



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

KANSAS

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

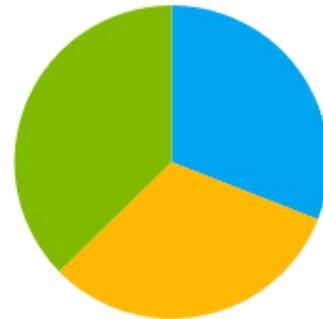
State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$3,537,640
State MCH Funds	\$3,625,272
Local MCH Funds	\$4,264,315
Other Funds	\$0
Program Income	\$0

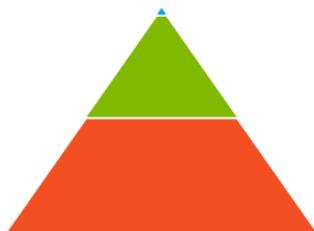
FY 2014 Expenditures



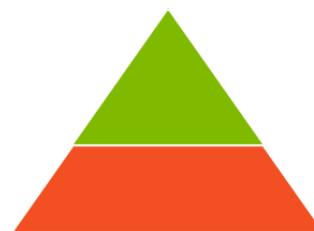
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$104,017	\$31,253
Enabling Services	\$1,608,077	\$4,765,798
Public Health Services and Systems	\$1,825,546	\$3,092,536

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	6,882	\$2,348,454	20.8%
Infants < 1 Year	39,776	\$2,348,454	20.8%
Children 1-22 Years	902,980	\$5,063,355	44.9%
CSHCN	5,049	\$1,516,964	13.5%
Others *	3,571	\$0	0.0%
Total	958,258	\$11,277,227	100%

FY 2014 Expenditures



FY 2014 Individuals Served



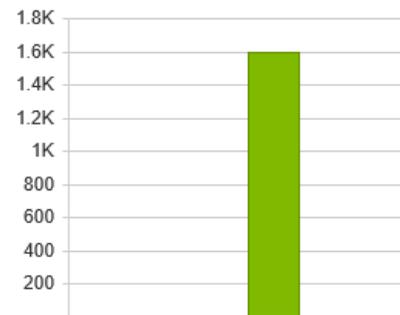
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	1,597
Other Toll-Free Calls:	0



Executive Summary

Kansas Title V Maternal & Child Health Services Block Grant Program

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 program 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."

Assessing State Needs

With a goal to maximize the input of internal and external partners, the Kansas Title V Five Year Needs Assessment utilized a mixed methods approach relying on continuous input from a diverse team of key informants, partners, and community members as well as broad public input. This comprehensive process and broad approach assisted with identifying key priorities to ensure an intended plan of action to effectively improve and address maternal and child health. Over time, common issues across populations showed repeated connections that exemplified the interconnectedness of the priorities. The emerging needs stood out and are now the final priorities. Criteria used in final selection and categorization of priorities and elements of the state action plan follow.

- Determination of level of impact (priority, objective, strategy)
- Ability of KDHE and Title V to advance work and impact outcomes
- Existing infrastructure, capacity, sustainability
- Role of key partners in delivering outcomes

Kansas Title V MCH Priorities (2016-2020)*

The Kansas Title V needs assessment resulted in eight state priorities, selected with the Title V mission, purpose, legislation, and measurement framework in mind.

1. Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy
2. Services and supports promote healthy family functioning
3. Developmentally appropriate care and services are provided across the lifespan
4. Families are empowered to make educated choices about nutrition and physical activity
5. Communities and providers/systems of care support physical, social, and emotional health
6. Professionals have the knowledge and skills to address the needs of maternal and child populations
7. Services are comprehensive and coordinated across systems and providers
8. Information is available to support informed health decisions and choices

*KDHE continuously assesses the needs of Kansas MCH populations. This is and will be an ongoing Needs Assessment that stretches beyond the 5-year vision.

Kansas Title V National Performance Measures (FFY2016)

Kansas selected National Performance Measures (NPMs) that most closely aligned with the priorities. State Performance Measures will be developed to address priorities in cases where there is not a corresponding NPM.

- NPM1: Well-woman visit (Percent of women with a past year preventive medical visit)
- NPM4: Breastfeeding (A. Percent of infants who are ever breastfed and B. Percent of infants breastfed exclusively through 6 months)
- NPM6: Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
- NPM7: Child injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)
- NPM9: Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)
- NPM10: Adolescent well-visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)
- NPM11: Medical home (Percent of children with and without special health care needs having a medical home)
- NPM14: Smoking during pregnancy and household smoking (A. Percent of women who smoke during pregnancy and B. Percent of children who live in households where someone smokes)

Kansas Title V Activities & Program Highlights

Local MCH grantees across the state provide family centered, community based and culturally competent services and care to MCH populations throughout the life course.

1. Women/Maternal: prenatal care, breastfeeding, education, home visiting, depression screening
2. Perinatal/Infant: perinatal/postnatal care, breastfeeding (duration & exclusivity), safe sleep, community outreach and public education (safe haven, text4baby)
3. Child: screenings (vision, hearing, developmental), health education (motor vehicle safety, nutrition), community outreach and public education (child abuse prevention, importance of immunizations)

4. Children & Youth with Special Health Care Needs: care coordination, family caregiver health needs, behavioral health, training and education, early screenings (vision, hearing, developmental), school readiness, collaboration and coordination with early intervention, social services and family support services
5. Adolescent: immunizations (HPV, flu), reproductive health, health education (motor vehicle safety, fitness), community outreach/public education (teen pregnancy, injury, risky behaviors, suicide, abstinence)
6. Cross-cutting: comprehensive, coordinated care; Medicaid outreach and enrollment; preventive care such as well infant/child/adolescent/woman and immunizations; linking families with needed services through screening, referral, and follow up

The following MCH program highlights/updates reflect major accomplishments by MCH population health domains. Please review the full Title V MCH Block Grant Application to learn more: <http://www.kdheks.gov/c-f/mch.htm>.

Women/Maternal & Perinatal/Infant Health

Infant Mortality Collaborative Innovation and Improvement Network (CoIIN): The Kansas Department of Health & Environment (KDHE) along with several partners and organizations including the March of Dimes and the Kansas Infant Death and SIDS Network is actively engaged in the Infant Mortality CoIIN, launched by the U.S. Department of Health & Human Services in 2012 and expanded in 2014 to include Kansas and other Region VII states. Each participating state selected two to three strategies to focus on as part of the national platform. Kansas' selections include: 1) Smoking cessation (before, during and after pregnancy) and 2) Early term and preterm birth.

Perinatal Community Collaboratives/Birth Disparities Programs: The Kansas MCH Program, in collaboration with local communities and the broader network of local health care and community service providers are involved in an on-going process of developing grassroots perinatal care collaboratives using the March of Dimes, "Becoming A Mom/Comenzando Bien" as a consistent and proven prenatal care education curriculum. Development of these community collaboratives began in 2010, bringing prenatal education and clinical prenatal care together. There are currently seven established sites in Kansas with plans to expand to five new communities this year. Preliminary birth outcomes data shows statistically significant improvements including fewer preterm births and fewer low-birth weight babies. Sites are reporting increases in breastfeeding initiation rates and lowered infant mortality rates. One community's infant mortality rate has dropped from 10.4 per 1,000 births to 6.6 per 1,000 births in only five years.

Communities Supporting Breastfeeding: The long-term goal of the Communities Supporting Breastfeeding (CSB) project is to improve exclusive breastfeeding rates for infants at three and six months of age in Kansas. The objective of this project is to assist communities with achieving the CSB designation by the Kansas Breastfeeding Coalition (KBC) as defined by the following six criteria needed to provide multifaceted breastfeeding support across several sectors: 1) A local breastfeeding coalition with a page on the KBC website listing local breastfeeding resources; 2) Peer breastfeeding support group(s) such as La Leche League or similar mother-to-mother group; 3) One or more community hospitals participating in High 5 for Mom & Baby or Baby Friendly @ USA; 4) One business for every 1000 community citizens* or 25 (whichever is less) participate in the "Breastfeeding Welcome Here" program; 5) One business for every 5000 community citizens or 10 (whichever is less) receive a Breastfeeding Employee Support Award from Kansas Business Case for Breastfeeding; and 6) A minimum of 20 child care providers completing *How to Support the Breastfeeding Mother and Family* course as provided by an approved training organization. *Number of community citizens defined by 2010 census.

Delivering Change (Healthy Start Program): Delivering Change is a comprehensive approach, which includes use of the March of Dimes Becoming a Mom prenatal education curriculum, to eliminating disparities in perinatal health in Geary County, Kansas. This approach focuses on individual/family level health, evidence-based practices, standardized approaches, and quality improvement. KDHE as the lead agency is aligning Delivering Change with Title V and Kansas MCH programs and services to directly support individual participants. Program models include: OB Navigator; Becoming a Mom; Period of PURPLE Crying; Triple P-Positive Parenting Program; Parents as Teachers.

Child & Adolescent Health

In an effort to address the identified needs and priorities for children and adolescents, a number of initiatives involving state and local programs have been launched. The most recent Maternal and Child Health five-year needs assessment is complete and new priorities and objectives have been identified. The Title V program will remain focused on employing the strategies related to these objectives during the next year and beyond to advance efforts related to the priorities for children and adolescents.

- Promote annual well visits through adolescence into adulthood
- Promote oral health and dental screening and care, with special emphasis on routines in out of home care settings (tooth brushing, increased access to water, reduced sweetened beverages)
- Promote incorporation of behavioral health into well visits
- Develop follow-up protocols for families to be referred for behavioral health services
- Partner with community providers to connect children and adolescents with supports that promote protective factors
- Implement evidence-based/informed practices to support healthy behaviors and choices and the development of positive coping mechanisms
- Promote accessible crisis services through school and out-of-school activities

- Provide services that support reducing the impact of Adverse Childhood Experiences
- Increase awareness of options for educating and reporting unsafe digital content Bullying and Cyberbullying intervention and prevention
- Make connections among schools, families, communities and health providers through programs such as school-based clinics

As part of the comprehensive statewide needs assessment, the MCH Program partnered with Kansas State University, Research and Extension to conduct an adolescent health assessment and a state adolescent health plan. The Adolescent Health Needs Assessment provided state-specific information regarding the adolescent population that was not previously available, including identification of issues of particular interest to adolescents themselves. The plan has been aligned with and integrated into the MCH State Action Plan Adolescent domain.

Children & Youth with Special Health Care Needs

A strategic planning process began mid-2013 in an effort to enhance and improve services provided to families through the KS-SHCN program. New priorities have been selected by families, providers, community partners, and other key stakeholders. These five priorities are: cross-system care coordination, behavioral health integration, addressing family caregiver health, direct health services and supports, and training and education. The new priorities align closely in many ways with the 2010-2015 objectives, however, have provided a new direction for the program. The KS-SHCN program was accepted into Cohort 2 of the Association of Maternal and Child Health Programs (AMCHP) Workforce Development Center (WDC) to address the needs of families of CYSHCN through collaboration, systems integration, and increased capacity for telemedicine/telehealth. The target population includes Kansas CYSHCN and their families in rural communities. The primary objective of this project is to increase capacity for utilization of telemedicine in rural communities. We will support health transformation through improved access to care and systems integration. Utilizing quality improvement and evaluation, we strive for sustainable and systemic changes for the CYSHCN population. To better meet the unique challenges of CYSHCN and their families, this project will build partnerships and engage key stakeholders to increase capacity for integration, collaboration, and systems change. The leadership team of this project consists of the state Title V CYSHCN Director and KS-SHCN Program Manager as co-leads and includes representation from Medicaid/Kancare, a community hospital partner, and coordinator for the HRSA Regional Telehealth Resource Center.

Cross-Cutting/Life Course

The most recent needs assessment revealed concerns that family functioning contributes to stressors across all population domains. Lack of services is an issue as well as lack of knowledge of services and stigma associated with accessing needed programs/services. Plans to address this involve focusing on family functioning in all MCH contacts; promoting the importance of partners (including men and fathers) as active participants in health matters; educating on the importance of future planning as it relates to building strong relationships and health and family considerations (spacing of children); utilizing the KS-SHCN "Family Caregiver Assessment" to identify needs and resources for family members; providing education for families of CYSHCN as to how their role as a caregiver impacts their own health and ability to care for their loved one; utilizing peer and social networks for women including to promote and support access to preventive health care; developing a progressive family leadership program to empower families and build strong MCH advocates; providing family and sibling peer supports for those interested in being connected to other families with similar experiences (Foster Care, SHCN, other); and using an evidence-based model, provide parenting resources and mentors for adolescent caregivers. The Infant Mortality CoIN activities will also address cross-cutting issues including smoking during pregnancy and smoking in the household.

Kansas Title V Block Grant Budget

The Federal-State Title V partnership budget totals \$12,654,600 for FY2016 (federal funds \$4,686,020; state funds \$3,567,032; local funds \$4,401,548). A total of \$4,385,468 is allocated for local agencies providing community-based, family centered MCH services, including services for special health care needs.