



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**KANSAS**

State Snapshot

FY 2021 Application / FY 2019 Annual Report

November 2020






### 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 2021 Application / FY 2019 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

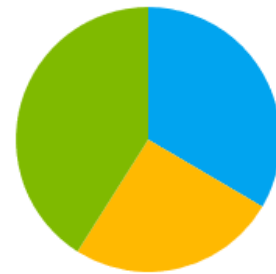
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Rachel Sisson Bureau of Family Health Director rachel.sisson@ks.gov (785) 296-1310	Heather Smith System of Supports Section Director heather.smith@ks.gov (785) 296-4747	Cassandra Sines Family Leader/Delegate cassandra.sines@gmail.com (316) 573-7097




### Funding by Source

Source	FY 2019 Expenditures
 Federal Allocation	\$4,773,454
 State MCH Funds	\$3,642,252
 Local MCH Funds	\$5,853,388
 Other Funds	\$0
 Program Income	\$0

FY 2019 Expenditures



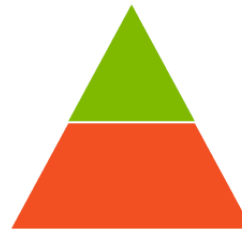
### Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$46,805	\$14,321
 Enabling Services	\$1,697,630	\$4,977,889
 Public Health Services and Systems	\$3,029,019	\$4,503,430

FY 2019 Expenditures  
Federal



FY 2019 Expenditures  
Non-Federal



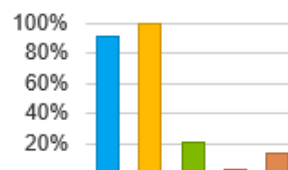
### Percentage Served by Title V

Population Served	Percentage Served	FY 2019 Expenditures
<span style="color: #0070C0;">■</span> Pregnant Women	92.0%	\$2,662,653
<span style="color: #FFC000;">■</span> Infants < 1 Year	100.0%	\$2,662,654
<span style="color: #70AD47;">■</span> Children 1 through 21 Years	21.0%	\$4,527,417
<span style="color: #C00000;">■</span> CSHCN (Subset of all Children)	3.0%	\$4,056,370
<span style="color: #A52A2A;">■</span> Others *	14.0%	\$0

**FY 2019 Expenditures**  
Total: \$13,909,094



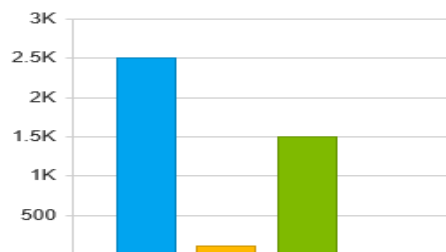
**FY 2019 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
<span style="color: #0070C0;">■</span> State Title V Website Hits:	2,500
<span style="color: #FFC000;">■</span> State Title V Social Media Hits:	102
<span style="color: #70AD47;">■</span> State MCH Toll-Free Calls:	1,495
<span style="color: #C00000;">■</span> 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	Priority Need Type	Reporting Domain(s)
<p>Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year                             <ul style="list-style-type: none"> <li>○ ESM 1.1: Percent of women program participants (18-44 years) with a preventive medical visit in the past year</li> </ul> </li> </ul>	Revised	Women/Maternal Health

<p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percent of women who experience postpartum depressive symptoms following a recent live birth</li> </ul>		
<p>All infants and families have support from strong community systems to optimize infant health and well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● 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             <ul style="list-style-type: none"> <li>○ ESM 5.1: Percent of Kansas Perinatal Community Collaboratives (KPCC) participants who placed their infants to sleep (A) on their backs</li> <li>○ 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</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Percent of infants breastfed exclusively through 6 months</li> </ul>	<p>New</p>	<p>Perinatal/Infant Health</p>
<p>Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● 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             <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> </ul>	<p>Revised</p>	<p>Child Health</p>
<p>Adolescent and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social and emotional health.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.             <ul style="list-style-type: none"> <li>○ ESM 10.1: Percent of adolescent program participants, ages 12 through 17, that had a well-visit during the past 12 months</li> </ul> </li> </ul>	<p>Revised</p>	<p>Adolescent Health</p>

<p>Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care             <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> </ul>	<p>New</p>	<p>Children with Special Health Care Needs</p>
<p>Professionals have the knowledge, skills and comfort to address the needs of maternal and child health populations.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Percent of participants that report increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event</li> </ul>	<p>Revised</p>	<p>Cross-Cutting/Systems Building</p>
<p>Strengths-based services and supports are available to promote healthy families and relationships.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Percent of children whose family members know all of the time they have strengths to draw on when the family faces problems</li> </ul>	<p>New</p>	<p>Cross-Cutting/Systems Building</p>

## Executive Summary

### Program Overview



#### 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) • [facebook.com/kansasmch](https://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.

#### KS Title V Core Values



#### KS Title V Guiding Principles



#### MCH Population

Kansas, spanning 82,278 sq. miles, is divided into 105 counties with 628 cities. The US Census Bureau estimates there were approximately 2,911,505 residents living in the state in 2018, a 0.1% decrease from 2017. Kansas has a unique geographic layout that ranges from urban to frontier counties based on population density. During 2014-2018, the population of the urban peer group increased by 2.4%, while the frontier, rural, densely-settled rural, and semi-urban peer groups decreased by 4.3%, 2.9%, 2.0%, and 2.1%, respectively. In 2018, there was an estimated 36,439 infants or 1.3% of the total population (2,911,505) and 837,605 children and adolescents (ages 1-21) representing 28.8%. The number of females in the reproductive/child-bearing age group (ages 15-44) was 560,121, representing 19.2%, down 2.5% from 574,617 in 1999 (the peak in the 1999-2018 period). In 2017-2018, 20.3% of children ages 0 to 17 (est. 144,559) were identified as having special health care needs. About 20.1% of males under 18 had special health care needs, compared with 20.6% of females.

**Total Individuals Served by Title V\* (2019 Annual Report)**



*\*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 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. 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 2021)**

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. All infants and families have support from strong community systems to optimize infant health and well-being.
3. Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.
4. Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.
5. Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.
6. Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.
7. Strengths-based supports and services are available to promote healthy families and relationships.

**Title V National Performance Measures (NPMs) (FFY 2021)**

Kansas selected five NPMs that most closely align with the state priorities.

- NPM1: Well-woman visit (women 18-44 years)
- NPM5: Safe sleep
- NPM6: Developmental screening
- NPM10: Adolescent preventive medical visit
- NPM12: Transition to adulthood

**Title V State Performance Measures (SPMs) (FFY 2021)**

Kansas identified four SPMs to monitor progress with priority needs not addressed by NPMs.

- SPM1: Postpartum depression
- SPM2: Breastfeeding exclusivity
- SPM3: Workforce development
- SPM4: Strengths-based family 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 the full Block Grant Application to learn more about these and other activities at [www.kdheks.gov/c-f/mch.htm](http://www.kdheks.gov/c-f/mch.htm).

### Women/Maternal & Perinatal/Infant Health

*Maternal Mortality:* Title V launched the [Kansas Maternal Mortality Review Committee](#) (KMMRC) in collaboration with key partners in 2018 in an effort to review pregnancy-related deaths, identify causes, and implement interventions to prevent future occurrences. The KMMRC meets regularly; information and data collected from cases will inform selection of an Alliance for Innovation on Maternal Health (AIM) patient safety bundle for statewide adoption in 2020. Learn more about the KMMRC and follow progress at <https://kmmrc.org/>.

*Perinatal Quality & Systems of Care:* Title V partnered with the Wichita State University Community Engagement Institute beginning in 2018 to convene the [Kansas Perinatal Quality Collaborative](#) (KPQC), a panel of experts to improve the safety and quality of care for mothers and infants. Since that time, Title V has been working with the KPQC and partners to implement a state-level response to address [Neonatal Abstinence Syndrome \(NAS\)](#) using the Vermont Oxford Network (VON) [NAS Training Program](#). A total of 32 hospitals are enrolled in the effort, accounting for ~84% of births. Work has shifted from hospital setting assessment to safe discharge to support continuity of care. The KPQC is looking forward to the next initiative which will be focused on maternal health/safety (AIM initiative), driven by findings from the KMMRC.

*Count the Kicks<sup>®</sup> (CTK):* Title V has a partnership with Healthy Birth Day to implement [Count the Kicks<sup>®</sup>](#), an evidence-based stillbirth prevention campaign that educates providers and patients about monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy. The campaign launched in August 2018 and has been successful— with more than 67,000 pieces of materials distributed across the state.

*One Key Question<sup>®</sup> (OKQ):* Title V has a 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?” Training and collaborative learning have been provided and will continue through the next year.

*Birth Outcomes/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 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. Outcomes for mothers and infants participating in a KPCC are improving when compared to state [outcomes](#).

*Breastfeeding:* 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. Title V works closely with partners to provide consistent messaging and leverage resources at the state and local levels.

*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 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<sup>TM</sup>](#) 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. Last year Title V provided funding for a statewide license to access the online Bright Futures Tool and Resource Kit, 2nd Edition.

*Oral Health:* Title V has a formal partnership with [Oral Health Kansas](#) (OHK) to support 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).

*Youth-Friendly Care:* The [Youth Health Guide](#) was developed to support 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 Part C/Infant Toddler Services.

*Family Engagement:* KS-SHCN contracted with a [Family Advisory Council](#) (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 (1) participate in the Systems Navigation Training (formerly known as the Family Care Coordination Training) train the trainer program to expand program training capacity and offer additional opportunities and (2) serve as the KS-SHCN Peer Support Administrator to assist with connecting peers through the [Supporting You](#) Network.

### 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 expected to expand to at least two other programs in the coming year.

*Family & Consumer Partnership (FCP) Program:* Title V is building a formal partnership program with families through peer supports, family leadership, and advisory opportunities. This will serve as a framework for local and state Title V programs to assure families are engaged at the level they desire. Upon development of a robust resource toolkit, Title V can offer technical assistance and opportunity to support partners with engaging families in planning, implementation, and evaluation of services, programs, and policy.

### **Title V Block Grant Budget**

The Federal-State Title V partnership budget totals \$12,386,929 for FY2021 (federal funds \$4,719,472; state funds \$3,610,958; local funds \$4,056,499). 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

Activities/services funded by the Block Grant are essential to overall systems development and filling identified gaps. 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 positioned Kansas to launch and sustain critical efforts aimed at addressing maternal mortality and behavioral health (substance use and mental illness) during critical periods such as pregnancy and postpartum, childhood, and adolescence.

Early childhood systems building efforts have relied on Title V to spread what we know has an impact and support systems alignment, infrastructure, and innovation at the local and state levels. Collaborations involving Title V set the stage for receipt of federal funds to advance important initiatives, thus leading to higher quality services, stronger family engagement across all systems, and supports for Title V services focused on children birth to 5 and their families.

Individuals with special health care needs rely on Title V for appropriate, coordinated services. Investments support expansion of services to serve more families locally, provide flexibility for the program to serve beyond state statutory limitations, and consider gap-filling services, such as funding for direct assistance programs, increased access to care, and services and supports for caregivers.

## MCH Success Story

Title V partnered with Healthy Birth Day, Inc. to bring *Count the Kicks (CTK)* to Kansas in 2018. CTK, a proven stillbirth prevention campaign, teaches tracking fetal movement in the 3<sup>rd</sup> trimester of pregnancy. Expectant moms track their baby's movements once a day and learn how long it takes to get to 10 movements. If what is considered "normal" changes, it could be a sign of problems and indicates a call to the provider. The impact and value of this intervention is evident in the following story from Deanna Cummings, who saved her baby with CTK.

One night Deanna woke up feeling nauseous and dizzy. She had completed her kick counting earlier that evening and all was fine, but she decided to count again. After two hours, she only felt a slight flutter twice, which was not normal. She headed to the ER, where the doctor noted that there was hardly any amniotic fluid remaining, her daughter's heart rate was 73 (and declining), there was no movement, and the baby was still breech. During the emergency cesarean section, they discovered the cord was wrapped around the baby's neck four times, and the placenta was failing.

*"The doctors said it was a miracle to see us both alive. They were thankful I knew of Count the Kicks and did them every day, and that they wish more moms did."*

Deanna is now a CTK Ambassador and shares her story to help spread the word about the importance of kick counting.

**Deanna's full story is available online at: [www.kansasmch.org/countthekicks.asp](http://www.kansasmch.org/countthekicks.asp).**

## 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 2019.

[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.