

Draft Priorities, Possible Measurement Opportunities Measures, and Proposed Objectives

Women have access to services in an integrated, holistic, well-functioning system of care before, during and after pregnancy. (Draft Women/Maternal Priority)

Possible Measurement Opportunities	<ul style="list-style-type: none"> • Percent of women, ages 18-44, with a preventive medical visit in the past year • Percent of women, ages 18-44, who experienced intimate partner violence in the past year
Proposed Objectives	<ul style="list-style-type: none"> • Increase the proportion of women receiving a high-quality, comprehensive preventive medical visit • Increase the proportion of women served through MCH programs who receive evidence-based interventions to address Intimate Partner Violence • Increase the proportion of priority populations served through MCH perinatal education services • Increase the proportion of women receiving pregnancy intention screening • Increase the proportion of women receiving or referred for preconception counseling and services

Families are supported by strong community systems to optimize infant health and well-being. (Draft Perinatal/Infant Priority)

Possible Measurement Opportunities	<ul style="list-style-type: none"> • Percent of infants placed to sleep: (1) on their backs; (2) on a separate approved sleep surface; and (3) without soft objects or loose bedding • Percent of women who exhibited signs of postpartum depression • Percent of infants breastfed exclusively through 6 months
Proposed Objectives	<ul style="list-style-type: none"> • Reduce racial and ethnic disparities in breastfeeding rates • Promote and support the cross-sector safe sleep practices and initiatives to reduce the SUID rate • Implement quality initiatives focused on reducing the incidence of infants exposed to substances while in utero and improving maternal health • Increase the proportion of expecting and new parents receiving education and screening about depression during pregnancy and the postpartum period

Children have access to developmentally appropriate services and supports through collaborative and integrated communities to achieve optimal health. (Draft Child Priority)

Possible Measurement Opportunities	<ul style="list-style-type: none">• Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year• Percent of families who read to their child, age 0 to 5 years, every day
Proposed Objectives	<ul style="list-style-type: none">• Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening• Improve coordination of referrals and services between early care and education, home visitors, medical homes, and early intervention providers• Increase the number of children with language and literacy skills to support success upon kindergarten entry• Increase the number of MCH participants with access to healthy environments where children can thrive

Communities and providers support adolescent physical, social and emotional health. (Draft Adolescent Priority)

Possible Measurement Opportunities	<ul style="list-style-type: none">• Percent of adolescents, 12 through 17, with a preventive medical visit in the past year
Proposed Objectives	<ul style="list-style-type: none">• Increase the proportion of adolescents receiving quality, comprehensive annual preventive services• Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs• Increase the number of MCH programs and providers serving adolescents that assess for and intervene with those at risk for suicide

Communities and providers are equipped to partner with and support youth transitions and leadership opportunities. (Draft CYSHCN Priority)

Possible Measurement Opportunities	<ul style="list-style-type: none"> • Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care
Proposed Objectives	<ul style="list-style-type: none"> • Increase the number of youth engaged in programs that support youth leadership, development, and advocacy • Increase the proportion of youth with special health care needs (YSHCN), ages 12 through 21, that have partnered with their primary care provider to assess needs and develop a plan to transition into all aspects of the adult healthcare system • Increase the proportion of youth, with and without SHCN, receiving supports in preparing for transition to adulthood • Increase the proportion of youth, ages 12 through 21, who receive care coordination supports through cross-system collaboration across MCH programs

Professionals have the knowledge and skills to address the needs of maternal and child health populations. (Draft Cross-Cutting Priority #1)

Possible Measurement Opportunities	<ul style="list-style-type: none"> • Proportion of MCH grantees, families and partners that reported increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event
Proposed Objectives	<ul style="list-style-type: none"> • Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year • Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for disparate populations in Kansas • Increase the number of providers with capacity to provide behavioral health services/supports and trauma-informed care • Increase the number of MCH-led initiatives that reduce disparities that contribute to preventable chronic diseases

Strengths-based supports and services are available to strengthen relationships and promote healthy families. (Draft Cross-Cutting Priority #2)

Possible Measurement Opportunities	<ul style="list-style-type: none">• Percent of families who reporting knowing they have strengths to draw on when the family faces problems
Proposed Objectives	<ul style="list-style-type: none">• Increase the proportion of MCH Programs with a defined program plan for family and consumer partnership• Increase access to parent training/support skills building sessions for consumers and families• Increase the number of individuals receiving peer supports• Increase the number of families engaging as leadership partners with the MCH workforce through the FCP Program