education for providers and parents. Title V works closely with partners to provide consistent messaging and leverage resources at the state and local levels.

*Safe Sleep:* Title V has a partnership with the [Kansas Infant Death and SIDS \(KIDS\) Network](#) to reduce infant mortality through state and local safe sleep targeted efforts. Title V supports the KIDS Network to: facilitate a safe sleep culture within Kansas by training a network of Safe Sleep Instructors; developing and providing training for parents, physicians, home visitors, and child care providers; promoting consistent safe sleep messages across the lifespan; and offering technical assistance on the Community Baby Shower model and the Hospital Safe Sleep Certification and Outpatient Provider Safe Sleep Star programs.

### Child & Adolescent Health

*Early Childhood Systems Building:* The [Help Me Grow Kansas](#) (HMG) framework promotes integrated, cross-sector collaboration to build efficient and effective systems. This was the foundation of the [All in for Kansas Kids Strategic Plan](#), supported by Title V partnership and aligned with key MCH activities, such as: care coordination expansion to primary care provider settings; implement the Bridges program (care coordination for families transitioning out of Part C); and expansion of Supporting You.

*Preventive Medical Visits (Annual Well Visits):* Title V is actively engaged in outreach, promotion, and support to increase access to annual preventive medical visits for children and adolescents. Visits are important for access to comprehensive services including screening and immunizations, referral, and diagnosis and treatment when indicated. Title V promotes [Bright Futures™](#) as a standard of care in line with the [Medicaid EPSDT program](#) and is also focusing on expanding school-based health centers to increase access to care, especially for adolescents. Last year Title V provided funding for a statewide license to access the online Bright Futures Tool and Resource Kit, 2nd Edition.

*Oral Health:* Title V has a formal partnership with [Oral Health Kansas](#) (OHK) to support activities such as: conducting an environmental scan to discover what educational materials are being used locally, working with the KPCC coordinator to develop oral health prenatal education, creating and disseminating an interactive oral health poster designed to engage parents and children while in a provider's office, and developing a free workshop for child care providers.

*Behavioral Health:* Kansas Title V is working to increase focus on behavioral health interventions, healthy social-emotional development, and cross systems collaboration within the State Action Plan objectives. To expand programming and increase effectiveness, Title V created a Behavioral Health Consultant position that oversees two new federally funded projects

focused on behavioral health—*Kansas Connecting Communities* (launched October 2018) and *KSKidsMAP to Mental Wellness* (launched July 2019).

*Youth-Friendly Care:* Utilizing the Adolescent Health Institute’s [youth-friendly care tools](#) to support quality improvement strategies, Title V is devoted to providing technical assistance to local agencies to improve adolescent health measures and identify enhancements or improvements to policy. With this support, local MCH agencies will be prepared to clearly state their goals and identify MCH funding needs to meet milestones in future grant applications.

### Children with Special Health Care Needs

*Holistic Care Coordination:* The [Kansas Special Health Care Needs](#) program (KS-SHCN) provides holistic care coordination (HCC) and helps families find, understand, and access services and resources within medical, school, and community systems to achieve optimal child/family health outcomes and empower and prepare parents to support their children. Eligibility for HCC services are expanding to those with medically eligible conditions, regardless of financial status or resources, and families of children three to five years of age who received early intervention through Part C/Kansas Infant-Toddler Services.

*Family Engagement:* KS-SHCN contracted with a [Family Advisory Council](#) (FAC) member to extend care coordination services in the Wichita and surrounding areas, where the program previously lacked adequate coverage through a separate Satellite Office. This care coordinator will also begin providing Family Care Coordination Trainings and develop a train-the-trainer model to expand program capacity and extend additional training opportunities. The coordinator serves as the KS-SHCN Peer Support Administrator to assist with connecting peers through the network.

### Family & Consumer Partnerships

*Peer-to-Peer Support Network:* In partnership with the FAC, Title V launched a peer-to-peer support network, [Supporting You](#), to connect parents and caregivers of children with SHCN with peers who have like experiences and/or life circumstances. The network is designed to help individuals connect with one another, share ideas and resources, and gain support where it would most benefit. There are three participating programs: SHCN, School for the Deaf, and FAC. The network is expected to expand to at least two other programs in the coming year.

*Family & Consumer Partnership (FCP) Program:* Title V is building a formal partnership program with families through peer supports, family leadership, and advisory opportunities. This will serve as a framework for local and state Title V programs to assure families are engaged at the level they desire. Upon development of a robust resource toolkit, Title V can offer technical assistance and opportunity to support partners with engaging families in planning, implementation, and evaluation of services, programs, and policy.

### **Title V Block Grant Budget**

The Federal-State Title V partnership budget totals \$12,386,929 for FY2021 (federal funds \$4,719,472; state funds \$3,610,958; local funds \$4,056,499). Federal and State MCH funds totaling more than \$4.5M is allocated for FY2020 to support local agencies in providing community-based, family centered MCH services, including services for individuals with special health care needs.