



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

KANSAS

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

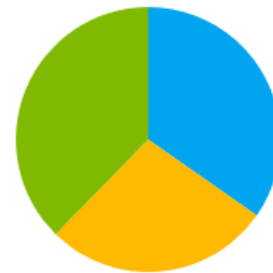
State Contacts

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 Delegate cassandracc@cox.net (316) 573-7097

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$4,777,544
State MCH Funds	\$3,800,940
Local MCH Funds	\$5,186,201
Other Funds	\$0
Program Income	\$0

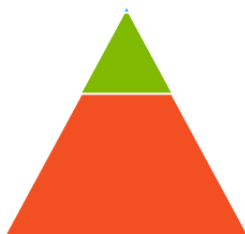
FY 2018 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$66,064	\$42,187
Enabling Services	\$1,703,905	\$4,860,722
Public Health Services and Systems	\$3,007,575	\$4,084,232

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



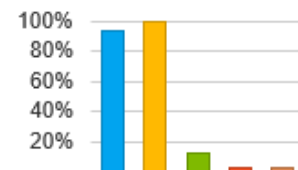
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	94.0%	\$2,635,084
■ Infants < 1 Year	100.0%	\$2,635,085
■ Children 1 through 21 Years	12.0%	\$4,575,606
■ CSHCN (Subset of all Children)	2.0%	\$3,589,910
■ Others *	3.0%	\$0

FY 2018 Expenditures
Total: \$13,435,685



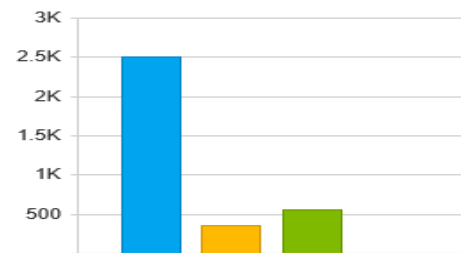
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	2,500
■ State Title V Social Media Hits:	350
■ State MCH Toll-Free Calls:	550
■ 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 children who received a parent-completed developmental screen during an infant or child visit provided by a participating program (9-35 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 enrolled in Special Health Care Needs Care Coordination Program that have increased their ability to independently 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

Kansas 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 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.” In addition to the MCH conceptual framework and public health essential services, the Kansas 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.

Core Values

- Prevention and Wellness
- Social Determinants of Health
- Life Course Perspective
- Health Equity

Guiding Principles

- Collaboration
- Relationships
- Community Norms*
- Family and Consumer Engagement

**addressing community norms that have created a stigma or other challenges for access*

Kansas MCH Population

Kansas, spanning 82,278 sq. miles, is divided into 105 counties with 628 cities. The U.S. Census Bureau estimates there were approximately 2,913,123 residents living in the state in 2017, a 0.2% increase from 2016. Kansas has a unique geographic layout that ranges from urban to frontier counties based on population density. During the 2013-2017 period, the population of the urban peer group increased by 2.9%, while the frontier, rural, densely-settled rural, and semi-urban peer groups decreased by 3.7%, 2.8%, 1.8%, and 1.7%, respectively. In 2017, there was an estimated 38,059 infants or about 1.3% of the total population (2,913,123) and 842,020 children and adolescents (ages 1-21) representing 28.9%. The number of Kansas females in the reproductive/child-bearing age group (ages 15-44) was 558,606, representing 19.2% in 2017, down 2.8% from 574,617 in 1999 (the peak in the 1998-2017 period). According to the 2016-2017 National Survey of Children’s Health, 20.7% of Kansas children ages 0 to 17 (est. 147,776) were identified as having special health care needs. Males (22.1%) were more likely to have a special health care need than females (19.2%).

Total Individuals Served By Title V* (Annual Report Year 2018)

<i>*More details are available on Block Grant Form 5a.</i>	7,619
Pregnant Women	
Infants < 1 Year	3,554
Children 1 through 21 Years	21,369
(Children with Special Health Care Needs 2,134)	
Other (women 22+ years)	6,180
Total	38,722

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 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.

Title V MCH Priorities (FFY 2020)

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 2020)

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

- NPM1: Well-woman visit (women 18 44 years)
- 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 2020)

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 6 through 11 years)
- SPM3: Safe Sleep
- 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

Perinatal Systems of Care/Quality & Neonatal Abstinence Syndrome: Title V is leading implementation of a state-level response to address [Neonatal Abstinence Syndrome \(NAS\)](#) with direction from and in partnership with the Kansas Perinatal Quality Collaborative (KPQC). Work started when policymakers met in 2017 to define NAS within the context of the opioid epidemic, introduced the [Vermont Oxford Network \(VON\) NAS Training Program](#) as a tool, and discussed a path for Kansas. A total of 32 birth centers are enrolled in the effort, accounting for ~84% of births in the state. Centers receive universal education for the standardization of care in identification, evaluation, treatment and safe discharge for infants with NAS. The KPQC is working with the Departments for Children & Families, Aging & Disability Services (substance use treatment and prevention) and the Hospital Association to work on improving policies and practices that support safe environments for the mother and baby after hospital discharge.

Maternal & Pregnancy-Related Mortality: Title V in collaboration with key partners launched the [Kansas Maternal Mortality Review Committee](#) (KMMRC) during 2018 in an effort to review pregnancy-related deaths, identify causes, and implement interventions to prevent future occurrences. Information and data collected from cases will inform selection of an Alliance for Innovation on Maternal Health (AIM) patient safety bundle for statewide adoption. The AIM initiative will be implemented in partnership with the KPQC beginning in 2020. Title V funds support all KMMRC key activities including staffing, abstraction, meeting facilitation, and member reimbursement.

Count the Kicks[®] (CTK): Title V has a formal partnership with Healthy Birth Day to implement [Count the Kicks[®]](#), a campaign to prevent stillbirth that educates providers and patients about monitoring fetal movements during the 3rd trimester of pregnancy. The campaign kicked off August 2018 with a letter to providers inviting them to order free materials. This was followed up by media and social media events. The initiative has been successful—more than 44,000 pieces of materials have been distributed across the state.

One Key Question[®] (OKQ): Title V has a formal partnership with The Power to Decide to implement [OKQ](#), an evidence-based intervention known to prevent unplanned pregnancy and reduce incidence of poor birth outcomes. OKQ helps a woman uncover her pregnancy intention by encouraging all health providers to routinely ask, “Would you like to become pregnant in the next year?”

Perinatal Community Collaboratives Implementing Becoming a Mom (BaM): 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 prenatal care education curriculum. The model brings prenatal education, clinical care, and wraparound services together. Data reveals improvements in

preterm delivery, low birth weight, and breastfeeding. The [outcomes](#) for mothers and infants participating in a KPCC are improving faster when compared to the state outcomes. Most notable is the Infant Mortality Rate from pre-to post-implementation in the longest running programs (6 years): Saline County 9.0 to 5.5 and Geary County 11.9 to 5.7 (deaths/1000 live births).*

*Source: *Kansas Vital Statistics 2005-2009 and 2013-2017*

Breastfeeding: Title V has a formal partnership with the [Kansas Breastfeeding Coalition](#) (KBC) to align and support breastfeeding across many 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. Title V works closely with WIC, breastfeeding peer counselors, and home visitors to provide consistent messaging and leverage resources at the state and local levels.

Safe Sleep: Title V has a formal 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 (SSIs); developing and providing training for parents, physicians, home visitors, and child care providers; promoting consistent safe sleep messages across the lifespan; and offering technical assistance on the Community Baby Shower model (CBS), the Hospital Safe Sleep Certification program, and the Outpatient Provider Safe Sleep Star Program.

Child & Adolescent Health

Help Me Grow: Title V, in partnership with early childhood partners, is expanding [Help Me Grow Kansas](#) (HMG) communities. HMG is a framework that promotes integrated, cross-sector collaboration in an effort to build efficient and effective systems that mitigate the impact of adversity and support protective factors among families. Successful implementation of HMG leverages existing community resources, maximizes opportunities, and advances partnerships within four core components: family and community outreach, provider outreach, a centralized access point, and data collection and analysis. Kansas is an affiliate state of the [Help Me Grow national network](#).

Preventive Medical Visits (Annual Well Visits): Title V is actively engaged in a variety of activities that involve 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.

Oral Health: Title V has a formal partnership with [Oral Health Kansas](#) (OHK) to support a 3-year initiative launched in 2018. OHK is leading activities such as: conducting an environmental scan to discover what educational materials are being used locally, working with the KPCC coordinator to develop oral health prenatal education, creating and disseminating an interactive oral health poster designed to engage parents and children while in a provider's office, and developing a free workshop for child care providers.

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, Title V created a Behavioral Health Consultant position that oversees two new federally funded projects focused on behavioral health—*Kansas Connecting Communities* (launched October 2018) and *KSKidsMAP to Mental Wellness* (launched July 2019).

Children & Youth with Special Health Care Needs

Care Coordination: The Special Health Care Needs program (KS-SHCN) continues to work towards expansion of the holistic care coordination model, launched in 2017. This approach 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. KS-SHCN expanded efforts by partnering with an FQHC to integrate components into general pediatric services and within a specialty clinic.

Peer to Peer Support Network: In partnership with the Special Health Services Family Advisory Council (SHS-FAC), Title V launched a peer-to-peer support network, [Supporting You](#), to connect parents and caregivers of children with SHCN 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, KS School for the Deaf, and SHS-FAC. The network is expected to expand to at least two other programs in the coming year.

Family Engagement: KS-SHCN contracted with a SHS-FAC member to extend care coordination services in the Wichita and surrounding areas, where the program previously lacked adequate coverage through a separate Satellite Office. This care coordinator will also begin providing Family Care Coordination Trainings and develop a train-the-trainer model to expand program capacity and extend additional training opportunities. The coordinator serves as the KS-SHCN Peer Support Administrator to assist with connecting peers through the network.

Kansas Title V Block Grant Budget

The Federal-State Title V partnership budget totals \$12,723,071 for FY2020 (federal funds \$4,780,598; state funds \$3,949,804; local funds \$3,992,669). Federal and State MCH funds totaling more than \$4.5M is allocated for FY2020 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 Support State MCH Efforts

The majority of activities/services funded by the Block Grant are essential to overall systems development and gap filling. The federal funds truly complement state and local funds resulting in a comprehensive service delivery model that advances the state action plan and aims to improve outcomes across the life course.

The availability of federal funds coupled with state flexibility have positioned Kansas to launch critical efforts aimed at addressing substance use and depression during critical periods such as pregnancy and post-partum; mental health and wellness, particularly for pregnant and postpartum women and adolescents; and maternal mortality. Early childhood systems building efforts have relied on Title V to spread what we know has an impact and support enabled launch of Help Me Grow in our state. These partnerships and newly launched initiatives help set the stage for receipt of additional federal funding to move these important initiatives forward, leading to higher quality services and supports for Title V services.

Individuals with special health care needs (SHCN) rely on Title V for appropriate, coordinated services. Funding supports expansion of services to serve more families locally, and funding provides flexibility for the SHCN program to serve beyond state statutory limitations and consider gap-filling services, such as funding for direct assistance programs, caregiver relief, travel and interpreter services for increased access to care and services.

MCH Success Story

The [KS-SHCN Program's](#) holistic care coordination model encourages care coordinators (CC) to identify with and assist both the eligible child and their entire family with challenges or obstacles that could impact the child's health and well-being. The impact and value of this approach is evident in the following story.

Peyton was identified as a "Level 3" client, indicating a high need for support – the greatest need of the family was obtaining follow-up care/testing for Peyton. As the CC began engaging with Peyton's father, it quickly became evident that the family was in crisis regarding Peyton's older sibling, Emma – who had recently experienced trauma and was suicidal. The CC quickly shifted focus to getting mental health services in place for Emma (who was not eligible for KS-SHCN services). Once the crisis had passed, the family could then focus with the CC on establishing the other specialty care appointment for Peyton.

Under the former case management model, a basic referral to a mental health agency may have been made. Due to the shift in how program services are provided today, the CC's active listening training, and the flexibility of the existing model – a family was able to diffuse a crisis situation. The flexibility of Title V funds for enabling services and the encouragement to consider a population health approach to service delivery made this possible.

Note: Names have been changed to protect the anonymity of the client and their family.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.