

TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM

FFY2023 Executive Summary

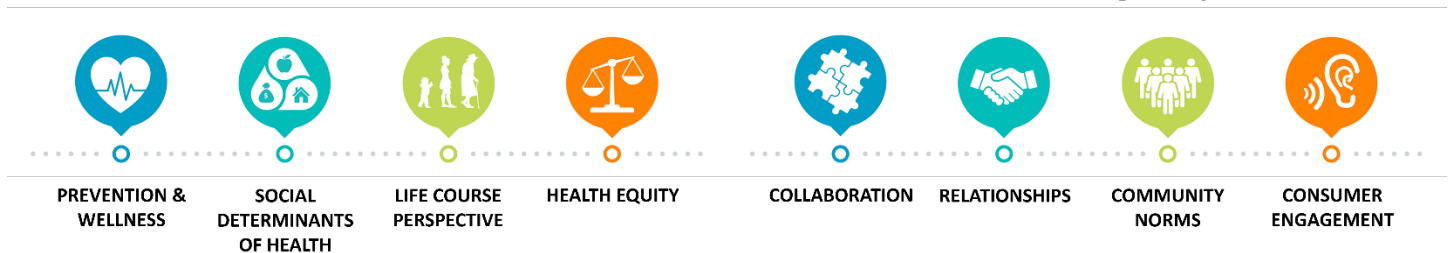
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Title V Overview

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.

KS Title V Core Values

KS Title V Guiding Principles



MCH Population

Kansas, spanning 82,278 sq. miles, is divided into 105 counties with 627 cities. The US Census Bureau estimates there were approximately 2,913,805 residents living in the state in 2020. Kansas has a unique geographic layout that ranges from urban to frontier counties based on population density. The population density of Kansas was 35.9 inhabitants per square mile in 2020, a 9.1% increase from 32.9 in 2000. In 2020, there was an estimated 35,281 infants or 1.2% of the total population and 829,513 children and adolescents (ages 1-21) representing 28.5%. The number of females in the reproductive/child-bearing age group (ages 15-44) was 562,644, representing 19.3%. In 2019-2020, 20.75% of children ages 0 to 17 (est. 144,547) were identified as having special health care needs. About 20.8% of males under 18 had special health care needs, compared with 20.6% of females.

Total Individuals Served by Title V* (2021 Annual Report)

Total Served: 23,167



More details on populations served are available on Block Grant Form 5a.

*subset of those served in the child population

Title V MCH Priorities and Performance Measures (FFY 2021 - 2025)



Women/Maternal Health

Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.



Perinatal/Infant Health

All infants and families have support from strong community systems to optimize infant health and well-being.



Child Health

Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.



Adolescent Health

Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.



Children with Special Health Care Needs

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.



Cross-Cutting #1: MCH Workforce

Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.



Cross-Cutting #2: Families

Strengths-based supports and services are available to promote healthy families and relationships.

Five national and four state performance measures have been selected to address the priorities outlined above. The national performance measures (NPMs) utilize national data sources to track state-level prevalence rates to determine the impact of activities on the populations serves. States must select at least one NPM for each of the MCH population domains (women/maternal, perinatal/infant, child, adolescent, children with special health care needs). The state performance measures (SPMs) were selected where a NPM was not available or appropriate for the state's identified priorities or objectives. The selected measures are outlined below.

National Performance Measures (NPMs)

NPM1: Well-woman Visit (Women 18-44 Years)

NPM5: Safe Sleep

NPM6: Developmental Screening

NPM10: Adolescent Preventive Medical Visit

NPM12: Transition To Adulthood

State Performance Measures (SPMs)

SPM1: Postpartum Depression

SPM2: Breastfeeding Exclusivity

SPM3: Workforce Development

SPM4: Strengths-based Family Supports

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 using a variety of data sources. 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. Strategies developed to address the NPM's and SPMs are comprehensive, coordinated and family centered for all MCH population domains. Continuous data monitoring, evaluation and staff review occurs regularly to help identify new and emerging gaps and barriers to services for the Title V population allowing the team to adapt and adjust as needed to improve services and supports.

Title V Activities & Program Highlights by Population Domain

The Title V plan reflects coordination of 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 each of the associated population domain narratives for additional details about these and other activities, including applicable data and impacts on health outcomes for women, children, and families. The complete Block Grant Application and Report can be found online at <http://www.kansasmch.org> or www.kdhe.ks.gov/626/Maternal-Child-Health-Block-Grant.

Women/Maternal & Perinatal/Infant Health

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?” All local MCH programs ask the OKQ® at every client visit and use it to guide follow up and referrals.

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 3rd trimester of pregnancy.

Maternal Mortality: The [Kansas Maternal Mortality Review Committee](#) (KMMRC) is a collaboration among Title V and key partners to review pregnancy-related deaths, identify causes, and develop recommendations for implementable interventions to prevent future occurrences. The [Kansas Maternal Mortality and Morbidity Report](#) contains information and data collected from cases. As a result of this report, formal recommendations led to the Kansas Perinatal Quality Collaborative’s Fourth Trimester Initiative.

Perinatal Quality & Systems of Care: The [Kansas Perinatal Quality Collaborative](#) (KPQC) is a partnership with a panel of experts working to improve the quality of care for mothers and infants, affecting measurable improvements in statewide health care and health outcomes. Past work includes developing a comprehensive approach to Neonatal Abstinence Syndrome (NAS) through a lifespan approach crossing several critical periods, involved establishing several levels of prevention, education, and intervention (surveillance to clinical practice improvements) as well as points of education to prevent exposure and reduce the impact when exposure occurs. Currently, the KPQC is focused on the [Fourth Trimester Initiative](#) (FTI) aimed at decreasing maternal morbidity and mortality in Kansas. The FTI focuses on quality care and provider communication related to the transition from pregnancy through the postpartum period.

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 coordinated prenatal care. The model brings prenatal education, clinical care, and wraparound services together.

Breastfeeding: Title V strives to provide consistent messaging around breastfeeding and leverage resources at the state and local levels. 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.

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; develop and provide training for parents, physicians, home visitors, and child care providers; and promote consistent safe sleep messages across the lifespan. KIDS Network also provides 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: expanding care coordination to primary care provider settings, implementing the Bridges program (support for families transitioning out of Part C/Infant Toddler Services), and expansion of peer supports through [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. Title V provided funding for a statewide license to access the online Bright Futures Tool and Resource Kit, 2nd Edition.

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, the Title V Behavioral Health Consultant position oversees two federally funded projects focused on behavioral health – [Kansas Connecting Communities](#) (launched October 2018) and [KSKidsMAP to Mental Wellness](#) (launched July 2019).

Youth Health Initiatives: The [Youth Health Guide](#) and [WHY \(Whole Healthy You\) Campaign](#), brings attention to health awareness events and supports youth in living healthy – physically, mentally, and emotionally. Additionally, Title V used the Adolescent Health Institute's [youth-friendly care tools](#) to support quality improvement strategies and 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 (CSHCN)

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/Infant Toddler Services.

Transition to Adulthood: Transition planning for youth and adolescents ages 12 and older focuses on transitioning to adulthood in all aspects of life (e.g., pediatric to adult health care systems, self-advocacy, health and wellness, social and recreation, independent living skills, education). Title V works with youth with special health care needs to develop goals that meet their needs and help support self-determination.

Systems of Care for CSHCN: Implementation and advancement of the [Kansas State Plan for Systems of Care for CSHCN](#), along with the National Standards for Systems of Care for CSHCN and the National Care Coordination Standards for CSHCN, provide the road map to strengthen to support stronger systems of care for CSHCN and their families. Title V continues to seek opportunities to establish local- and state-level data sets to inform about the CSHCN population and their needs.

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 CSHCN 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: KS-SHCN, School for the Deaf, and FAC. The network is currently working to build a statewide program to support foster, adoptive, and kinship families.

Family & Consumer Partnership (FCP) Program: Established in 2021, this program provides technical assistance, support, and capacity to engage in initiatives around peer supports, family leadership, and advisory opportunities. This serves as the framework for local and state Title V programs to assure families are engaged at the level they desire. In partnership with families, a resource toolkit has been developed to support partners in engaging families in planning, implementation, and evaluation of services and programs.

Title V Block Grant Budget

The Federal-State Title V partnership estimated budget for FFY2023 totals \$12,025,573 (federal funds \$4,781,390; state funds \$3,790,380; local funds \$3,453,803). Federal and State MCH funds totaling nearly \$5M is allocated for FY2023 to support local agencies in providing community-based, family centered MCH services, including services for individuals with special health care needs.

TITLE V MATERNAL & CHILD HEALTH



DOMAIN PROFILE: WOMEN & MATERNAL



PRIORITY

Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.

72.2%

Percent of Kansas women, ages 18-44, in 2020 who reported having had a preventive medical visit in the past year



Increasing since 2018

Significant disparities by health insurance status and household income

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

14.3%

Percent of Kansas residents with a recent live birth in 2020 who reported postpartum depressive symptoms



Increasing since 2017

Significant disparities by age, education level, WIC status during pregnancy, and payment source for delivery (2019-2020)

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System

REPORT FROM 2021

- 86.6% of local MCH grantees partnered with KDHE on initiatives to address the state priorities for the Women and Maternal population.
- Developed [Well-Woman Visit Integration Toolkits](#) to help ensure access to, and receipt of, comprehensive, integrated care.
- Published behavioral health screening tools [guidance](#).
- The Medicaid Maternal Depression Screening policy became effective January 1, 2021, reimbursing for up to 3 prenatal (under mother's Medicaid ID) and up to 5 postpartum screenings (under child's ID).
- Developed [Reproductive Life Plan Workbook](#).
- Partnered with Russell Child Development Center on a Maternal Mental Health Treatment Pilot Project in 19 counties.

PLAN FOR 2023

- Support local health agencies to (a) educate about the importance of high quality, comprehensive well-women visits and (b) assess for health insurance coverage and assist with enrollment.
- Expand [Kansas Perinatal Community Collaboratives](#) (KPCC) model, implementing Becoming a Mom[®] curriculum.
- Implement the Social Determinants of Health Screener.
- Pilot the "Cuff Project" to provide eligible pregnant persons with blood pressure cuffs for home at little to not cost.
- Expand work on Perinatal Mood and Anxiety Disorder education and screening.

For data points, an arrow indicates direction of the trend, if any, and the color indicates if the direction is positive (green), negative (red), or no definite trend apparent (yellow). Unless otherwise noted, the Report and Plan items are based on the federal fiscal year, rather than the state fiscal year (SFY) or calendar year. To learn more about the KDHE Bureau of Family Health and the Title V Maternal & Child Health Services Block Grant, visit www.kansasmch.org or www.kdhe.ks.gov/401

TITLE V MATERNAL & CHILD HEALTH



DOMAIN PROFILE: PERINATAL & INFANT

PRIORITY

All infants and families have support from strong community systems to optimize infant health and well-being.

Percent of Kansas residents with a recent live birth in 2020 reporting:

(A) Infants placed to sleep on their backs most often

82.3%

● No change in trend since 2017

(B) Infants slept on a separate approved sleep surface, past 2 weeks

46.1%

▲ Increasing since 2017

(C) Infants slept without soft objects and loose bedding, past 2 weeks

54.8%

▲ Increasing significantly since 2017

Significant disparities by age, race/ethnicity, education level, WIC status during pregnancy, and payment source for delivery (2019-2020)

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System

32.0%

Percent of Kansas infants born in 2018 that were breastfed exclusively through 6 months



● No change in trend since 2016

Source: Centers for Disease Control and Prevention, National Immunization Survey

REPORT FROM 2021

- During SFY 2021, 91% of MCH grantees provided services to the Perinatal and Infant population.
- The [KIDS Network](#) trained 14,017 individuals on safe sleep and bereavement.
- Trained all new [Kansas Perinatal Community Collaboratives](#) on safe sleep and Sudden Infant Death Syndrome.
- 28 communities were designated as [Communities Supporting Breastfeeding](#).
- Created a [Breastfeeding Friendly Child Care Provider Toolkit](#).
- [Kansas Perinatal Quality Collaborative \(KPQC\)](#) launched the [Fourth Trimester Initiative](#) to decrease maternal morbidity and mortality.
- During SFY 2021, served 1,574 MCH home visiting clients.

PLAN FOR 2023

- Reduce Sudden Unexpected Infant Deaths through network infrastructure, provider training, patient education, family support.
- Partner with [Kansas Breastfeeding Coalition](#) on effective strategies to eliminate racial disparities in breastfeeding.
- Continue the KPQC's work on the [Fourth Trimester Initiative](#).
- Implement the [Post-Birth Warning Signs Education Program](#) statewide.
- Through the Maternal Anti-Violence Innovation and Sharing Project, cross-train perinatal care providers and domestic violence service providers on perinatal mood and anxiety disorders, substance use, and intimate partner violence.
- Implement Neonatal Abstinence Syndrome as a mandated reportable birth defect.

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TITLE V MATERNAL & CHILD HEALTH



DOMAIN PROFILE: CHILD



PRIORITY

Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.

44.3%



Increasing
since 2016

Percent of Kansas children, ages 9 through 35 months, in 2019-2020 whose family members reported that they had received a developmental screening using a parent-completed screening tool in the past year

Source: Health Resources and Services Administration, National Survey of Children's Health

REPORT FROM 2021

- During SFY 2021, 80.6% of MCH grantees provided services to the Child population.
- Trained early childhood partners on Ages & Stages Questionnaires.
- Promoted the [1-800-CHILDREN](#) helpline and resource database.
- Disseminated Developmental [Milestone Cards & Passports](#) to partners and families.
- Distributed two surveys to Kansas school nurses with 187 respondents, to understand their top COVID-19 and non-COVID-19 school health priorities. Survey results and corresponding recommendations will be used to guide future school-based Title V work.

PLAN FOR 2023

- Offer training and technical assistance opportunities for the Ages & Stages Questionnaire, 3rd Edition (ASQ-3) and Social-Emotional, 2nd Edition (ASQ:SE-2).
- Promote and disseminate Developmental [Milestone Cards & Passports](#).
- Support coordination and two-way referrals with other providers offering community-based services through utilization of the statewide [1-800-CHILDREN](#) helpline and the [Integrated Referral and Intake System \(IRIS\)](#).
- Support school-based health services in southeast and southwest Kansas, including behavioral health services.
- Encourage and promote the Patient Health Questionnaire for Teens (PHQ-A) and recommend use of the Pediatric Symptom Checklist-17 (PSC-17).
- Through KSKidsMAP, continue developing new sections of the [Pediatric Mental Health Toolkit](#).

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TITLE V MATERNAL & CHILD HEALTH



DOMAIN PROFILE: ADOLESCENT

PRIORITY

Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.

75.6%

Percent of Kansas adolescents, ages 12-17, in 2019-2020 whose family members reported that they had a preventive medical visit in the past year



Decreasing significantly
since 2016

Significant differences by special health care needs status, whether the adolescent had a medical home, and the education level of an adult in the household

Source: Health Resources and Services Administration, National Survey of Children's Health

REPORT FROM 2021

- During SFY 2021, 56.7% of MCH grantees provided services to the Adolescent population.
- Local MCH agencies provided 721 adolescents with well visit education.
- Through WHY ([Whole Healthy You](#)) campaign, Title V and 60 partnering agencies bring attention to youth health.
- The [Youth Health Guide](#) provides vetted information for youth and families.
- 11 local agencies provided services to an estimated 384 KanCare-eligible pregnant and/or postpartum adolescents through the [Teen Pregnancy Targeted Case Management](#) program.
- Title V added behavioral health screening forms to the DAISEY data system for local MCH agencies.

PLAN FOR 2023

- Continue to promote Bright Futures™ guidelines for preventive care/well visits.
- Implement youth-friendly quality improvement strategies to MCH agencies that are serving adolescents.
- Continue to utilize the [Whole Healthy You](#) campaign to bring attention to health awareness events, highlighting portions of the Youth Health Guide throughout the year.
- Through [KSKidsMAP](#), promote the [Pediatric Mental Health Toolkit](#) among providers. Expand each section of the toolkit to focus on different mental health topics.

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TITLE V MATERNAL & CHILD HEALTH



DOMAIN PROFILE: CHILDREN WITH SPECIAL HEALTH CARE NEEDS



PRIORITY

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

Percent of Kansas adolescents with and without special health care needs (SHCN), ages 12-17, in 2019-2020 whose family members reported that they received services necessary to make transition to adult health care

Adolescents with SHCN:

33.5%  Increasing significantly since 2016

Adolescents without SHCN:

20.6%  Increasing since 2016

Source: Health Resources and Services Administration, National Survey of Children's Health

REPORT FROM 2021

- During SFY 2021, 16.4% of MCH grantees provided services to the CSHCN population.
- In SFY 2021, [KS-SHCN Program](#) provided ~1,440 individuals with care coordination and financial assistance and support.
- SHCN Care Coordinators educated families on well visits and assisted with locating primary care providers.
- All youth ages 12-21 in KS-SHCN had 1+ transition goal listed on their Action Plan.
- Through Holistic Care Coordination, developed [Bridges](#) program to address service gaps between early intervention and complex systems of care.
- Automated qualification for children in the foster system.
- Restructured referral process with Newborn Screening programs.

PLAN FOR 2023

- Conduct youth and family focus groups to identify transition needs.
- Develop a Transition Direct Assistance Program (paid appointments with prospective adult providers, paid Provider to Provider consultation, and incentives for youth to complete online medical literacy transition training modules).
- Develop transition tools for youth, including a Youth Transition and System Navigation Training.
- Review financial requirements to identify budget changes that could assist more children/families.
- Improve transition data tracking.
- Offer educational training to health care providers on transition.

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TITLE V MATERNAL & CHILD HEALTH



DOMAIN PROFILE: CROSS-CUTTING AND SYSTEMS BUILDING



PRIORITIES

- Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.
- Strengths-based supports and services are available to promote healthy families and relationships.

Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event

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Data not yet available

Source: Kansas Maternal & Child Health Sponsored Workforce Post-Event Surveys

56.2%



Increasing significantly since 2016

Percent of Kansas children in 2019-2020 whose family members knew all of the time they have strengths to draw on when the family faces problems

Significant differences by child's number of adverse childhood experiences

Source: Health Resources and Services Administration, National Survey of Children's Health

REPORT FROM 2021

- During SFY 2021, the [Family Advisory Council \(FAC\)](#) expanded to include all Title V population domains.
- Maternal and Child Health (MCH) staff provided technical assistance and training webinars to 462 local MCH partners.
- [Kansas Connecting Communities](#) increased health care providers' capacity to screen, assess, treat, and refer for perinatal depression, anxiety, and substance use disorders.
- Developed a [Paternal Postpartum Depression Package](#) for providers.
- [KSKidsMAP](#) established a pediatric mental health care team to support enrolled primary care physicians and clinics.
- Developed [Creating Effective Partnerships to Improve Behavioral Health Outcomes](#).
- Developed [Building and Maintaining a Resilient Team: Tools for the Public Health Workforce](#).
- Launched the Maternal Warning Signs Initiative.

PLAN FOR 2023

- Expand the [Title V Family and Consumer Partnership Implementation Toolkit](#), designed to support programs in building effective family consumer partnerships.
- Enhance and expand the [Supporting You Network](#), linking peers together for informal supports.
- Develop a Family Delegate Handbook for future family delegates.
- Expand the Primary Care Provider Pilot Project, which supports the establishment of care coordinators in primary care settings that provide patients with Holistic Care Coordination services to meet their individual needs.

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