



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**KANSAS**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### Title V Federal-State Partnership - Kansas

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

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SSDI Project Director	State Family Leader
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### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$4,853,837
State MCH Funds	\$3,640,378
Local MCH Funds	\$5,587,928
Other Funds	\$0
Program Income	\$0

FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$38,642	\$84,305
Enabling Services	\$1,417,346	\$5,076,102
Public Health Services and Systems	\$3,397,849	\$4,067,898

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



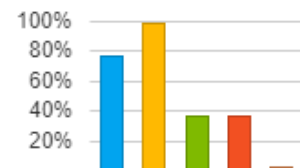
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	77.1%	\$3,042,292
Infants < 1 Year	99.0%	\$2,785,017
Children 1 through 21 Years	36.2%	\$3,802,854
CSHCN (Subset of all infants and children)	37.0%	\$4,105,028
Others *	2.5%	\$0

FY 2023 Expenditures Total: \$13,735,191



FY 2023 Percentage Served



\*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.</p> <p><b>NPMs</b></p> <ul style="list-style-type: none"> <li>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV                             <ul style="list-style-type: none"> <li>○ ESM WWV.1: Percent of program participants (women ages 13-44) who had a completed and accepted referral following being educated on the importance of well-women visits during an MCH grantee service</li> <li>○ ESM WWV.2: Percent of women program participants (ages 18-44 years) with a preventive medical visit in the past year</li> </ul> </li> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</li> </ul> <p><b>SPMs</b></p> <ul style="list-style-type: none"> <li>● SPM 1: Postpartum Depression</li> </ul>	<p>Women/Maternal Health</p>
<p>All infants and families have support from strong community systems to optimize infant health and well-being.</p> <p><b>NPMs</b></p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS                             <ul style="list-style-type: none"> <li>○ ESM SS.1: Percent of Kansas Perinatal Community Collaboratives (KPCC) participants who placed their infants to sleep (A) on their backs only after receiving caregiver education</li> <li>○ ESM SS.2: Percent of Kansas Perinatal Community Collaboratives (KPCC) participants who placed their infants to sleep (B) in a crib/bassinet or portable crib after receiving caregiver education</li> </ul> </li> </ul> <p><b>SPMs</b></p> <ul style="list-style-type: none"> <li>● SPM 2: Breastfeeding</li> </ul>	<p>Perinatal/Infant Health</p>

<p>Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS             <ul style="list-style-type: none"> <li>○ ESM DS.1: Percent of children, ages 9 through 35 months, who received a parent-completed developmental screen during an infant or child visit provided by a participating program</li> <li>○ ESM DS.2: Percent of program participants, ages 9 through 35 months, referred to Early Childhood Services or Early Childhood Intervention during an infant or child visit with a local MCH grantee, for which the referral was completed and accepted</li> </ul> </li> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH</li> </ul>	<p>Child Health</p>
<p>Adolescent and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social and emotional health.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW             <ul style="list-style-type: none"> <li>○ ESM AWW.1: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year</li> <li>○ ESM AWW.2: Percent of local MCH grantees who have been trained or have received educational materials on how to increase awareness of adolescent well-visits</li> </ul> </li> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH</li> </ul>	<p>Adolescent Health, Children with Special Health Care Needs</p>
<p>Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR             <ul style="list-style-type: none"> <li>○ ESM TR.1: Percent of youth with special health care needs, ages 12 to 21, who have one or more transition goals achieved on their action plan by the target completion date</li> </ul> </li> </ul>	<p>Children with Special Health Care Needs</p>
<p>Professionals have the knowledge, skills and comfort to address the needs of maternal and child health populations.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Workforce Development</li> </ul>	<p>Cross-Cutting/Systems Building</p>

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

SPMs

- SPM 4: Family Strengths

Cross-Cutting/Systems Building

## Executive Summary

### Program Overview



#### 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

##### Total Individuals Served by Title V\* (2023 Annual Report)



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







\*subset of those served in the child population

**Total Served: 28,427**

Kansas, spanning 82,278 sq. miles, is divided into 105 counties with 627 cities. The US Census Bureau estimates there were approximately 2,937,150 residents living in the state in 2022. 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 2022, a 7.8% increase from 33.3 in 2003. In 2022, there was an estimated 34,772 infants or 1.2% of the total population and 833,514 children and adolescents (ages 1-21) representing 28.4%. The number of females in the reproductive/child-bearing age group (ages 15-44) was 570,508, representing 19.4%. In 2021-2022, 22.1% of children ages 0 to 17 (est. 144,042) were identified as having special health care needs. About 24.5% of males under 18 had special health care needs, compared with 19.6% of females.



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

 <p><b>Women/Maternal Health</b> Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.</p>	 <p><b>Perinatal/Infant Health</b> All infants and families have support from strong community systems to optimize infant health and well-being.</p>
 <p><b>Child Health</b> Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.</p>	 <p><b>Adolescent Health</b> Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.</p>
 <p><b>Children with Special Health Care Needs</b> Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.</p>	 <p><b>Cross-Cutting #1: MCH Workforce</b> Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.</p>
 <p><b>Cross-Cutting #2: Families</b> Strengths-based supports and services are available to promote healthy families and relationships.</p>	

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 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	

In addition to the above NPMs, changes in the Health Resource and Services Administration (HRSA) guidance for the yearly Title V Block Grant application require all states to report on two universal NPMs: post-partum visit (women/maternal) and medical home (child and children and youth with special health care needs). Both universal measures will be discussed in their respective domain plan narrative.

**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 NPMs 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 Block Grant Application and Report can be found online at <http://www.kansasnmch.org>.

### Women/Maternal & Perinatal/Infant Health

**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 3<sup>rd</sup> 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, streamlining enrollment into early childhood services, and expanding early identification efforts.

**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 into 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 MCH Behavioral Health Director 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 Kansas Early Childhood Developmental Services/Part C.

**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 was 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 being evaluated to determine how best to advance peer-to-peer supports in Kansas.

**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 FFY2025 totals \$12,767,793 (federal funds \$4,785,381; state funds \$3,624,462; local funds \$4,357,950). Federal and State MCH funds totaling over \$5M is allocated for FY2025 to support local agencies in providing community-based, family-centered MCH services, including services for individuals with special health care needs.

## How Federal Title V Funds Complement State-Supported MCH Efforts

Activities and services funded by the Block Grant are essential for maintaining a strong infrastructure, developing and coordinating systems, and filling identified gaps. Federal funds complement state and local funds to support a comprehensive service delivery model that advances the State Action Plan and improves 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. Nonfederal funds are utilized to meet the required federal match through state and local investments across the population domains. 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. state and local expenditures by service level and 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.

## MCH Success Story

### Kansas Title V Invests in Count the Kicks to Help Save Babies

Kansas Title V has made continuous investments in promoting kick counting and sharing education and resources through community baby showers. Specifically, Title V has had a formal partnership with Healthy Birth Day to promote the Count the Kicks [\(CTK\) campaign](#) to prevent stillbirth through provider and patient education around monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy. CTK educates providers and patients about monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy and teaches mothers the importance of contacting their provider right away if they notice a change in patterns. Each year Title V receives stories of Baby Saves as Anna's mom shares below.

"I heard about the *Count the Kicks* app from several places, including my original OB-GYN in New York City, my OB-GYN and Maternal Fetal Specialist in Wichita, Kansas, and at several community baby showers. I am grateful that I got told about the app and started to use it! My baby, Anna, is my double rainbow baby, so there was a decent amount of anxiety in my pregnancy. [...] I actually started using *Count the Kicks* as soon as I started feeling her in my second trimester because I really wanted to have the data to know what was normal and what wasn't normal. She was super active during my second trimester, and her movement changed a bit as we got to the third trimester. It was nice to be able to go to the OB-GYN and be able to talk about the change with my doctor. I noticed that she wasn't ever really active in the morning, taking almost an hour to get 10 kicks in the morning. During the afternoon and evening, however, she was rocking and rolling. That was her trend throughout pregnancy. [...] I was 37 +5 at the moment when they told me they were going to induce me. It was much earlier than we had planned and we had hoped to avoid both induction and cesarean section because my doctors didn't feel it would give me the best outcome. [...] Right about the time he [her husband] arrived we crossed the threshold to her normally active time, but she didn't become more active. Until that moment, I had not been totally convinced that we really needed to be induced. But with the movement change, my husband and I knew the baby needed delivering that day no matter how ready we actually were. [...] The lead OB-GYN came in to talk to me and explain why they felt it was important to proceed with the C-section instead of continuing to labor for a couple more hours. [...] We were able to be induced and she came out as a healthy baby instead of us potentially losing her. So, no matter how crazy my birthing story is, the thing is, she came out as a beautiful baby and a pretty healthy one too."-Rachel P., Anna's mom.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Kansas

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

### [List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.