



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**KANSAS**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

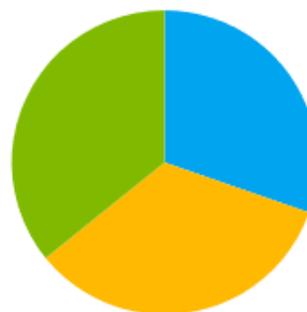
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Rachel Sisson Bureau of Family Health Director rsisson@kdheks.gov (785) 296-1310	Heather Smith Special Health Services Section Director hsmith@kdheks.gov (785) 796-1316	Donna Yadrich Owner, AudreySpirit LLC donna@audreyspirit.com (913) 980-6282

#### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$3,401,635
State MCH Funds	\$3,795,067
Local MCH Funds	\$4,016,345
Other Funds	\$0
Program Income	\$0

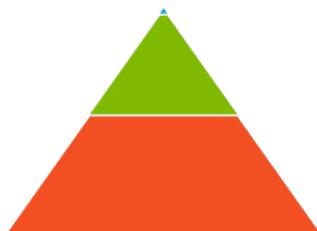
FY 2015 Expenditures



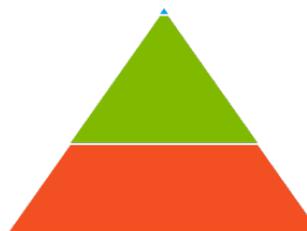
#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$75,750	\$196,828
Enabling Services	\$1,530,099	\$4,501,556
Public Health Services and Systems	\$1,795,786	\$3,113,028

FY 2015 Expenditures  
Federal



FY 2015 Expenditures  
Non-Federal



### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	5,696	\$2,601,856	23.6%
Infants < 1 Year	40,132	\$2,601,856	23.6%
Children 1-22 Years	900,213	\$3,817,657	34.7%
CSHCN	3,840	\$1,991,678	18.1%
Others *	2,610	\$0	0.0%
<b>Total</b>	<b>952,491</b>	<b>\$11,013,047</b>	<b>100%</b>

FY 2015 Expenditures



FY 2015 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.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	1,073
Other Toll-Free Calls:	0



### 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

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of women program participants that received education on the importance of a well-woman visit in the past year
NPM 4	Breastfeeding	ESM 4.1	Percent of WIC infants breastfed exclusively through six months in designated Communities Supporting Breastfeeding
NPM 6	Developmental Screening	ESM 6.1	Percent of program providers using a parent-completed developmental screening tool during an infant or child visit
NPM 7	Injury Hospitalization	ESM 7.1	Number of free car seat safety inspections completed by certified child passenger safety technicians
NPM 9	Bullying	ESM 9.1	Number of schools implementing evidence-based or informed anti-bullying practices and/or programs
NPM 10	Adolescent Well-Visit	ESM 10.1	Percent of adolescent program participants (12-22 years) that received education on the importance of a well-visit in the past year
NPM 11	Medical Home	ESM 11.1	Percent of families who experience an improved independent ability to navigate the systems of care
NPM 14	Smoking	ESM 14.1	Percent of pregnant women program participants who smoke referred to the Tobacco Quitline

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of preterm births (<37 weeks gestation)	Women/Maternal Health
SPM 2	Percent of children living with parents who have emotional help with parenthood	Cross-Cutting/Life Course
SPM 3	Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day	Child Health
SPM 4	Number of Safe Sleep (SIDS/SUID) trainings provided to professionals	Perinatal/Infant Health
SPM 5	Percent of adults who report that it is somewhat difficult or very difficult to understand information that doctors, nurses and other health professionals tell them	Cross-Cutting/Life Course

## Executive Summary

### Kansas Title V Maternal & Child Health Services Block Grant Program

[www.kdheks.gov/bfh](http://www.kdheks.gov/bfh)

[www.kansasmch.org](http://www.kansasmch.org)

[www.facebook.com/kansasmch](https://www.facebook.com/kansasmch)

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](#) process utilizes a mixed methods approach relying on continuous input from a diverse network of key informants, partners, and community members. Additionally, State Systems Development Initiative (SSDI) staff provide data capacity for informed decision making. This comprehensive process and broad approach assists with identifying key priorities to ensure an intended plan of action to effectively improve and address maternal and child health. Criteria used in the final selection and categorization of priorities follows.

- 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

#### Title V MCH Priorities (2016-2020)\*

Kansas selected eight priorities with the Title V mission, purpose, legislation, and measurement framework in mind.

1. Women have access to and receive coordinated, comprehensive 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 infant health and well-being.
5. Communities and providers support physical, social and emotional health.
6. Professionals have the knowledge and skills to address the needs of maternal and child health 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.

#### Title V National Performance Measures (FFY 2017)

Kansas selected eight National Performance Measures (NPMs) that most closely align with the priorities.

- NPM1: Well-woman visit (Percent of women with a past year preventive medical visit)
- NPM4: Breastfeeding (A. Percent of infants who are ever breastfed; 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; B. Percent of children who live in households where someone smokes)

### Title V State Performance Measures (FFY 2017)

Kansas identified five State Performance Measures to monitor progress with state priority needs not addressed by NPMs.

- SPM1: Percent of preterm births (<37 weeks gestation)
- SPM2: Percent of children living with parents who have emotional help with parenthood
- SPM3: Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day
- SPM4: Number of Safe Sleep (SIDS/SUID) trainings provided to professionals
- SPM5: Percent of adults who report that it is somewhat difficult or very difficult to understand information that doctors, nurses, and other health professionals tell them

### **Kansas Title V Activities & Program Highlights**

Local 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/risk and smoking screening
2. Perinatal/Infant: peri/postnatal care, breastfeeding (duration & exclusivity), safe sleep, community outreach/education (safe haven, text4baby)
3. Child: screenings (vision, hearing, developmental), health education (motor vehicle safety, nutrition), community outreach/education (child abuse prevention, immunizations), school readiness
4. Children & Youth with Special Health Care Needs: care coordination, family caregiver health, behavioral health, training/education, early screenings, school readiness, collaboration with early intervention, social and family support services
5. Adolescent: immunizations (HPV, flu), reproductive health, health education (motor vehicle safety, fitness), community outreach/education (teen pregnancy, injury, risky behaviors, suicide)
6. Cross-cutting: coordinated care; Medicaid outreach/enrollment; preventive care and immunizations; linking families with services through screening, referral, and follow up, telehealth

The following highlights/updates reflect major accomplishments by domain. 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 Improvement and Innovation Network (CoIIN):* 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 state selected strategies to focus on. Kansas' selections include: 1) Smoking cessation (before, during, after pregnancy) and 2) Early term/preterm birth. Change ideas implemented by pilot sites since 2015 focus on appropriate utilization of progesterone, elimination of Early Elective Deliveries, and improved screening/referral for pregnant women who smoke.

*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 involved in an on-going process of developing perinatal collaboratives using the March of Dimes, "Becoming A Mom/Comenzando Bien" as a consistent and proven prenatal care education curriculum. Development of these began in 2010, bringing prenatal education and prenatal care together. Birth outcome data reveals improvements in preterm delivery, low birth weight, and breastfeeding initiation. Most notable is the Infant Mortality Rate (IMR) from pre-to post-program implementation in the longest running programs (five years): Saline County 9.0 to 5.5 and Geary County 11.9 to 6.6 (deaths/1000 live births). \* Source: Kansas Vital Statistics 2005-2009 and 2010-2014

*Communities Supporting Breastfeeding (CSB):* Initially supported by Title V, the long-term goal of the CSB project is to improve exclusive breastfeeding rates for infants at three and six months by assisting communities with achieving the CSB designation by the Kansas Breastfeeding Coalition (KBC) as defined by six criteria: 1) A local breastfeeding coalition; 2) Peer breastfeeding support group(s) such as La Leche League or 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. Five communities achieved the designation in 2015. Ten communities will work to be designated by the end of 2017 with continued funding from the Kansas Health Foundation. \*Number of community citizens defined by 2010 census.

*Pregnancy Risk Assessment & Monitoring System (PRAMS):* Kansas PRAMS was funded in 2016 and is a collaborative project with the Centers for Disease Control and Prevention (CDC). Kansas will obtain data to understand the risk factors that contribute to poor pregnancy outcomes and understand the experiences and behaviors before, during, and after pregnancy that result in high risk births. Data collection will begin in 2017 and involve approximately 1,200 mothers providing information. The Bureau of Epidemiology and Public Health Informatics will oversee the grant while the Bureau of Family Health (Title V) will promote the project/survey and utilize data to inform MCH planning and programming to improve outcomes. The PRAMS steering committee is a

joint group including members from two of the four standing Kansas Maternal & Child Health Council subcommittees, Women/Maternal and Perinatal/Infant. The majority of these members were previously involved in the Blue Ribbon Panel on Infant Mortality\* which merged with the MCH Council in September 2015.

*Birth Defects Surveillance & Zika Virus:* KDHE applied for the CDC's *Surveillance, Intervention, and Referral Services for Infants with Microcephaly and other Adverse Outcomes Linked with the Zika Virus* grant in June 2016. An urgent public health response is needed to understand the impact of Zika virus during pregnancy on adverse birth outcomes. Kansas is responding to this public health threat by carefully coordinating activities among multiple Zika-related federal funding opportunities. Through the most recent opportunity, Kansas proposes to enhance the current passive birth defects surveillance system by including case verification and improving surveillance methodology to include additional data sources (hospital discharge) to rapidly identify cases of microcephaly and other defects potentially linked to Zika. The Bureau of Epidemiology and Public Health Informatics will oversee the grant and manage Zika Pregnancy Registry reporting while the Bureau of Family Health (Title V) will manage the Birth Defects Program (surveillance, coordination, Birth Defects Registry).

### Child & Adolescent Health

In an effort to address the identified needs and priorities for children and adolescents, state and local programs remain focused on employing the strategies related to objectives during the next year and beyond to advance the priorities. Some of these include:

- Promoting annual well visits through adolescence into adulthood
- Promoting oral health screening and care, with special emphasis on routines in out of home care settings (tooth brushing, access to water, reduced sweetened beverages)
- Developing follow-up protocols for families to be referred for behavioral health services
- Increasing awareness of options for bullying intervention and prevention
- Making connections among schools, families, communities and health providers through programs such as school-based clinics

As part of the needs assessment, the Title V Program partnered with Kansas State University to conduct an [adolescent health assessment](#) to inform the first adolescent health plan. This process supported identification of issues of particular interest to adolescents themselves. The plan has been aligned with and key recommendations integrated into the Title V MCH State Action Plan.

### Children & Youth with Special Health Care Needs (CYSHCN/KS-SHCN)

Kansas Law mandates health care services for CYSHCN pursuant to K.S.A. 65-5a01, based on medical and financial eligibility. The KS-SHCN program vision spans far beyond the mandate for services and aims to assess and address needs of all children, youth, and families. A strategic planning process was completed between 2013 and 2015 to enhance and improve services provided through the KS-SHCN program. In response, KS-SHCN has expanded the focus to address the needs of families through collaboration, systems integration, and increased statewide capacity. Utilizing quality improvement and evaluation, the program strives for sustainable and systemic changes for the CYSHCN population. In the last two years, the program has implemented new processes for direct assistance to families, developed a holistic and comprehensive care coordination program, expanded outreach efforts, increased the number of community access points into the program, and adopted a new process for funding pilot and continuing initiatives to improve systems of care for CYSHCN. All program changes and initiatives are developed with input and approval from the Family Advisory Council. The KS-SHCN program was awarded the Integrated Community Systems for CYSHCN grant to focus on access to comprehensive, coordinated services and supports through a patient/family-centered medical home. This two-year grant will provide foundational and infrastructure support to strengthen collaboration and partnerships across medical home partners and families.

### 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 peer and social networks for women 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 \$12,228,467 for FY2017 (federal funds \$4,689,065; state funds \$3,557,713; local funds \$3,981,689). Federal and State MCH funds totaling \$4,839,019 is allocated for local agencies providing community-based, family centered MCH services, including services for special health care needs.