HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

KANSAS

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 FY2024 Application / FY2022 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Jennifer Miller State MCH Director/Systems of Support Section Director jennifer.m.miller@ks.gov (785) 296-1205	Kayzy Bigler Title V CYSHCN Director kayzy.bigler@ks.gov (785) 296-1316

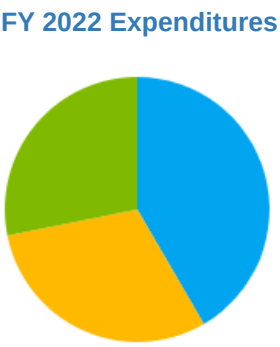
State Family Leader	State Youth Leader
No Contact Information Provided	No Contact Information Provided

State Hotline

Name: 1-800-CHILDREN | Telephone: (800) 244-5373

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	$4,735,781
State MCH Funds	$3,443,591
Local MCH Funds	$3,205,065
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$35,282	$83,904
Enabling Services	$1,747,044	$4,465,195
Public Health Services and Systems	$2,953,455	$2,099,557

FY 2022 Expenditures Federal

FY 2022 Expenditures Non-Federal

Percentage Served by Title V

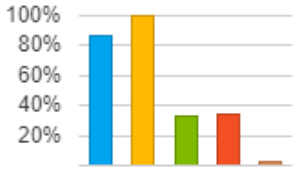
Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	86.5%	$2,113,789
Infants < 1 Year	100.0%	$2,288,704
Children 1 through 21 Years	32.7%	$3,267,273
CSHCN (Subset of all infants and children)	33.6%	$3,425,353
Others *	2.1%	$0

*Others– Women and men, over age 21.

FY 2022 Expenditures

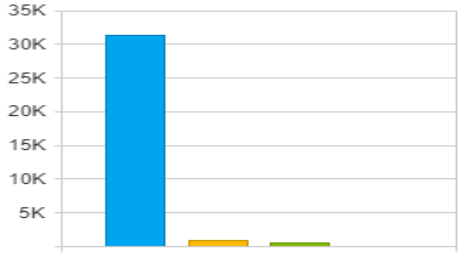
Total: $11,095,119

FY 2022 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	31,287
State Title V Social Media Hits:	879
State MCH Toll-Free Calls:	600
Other Toll-Free Calls:	0



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.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)

Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.
 	
NPMs
• NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
  ○ ESM 1.1: 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
  ○ ESM 1.2: Percent of women program participants (ages 18-44 years) with a preventive medical visit in the past year
 	
SPMs
	Women/Maternal Health

All infants and families have support from strong community systems to optimize infant health and well-being.
 	
NPMs
• NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding
  ○ ESM 5.1: Percent of Kansas Perinatal Community Collaboratives (KPCC) participants who placed their infants to sleep (A) on their backs only after receiving caregiver education
  ○ ESM 5.2: 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
 	
SPMs
	Perinatal/Infant Health

Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities. NPMs • NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year ○ ESM 6.1: 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	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
○ ESM 6.2: 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	
Adolescent and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social and emotional health. NPMs ● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ○ ESM 10.1: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year ○ ESM 10.2: Percent of local MCH grantees who have been trained or have received educational materials on how to increase awareness of adolescent well-visits	Adolescent Health
Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities. NPMs ● NPM 12: 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 ○ ESM 12.1: 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	Children with Special Health Care Needs
Professionals have the knowledge, skills and comfort to address the needs of maternal and child health populations. SPMs	Cross-Cutting/Systems Building
Strengths-based services and supports are available to promote healthy families and relationships. SPMs	Cross-Cutting/Systems Building

Executive Summary

Program Overview

TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM
www.kansasmch.org ● facebook.com/kansasmch

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, 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.

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)	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	

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 Block Grant Application and Report can be found online at http://www.kansasmch.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 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 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 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.

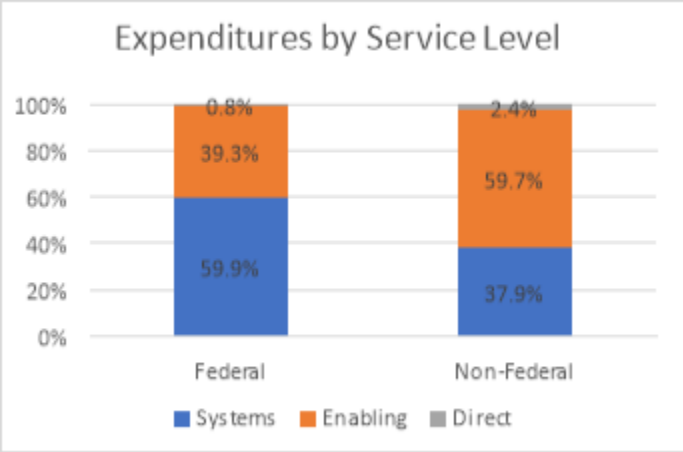
Family & Consumer Partnership (FCP) Program: Established in 2021, this program provides technical assistance, support, and capacity to engage in initiatives around peer supports, family leadership, and advisory opportunities. This serves as the framework for local and state Title V programs to assure 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.

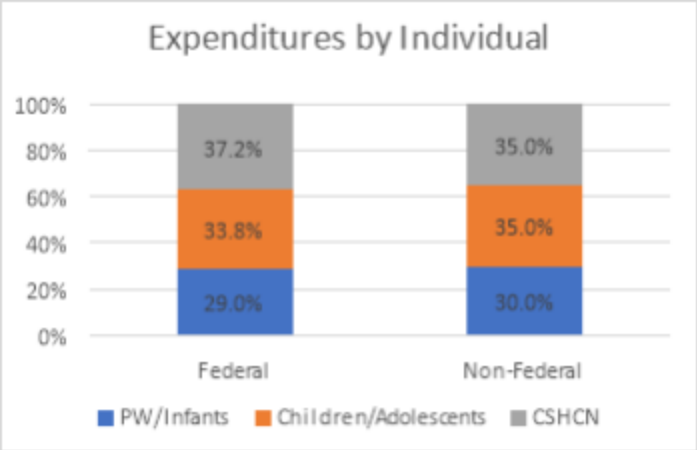
Title V Block Grant Budget

The Federal-State Title V partnership estimated budget for FFY2024 totals $14,422,238 (federal funds $4,854,000; state funds $3,936,667; local funds $5,631,571). Federal and State MCH funds totaling over $5M is allocated for FY2024 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 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. state vs. 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.

Families of CSHCN 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.

MCH Success Story

Kansas Perinatal Community Collaboratives (KPCC)/Becoming a Mom (BaM)

Title V Maternal and Child Health (MCH) has been working with state and local partners since 2014 to strengthen and support the implementation of the Kansas Perinatal Community Collaborative (KPCC) model statewide. This model has proven that through collaboration and implementation of targeted interventions, improved maternal and child health outcomes can be achieved.

A signature program of the KPCC model is Becoming a Mom® (BaM)/Comenzando bien® (Cb), a prenatal education curriculum (English and Spanish languages) created by the March of Dimes. Promoted by the Kansas Chapter of the March of Dimes and Kansas MCH, the prenatal education curriculum and supplement materials is designed to improve participants' chances of having a healthy pregnancy and a healthy baby. The curriculum is delivered by trained facilitators in a group setting that serves as a source of social support for pregnant women by allowing them the opportunity to connect with other mothers in a similar situation. The program has been implemented in a variety of settings including community-based organizations, hospitals, health departments, clinical care settings, faith-based communities and worksites.

As testimony to the impact and demonstrated success of the KPCC Model and BaM program, a recent participant shared this story of how she believes the BaM curriculum helped to save her baby's life.

"I signed up for the Becoming a Mom classes after hearing about them from a friend. During Session 1, there was a segment about kick counting and the importance of monitoring fetal movements. I had never heard of this before and this information and testimonies really stuck with me. I found myself being very aware of my baby's movements and tracking her patterns religiously. I typically had a very active baby, particularly at night and in the morning. Fast forward a few months, I was going to my final routine appointment that was 2 days before I was scheduled for an induction. The night before, my baby was extremely active with lots of strong, frequent movement. That morning, I had felt very minimal movement. I had been busy and active that morning, so I tried not to get too worried before my appointment. At my appointment, I mentioned to my doctor that I hadn't noticed as much movement as I had come to expect. When he measured the heart tones with a Doppler, he was getting inconsistent values anywhere from 60-70 to 135 that weren't as strong as they had been in the past. For a better assessment, I was sent to the sonogram room for a biophysical scan. As soon as the wand scanned over her heart, I could see something wasn't right. I held my breath as I waited for the doctor to say something. Her heart tones were measuring between 60-70 BPM. I was immediately sent to the emergency room and up to labor and delivery. Once I was hooked onto the fetal monitor, we could see that her heart was usually beating around 140, but every time I had a contraction it would drop to 60-70. We were able to wait until my husband got to the hospital, but as soon as he arrived, we were sent to the OR where my daughter was born via C-section. When they got to her, they discovered that her umbilical cord was wrapped around her neck 4 times. Not only would she never have been born naturally, my daughter likely wouldn't have survived until my induction or the labor process. She had to spend a night in the NICU to get help breathing and for her blood sugar, but we were able to take her home 2 days after she was born. Today, I have a healthy, strong baby girl. Without the Becoming a Mom class and the information it provided, I would not have been as aware and intentional about monitoring my baby's movements. I truly believe "kick counting" and the information I learned in the Becoming a Mom class saved my daughter's life. I'm so thankful for the class and for my incredible doctor and the hospital staff for acting quickly and being so responsive to my concerns. Without them, my daughter wouldn't be here."

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 2022.

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.