



KANSAS
MATERNAL &
CHILD HEALTH





Kansas Maternal and Child Health Council

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the Kansas Department of Health and Environment
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Services Administration (HRSA) of the
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and Title V Maternal and Child Health Services*

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Kari Harris, MD

Executive Committee Chair

Welcome Members



Matt Lara

Chief of Staff | Rural Health
Transformation Program Director

Zach Vincent

Cristi Smith

Abby Richwine

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KANSAS

RURAL HEALTH TRANSFORMATION



Inside Kansas' Rural Health Transformation Program

Kansas Maternal & Child Health Council

5/13/2026

Draft – for preliminary discussion only



Matt Lara

*Chief of Staff at Kansas Department
of Health and Environment (KDHE)
RHTP Project Director*

By the end of this session, participants will be able to:

- 1 Describe the purpose, structure, and core initiatives of the Kansas RHTP
- 2 Explain how RHTP integrates public health, healthcare delivery, and community partnerships to improve rural health outcomes statewide
- 3 Understand how Kansas is positioned to sustain and scale rural health transformation in future years

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CMS' \$50B Rural Health Transformation Program (RHTP) enables Kansas to accelerate statewide rural reform



What is CMS RHTP?

- **\$50 billion federal Rural Health Transformation Program** authorized under the Big Beautiful Bill Act of 2025
- Structured as a **CMS cooperative agreement** with substantial federal oversight
- **Requires measurable transformation** across prevention, access, workforce, innovation, and technology



How RHTP is structured

- **Multi-year, performance-driven funding model**
- **Ongoing CMS engagement** (project officer + grants management oversight)
- **Annual reassessment** tied to progress on initiatives and policy commitments



How Kansas is deploying RHTP funding

- **Kansas awarded ~222M for Year 1** implementation (6th highest funding)
- Kansas is **implementing RHTP through 5 initiatives** and 24 programs
- Moving forward with a **coordinated approach** to achieve statewide rural health impact

Kansas has moved quickly from budget approval to implementation, delivering early wins

☆ We are here

December 29, 2025
Notice of Award

January 30, 2026
Revised Budget due to CMS

Q1 2026
Funds available to State for authorized expenditures

July 31, 2026
End of first reporting period

August 30, 2026
Annual report + funding request for 2nd budget period due

October 30, 2026
First budget period ends

By October 31, 2026
Second budget period funding announced

By September 30, 2027
All 1st budget period funds must be expended

Over the last couple months, we have been working on:

- Getting revised budget approved (approved in late Feb.)
- Establishing administrative support
- Determining funding & procurement strategy for each program

We're beginning the process of formalizing agreements subrecipients

Kansas is deploying ~\$222M across 5 strategic initiatives to transform rural health



Initiative 1

Expand primary and secondary prevention programs

Initiative 2

Secure local access to primary care

Initiative 3

Build a sustainable rural health workforce

Initiative 4

Enable value-based care

Initiative 5

Harness data and technology

This portfolio reflects Kansas' commitment to protecting rural access today while modernizing care delivery and building a sustainable health system for the future

Kansas designed and is delivering its RHTP initiatives and programs through strong governance and stakeholder collaboration

Initiative	Program
1 Expand Primary and Secondary Prevention Programs	1.1 Accountable Food is Medicine + CHW Deployment Program
	1.2 Consumer-Facing Technologies Program
	1.3 Behavioral Health Services Program
	1.4 Integrated Care for Dual Eligible Beneficiaries Program
	1.5 Mobile Cancer Screenings Program
	1.6 Tribal Health Program
2 Secure Local Access to Primary Care	2.1 Regional Partnerships Grant Program
	2.2 REH Conversion / Transformative Capital Investment Grant Program
	2.3 Revenue Improvement Program
	2.4 Anchor Hospital Advancement Program
	2.5 Mobile Integrated Health Pilot Program
	2.6 Rural Primary Care – Public Health Integration Program
3 Build a Sustainable Rural Health Workforce	3.1 Physician Pipeline Program
	3.2 Education and Training Program
	3.3 Recruitment and Retention Program
	3.4 Career Exploration Program
4 Enable Value-Based Care	4.1 Evidence-Based Practice Incentive Program
	4.2 ACO Readiness Program
	4.3 Transportation Program
	4.4 Medicaid Provider Incentive Payment Program
5 Harness Data and Technology	5.1 Remote Patient Monitoring Program
	5.2 Telehealth Navigator Program
	5.3 Data Infrastructure Program
	5.4 Emerging Technology Program

How initiatives were developed

- Grounded in CMS RHTP program objectives and federal guidance
- Built through extensive stakeholder engagement
 - 250+ proposals submitted during application development
 - 50+ one-on-one stakeholder and rural provider meetings

Governance and CMS partnership support implementation

- Structured state-level governance to coordinate implementation across agencies
 - Weekly Executive Committee meetings
 - Bi-weekly working sessions
 - Weekly Governor's Office alignment
- Ongoing stakeholder engagement through monthly KRHIA meetings
- Active CMS partnership ensures compliance and execution
 - Dedicated CMS Project Officer and Grants Management Specialist
 - Bi-weekly CMS check-ins and technical guidance

Initiative 1 | Expand primary and secondary prevention programs

Total Year 1 Funding: ~\$32.5M

Realize meaningful reductions in chronic disease rates and avoidable hospitalizations for complications related to chronic disease in rural Kansas

Programs

- 1.1 Accountable Food is Medicine + CHW Deployment Program
- 1.2 Consumer-Facing Technologies Program
- 1.3 Behavioral Health Services Program
- 1.4 Integrated Care for Dual Eligible Beneficiaries Program
- 1.5 Mobile Cancer Screenings Program
- 1.6 Tribal Health Program

Program spotlight | Accountable Food is Medicine + CHW Deployment



Program funding: ~\$4M

Deploys community health workers across rural Kansas to deliver nutrition-focused interventions and connect individuals to clinical and community-based services, addressing food insecurity and other social drivers of health.

The program integrates food-as-medicine strategies with care delivery to improve chronic disease outcomes and reduce avoidable healthcare utilization.

Initiative 2 | Secure local access to primary care

Total Year 1 Funding: ~\$75.3M

Substantially reduce the number of rural Kansas hospitals with negative operating margins

Programs

- 2.1 Regional Partnerships Grant Program
- 2.2 REH Conversion / Transformative Capital Investment Grant
- 2.3 Revenue Improvement Program
- 2.4 Anchor Hospital Advancement Program
- 2.5 Mobile Integrated Health Pilot Program
- 2.6 Rural Primary Care – Public Health Integration Program

1. Eligible Providers are defined as: Kansas hospitals, physician practices and solo practitioners, rural health clinics, federally qualified health centers, local health departments, Native American Sovereign Tribe healthcare facilities, certified community behavioral health clinics, licensed substance use disorder facilities, and licensed long-term care facilities. These providers do not need to be based in a rural county as long as their project benefits rural communities. 2. Letters of Intent are non-binding and non-mandatory.

Program spotlight | Regional Partnership Grant Program (RPGP)



Program funding: ~\$44M

*Provides funding to **support collaborative, regionally driven projects among Eligible Providers¹ and Kansas-based organizations** to strengthen access, expand services, and improve care delivery.*

*The program enables providers to partner across organizations to **implement innovative, sustainable solutions tailored to the needs of their communities***

Initiative 3 | Build a sustainable rural health workforce

Total Year 1 Funding: ~\$18.9M

Improve provider-to-population ratios for primary care, dental, and behavioral health services and ease nursing and allied health shortages in rural Kansas

Programs

- 3.1 Physician Pipeline Program
- 3.2 Education and Training Program
- 3.3 Recruitment and Retention Program
- 3.4 Career Exploration Program

Program spotlight | Education and Training program



Program funding: ~8M

Expands the rural health and public health workforce pipeline by investing in education, training, and career development programs across Kansas.

- Health Professions Service Educational Award Program
- Health Professions Training Grants Program
- Dental Educational Award Program
- Mobile Simulation Lab

Initiative 4 | Enable Value-Based Care

Total Year 1 Funding: ~\$52.2M

Have 100% of Medicare and Medicaid beneficiaries in rural Kansas in accountable care relationships by 2031

Programs

- 4.1 Evidence-Based Practice Incentive Program
- 4.2 ACO Readiness Program
- 4.3 Transportation Program
- 4.4 Medicaid Provider Incentive Payment Program

Program spotlight | Transportation program



Program funding: ~\$14M

*This program **enhances rural access to care** by aiming to reduce delays in care, improve coordination, and ensure patients are directed to the most appropriate setting.*

- Interfacility Transport Teams
- Non-Emergency 911 Calls
- EMS Reimbursement for Treat-In-Place and Transport to Alternative Location
- Behavioral Health Crisis Transport
- Non-Emergency Transportation Grant Program

Initiative 5 | Harness Data and Technology

Total Year 1 Funding: ~\$35.8M

Enable rural Kansas providers to meaningfully engage in data sharing and analysis, expanded use of telehealth and remote monitoring, appropriate use of artificial intelligence, and utilization of consumer-facing technologies

Programs

- 4.1 Remote Patient Monitoring Program
- 4.2 Telehealth Navigator Program
- 4.3 Data Infrastructure Program
- 4.4 Emerging Technology Program

Program spotlight | Emerging Technology Grant Program



Program funding: ~10M

Advances rural health delivery by funding technology investments – including EHR, IT infrastructure, and emerging tools – that enhance care coordination, access, and operational efficiency.

Draft – for preliminary discussion only

Support resources and contact information



KDHE Website

kdhe.ks.gov/2361/Rural-Health-Transformation-Program



CMS RHTP Website¹

cms.gov/priorities/rural-health-transformation-rht-program/overview



Questions

kdhe.RHTP@ks.gov

Matt Lara



Zach Vincent

Director of Government Affairs,
Education Policy, and OEC
Transition Director



Cristi Smith

Office of Early Childhood Director

Abby Richwine

Kari Harris

Introducing the Kansas Office of Early Childhood



Stakeholder Engagement
Kansas Office of Early Childhood



Vision of HB 2045

- **Streamline processes and reduce burdens** for families, providers, and communities
- **Increase government efficiency and accountability** for programming by creating a single authority over programming
- **Reduce bureaucracy and red tape** required to access various services and programs
- **Enhance the mixed delivery system** driven by what's best for parents and children

“Right now in Kansas, there are about four different state offices overseeing various aspects of early childhood care and education. While each of these entities works diligently to provide quality services, having services segregated into silos creates inefficiencies, redundancies, service gaps, and unnecessary confusion for providers and families alike.”

—Governor Laura Kelly



KOEC Purpose & Vision

Purpose. KOEC exists to strengthen early childhood systems by improving efficiency, transparency, and safety in state programs, funding, and policy implementation.

Vision. Kansas envisions an early childhood system in which:

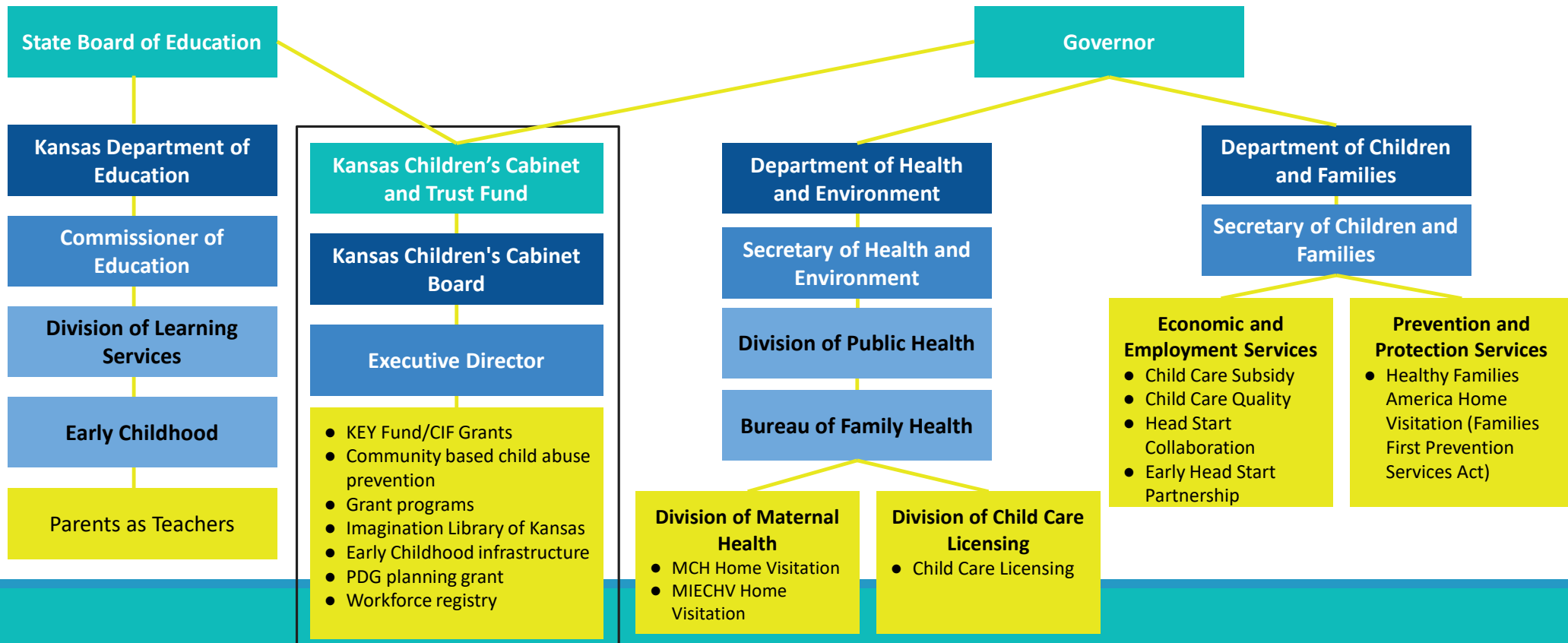
- **Every child** is supported and equipped with the foundations necessary for lifelong success.
- **Families** have access to early childhood programs and services through a coordinated, easy-to-navigate system that reduces fragmentation & administrative burden.
- **Providers** across a mixed-delivery system are supported, well-prepared, and have the resources necessary to deliver high-quality experiences for children.
- **Businesses and communities** are strengthened through a coordinated approach that supports workforce participation and enables families to thrive.

Overview of ECE Programs Transitioning to KOEC

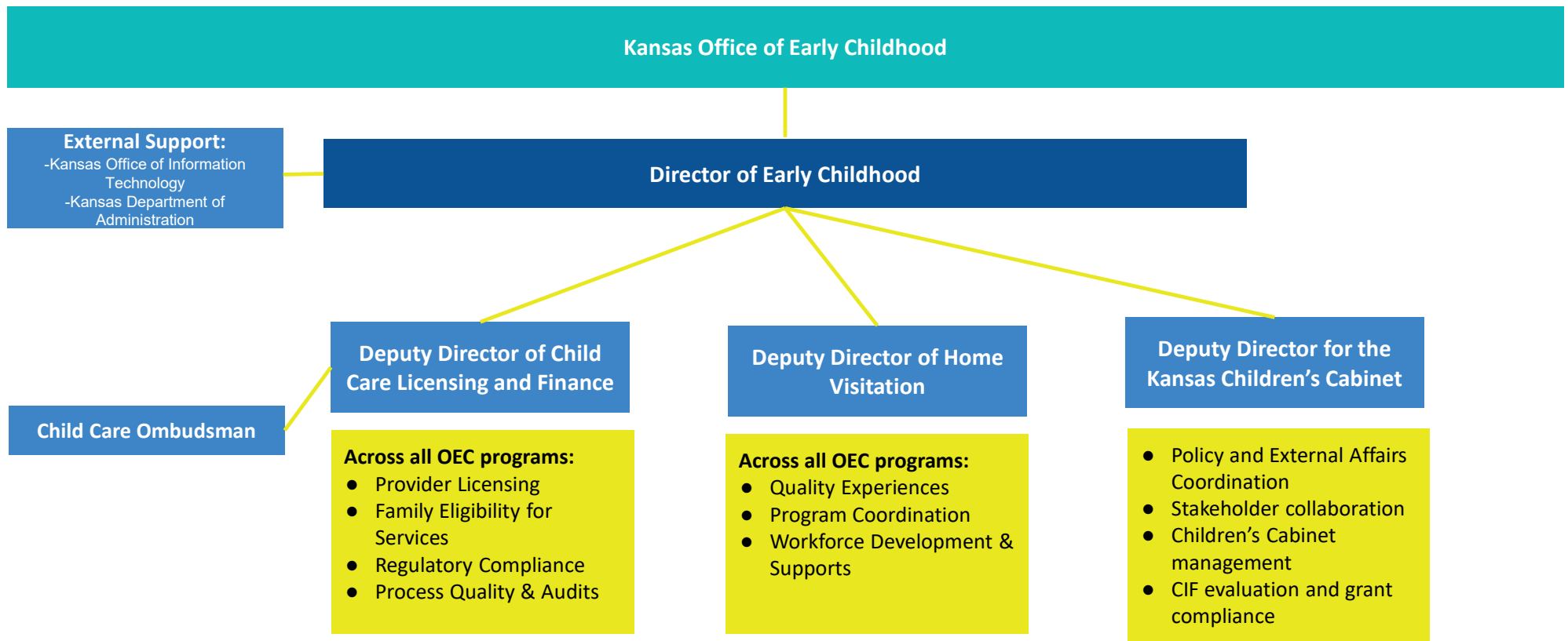
	Programs moving into KOEC:	Programs remaining in their current agency:
Department of Children and Families (DCF)	<ul style="list-style-type: none"> • Child Care Subsidy (CCDF), including policy, administration, subsidy, and quality of the program • Child Care Quality • Head Start Collaboration Office (KHSCO) • Kansas Early Head Start Child Care Partnership (KEHS-CCP) • Kansas Early Head Start Home Visitation (KEHS-HV) • Healthy Families America Home Visiting (HFA) 	<ul style="list-style-type: none"> • Child Care Subsidy Parent Enrollment, Eligibility, and Payments
Kansas Department of Health and Environment (KDHE)	<ul style="list-style-type: none"> • Child Care Licensing • Maternal and Child Health Home Visitation • Maternal, Infant, and Early Childhood Home Visitation (MIECHV) 	<ul style="list-style-type: none"> • IDEA Part C (Infant & Toddlers Services) • Women, Infants, and Children (WIC)
Kansas State Department of Education (KSDE)	<ul style="list-style-type: none"> • Parents as Teachers (PAT) 	<ul style="list-style-type: none"> • Pre-K • Child and Adult Care Food Program (CACFP)
Children's Cabinet and Trust Fund (KCCTF) - All programs moving to KOEC		

Legacy Early Childhood Governance Structure

Kansas's legacy governance model for early childhood is overly fragmented and inefficient. According to the Bipartisan Policy Center, Kansas ranked 49th nationally across all states and D.C. in early childhood system efficiency as of January 2023.



The Structure of the Office of Early Childhood



Note: This is an initial org chart for OEC and is still being finalized. The goal of the OEC's structure will be to break down cross-program silos to increase efficiency and efficacy of staffing, initiatives, and funding. This chart only includes top-level positions for illustrative purposes and is not comprehensive.



Responsibilities of the Office of Early Childhood

- **Implement Early Childhood and Child Care Policies:** Carry out child care and early childhood policies, processes, procedures, and funding decisions under the direction of the Governor, Director, and Legislature, including programs and awards administered through the Children’s Cabinet.
- **Administer and Coordinate Early Childhood Programs:** Manage programs serving young children and families, and coordinate services across child care, early learning, home visitation, and related fields to support healthy child development.
- **Provide Support and Problem Resolution:** Provide streamlined supports and guidance to families, providers, communities, and the business sector.
- **Ensure Accessible, User-Friendly Services:** Provide clear, easily accessible information and support to the public and providers, including access to services, regulations, issue resolution, and funding.
- **Serve as Central Point of Contact:** Act as the primary liaison to federal and state agencies on child care and home visiting services, funding, and grants.
- **Maximize Administrative Efficiency:** Streamline processes to reduce burdens on families and providers and improve access to early childhood services.



Progress on Key Focus Areas

- **Transfer of People:** Establishing a preliminary organizational chart for effective organization; notifying impacted employees of their transfer to the KOEC; engaging with internal staff impacted by the transition through regular touchpoints.
- **Transfer of Funds:** Reviewing the budgets of all impacted programs and funding streams; developing recommendations for efficient use of funds; establishing formal timelines for transfer of funds and federal approval for program transfers; developing an agency budget from existing resources at legacy agencies.
- **Transfer of Programs:** Building recommendations for reducing duplication and inefficiencies in KOEC's policies, contracts, and systems; addressing inefficiencies and issues of sustainability across programs.
- **Field Management:** Developing and implementing consistent engagement with external stakeholders and those impacted by the transition; establishing plans for multiple feedback loops with those providing services in the field.
- **Executive Management:** Overseeing a comprehensive search process for KOEC's inaugural Director; meeting with and responding to requests from the Legislature, Governor, and others.

Interagency Transition Team

- Developing and executing a phased transition plan
- Coordination across state agencies
- Identifying and mitigating operational risks
- Overseeing staff transition planning
- Managing Fiscal and budget-related transition activities
- Coordinating contract transitions
- Supporting alignment of core operational systems
- Ensuring continuity of services
- Provide regular updates to executive leadership

Representatives from home visiting programs, parents, advocates, business and regional leaders and early childhood workforce

Purpose: provides input on key policy issues.

- Communication plan
- Mission and Tag Line
- Gathering information from the field

KOEC Advisory Group

KOEC Year One Priorities

Priority 1

Develop and begin implementing a plan to make more efficient use of resources by July 1, 2027.

Priority 2:

Develop an operating structure that effectively organizes teams and workstreams.

Priority 3:

Develop and begin implementing a strong programmatic strategic plan to unify field-facing systems and improve service delivery.

Priority 4:

Establish a foundation of trust with the early childhood workforce, families, policymakers, and other key partners through efficient, transparent communication.

Matt Lara

Zach Vincent

Cristi Smith



Abby Richwine

Education Coordinator
Oral Health Kansas

Kari Harris



ORAL HEALTH KANSAS

Abby Richwine, RDH, BS

Current Role

- Education Coordinator- Oral Health Kansas
 - arichwine@oralhealthkansas.org

Career Highlights

- Worked as a clinical Registered Dental Hygienist for over 10 years
- Adjunct faculty at Concorde Career College





Oral Health Kansas



Mission

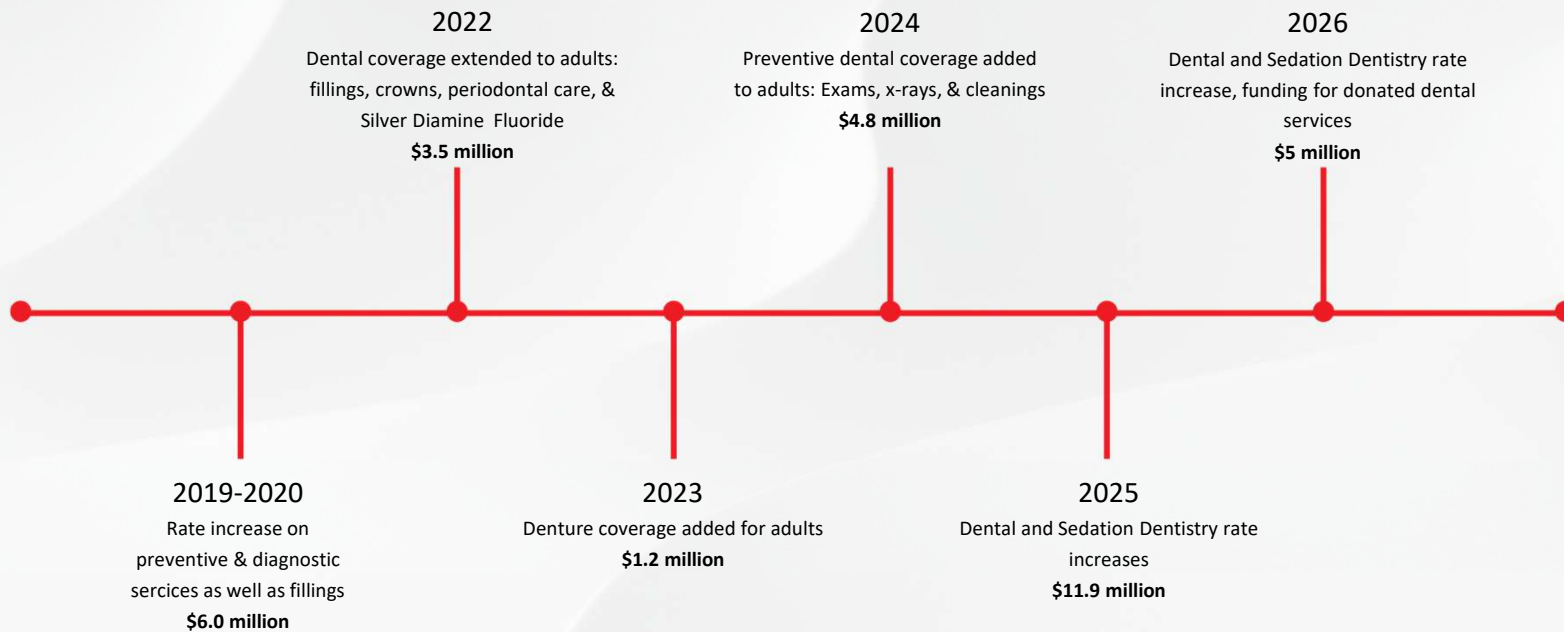
- To improve oral health in Kansas through advocacy, public awareness and education.

Vision

- Kansas is a national leader in oral health education, prevention and treatment.



Advocacy



\$32.4 million added to the Kansas Medicaid dental program in seven years

Visit Oral Health Kansas' Medicaid adult benefit webpage to learn more and find fact sheets for consumers and providers

<http://oralhealthkansas.org/MedicaidAdultDentalBenefits.html>



Pathways to Oral Health

Committed to:

- Breaking down barriers
- Strengthening support for caregivers and providers
- Creating a more patient-centered oral healthcare system in Kansas.





OHK Programs

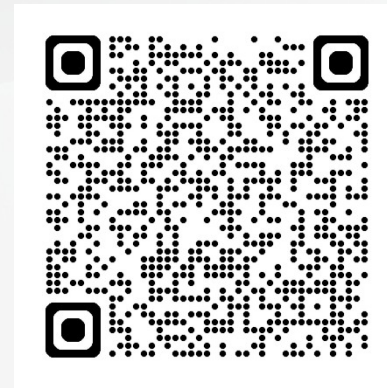
Child Care Provider Training

How Teething, Weaning,
and Oral Habits Impact Oral
Health



Aug 20, 2026, 12:00 PM

The Whole Tooth and Nothing
but the Tooth



Jul 23, 2026, 12:00 PM



Resources



ORAL HEALTH KANSAS
ADVOCACY • PUBLIC AWARENESS • EDUCATION

Tips and Tricks: Thumbsucking

Many babies begin to suck their fingers or thumbs before they are even born. This "digit sucking" satisfies a psychological need. A baby's sucking needs vary widely, beginning as early as 9 months and lasting from 18-36 months.



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ADVOCACY • PUBLIC AWARENESS • EDUCATION

Tips and Tricks: Pacifier Use

Thumb or pacifier? Which is best for baby? Experts prefer pacifiers over thumb or finger sucking because a pacifier is less likely to cause physical problems and the habit is easier to break than thumbsucking.

Potential benefits

- Distraction in times of stress such as during shots
- Reduced risk of Sudden Infant Death Syndrome (SIDS) and reflux
- Helps some children get to sleep
- Helps distinguish between a hungry and a fussy baby

Use and potential health issues

- Sharing pacifiers can pass bacteria that cause cavities and other infections
- Avoid dipping the pacifier in sweet foods like honey or jam which increases risk for cavities
- Never tie a pacifier to a baby's wrist, neck or crib. The string can tangle around baby's neck, causing choking.
- Check pacifiers for wear. Pacifiers can weaken and come apart, causing a choking hazard.
- Wash a pacifier with soap and water, never your mouth. This can pass bacteria to the baby that can cause tooth decay.
- Prolonged pacifier use can cause developmental delays in swallowing and speech.

Tips to wean from a pacifier

- Limit pacifier uses to certain times (such as naptime or bedtime) or certain places such as in bed
- Child puts pacifier under pillow for the tooth fairy to trade for small gift
- Encourage child to throw pacifier away because they are no longer a baby
- Poke 2-3 holes in the pacifier with a clean pin, altering the pacifier so it is no longer satisfying to suck on
- For more ideas, look for our Tips & Tricks on "Kicking the Habit"

info@oralhealthkans.org 785-235-6039 www.oralhealthkans.org



Resources

Dynamite Dental Visits



Early and consistent trips to the dental office can help start your child off on a lifetime of positive dental experiences.

Do you ask yourself:

- When should my child have their first dental visit?
- How do I find a dental office that is right for my child?
- Where can I find ideas to help my child have a successful dental appointment?

Click on this box to help your child have Dynamite Dental Visits!

Beating Brushing Battles



We all know how important it is to have clean teeth, but when brushing is the last thing between your fussy child and bedtime, it can suddenly seem a lot less essential.

Do you ask yourself:

- When should we start toothbrushing and how long should I help?
- What kind of toothpaste should my child use?
- How do I make toothbrushing fun?
- I need some ideas for brushing for my child with disabilities!

Hang in there! Click on this box to begin Beating Brushing Battles today!

Overcoming Oral Habits



Sucking on a thumb, finger, or pacifier is normal and satisfies a psychological need. A baby's sucking needs vary widely and usually lasts from 18-36 months. Not all sucking is alike. Concerns about damage to the teeth and mouth are mainly when an oral habit is prolonged and intense.

Do you ask yourself:

- Which is better, thumb or pacifier?
- When should my child stop their sucking habit?
- Where do I find ideas for helping my child stop a thumb or pacifier habit?

Click on this box to Overcome Oral Habits and cross this childhood transition off your list!

Smart Snacking for Healthy Smiles

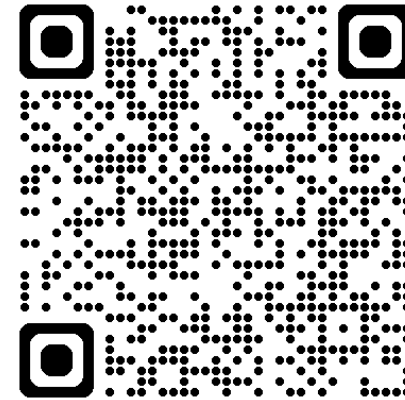


We've all heard it: sugar causes cavities. But going without is just not as much fun. Our Smart Snacking Journey is a fun way to learn tricks that will help you and your family find a balance between sweetness and a healthy smile.

Do you ask yourself:

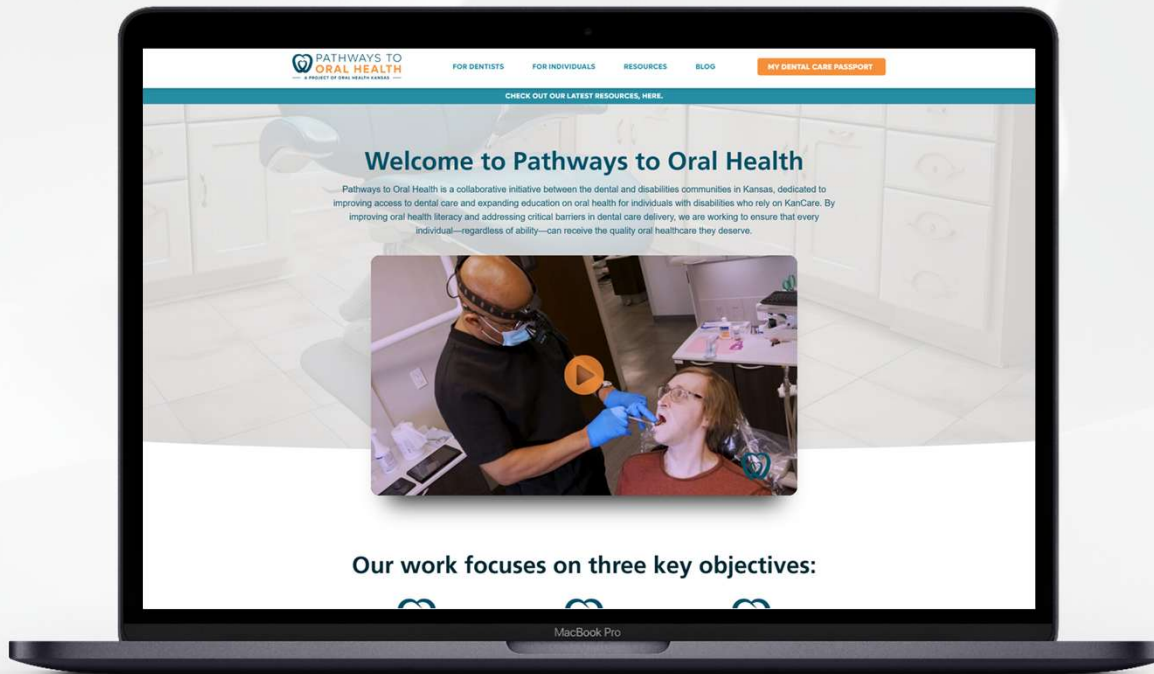
- Is there a way to eat sugar without getting cavities?
- How do I get my child to drink water?
- Do I need more ideas for healthy snacking?

The answers are just a click away! Click on this box to start your Smart Snacking journey!





Resources




Resources for:


- Providers
 - Trainings
 - Provider Guidance (Medicaid)
- Consumers
 - Finding a dentist
 - Confidence in Every Smile video series
 - Advocacy



Resources

2  **Helpful Tips for Better Toothbrush Grip - Series Video 2**
1:08
Oral Health Kansas

3  **Brushing With Movement Challenges - Series Video 3**
2:19
Oral Health Kansas

4  **Toothpaste Tools That Work - Series Video 4**
1:48
Oral Health Kansas

Specialty Toothbrushes		
Name	Description	Sample Seller
1. Collis Curve	Bristles reach inside, outside and biting surfaces at the same time	www.kleenteeth.com
2. Surround	3 bristle pads to efficiently clean all surfaces at the same time	https://specializedcare.com
3. DexTBrush	Reaches all surfaces of teeth and includes tongue cleaner	www.amazon.com
4. Toothbrush with suction	Connects directly to standard suction tubing to more easily suck out the spit and other solutions from mouth	www.rehabmart.com
5. Power toothbrush	Wide variety of features and cost	discount stores pharmacies



When a Person Resists Toothbrushing



Remember: You are brushing WITH them not FOR them.

Quick Tips:

- Stay calm
- Offer choices
- Be flexible
- Praise every success

1. Start with Yourself

- Take a deep breath
- Stay calm — it supports trust
- Be patient and kind

2. Offer Choices

- Toothbrush: green or blue
- Type: small, electric, or 3-sided
- Toothpaste: mint or bubblegum

3. If They Push You Away

- Stop brushing — don't force it
- Step back and breathe
- Try again at a calmer time that day

4. Try a New Location

- Bedroom chair
- Couch while watching TV
- Kitchen or bathtub

5. Use Distractions

- Short video or song
- Fidget or comfort item

6. Create a Calm Setting

- Soft music or favorite song
- Speak slowly and gently
- Keep lights low if possible
- Same helper builds trust

7. Change Your Approach

- Brush from the side or behind
- Use a mirror

8. If They Bite or Won't Open

- Foam mouth rest to protect fingers
- Use calming talk, music, or touch

9. If They Gag

- Start with front teeth only
- Lean forward so saliva drains
- Take breaks, encourage deep breaths
- Ask dentist if gagging continues

10. Praise and Encourage

- "Good job!" even for a few teeth
- Small reward (song, sticker, show)

There will be easy moments and challenging ones—keep going!





???



Domain Workgroups



Expectations for Domain Work Groups

Stay present and participate actively.

Invite everyone into the conversation. Take turns talking.

ALL feedback is valid. There are no right or wrong answers.

Value and respect different perspectives (providers, families, agencies, etc.).

Be relevant. Stay on topic.

Allow facilitator to move through discussion questions.

Avoid repeating previous remarks.

Disagree with ideas, not people. Build on each other's ideas.

Capture "side" topics and concerns; set aside for discussion and resolution at a later time.

Reach closure and summarize conclusions or action steps for small group reports.

Expectations for Domain Work Groups

Actively listen.

Be Part of the
Conversation.
Speak your mind.

Share the Workload.
Volunteer for Action
Steps.

Set action steps and team
roles in the remaining 5
minutes of the discussion.

Work Group Questions

1. What were the most critical takeaways from today's presentations?
2. Summarize your workgroup's progress on your Special Project since the last meeting.
3. Update your action plan with action steps and identify work group members responsible for tasks.

Work Group Projects

Women/Maternal: Develop a universal, consistent prenatal risk assessment form that includes clinical and social determinants of health data.

Perinatal/Infant: Welcome postcard for all Kansas babies.

Children: Help parents and caregivers access resources to address their child's behavioral health needs.

Adolescents: Improve civic engagement for adolescents.

YOUR FACILITATORS



WOMEN/MATERNAL

Britne Nasser | Women
Maternal Health
Consultant

KDHE Bureau of Family
Health



PERINATAL & INFANT

Jennifer Miller | State
Maternal Child &
Health Director

KDHE Bureau of
Family Health



CHILDREN

Ali Braun | Family
Systems Consultant

KDHE Bureau of
Family Health



ADOLESCENT

Jason Geslois | Senior
Epidemiologist

KDHE Bureau of
Family Health

WORK GROUP ASSIGNMENTS

Women/Maternal

Anton Room

Facilitator: Britney Nasseri
Recorder: Kayla Stangis

Antje	Anji
Pearl	Avari
Tisha	Coleman
Mariah	Chrans
Andra	Doyle-Tadlock
Patricia	Fox
Lisa	Frey Blume
Sapphire	Garcia
Shalae	Harris
Stephanie	Jerguson
Jamie	Kim
Karly	Lauer
Patricia	McNamar
Oluwakemi	Onyenagubo
Lisa	Shoop
Christy	Smith
Kristi	Weaver
Alice	Weingartner
Rachele	Wray
Kendra	Wyatt

Perinatal/Infant

Hughes Room

Facilitator: Jennifer Miller
Recorder: Michelle Black

Carrie	Akin
Deborah	Alliston
Brenda	Bandy
Kourtney	Bettinger
Heather	Braum
Stacy	Clarke
Drew	Duncan
Stephen	Fawcett
Kelsee	Fout
Katie	Givens
Kelly	Hayes
Sarah	Hinton
Sara	Hortenstine
Jacquie	Lightcap
Susan	Pence
Zachary	Ray
Cari	Schmidt
Katie	Schoenhoff
Christy	Schunn
Tara	Wells

Children

Perkins Room

Facilitator: Ali Braun
Recorder: Cora Ungerer

Jennifer	Brunning
Linda	Buchheister
Stephanie	Coleman
Amy	Dean-Campmire
Vanessa	Eberle
Derik	Flerlage
Kaitlin	Johnson
Julie	Laverack
Andres	Mata
Cherie	Sage
Melissa	Schoenberger
Heather	Schrotberger
Christi	Smith
Peter	Stoepker
Madeline	Wegner
Elizabeth	Whitson

Adolescent

Marvin A

Facilitator: Jason Geslois
Recorder: Holly Frye

Decarlo	Brady
Lisa	Chaney
Geno	Fernandez
Cory	Gibson
Kirstianna	Guerrero
Afsheen	Hasan
Kari	Harris
Elaine	Johannes
Steve	Lauer
Sookyung	Shin
Melissa	Valenza
Natalie	Watkins
Donna	Yadrich
Kaoutar	Yartaoui
Daina	Zolck



Enjoy Your Lunch!

SEE YOU BACK SOON IN BREAKOUTS



Welcome Back

TIME FOR REPORT OUTS

DOMAIN WORKGROUP REPORT OUT



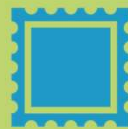
WOMEN/MATERNAL

Develop a Universal and Consistent Prenatal Risk Assessment Form that Includes Clinical and Social Determinants of Health Data



PERINATAL/INFANT

Welcome Postcard for all Kansas Babies



CHILDREN

Help Parents and Caregivers Access Resources to
Address their Child's Behavioral Health Needs



Slide 53

MH1 Remove period at end of description just to be consistent with other slides
Michelle Horst, 2026-01-13T18:24:29.851

ADOLESCENT

Improve Civic Engagement for Adolescents



Member Announcements

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KANSAS
MATERNAL &
CHILD HEALTH

Next Meeting Dates

July 15th, 2026

9:00am – 12:00pm

Virtual

September 16th, 2026

10:00am – 2:00pm

Topeka Shawnee Public
Library

Contact information

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Department of Health
and Environment

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TO PROTECT AND IMPROVE THE HEALTH AND ENVIRONMENT OF ALL KANSANS