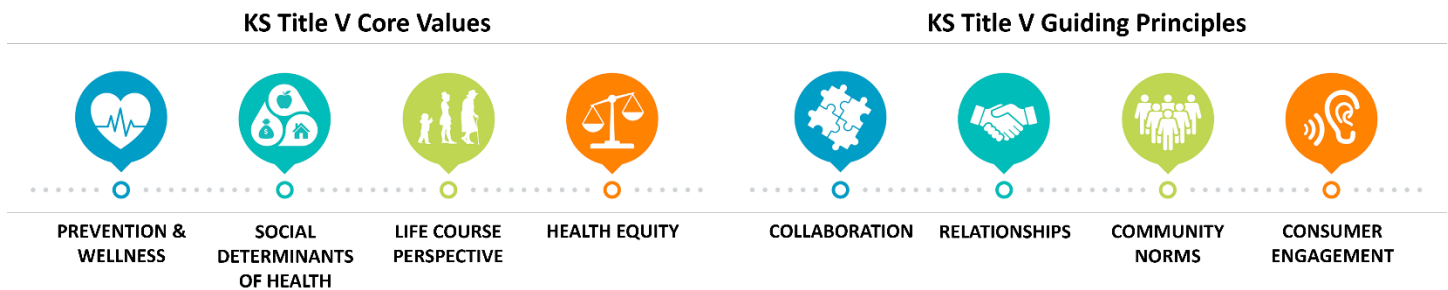

EXECUTIVE SUMMARY

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.



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, an 9.1% increase from 32.9 in 2000. In 20, 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.

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 2021-2025)

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



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.

Title V MCH Performance Measures (FFY 2021-2025)

Kansas selected five national and four state performance measures 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 served. 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)	State Performance Measures (SPMs)
NPM1: Well-woman Visit (Women 18-44 Years)	SPM1: Postpartum Depression
NPM5: Safe Sleep	SPM2: Breastfeeding Exclusivity
NPM6: Developmental Screening	SPM3: Workforce Development
NPM10: Adolescent Preventive Medical Visit	SPM4: Strengths-based Family Supports
NPM12: Transition To Adulthood	

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.

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?”

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 implement interventions to prevent future occurrences. The first [Kansas Maternal Mortality and Morbidity Report](#) was published in January 2021. Information and data collected from cases resulted in formal recommendations that led to the Fourth Trimester Initiative, focused on quality care and provider communication related to the transition from pregnancy through the postpartum period.

Perinatal Quality & Systems of Care: The [Kansas Perinatal Quality Collaborative](#) (KPQC) is partnership with a panel of experts to improve the safety and quality of care for mothers and infants. The Fourth Trimester Initiative, resulting from findings from the KMMRC, is the current quality initiative underway, focused on improving maternal health and preventing severe maternal morbidity and mortality.

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 reveal improvements in preterm delivery, low birth weight, and breastfeeding. Outcomes for mothers and infants participating in a KPCC are improving when compared to state outcomes.

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: Throughout the Title V Needs Assessment and implementation of the HCC model, transition planning for youth and adolescents ages 12 and older has been an identified service gap. Not only focused on transitioning from pediatric to adult health care systems but transitioning in all aspects of life (e.g., self-advocacy, health and wellness, health care systems, social and recreation, independent living skills, education), Title V will work with YSHCN to develop goals that meet their needs and help with in self-care and self-advocacy.

Systems of Care for CSHCN: Focus remains on the implementation and advancement of the National Standards for Children with Special Health Care Needs and the [Kansas State Plan for Systems of Care for Children and Youth with Special Health Care Needs](#), a road map developed in 2018 to strengthen services and supports for CSHCN and their families. To support stronger systems, Kansas Title V will continue to seek opportunities to establish local- and state-level datasets 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: 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.

IMPACT AND VALUE OF KANSAS MCH

Activities and services funded by the Block Grant are essential to maintaining a strong infrastructure, developing and coordinating systems, and filling identified gaps. Federal funds truly complement state and local funds to support a comprehensive service delivery model that advances the State Action Plan and aims to improve outcomes across the life course. Most federal funds are utilized to support the MCH and SHCN state staff and operations along with local services through aid to local grants/programming. Nonfederal funds are utilized to meet the required federal match through state and local investments across the population domains (newborn screening, local grants, specialty services for SHCN). Local grantees are required to provide at least 40% match for grant funds which results in additional MCH system supports. The charts below display federal vs. nonfederal expenditures by service level and individual/population.

The availability of federal funds coupled with state flexibility continues to assure the health of individuals during critical periods such as preconception, pregnancy and postpartum, childhood, and adolescence/young adulthood. Critical contributions to the state's public health infrastructure are evident through the development, implementation, and ongoing sustainability of efforts aimed at:

- addressing maternal mortality, morbidity, and behavioral health;
- expanding community coordination, clinical care, and supports like home visiting during the prenatal and postnatal periods to include access to group prenatal education birth outcomes model and risk assessment, brief intervention, and referral to services;
- establishing a precedence for family and consumer partnership across all MCH population domains, among both internal and external partners;
- enhancing local communities and the statewide MCH workforce capacity to address health equity and social determinants of health through targeted technical assistance;
- enhancing local communities' capacity to develop school-based health centers to expand access to care for children and adolescents, particularly the well visit; and
- demonstrating value for a holistic approach to care coordination for the children with special health care needs population to drive change among all populations.

Families of CSHCN needs rely on Title V to continue to advocate and expand access to appropriate services. Investments from Title V allow financial assistance to fill gaps in coverage and sustain regional access points for entry into the state/federal program. The flexibility for the program to serve beyond state statutory limitations and consider gap-filling services, continues to increase access to family-centered, community-based, coordinated care.