



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

KANSAS

State Snapshot

FY 2019 Application / FY 2017 Annual Report

November 2018

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 2019 Application / FY 2017 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

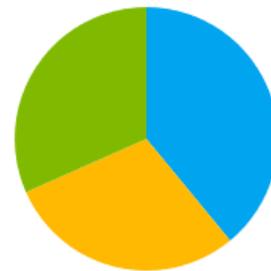
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Rachel Sisson Title V Director/Bureau of Family Health Director rachel.sisson@ks.gov (785) 296-1310	Heather Smith Title V CSHCN Director/Special Health Services Section Director heather.smith@ks.gov (785) 296-4747	Cassandra Sines Family Leader/Delegate cassandra.sines@gmail.com (316) 734-0715

Funding by Source

Source	FY 2017 Expenditures
Federal Allocation	\$4,729,794
State MCH Funds	\$3,556,155
Local MCH Funds	\$3,832,636
Other Funds	\$0
Program Income	\$0

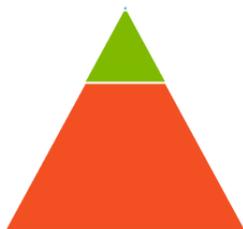
FY 2017 Expenditures



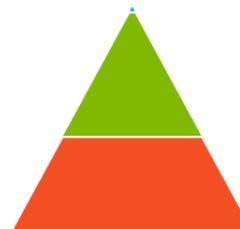
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$53,919	\$154,350
Enabling Services	\$1,515,454	\$4,118,495
Public Health Services and Systems	\$3,160,421	\$3,115,946

FY 2017 Expenditures Federal



FY 2017 Expenditures Non-Federal



Percentage Served by Title V

Population Served	Percentage Served	FY 2017 Expenditures
■ Pregnant Women	77.0%	\$2,312,625
■ Infants < 1 Year	100.0%	\$2,312,624
■ Children 1 through 21 Years	11.0%	\$4,045,131
■ CSHCN (Subset of all Children)	2.0%	\$3,088,820
■ Others *	4.0%	\$0

FY 2017 Expenditures
Total: \$11,759,200



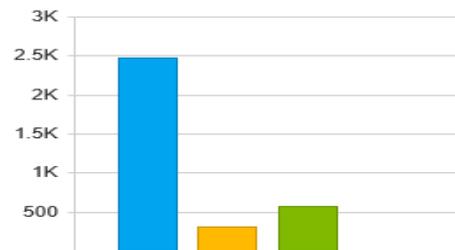
*Others– Women and men, over age 21.

FY 2017 Percentage Served



Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	2,477
■ State Title V Social Media Hits:	312
■ State MCH Toll-Free Calls:	572
■ Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Women/Maternal Health

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 (18-44 years) 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 (ages 9 through 35 months)
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.1	Number of free car seat safety inspections completed by certified child passenger safety technicians
NPM 10	Adolescent Well-Visit	ESM 10.1	Percent of adolescent program participants (12-21 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 14.1	Smoking Pregnancy	ESM 14.1.1	Percent of pregnant women program participants who smoke referred to an evidence-based program enrolled/accepted services

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of preterm births (<37 weeks gestation)	Women/Maternal Health
SPM 3	Percent of children ages 6 through 11 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/Systems Building
SPM 6	Number of MCH grantees, families and partners that participated in a state sponsored workforce development event	Cross-Cutting/Systems Building

Executive Summary

Program Overview

KANSAS TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM

www.kdheks.gov/bfh
www.kansasmch.org
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.”

Kansas MCH Population

Kansas, spanning 81,759 sq. miles, is divided into 105 counties with 628 cities. The U.S. Census Bureau estimates there are approximately 2,907,289 residents living in the state (2016). Kansas has a unique geographic layout that ranges from urban to frontier counties. In 2016, there were an estimated 38,202 infants or about 1.3% of the total population (2,907,289); 558,638 women of reproductive age 15-44 representing 19.2%; and 844,753 children and adolescents 1-21 representing 29.1%. According to the 2016 National Survey of Children’s Health, 20.5% of Kansas children aged 0 to 17 (est. 147,272) were identified as having special health care needs. Males (24.9%) were more likely to have a special health care need than females (16.0%).

**Find this information and more in the State Overview Section.*

Total Individuals Served By Title V* (Annual Report Year 2017)

Pregnant Women	9,488
Infants < 1 Year	10,431
Children 1 through 21 Years	50,774
Children with Special Health Care Needs (CYSHCN)	3,155
Other	7,647
Total	78,340

**More details are available on Block Grant Form 5a.*

Assessing State Needs

Kansas continuously assesses the needs of MCH populations through an ongoing Needs Assessment, and the State Action Plan is updated as needed during interim years. 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 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. This comprehensive process and broad approach assists 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.

Title V MCH Priorities (FFY 2019)

Kansas identified seven 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. Developmentally appropriate care and services are provided across the lifespan.
3. Families are empowered to make educated choices about infant health and well-being.
4. Communities and providers support physical, social and emotional health.
5. Professionals have the knowledge and skills to address the needs of maternal and child health populations.
6. Services are comprehensive and coordinated across systems and providers.
7. Information is available to support informed health decisions and choices.

Title V National Performance Measures (FFY 2019)

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

- NPM1: Well-woman visit
- NPM4: Breastfeeding
- NPM6: Developmental screening
- NPM7: Child injury
- NPM10: Adolescent preventive medical visit
- NPM11: Medical home
- NPM14: Smoking during pregnancy and household smoking

Title V State Performance Measures (FFY 2019)

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

- SPM1: Preterm births (<37 weeks gestation)
- SPM2: Physical activity (children and adolescents)
- SPM3: Safe sleep (SIDS/SUID) training
- SPM4: Health literacy
- SPM5: Workforce development

Kansas Title V Activities & Program Highlights

The Title V plan coordinates MCH activities across funding sources, state 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 the full Block Grant Application to learn more about these and other activities: <http://www.kdheks.gov/c-f/mch.htm>.

Women/Maternal & Perinatal/Infant Health

Maternal Mortality: Title V is launching maternal mortality review including establishing a Review Committee with key partners. The first convening of the Committee was June 2018. Technical assistance and resources have been provided by CDC and AMCHP, including the Review to Action staff and website (www.reviewtoaction.org) to support launch and use of existing resources. The first formal review (beginning with 2016 death cases) will take place in fall 2018.

Neonatal Abstinence Syndrome: Title V is leading implementation of a state-level response to address [Neonatal Abstinence Syndrome \(NAS\)](#) under the Perinatal Quality Collaborative (www.kansaspgc.org). Policy makers met August 2017 to define NAS within the context of the opioid epidemic, introduce the [Vermont Oxford Network \(VON\) NAS Universal Training Program](#) as a tool, and discuss a path. NAS work led by Title V is effectively coordinated with the State Prescription Drug and Opioid Advisory Committee, a group that interacts directly with the newly formed Task Force established by the Governor in May 2018.

Count the Kicks[®]: Title V is entering into a formal partnership with Healthy Birth Day, a nonprofit lead for an intervention known as *Count the Kicks[®]* (<https://www.countthekicks.org>), a campaign to prevent stillbirth by educating providers and patients about monitoring fetal movements during the 3rd trimester of pregnancy. This will be at no cost to providers in Kansas who will have full access to materials and videos.

One Key Question[®] (OKQ): Title V is entering into a formal partnership with Power to Decide to implement OKQ, an evidence-based intervention known to prevent unplanned pregnancy and reduce incidence of poor birth outcomes. OKQ supports the development of reproductive life plans by encouraging all health providers to routinely ask, "Would you like to become pregnant in the next year?" Training, certification, and materials will be provided at no cost to Title V, Title X, and FQHC partners across the state in partnership with the Kansas Association for the Medically Underserved.

Perinatal Community Collaboratives: Title V, in collaboration with local communities and the broader network of local health care and community service providers, are involved in ongoing development of collaboratives utilizing March of Dimes *Becoming A Mom/Comenzando Bien[®]* as a consistent and proven prenatal care education curriculum. The model brings prenatal education, care, and wraparound services together. Data reveals improvements in preterm delivery, low birth weight, and breastfeeding. Most notable is the Infant Mortality Rate from pre-to post-implementation in the longest running programs (6 years): Saline County 9.0 to 4.3 and Geary County 10.4 to 5.4 (deaths/1000 live births).* *Source: Kansas Vital Statistics 2005-2009 and 2012-2016

Breastfeeding: Title V supports two major initiatives. Communities Supporting Breastfeeding ([CSB](#)) aims to improve exclusive breastfeeding rates for infants aged 3 and 6 months by assisting communities to achieve the designation. Eighteen communities have achieved the designation since 2015. Title V and the United Methodist Health Ministry Fund have teamed up to provide financial and technical assistance to support six hospitals to move toward Baby-Friendly designation (implementing the 10 steps). Technical assistance has been provided by the Carolina Global Breastfeeding Institute (CGBI).

Safe Sleep: Title V partners with the Kansas Infant Death and SIDS (KIDS) Network to implement a cross-sector, comprehensive safe sleep initiative to promote safe sleep practices and reduce infant mortality. Components include the [KIDS Network Safe Sleep Instructor \(SSI\) Project](#) (including the Community Baby Shower initiative), the Hospital Safe Sleep Certification, and the Provider Safe Sleep Star Program (including the Provider Outpatient Toolkit).

Child & Adolescent Health

Developmental Screening & Children's Developmental Health: Title V plans to leverage and expand the availability of Developmental Milestone/Activity Cards and Screening Passports developed through the Early Childhood Comprehensive Systems (ECCS) project to achieve a much greater statewide reach. Passports are used to record and track developmental screenings for children 9 to 35 months of age received from any organization to assist with minimizing duplication. The Milestone/Activity cards are provided to families during well child visits; used as appointment reminders or noting referrals made during MCH visits; and/or used by home visitors to provide to families as a way to discuss children's developmental health, concerns, and questions.

Preventive Medical Visits: Title V is promoting annual well visits and comprehensive health screenings through adolescence in accordance with Bright Futures[™], including implementation of school-based health services/centers as well as creating information toolkits to educate and empower youth to take charge of navigating their own health needs and the healthcare system. Toolkits will

also be created for MCH grantees who focus on adolescent health to help them create youth-friendly environments and gain understanding of how to best engage adolescents.

Oral Health: Title V established a partnership with Oral Health Kansas (OHK) to support a three-year initiative launching in FY2019 to: 1) Increase the capacity of OHK to facilitate broad cross-sector statewide collaboration to sustain long-term systemic change; 2) Build capacity within OHK to provide oral health resources and organize cross-sector partners to transform the approach to improving oral health and reduce the rate of decay prior to school entry in Kansas; and 3) Scale up interventions to increase oral health activities by stimulating action across the state and amongst many partners.

Workforce Development: Addressing Mental Health Needs: Title V is partnering with KU Pediatrics, Kansas Department of Aging and Disability Services, and Kansas Association for the Medically Underserved to provide mental health fellowship training opportunities to pediatric primary care providers through the REACH institute. The MCH program has been involved in ongoing discussions related to increasing access to mental health first aid training. Most importantly, discussions have started on making Youth Mental Health First Aid trainings available. Plans are underway to expand reach to school personnel, teachers, nurses, other MCH local agency staff, and any other community level partners providing services for adolescents.

Empowering Adolescents/Young Adults: Focus is on making connections among schools, families, communities and health providers through Family and Consumer Science (FCS) classrooms, positive youth development programs, and school-based health centers. MCH will partner with the Kansas State Department of Education FCS Coordinator and local FCS teachers to update the personal and wellness curriculum, including supplemental teaching tools on adolescent health topics such as bullying, suicide prevention, distractive driving, and health relationships. Additionally, Title V will partner with other projects such as Lifting Young Families Towards Excellence (LYFTE) to empower and lift up adolescents, helping them to improve their lives and expand their vision of what is possible.

Children & Youth with Special Health Care Needs

Care Coordination: In 2017, Title V launched a new model for care coordination, adapted from the Boston Children's Hospital. This holistic approach to care coordination helps families find, understand, and access services and resources within medical, school, and community systems to achieve optimal child/family health outcomes. The program empowers and prepares parents to support their children, for example, the first client to receive the services in this new program has shifted from a Level 3 client to a Level 1 (reduced level of support needed from the state program coordinators). Expansion planning is underway.

Supporting You: In a collaborative partnership with the Special Health Services Family Advisory Council (SHS-FAC), Title V is developing a family support network called Supporting You. Expected to launch in Fall 2018, this network is designed to be a connecting point for parents who share experiences to support the health of their family and a support system that uses personal or multi-disciplinary communication forums to allow parents to share experiences.

Needs Assessment: Title V CYSHCN Director is sponsoring and providing assistance with several statewide needs assessments in the coming year to support alignment across Title V and Bureau of Family Health programming. The Kansas Newborn Screening program will be conducting a capacity assessment in preparation for expansion and the Part C Early Intervention/Infant-Toddler program will be launching a robust needs assessment and strategic planning effort to identify opportunities to support the overall early intervention system. These efforts will not only provide some additional foundational assessment work towards the Title V Needs Assessment, they will also help set the stage for how KS-SHCN might be able to partner to integrate strategies outlined in the KS State Plan for Systems of Care for CYSHCN.

Family Caregiver Health: To address the specific need identified through strategic planning, the development of the State Plan for Systems of Care for CYSHCN, and the feedback received from the SHS-FAC, KS-SHCN will be offering a new direct assistance program - Caregiver Relief. This program is designed to provide opportunities for caregivers to receive support to assure their needs are met, such as to attend their own medical appointments, a date night with their spouse or other children, or simply for a mental health break.

Medical Home Partnerships: KS-SHCN has provided Family Care Coordination Trainings for several years and is planning to expand the number of trainings offered in the coming year(s). This will be done through the development of a train-the-trainer model.

Kansas Title V Block Grant Budget

The Federal-State Title V partnership budget totals \$12,199,625 for FY2019 (federal funds \$4,756,879; state funds \$3,531,621; local funds \$3,391,125). Federal and State MCH funds totaling \$4.5M is allocated for FY2019 to support local agencies in providing community-based, family centered MCH services, including services for individuals with special health care needs.

How Title V Funds Support State MCH Efforts

The majority of activities/services funded by the Block Grant are essential to overall systems development and filling gaps. The federal funds truly complement state and local funds in a way that results in comprehensive service delivery intended to advance the action plan and improve outcomes across the life course.

The availability of federal funds coupled with state flexibility under the Block Grant have positioned Kansas to launch critical efforts aimed at addressing the opioid and substance abuse epidemic (Perinatal Quality Collaborative convened February 2018) and

reviewing maternal deaths to learn more about causes and prevention (Maternal Mortality Review Committee convened June 2018). Key partnership opportunities with other programs such as Family Planning are also possible—leveraging federal and state funds supporting both programs results in “shared” evidence-based initiatives such as One Key Question® (launch underway).

Individuals with special health care needs (SHCN) rely on the Title V program for appropriate, coordinated services. Federal funding supplements state funding making it possible for KS to continue expansion of SHCN satellite offices to serve more families locally—the total number has increased significantly in only three years. During this same time, the SHCN and MCH programs have merged application and reporting processes to reduce burden on local agencies and encourage integration, adding value for providers, children, and families.

MCH Success Story

Kansas Title V continues to support development of [perinatal community collaboratives](#) aimed at reducing infant mortality and improving birth outcomes through group prenatal education and integration efforts (tobacco cessation, mental health, breastfeeding, safe sleep, oral health, physical activity, and more). Data indicates communities with successful collaboratives have better outcomes related to infant mortality, preterm birth, and breastfeeding. The most current data reveals continued decline in infant mortality for communities with the longest-running programs (comparing two, five-year periods).

- Saline Co. 9.0 to **4.3***
- Geary Co. 11.9 to **5.4***

History of change in rates for Saline and Geary Counties.

			Inception January 2010		
Saline County	2004-2008	2005-2009	2010-2014	2011-2015	2012-2016
IMR (5-year average) (95% CI)	10.1 (7.2-13.7)	9.0 (6.3-12.3)	5.5 (3.4-8.3)	4.2 (2.4-6.9)	4.3 (2.5-7.1)
					Inception July 2012
Geary County	2004-2008	2005-2009	2006-2010	2007-2011	2012-2016
IMR (5-year average) (95% CI)	10.5 (7.3-14.7)	11.9 (8.6-16.0)	10.4 (7.5-14.0)	9.9 (7.2-13.3)	5.4 (3.6-7.7)

95% CI: Confidence Interval; Source: Bureau of Epidemiology and Public Health Informatics

*deaths/1,000 live births 2005-2009 to 2012-2016

In preparation for expansion, Title V developed websites, standardized prenatal education sessions, and established governance. All of this is necessary to support local communities and preserve program integrity. Additionally, Title V developed videos for use by local programs to promote the model, engage partners, and recruit pregnant women. View one of the videos online: [Community Collaborative Promotional Video](#).

This success truly depicts the importance of the federal-state-local partnership, specifically what it takes to make progress toward our goal to reduce infant mortality. Title V is the leader and primary investor in this work, so it would not be possible without support from MCHB and funding through the Block Grant.