



Family Strengthening and Supports Work Group Packet

Priority Overview Page: This includes the priority, a list of the objectives, and the selected performance measures (NPM = National Performance Measure / SPM = State Performance Measure).

Priority State Action Plan (SAP) Table: This outlines the key strategies within each objective. This also outlines another level of measurement (ESM = Evidence-based/-informed Strategy Measure).

Priority Resources: This outlines key initiatives, partners, websites, and other resources that you might want to look at or dig into related to your priority. These include a reference of where it might align in the SAP...but may or may not be directly called out in the table.

Priority Key Acronyms and Data: A compilation of acronyms that you might come across in conversations with your priority work. The key data outlines National Outcome Measures (NOMs) that are related to your priority population. This is in addition to the NPMs, SPMs, and ESMs noted elsewhere. Another resource is the NPM-NOM_Measures Table – this is where you can find the data trends for all of the measures associated with our work.

Priority Data Summaries: These are the data summaries that will be included in the 2023 MCH Services Block Grant Application that will be submitted with our plan in August 2022.



PRIORITY 7

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



CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 7.1

Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

OBJECTIVE 7.2

Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

OBJECTIVE 7.3

Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

OBJECTIVE 7.4

Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

SPM 4: *Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems*

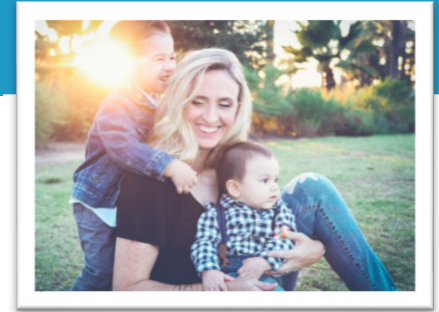
PRIORITY 7: Strengths-based supports and services are available to promote healthy families and relationships.

Domain: Cross Cutting - Family and Consumer Partnership

SPM 4: Family Strengths (Percent of children whose family members know all of the time they have strengths to draw on when the family faces problems)

ESM: Number of MCH participants receiving holistic care coordination

ESM: Percent of families enrolled in Special Health Care Needs Care Coordination Program that have increased their ability to independently navigate the systems of care



OBJECTIVE 7.1: Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

Strategy	Description
7.1.1	Develop the Title V Family and Consumer Partnership (FCP) Program, including a resource toolkit for engaging and partnering with families across MCH domains.
7.1.2	Provide training to MCH programs on the importance of family-centered services and supports to: strengthen families; promote strong, healthy, and safe family environments; address diverse needs of families; and build supportive communities.
7.1.3	Align the FCP guidance and evaluation activities with the Standards for Quality for Family Strengthening and Support as a model of quality and evaluation.

OBJECTIVE 7.2: Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

Strategy	Description
7.2.1	Expand the Supporting You Network through programmatic partnerships, adding at least two new programs a year and providing expanded trainings, resources, and technical assistance to the provision of a peer-to-peer support program.
7.2.2	Identify and implement evidence-based peer support models for intentional engagement of non-traditional MCH populations (e.g. fathers, siblings of CSHCN, relative caregivers) across MCH programs.
7.2.3	Develop and offer a marketing package, inclusive of printable flyers, mailers, business cards, and social media messages, tailored to the target populations of the participating programs and providing an opportunity to engage in audio and video promotional activities as a network.

OBJECTIVE 7.3: Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

Strategy	Description
7.3.1	Expand the Title V Family Delegate Program to support a personalized leadership plan based upon the interests of the family leaders, such as core MCH learning curriculums and skills-building opportunities.
7.3.2	Create MCH learning pathways to support engagement and leadership at all levels, based upon individual goals and interests, as part of the partnership and engagement toolkit.
7.3.3	Expand opportunities across all MCH programs to engage families and consumers with lived experiences as program evaluators, co-trainers, interns, paid staff or consultants, mentors, grant reviewers, active participants in assessment processes, and more.
7.3.4	Expand the existing Family Advisory Council model to engage families across all MCH domains, including integration of Title V activities with the All in for Kansas Kids strategic plan activities associated with family advisory and leadership teams.

OBJECTIVE 7.4: Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

Strategy	Description
7.4.1	Develop an implementation toolkit to spread and scale holistic care coordination services across MCH programming.
7.4.2	Expand existing partnerships among public health, primary care, behavioral health providers, and managed care organizations to support the behavioral health needs of the family.
7.4.3	Implement a robust continuing education curriculum for ongoing learning for case managers, care coordinators, and community health workers on the provision of holistic care coordination services.

Family Strengthening & Supports Resources

See also the Stakeholder Supports and Engagement Activities Supporting Document from the recent MCH Block Grant Application.

<https://www.kdhe.ks.gov/DocumentCenter/View/5315/Stakeholder-Supports-and-Engagement-Activities-PDF>

Obj	Description	Website
7.1.1	Family and Consumer Partnership Program: KDHE efforts and activities focused in four primary areas: Advisory Opportunities, Leadership Development, Peer Support, and Technical Assistance.	https://www.kdhe.ks.gov/810/System-of-Supports
7.1.1	Family and Consumer Partnership MCH Manual: Section 120 of this manual is dedicated to sharing information for local grantees about the importance of strong family and consumer partnership in the Title V work. The manual also includes an overview of each of the key frameworks utilized in KS and examples of how one could engage families as partners in their work.	https://www.kdhe.ks.gov/DocumentCenter/View/15666/SFY2023-Kansas-MCH-Service-Manual-PDF
7.1.2	National Family Support Network (NFSN): Kansas recently became a state affiliate through the Kansas Children's Service League (KCSL) as part of the expansion of family resource centers (FRCs) across the state. NFSN offers several trainings that KS Title V will be promoting, including the Standards of Quality for Family Strengthening and Supports (FSS).	https://www.nationalfamilysupportnetwork.org/
7.1.2	Association of Maternal and Child Health Programs (AMCHP): AMCHP is Title V's national membership association and provides strong support for state programs on family and consumer engagement. Kansas engages in nearly all AMCHP Family Engagement initiatives and will be promoting relevant opportunities to local grantees.	https://amchp.org/family-engagement/
7.1.3	Family Strengthening and Support Standards: National framework and quality standards focused on building strong families, supporting families, and assuring family engagement in program practices.	https://www.nationalfamilysupportnetwork.org/standards-of-quality
7.2.1	Supporting You: A peer support network, created by Kansas families for Kansas families, to connect individuals with lived experiences to others who might benefit from hearing about their journey to help them navigate their own.	www.supportingyoukansas.org
7.2.1	Kansas School for the Deaf (KSD): One of the two existing Supporting You programs, dedicated specifically to parents of children with hearing loss or deafness.	https://www.ksdeaf.org/supporting-you
7.2.1	Kansas Special Health Care Needs Program (KS-SHCN): One of the two existing Supporting You programs, dedicated specifically to parents of children with special health care needs. Currently families with experiences with diagnoses eligible for KS-SHCN are filtered to this program, but they are working on expanding this to all diagnoses and disability populations.	https://www.kdhe.ks.gov/747/Special-Health-Care-Needs
7.2.1	Foster Adopt Connect: The newest program to join Supporting You in 2022, dedicated to providing a space for families who have experiences with child welfare/foster systems, adoptive parents, and kinship guardians.	https://www.fosteradopt.org/
7.2.2	Postpartum Support International (PSI): Resource for parents struggling with perinatal mental health challenges. Pairs moms, as well as dads, in need of support with a trained volunteer who has also experienced and fully recovered from a Perinatal Mood Disorder (PMD). Similar concept to Supporting You.	https://www.postpartum.net/get-help/peer-mentor-program/
7.3.1	Kansas Family Delegate Program: A four-year family leadership program that provides opportunities for a family leader to engage with Title V, come alongside as a key member of the team, and learn about Title V/MCH while building leadership skills, receiving mentorship from other family leaders, and learning to be a mentor for others. Details about this program are not yet online, however you can read about it in pages 40-50 of the document linked to the right.	https://www.kdhe.ks.gov/DocumentCenter/View/5315/Stakeholder-Supports-and-Engagement-Activities-PDF
7.3.4	Family Advisory Council (FAC): In an effort to assure the needs of families and consumers are central to programming, initiatives, and special projects, the FAC was established in 2009. A recent expansion in 2021 established work groups for all Title V/MCH populations. The FAC is a working council with active engagement and built-in opportunities for training, leadership skill development, advocacy trainings, and many other benefits for the families.	www.kansasmch.org/fac
7.4.1	Holistic Care Coordination (HCC) Toolkit: A resource designed to support primary care, public health, and community service providers to build holistic care coordination programs and service models.	https://www.kdhe.ks.gov/1810/Holistic-Care-Coordination-Toolkit

Table 3. Evidence-based/informed National Performance and Outcome Measure Linkages*

National Outcome Measure		National Performance Measure														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
#	Short Title	Well-woman visit	Low-risk cesarean delivery	Risk-appropriate perinatal care	Breastfeeding	Safe sleep	Developmental screening	Injury hospitalization	Physical activity	Bullying	Adolescent well-visit	Medical home	Transition	Preventive dental visit	Smoking	Adequate insurance
1	Early prenatal care															
2	Severe maternal morbidity	X	X												X	
3	Maternal mortality	X	X												X	
4	Low birth weight	X													X	
5	Preterm birth	X													X	
6	Early term birth	X													X	
7	Early elective delivery															
8	Perinatal mortality	X		X											X	
9.1	Infant mortality	X		X	X	X									X	
9.2	Neonatal mortality	X		X											X	
9.3	Postneonatal mortality	X			X	X									X	
9.4	Preterm-related mortality	X		X											X	
9.5	SUID mortality				X	X									X	
10	Drinking during pregnancy	X														
11	Neonatal abstinence syndrome	X														
12	New born screening timely follow-up															
13	School readiness					X										
14	Tooth decay/cavities													X		
15	Child mortality							X								
16.1	Adolescent mortality							X		X	X					
16.2	Adolescent motor vehicle death							X			X					
16.3	Adolescent suicide							X		X	X					
17.1	CSHCN															
17.2	CSHCN systems of care										X	X	X	X		X
17.3	Autism															
17.4	ADD/ADHD															
18	Mental health treatment										X	X				X
19	Overall health status					X		X		X	X		X	X	X	X
20	Obesity							X		X						
21	Uninsured															
22.1	Child vaccination															X
22.2	Flu vaccination										X					X
22.3	HPV vaccination										X					X
22.4	Tdap vaccination										X					X
22.5	Meningitis vaccination										X					X
23	Teen births	X									X					
24	Postpartum depression	X														
25	Forgone health care											X				X

* Includes linkages based on expert opinion or theory in the absence of empirical scientific evidence. Associations with available empirical scientific evidence that is mixed or inconclusive are not included. This table is subject to revision as new scientific evidence becomes available. By definition, NPMs must be linked to at least one NOM; however, not all NOMs must have linked NPMs, as they may be important to monitor as sentinel health indicators regardless.

SPM 4: Family Strengths (Percent of children whose family members know all of the time they have strengths to draw on when the family faces problems)

Children and families of all demographic and socioeconomic backgrounds experience stress. Resilience can help a family navigate the stress that arises when a family faces a problem. Family resilience may also support a child's emotional development. An analysis of nationwide data from the 2016 and 2017 National Survey of Children's Health (NSCH) found that family resilience and connection were associated with an increased prevalence of flourishing among children – even among those with higher levels of adverse childhood experiences (ACEs).¹ This suggests that in addition to reducing childhood adversity, strategies which seek to improve children's emotional well-being should aim to also increase protective factors such as family resilience.^{1,2} One aspect of family resilience is having strengths to draw on when facing problems. In Kansas, monitoring how common family strengths are will help ensure supportive programs for families of children that face problems.

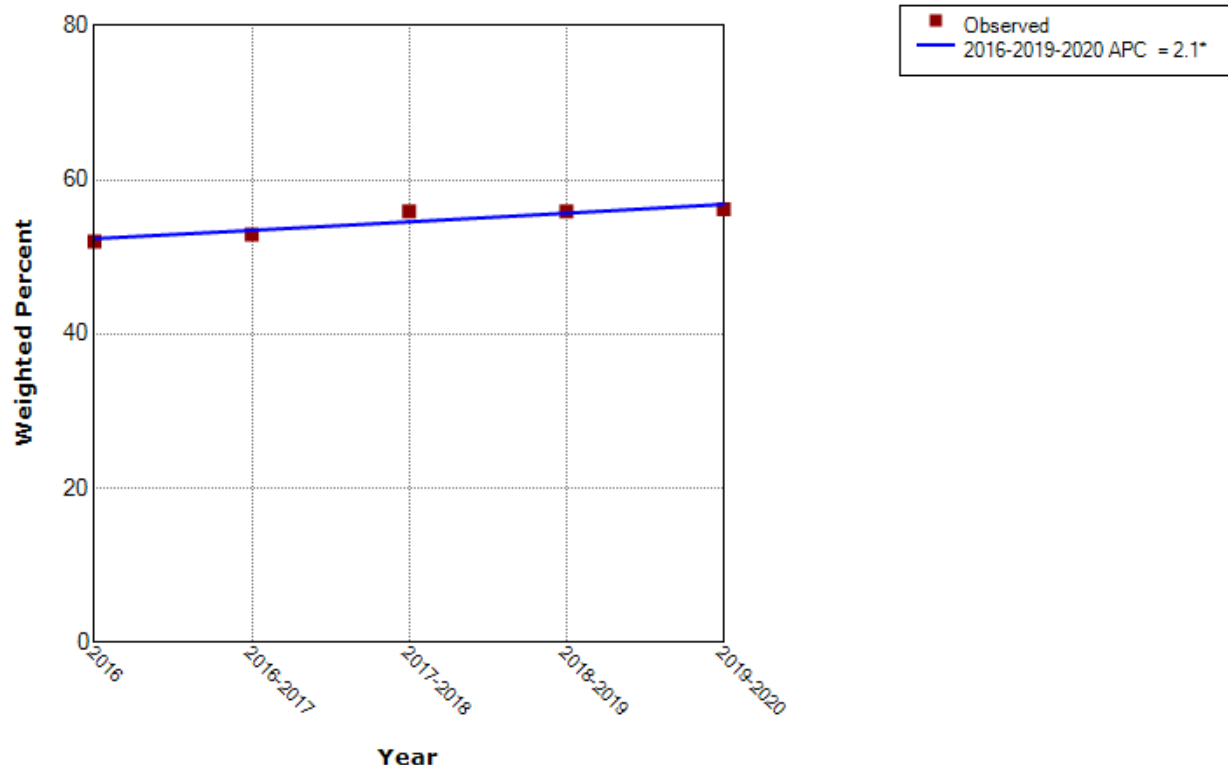
According to the 2019-2020 NSCH (two years of data combined), for 56.2% of Kansas children, their family members reported that they themselves were likely to know “all of the time” that they have strengths to draw on when the family faces problems (95% confidence interval [CI]: 52.4%-60.0%). Among Kansas children with special health care needs, the estimate was 49.3% (95% CI: 41.2%-57.5%), which was not significantly different from those without special health care needs (58.1%; 95% CI: 53.8%-62.3%).

The percentage of Kansas children with this indicator decreased with increasing levels of ACEs. For around three in five children with no ACEs (61.1%), a family member reported that they themselves were likely to know “all of the time” that they have strengths to draw on when the family faces problems (95% CI: 56.4%-65.5%). This was significantly higher than among children with two or more ACEs (43.9%; 95% CI: 35.1%-53.2%).

The percentage of Kansas children with this indicator did not vary significantly based on metropolitan status, household income ratio to the federal poverty level (FPL), or having adequate and continuous health insurance. Among those not living in metropolitan statistical areas, the estimate was 59.0% (95% CI: 51.3%-66.2%), compared to 55.2% among those living in metropolitan statistical areas (95% CI: 50.8%-59.6%). The estimate was 56.7% among those whose household was at 0-199% FPL (95% CI: 49.2%-63.9%), compared to 56.5% among those whose household was at 200-299% FPL (95% CI: 48.0%-64.7%), 51.2% among those whose household was at 300-399% FPL (95% CI: 42.3%-60.1%), and 58.0% among those whose household was at 400% or more FPL (95% CI: 52.5%-63.4%). Among children with current, adequate, and continuous health insurance in the past year, the estimate was 58.1% (95% CI: 53.2%-62.9%), compared to 52.9% among those who either currently had inadequate or no insurance and/or had a gap in insurance coverage in the past year (95% CI: 46.8%-58.9%).

From 2016 (one-year estimate) to 2019-2020 (two-year estimate), the percentage of Kansas children whose family members know all of the time that they have strengths to draw on when the family faces problems increased significantly, with an annual percent change of 2.1% (95% CI: 0.3%-3.8%).

Weighted Percent of Kansas Children Whose Family Members Know All of the Time They Have Strengths to Draw on When the Family Faces Problems, 2016-2020[†]



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.

[†] Note: After 2016, state-level estimates were produced using two-year combined data.

Source: U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), National Survey of Children's Health (NSCH)

1. Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425
2. Garner A, Yogman M; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, COUNCIL ON EARLY CHILDHOOD. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. *Pediatrics*. 2021;148(2):e2021052582. doi:10.1542/peds.2021-052582