



KANSAS  
MATERNAL &  
CHILD HEALTH

# Kansas Maternal & Child Health Council

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JULY 14, 2021 MEETING



# Welcome Recognize New Members & Guests

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KARI HARRIS, MD, MCH COUNCIL CHAIR



# Title V MCH Block Grant Application & Annual Report

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MCH TEAM

# Kansas Maternal & Child Health Partner

## We need your feedback!

As part of the Title V Maternal & Child Health (MCH) Services Block Grant Federal-State partnership, Kansas is required to make our annual application and report available to the public for the purpose of gathering input. We have created an online survey to collect information, opinions and perspectives from consumers and partners across the state. As a key partner informed of and concerned about the needs of MCH populations, services and resources we invite you to share your input. Find more information online at:

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

Your input is very important to us and will be kept strictly confidential.

**Take the survey here:**

<https://www.surveymonkey.com/r/6JGLJ7C>

The survey will open for public input on July 16 and close on August 6, 2021.



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# FFY2022 Title V MCH Block Grant

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- Release/Writing: April
- Public input period: July 16 – August 6
- 2022 Application/2020 Annual Report Due: September 1
- FINAL Plan & Annual Report Released: upon submission
- **Federal Title V Block Grant Review: October 21, 2021**
- No re-submission in 2021
- Final publications and resources published: November 2021
- Access: [www.kdheks.gov/bfh](http://www.kdheks.gov/bfh) or [www.kansasmch.org](http://www.kansasmch.org)

*NOTE: The 2020 Report is Year 5 of 5 in the previous State Action Plan (2015-2020). The 2022 Plan is Year 2 of 5 in the current State Action Plan (2021-2025).*

# Published Links/Documents



**Kansas**  
Department of Health and Environment

AD ASTRA PER ASPERA

Home Public Health Environment Health Care Finance Laboratories News

Bureau of Family Health (BFH)

Family Health

The Title V Block Grant plays a key role in the provision of maternal and child health services. Check out the [Executive Summary](#) to learn more.

**Request for Public Input**

**DRAFT Title V Maternal & Child Health Services Block Grant 2021 Application/2019 Annual Report (257 pages)**

Provide Feedback via Online Survey

Click here for assistance with the survey.

**Deadline for Public Input: August 14, 2020**

*In accordance with federal requirements, KDHE must collect public input on the Title V Application and Annual Report prior to submission annually. The Block Grant is funded through the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), US Department of Health & Human Services.*

1000 SW Jackson, Suite 220  
Topeka, Kansas 66612-1274

*Mission: Provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.*

**Child Care Licensing**

- Child Care Licensing Paper Applications and Forms
- Child Care Licensing Regulation Books
- Search for Licensed Child Care Program Inspection

**Children & Families**

- Maternal and Child Health Block Grant
- Perinatal Community Collaboratives
- Child and Adolescent Health Services

<http://www.kdheks.gov/bfh>

ENHANCED BY

**Links**

- 2020 MCH Statewide Needs Assessment
- 2020 Maternal & Child Health (MCH) Block Grant Application
- 2014 MCH Biennial Summary
- Adolescent Health Needs Assessment
- Life Course Indicators Report
- Preconception Health Report
- Bureau of Family Health Staff Directory
- Child/Adult Care Food Program
- Child Care Aware of KS
- Child Care Licensing County Contacts
- Child Welfare Information Gateway
- Children's Alliance
- Consumer Product Safety Commission
- Domestic/Community Abuse
- Families Together
- Greater Kansas Chapter of the March of Dimes
- Health Resources and Services Administration Maternal and Child Health Bureau



# Published Links/Documents



Action Alerts



Title V MCH State  
Action Plan 2016-2020

Home

Domains

KMCH Council

Maternal Mortality

Resources

Contact

Request for Public Input: Title V MCH Block Grant

Find resources to prepare for and respond to coronavirus at the  
**KDHE COVID-19 Resource Center**

## Highlighted Interim Guidance and Resources During COVID-19

### KDHE Interim Guidance

- Maternal and Child Health Services in the Perinatal Period
- Facilities and Child Placing Agencies Licensed by the Kansas Dept for Children and Families, Foster Care Licensing and Background
- Child Care Facilities Licensed by KDHE
- Home Visiting Services

<http://www.kansasmch.org>

# KS Title V MCH Snapshot



DEPARTMENT OF HEALTH & HUMAN SERVICES USA

**HRSA**  
Health Resources & Services Administration

Title V MCH Block Grant Program

**KANSAS**

State Snapshot

FY 2020 Application / FY 2018 Annual Report


November 2019

KANSAS TITLE V STATE SNAPSHOT | FY 2020 Application / FY 2018 Annual Report


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%	\$4,575,608
CSHCN (Subset of all Children)	2.0%	\$3,589,910
Others *	3.0%	\$0

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



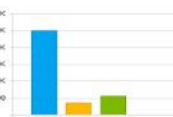
FY 2018 Percentage Served



\*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 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Women/Maternal Health

<https://mchb.tvisdata.hrsa.gov/>

\*\*FY2022 will not be available until late 2021 or early 2022 after HRSA publishes the updated versions based on the FY2022 Applications and FY2020 Annual Report submissions.



# Kansas MCH Facebook Page



The screenshot shows the Facebook page for Kansas Maternal & Child Health. At the top, there is a navigation bar with the Facebook logo, a search bar, and a login section with fields for "Email or Phone" and "Password", a "Log In" button, and a link for "Forgot account?". Below the navigation bar is a profile picture of the Kansas Maternal & Child Health logo, the page name "Kansas Maternal & Child Health", and the handle "@kansasmch". A menu on the left side includes "Home", "About", "Photos", "Videos", "Posts", "Community", and a "Create a Page" button. The main content area features a large banner with the Kansas Maternal & Child Health logo and a collage of images showing a newborn, a woman holding a baby, a child on a bicycle, and a man in a wheelchair. Below the banner are buttons for "Like", "Share", "Suggest Edits", "Learn More", and "Send Message". The "Photos" section displays a post titled "Child Health Partner We need your feedback!" with a detailed description of a survey and a link to "https://www.surveymonkey.com/r/6Z265VZ". To the right, there is a section titled "ABOUT KANSAS MATERNAL & CHILD HEALTH" with a sub-section "Our Mission" that states: "The mission of Kansas Maternal and Child Health is to improve the health and well-being of Kansas mo...". A "See More" link is provided below the mission statement. At the bottom, there is a "Community" section with a "See All" link.

<http://www.facebook.com/kansasmch>



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# Executive Summary

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HEATHER SMITH

# Core Values

## KS Title V Core Values



### PREVENTION & WELLNESS

Organized activities and system interventions that are directed at improving general well-being, protection from disease, identifying modifiable health risks, and influencing health behavior changes.



### SOCIAL DETERMINANTS OF HEALTH

The conditions in which people are born, grow, live, work and age. These circumstances are influenced by policy, shaped by the distribution of money and power, and are often the root cause for health inequities.



### LIFE COURSE PERSPECTIVE

The awareness of the long-term impact of events throughout life (e.g., fetal development, childhood, adolescence, adulthood) have on one's health in later stages of life.



### HEALTH EQUITY

The differences in population health that can be traced to unequal conditions and are systemic and unavoidable – and thus inherently unjust and unfair. When societal resources are distributed unequally by class, race, or disability, population health will be distributed unequally along those lines as well.

# Guiding Principles

## KS Title V Guiding Principles



### COLLABORATION

Creating systems change that reduces barriers to women, infants, children, CYSHCN, and adolescents getting the services they need — both within and across agencies.



### RELATIONSHIPS

Collective partners at the individual and organizational level that provide a foundation for service delivery, continuous quality improvement, and positive community change.



### COMMUNITY NORMS

Recognizing community values, beliefs, attitudes and behaviors and promoting positive community norms by addressing barriers to accessing services.



### CONSUMER ENGAGEMENT

Obtaining buy-in from those directly affected by systemic changes and assuring the consumer and family voice is central to programming, initiatives, and special projects.

# Individuals Served

Total Individuals Served by Title V\* (2020 Annual Report)

**Pregnant Women**



**6,955**

**Infants  
< 1 year**



**6,207**

**Children  
1 through 21 Years**



**12,052**



**CSHCN  
1,483**

**Women / Other  
22+ Years**



**7,361**

**Total Served  
32,575**

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

Preliminary data - subject to change



# Title V 2021-2025 Priorities



## Women/Maternal Health

- Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.



## Perinatal/Infant Health

- All infants and families have support from strong community systems to optimize infant health and well-being.



## Child Health

- Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.



## Adolescent Health

- Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.



## Children with Special Health Care Needs

- Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.



## Cross-Cutting #1: MCH Workforce

- Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.



## Cross-Cutting #2: Families

- Strengths-based supports and services are available to promote healthy families and relationships.



# National & State Performance Measures



## National Performance Measures (NPMs)

- **NPM 1:** Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year)
- **NPM 5:** Safe Sleep (Percent of infants placed to sleep; (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding)
- **NPM 6:** Developmental screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year)
- **NPM 10:** Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)
- **NPM 12:** Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care

## State Performance Measures (SPMs)

- **SPM 1:** Postpartum Depression (Percent of women who have recently given birth who reported experiencing postpartum depression following a live birth)
- **SPM 2:** Breastfeeding (Percent of infants breastfed exclusively through 6 months)
- **SPM 3:** Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event
- **SPM 4:** Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems



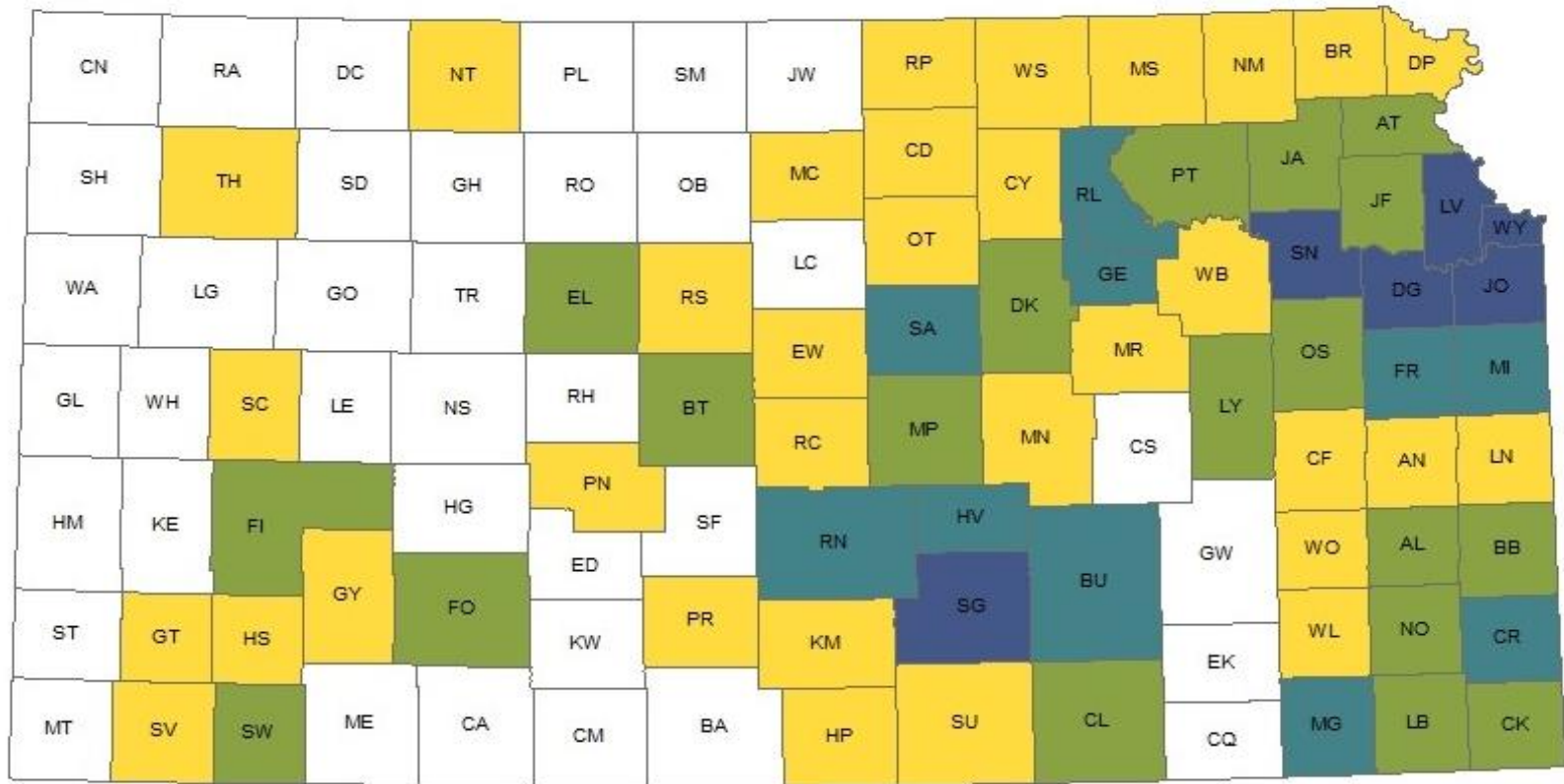
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# Overview of the State

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SHANNON LINES

# Population Density by County of Residence Kansas, 2019

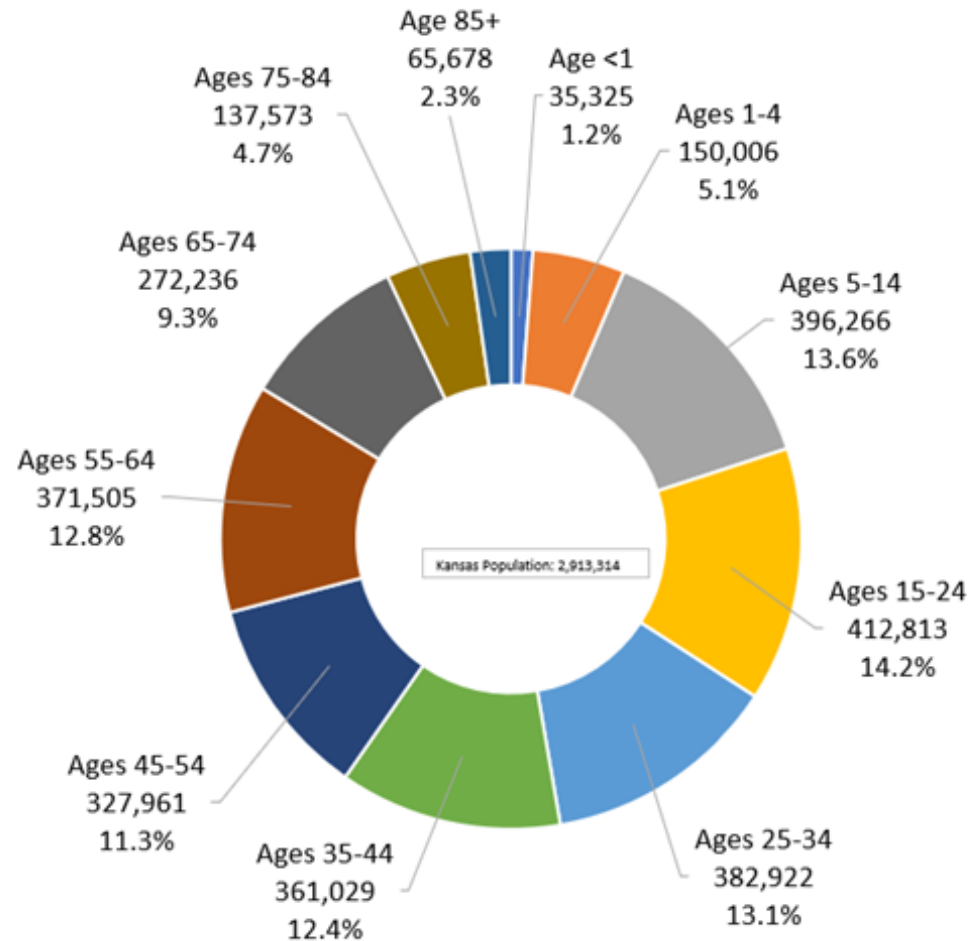


State Rate: 35.6

## Legend



# Kansas Age Distribution, by Selected Age Groups, 2019



Source: KDHE Annual Summary of Vital Statistics, 2019

# Kansas Race & Ethnicity Demographics

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2019 Census Bureau estimates:

<b>75.4%</b>	<b>5.7%</b>	<b>12.2%</b>
White non-Hispanic	Black non-Hispanic	Hispanic

Race and ethnicity composition of women of childbearing age (aged 15 to 44) estimates:

<b>71.2%</b>	<b>6.1%</b>	<b>14.3%</b>
White non-Hispanic	Black non-Hispanic	Hispanic
<b>4.4%</b>	<b>3.0%</b>	<b>0.9%</b>
Native American/ Alaska Native non-Hispanic	Asian and Pacific Islander non-Hispanic	Multiple Race non-Hispanic

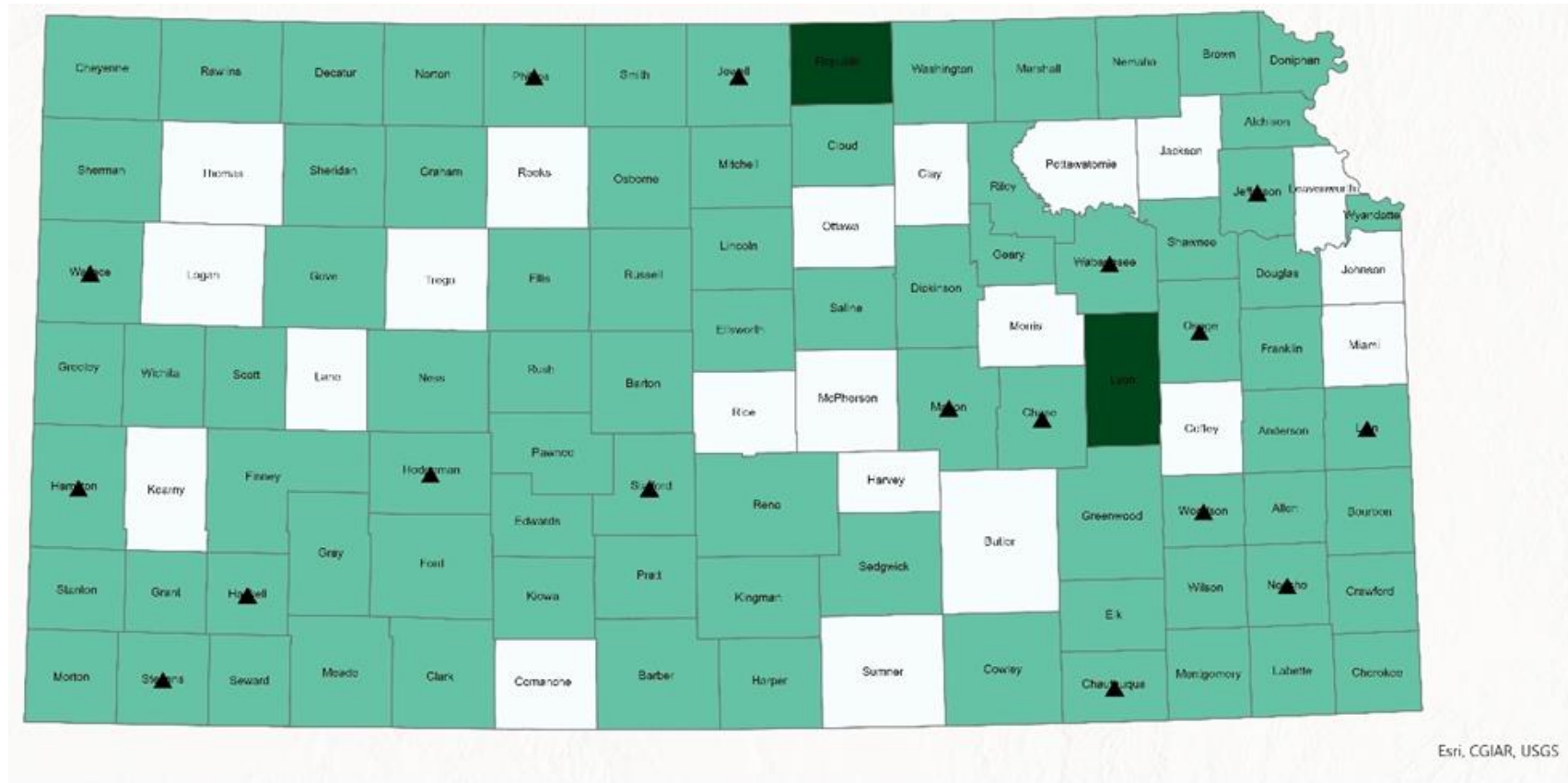
## Kansas Race & Ethnicity Demographics, cont.

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- One-third (33.3%) of Kansas children and adolescents (1-21 years) belong to a racial or ethnic minority
- Of Kansas Hispanic children, 17.1% had special health care needs, compared with 21.6% of non-Hispanic white children



# Primary Care Health Professional Shortage Areas, Geographic County-Level Designations, April 2021



**Primary Care HPSA Score**

- Not eligible for county-level Primary Care HPSA Score
- County-level Primary Care HPSA Score of 17 or lower
- County-level Primary Care HPSA Score of 18 or higher

**Primary Care Designation**

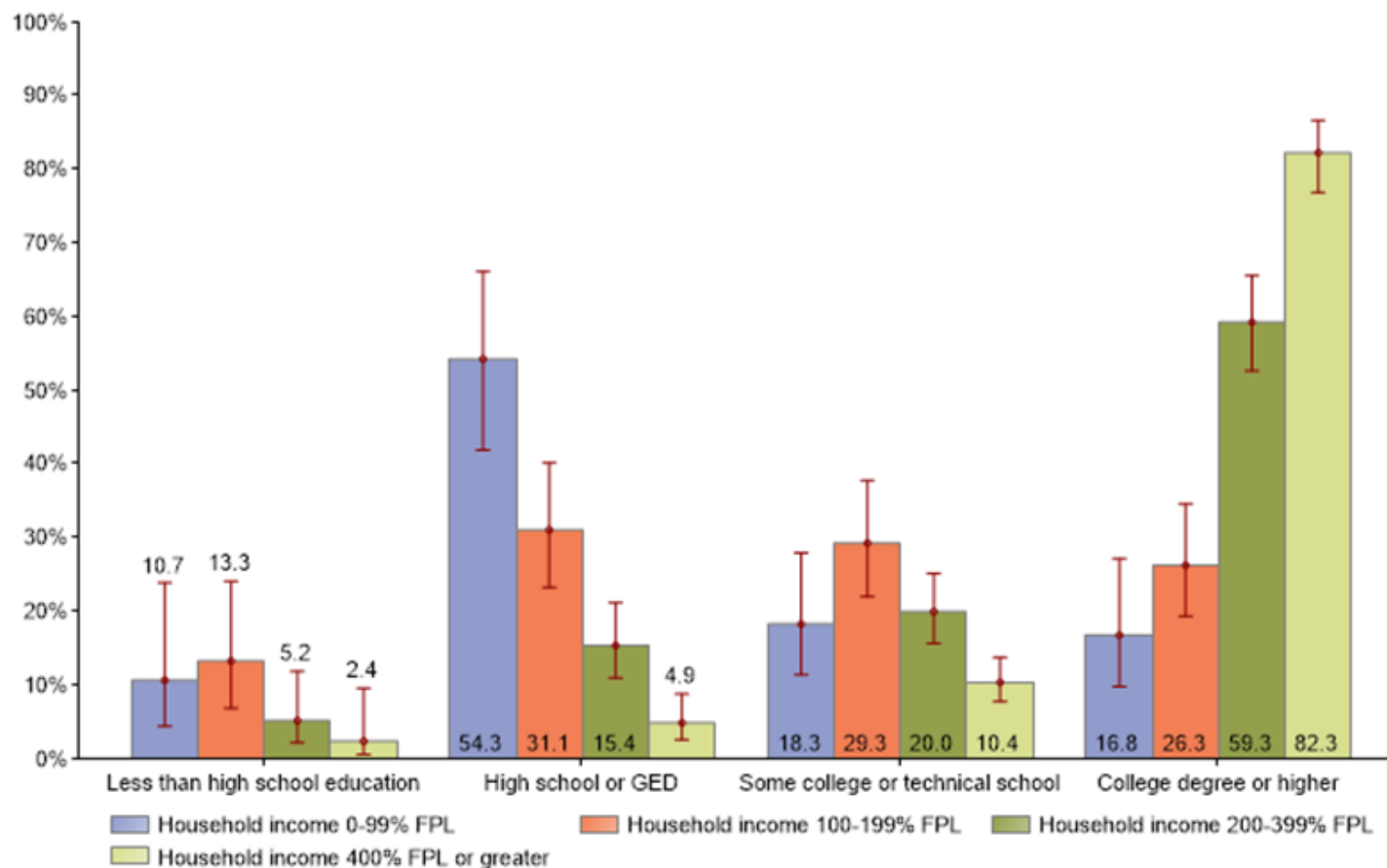
- Counties with Geographic Primary Care HPSA Designation

Data Source: Health Resources & Services Administration Data Warehouse, April 2021

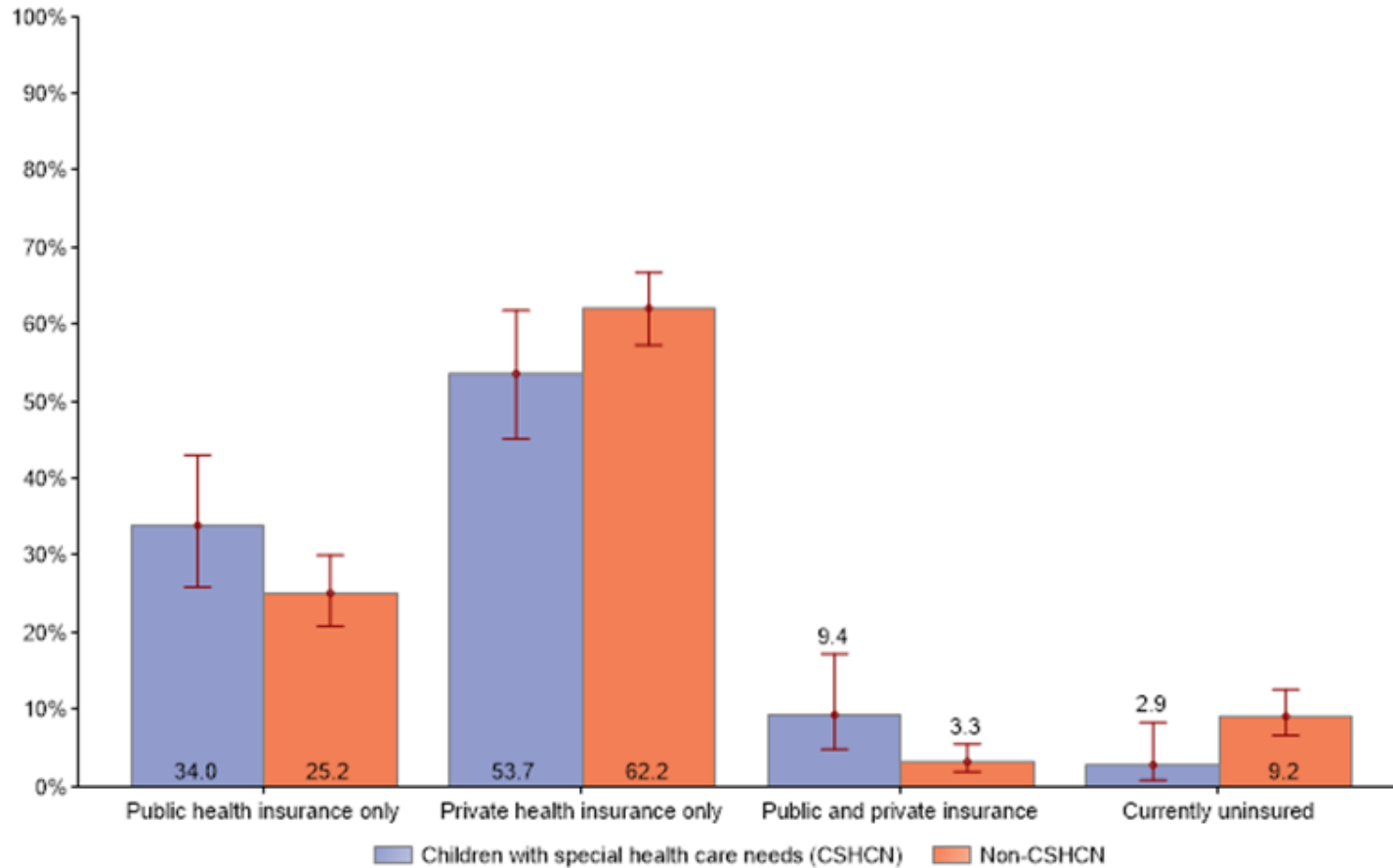
Data Note: HPSA scores shown are listed in Data Warehouse as of April 2021. Updates to HPSAs after this date are not reflected.



# Highest Education of Adult in Household, Children 6-17 years, Kansas



# Type of Health Insurance (at time of survey), Children age 6-17, Kansas



# Socioeconomic Indicators

## 2020 KIDS COUNT Data Book



Kansas and Socioeconomic indicators <sup>14,15</sup>				
Education	% 4th graders not proficient in reading	<u>2015</u> 65%	<u>2019</u> 66%	<b>Increase</b>
	% 8th graders not proficient in math	<u>2015</u> 67%	<u>2019</u> 67%	No Change
	% 3-4 year olds not attending school	<u>2012-2014</u> 56%	<u>2016-2018</u> 53%	<b>Decrease</b>
Socioeconomic	% children under age 18 living in families where no parent has regular, full-time employment	<u>2014</u> 25%	<u>2018</u> 21% <i>Historic low (2016, 20%)</i>	<b>Decrease</b>
	% children living in high-poverty areas	<u>2010-2014</u> 9%	<u>2014-2018</u> 7%	<b>Decrease</b>

# Overview of the State Highlights

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- Title V Roles and Responsibilities
  - *Financial Assistance for CSHCN*
  - *Infant Mortality Reduction*
  - *Maternal Mortality Review*
  
- Systems of Care for Underserved & Vulnerable Populations
  - *Aid to Local Funding/Statewide MCH Network*
  - *Health Equity and Disparities*
  - *Systems of Care for CSHCN*





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# State Action Plan

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# Program Purpose and Design

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- Title V Vision & Commitment
  - Coordinating, Collaborating, Addressing emerging and ongoing needs of the MCH population
  - Focus on Quality Improvement
- MCH Conceptual Models
  - Guiding Principles
  - Core Values
- Title V Leadership
  - Convener, Collaborator, Partner
- Service Delivery Systems
  - Perinatal Community Collaboratives, MCH Local Public Health Grantees

# Workforce Development

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- Staffing models and Title V Workforce
- Approach to professional development
  - CliftonStrengths
  - MCH Navigator
  - MCH Leadership Competencies (National Center for Education in MCH)
- Rules of Engagement
- MCH Statewide Workforce Training/Technical Assistance

# Family Partnership

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- Kansas Title V Vision for Family Engagement and Consumer Partnership
- Description of Family Engagement Frameworks
- Awareness and Commitment of Family Engagement
  - State Action Plan 2021-2025 : Priority 7
  - Family & Consumer Partnership Program
- Cross-agency Statewide Collaborative Initiatives
  - Family Engagement Strategy Guide
  - Family Leadership Team
- Family Advisory Council (FAC) Overview

# MCH Data Capacity

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- MCH Epidemiology Workforce
  - Data Supports: MCH Epidemiologists & Data Analysts
  - Other Agency Supports
  - Professional Development & Ongoing Trainings
- State Systemic Development Initiative (SSDI)
  - SSDI Overview
  - Linked MCH Datasets
  - Role in Title V Assessment, Monitoring & Reporting
- Other MCH Data Capacity
  - Shared Data Systems (DAISEY, IRIS, Community Check Box)

# MCH Emergency Planning

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- State-level Emergency Preparedness and Planning
  - Kansas Response Plan
  - KDHE Emergency Readiness Initiative Plan
  - Continuity of Operations Plan
- Data Assessment & Surveillance (training, communications, coordination)
- COVID-19 Pandemic Response & Title V
  - Developed guidance for providers/staff
  - KDHE COVID-19 Resource Center
  - Community Resilience Toolkit
  - Support for local innovation



# Health Care Delivery Systems

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- Public and Private Partnerships
  - Collaborative Work & Relationships
  - Alignment across systems (e.g., Early Childhood System Strategic Plan)
  - Local Health Agency (i.e., MCH Grantees) Partnerships
  - Other State & Local Organizational Partnerships
- Title V and Medicaid
  - Title V/XIX Intra-Agency Agreement (IAA)
  - Alignment of Title V and Medicaid Priorities and Measures
  - Impact of Title V/XIX Partnership
  - Key Collaborative/Aligned Initiatives (e.g., PSP, CHWs)



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# 2020 Annual Report

*Year 5 of 5 of the 2015-2020 State Action Plan*

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# How is Kansas Doing?

*NOMs, NPMs & SPMs*



## Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant  
2022 Application/2020 Annual Report



NOM#	National Outcome Measures	Medicaid Measures	2015	2016	2017	2018	2019	Trend	HP2030	Sources
1	Percent of pregnant women who receive prenatal care beginning in the first trimester	CMS								1
	All		81.7%	80.8%	81.2%	81.0%	80.9%	●	-	
	Medicaid		72.7%	70.2%	72.1%	71.7%	71.4%	●		
	Non-Medicaid		86.2%	85.8%	85.5%	85.3%	85.0%	↓*		
2	Rate of severe maternal morbidity per 10,000 delivery hospitalizations (All data were revised to reflect the new method. See notes.)		-	56.1	56.7	61.8	65.9	↑*	61.8	2
3	Maternal mortality rate per 100,000 live births (5-year average, 2014-2018)		-	-	-	14.8	16.7	↑	15.7	3
4	Percent of low birth weight deliveries (<2,500 grams)	CMS								1
	All		6.9%	7.0%	7.4%	7.4%	7.6%	↑*	-	
	Medicaid		8.7%	8.8%	9.5%	9.9%	9.7%	↑*		
	Non-Medicaid		6.0%	6.1%	6.4%	6.4%	6.7%	↑*		
5	Percent of preterm births (<37 weeks gestation)									1
	All		8.8%	9.1%	9.6%	9.5%	10.1%	↑*	9.4%	
	Medicaid		10.3%	10.8%	11.3%	11.4%	11.9%	↑*		
	Non-Medicaid		8.0%	8.3%	8.8%	8.6%	9.3%	↑*		
6	Percent of early term births (37, 38 weeks gestation)									1
	All		24.1%	24.4%	25.6%	26.3%	27.2%	↑*	-	
	Medicaid		26.1%	26.7%	28.3%	28.4%	29.3%	↑*		
	Non-Medicaid		23.2%	23.3%	24.4%	25.3%	26.2%	↑		
7	Percent of non-medically indicated early elective deliveries	CMS	2.0%	1.0%	1.0%	1.0%	1.0%	↓	-	4
8	Perinatal mortality rate per 1,000 live births plus fetal deaths		6.0	6.7	5.9	6.2	5.3	↓	-	1,5,6
9.1	Infant mortality rate per 1,000 live births									
	All		5.9	5.9	6.0	6.4	5.3	↓	5.0	1,5
	Medicaid		7.9	8.1	8.4	7.9	7.2	↓		1,7
	Non-Medicaid		4.8	4.8	4.7	5.5	4.3	●		1,7

# Women/Maternal

## NPM 1: Well-woman visit (Percent of women, 18-44, with a past year preventive medical visit)

● 2018 – 71.4%  
● 2019 – 71.7%

Increase the proportion of women receiving a well-woman visit annually. (ESM 1.1)



Increase the number of communities utilizing the MCH collaborative model and prenatal education curriculum by at least five (5) annually by 2020.



## NPM 14: Smoking (during pregnancy and household)

↓ Pregnancy  
2015 – 11.0%  
2019 – 8.5%

Increase the proportion of smoking women referred to evidence-based cessation services to 95% or higher by 2020. (ESM 14.1)



Implement the Vermont Oxford Network (VON) Neonatal Abstinence Syndrome (NAS) Universal training program statewide in partnership with the Kansas Perinatal Quality Collaborative (KPQC) and birthing centers (Target: 65 centers).



↑ Household  
2016 – 14.6%  
2019 – 19.6%



# Perinatal/Infant

## NPM 4: Breastfeeding (ever breastfed; breastfed exclusively through 6 months)

Increase the number of communities that provide a multifaceted approach to breastfeeding support across community sectors by at least 10 by 2020. (ESM 4.1)



Increase the proportion of live births delivered in birthing facilities that provide recommended care for breastfeeding mothers by 2020.



Increase the proportion of mothers and pregnant women receiving education related to optimal infant feeding by 2020.



Ever Breastfed  
2015 – 87.4%  
**2019 – 88.9%\***



Exclusivity  
2018 – 31.4%  
2019 – 31.6%

## SPM 3: Number of Safe Sleep (SIDS/SUID) trainings provided to professionals

Implement a multi-sector (community, hospitals, maternal and infant clinics) safe sleep promotions model by 2020.



2015 – 36  
2019 – 279

**\*Statistically Significant**



Trends  
Up/Down



No  
Changes




Progress Made  
Yes/No



Trends  
Up/Down

# Child

**NPM 6: Developmental Screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year)**

 2015 – 41.6%  
2019 – 36.9%


Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually. (ESM 6.1)



Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.

Review In Progress

**NPM 7: Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9)**

 2016 – 111.9  
2019 – 131.7

Increase by 10% the number of children through age eight riding in age and size appropriate car seats per best practice recommendations by 2020. (ESM 7.1)




Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020.





# Adolescent

## NPM 10: Adolescent preventive medical visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)

 2016 – 79.8%  
2019 – 75.8%

Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2020. (ESM 10.1)



Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs by 2020.



Increase access to programs and providers serving adolescents that assess for and intervene with those at risk for suicide.



# CSHCN

## NPM 11: Medical home (Percent of children with and without special health care needs having a medical home)

Increase family satisfaction with the communication among their child's doctors and other health providers to 75% by 2020.



Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2020.



Develop an outreach plan to engage partners, providers, and families in the utilization of a shared resource to empower, equip, and assist families to navigate systems for optimal health outcomes by 2020.



**CSHCN**  
2016 – 38.6%  
**2019 – 57.1%\***



**Non-CSHCN**  
2016 – 54.1%  
2019 – 52.1%



**All**  
2016 – 50.9%  
2019 – 53.1%


*ESM 11.1: Percent of families enrolled in SHCN HCC Program that increased their ability to independently navigate the systems of care.*



**\*Statistically Significant**

# Cross-Cutting

**SPM 4: 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.**

 2016 – 7.2%  
2018 – 7.6%

Increase the proportion of MCH grantees that provide health information education to clients to improve health decision making among women, pregnant women, children, adolescents, and children and youth with special health care needs annually.



Increase youth-focused and youth-driven initiatives to support successful transition, self-determination, and advocacy by 2020.



Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020.



Increase opportunities to empower families and build strong MCH advocates by 2020.



Implement collaborative oral health initiatives to expand oral health screening, education, and referral by 2020.



Trends  
Up/Down



No  
Changes




Progress Made  
Yes/No



Trends  
Up/Down

# Cross-Cutting

## SPM 5: Number of MCH grantees, families, and partners that participated in a state sponsored workforce development event

 2019 - 1,126

Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year through 2020.



Increase the number of providers with capacity to provide mental health services/supports and trauma-informed care by 2020.





# 2022 Application

*Year 2 of 5 of the 2021-2025 State Action Plan*

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MCH TEAM



# PRIORITY 1

*Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.*

**NPM 1:** *Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year)*

**SPM 1:** *Postpartum Depression (Percent of women who have recently given birth who reported experiencing postpartum depression following a live birth)*



## WOMEN & MATERNAL

### **OBJECTIVE 1.1**

Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit by 5% by 2025.

### **OBJECTIVE 1.2**

Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period by 5% annually through 2025.

### **OBJECTIVE 1.3**

Increase the proportion of high-risk pregnant and postpartum women receiving prenatal education and support services through perinatal community collaboratives by 10% annually by 2025.

### **OBJECTIVE 1.4**

Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10% by 2025.

# Plan Highlights: Women/Maternal

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- **Well-Woman Toolkits for Providers and Communities**
  - Continued distribution, promotion and training
  - Supporting materials (soon available in Spanish)
- **Integrated Prescreening Tool**
  - Substance use, tobacco use, mental health, social determinants of health, intimate partner violence
  - Incorporate into all preventive medical visits for women
- **Kansas Connecting Communities**
  - Continue to build and expand on the screening and treatment of PMADs and substance use during and after pregnancy.
- **Medicaid Policy Changes**
  - Expand pregnancy coverage through 12 months postpartum
  - Screening for PMADs as a covered service (effective 1/1/21)





## PRIORITY 2

*All infants and families have support from strong community systems to optimize infant health and well-being.*

**NPM 5:** *Safe Sleep (Percent of infants placed to sleep (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding)*

**SPM 2:** *Breastfeeding (Percent of infants breastfed exclusively through 6 months)*



### PERINATAL & INFANT

#### **OBJECTIVE 2.1**

Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5% annually through 2025.

#### **OBJECTIVE 2.2**

Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10% by 2025.

#### **OBJECTIVE 2.3**

Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.

#### **OBJECTIVE 2.4**

Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025.

# Plan Highlights: Perinatal/Infant

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- **Certified Safe Sleep Instructors (SSIs)**
  - Expert consultation and ongoing support through KIDS Network
  - Focus on consistent messaging and continuity of supports through technical assistance
- **Breastfeeding and Safe Sleep Collaborative Initiatives**
  - Becoming a Mom<sup>®</sup> curriculum updates by KBC & KIDS Network (July 2022)
  - Breastfeeding and Safe Sleep Integration Toolkits (broad use across the MCH population)
- **Maternal Warning Signs Initiative/Fourth Trimester Initiative**
  - Partner with KPQC and KCC to improve maternal mortality
  - Complimentary, cross-sector approach
- **Breastfeeding Disparities and Health Equity Efforts**
  - In partnership with KBC, grow breastfeeding support for the African American population through provider engagement and coalitions and peer-support networks
- **Strengthen Perinatal Community Collaborations**
  - Focus on community-specific supports and targeting disparities in birth outcomes



## PRIORITY 3

*Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.*

**NPM 6:** *Developmental screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year)*



**CHILD**

### **OBJECTIVE 3.1**

Increase the proportion of children age 1 month to kindergarten entry who receive a parent-completed developmental screening by 5% annually through 2025.

### **OBJECTIVE 3.2**

Increase the proportion of children, 6 through 11 years, with access to activities and programs that support their interests, healthy development, and learning by 10% by 2025.

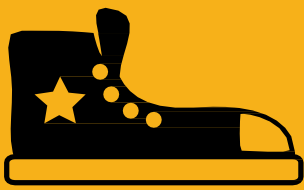
### **OBJECTIVE 3.3**

Increase the proportion of MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10% annually through 2025.

# Plan Highlights: Child

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- **Developmental Screening Parent Flyer (English/Spanish)**
  - Dissemination to MCH grantees/home visitors, childcare providers, WIC providers, pediatricians, etc.
- **Statewide ASQ Enterprise HUB (Integrated Data System)**
  - Establishing contracts across early childhood sectors
  - Partners include: Part C, Part B, home visiting; Head Start, schools, WIC, child care professionals, and Children Cabinet programs
  - Training to submit ASQ results into the state data platform
- **Trainings**
  - Ages and Stages Training statewide
  - Kan-Be-Healthy trainings for local health departments (on: KBH Orientation Manual, Bright Futures guidelines, online toolkit)



## PRIORITY 4

*Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.*

**NPM 10:** *Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)*



### ADOLESCENT

#### **OBJECTIVE 4.1**

Increase the proportion MCH program participants, 12 through 17 years, receiving quality, comprehensive annual preventive services by 5% annually through 2025.

#### **OBJECTIVE 4.2**

Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and supports from peers and caring adults by 10% by 2025.

#### **OBJECTIVE 4.3**

Increase the number of local health agencies and providers serving adolescents and young adults that screen, provide brief intervention and refer to treatment for those at risk for behavioral health conditions by 5% by 2025.

# Plan Highlights: Adolescent

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- **Trainings**
  - Kan-Be-Healthy trainings for local health departments (on: KBH Orientation Manual, Bright Futures guidelines, online toolkit)
- **Learning Collaboratives**
  - Adolescent SBIRT Toolkit (cohort = 5 LHDs)
  - Creating youth-friendly environments (cohort = 5-10 LHDs)
    - One-on-one; Environment assessments for youth walk-throughs; Staff trainings
- **Campaigns - Youth Health Guide and WHY (Whole Healthy You)**
  - Spring/Back to School dissemination statewide
- **1-800-CHILDREN Adolescent Voices**
  - Partner with KCSL to engage youth in marketing strategies





## PRIORITY 5

*Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.*

**NPM 12:** *Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care*



### CHILDREN WITH SPECIAL HEALTH CARE NEEDS

#### **OBJECTIVE 5.1**

Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.

#### **OBJECTIVE 5.2**

Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.

#### **OBJECTIVE 5.3**

Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.



# Plan Highlights: CSHCN

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- **Bridges Pilot Project**
  - Holistic Care Coordinator for families transitioning out of early intervention (Infant-Toddler Services)
- **Holistic Care Coordination Expansion**
  - Implementation toolkit for primary care and public health settings
  - Title V/School for the Deaf partnership
- **Transition within the Medical Home**
  - Transition planning with program youth
  - MCH ATL transition/transfer of care discussions
- **Systems of Care for CSHCN**
  - Establish systems of care survey
  - Financing and insurance policy research to advance systems of care



## PRIORITY 6

*Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.*

**SPM 3:** *Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored work- force development event.*



### CROSS-CUTTING AND SYSTEMS BUILDING

#### **OBJECTIVE 6.1**

Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

#### **OBJECTIVE 6.2**

Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

#### **OBJECTIVE 6.3**

Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

# Plan Highlights: Workforce

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- **Ongoing Learning Opportunities** (MCH, Title X, Home Visiting)
  - Monthly Lunch And Learns
    - Behavioral Health Focus: Adolescent SBIRT Learning Collaborative; Trauma Informed Resource Guide; Mental Health First Aid; Postpartum Support International Training
    - Family And Consumer Engagement
    - CSHCN Integration In Public Health
- **Health Equity Initiatives**
  - MCH Opportunity Project (4 MCH grantees)
    - Design and implement equity projects
  - Black Maternal Health focus groups/interviews
    - Help inform and improve service provision for Black mothers and families



## PRIORITY 7

*Strengths-based supports and services are available to promote healthy families and relationships.*

**SPM 4:** *Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems*



### CROSS-CUTTING AND SYSTEMS BUILDING

#### **OBJECTIVE 7.1**

Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

#### **OBJECTIVE 7.2**

Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

#### **OBJECTIVE 7.3**

Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

#### **OBJECTIVE 7.4**

Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

# Plan Highlights: Family Supports

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- **Supporting You Expansion**
  - Intellectual and Developmental Disabilities (I/DD) population
  - Foster & Adoptive Parents
- **Alumni, Mentorship and Policy Team**
  - Establish the mentorship and policy teams
  - Alumni engagement events
- **Family Advisory Council / PDG Family Leadership Team**
  - Ongoing recruitment (Available Work Groups: Women/Maternal, Early Childhood, Child, Adolescence)
  - Ongoing alignment with All in for Kansas Kids Strategic Plan
- **Family and Consumer Engagement Toolkit**
  - Cross-agency (e.g., KDHE, KSDE, KCCTF, DCF) collaboration as part of Title V and PDG plans to strengthen family voice and choice



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# Domain Group Work

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# Domain Group Assignments

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## Facilitators and Recorders

**Women/Maternal:** Jennifer Marsh & Kasey Sorell

**Perinatal/Infant:** Stephanie Wolf & Jill Nelson

**Child:** Kayzy Bigler & Emily Bailey

**Adolescent:** Maria O'Sullivan & Taylor Atwood

# Ground Rules

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1. Stay present (phones on silent/vibrate, limit side conversations).
2. Invite everyone into the conversation. Take turns talking.
3. ALL feedback is valid. There are no right or wrong answers.
4. Value and respect different perspectives (providers, families, agencies, etc.)
5. Be relevant. Stay on topic.
6. Allow facilitator to move through priority topics.
7. Avoid repeating previous remarks.
8. Disagree with ideas, not people. Build on each other's ideas.
9. Capture "side" topics and concerns; set aside for discussion and resolution at a later time.
10. Reach closure on each item and summarize conclusions or action steps.



# Small Group Work

---

- Review the data. What trends stand out? What contributing factors may be associated with the trends you are seeing? What emerging needs might impact this trend & how might we address?
- What opportunities exist to elevate or further advance existing efforts in the State Plan?
- What non-KDHE/Title V initiatives exist that align with these particular activities?
- Action Item: What is my commitment as a council member and the organization I represent to advance this plan?



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# Small Group Breakouts

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# Announcements & Closing Remarks

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# Next Meeting Date

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OCTOBER 13, 2021



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# Optional Session

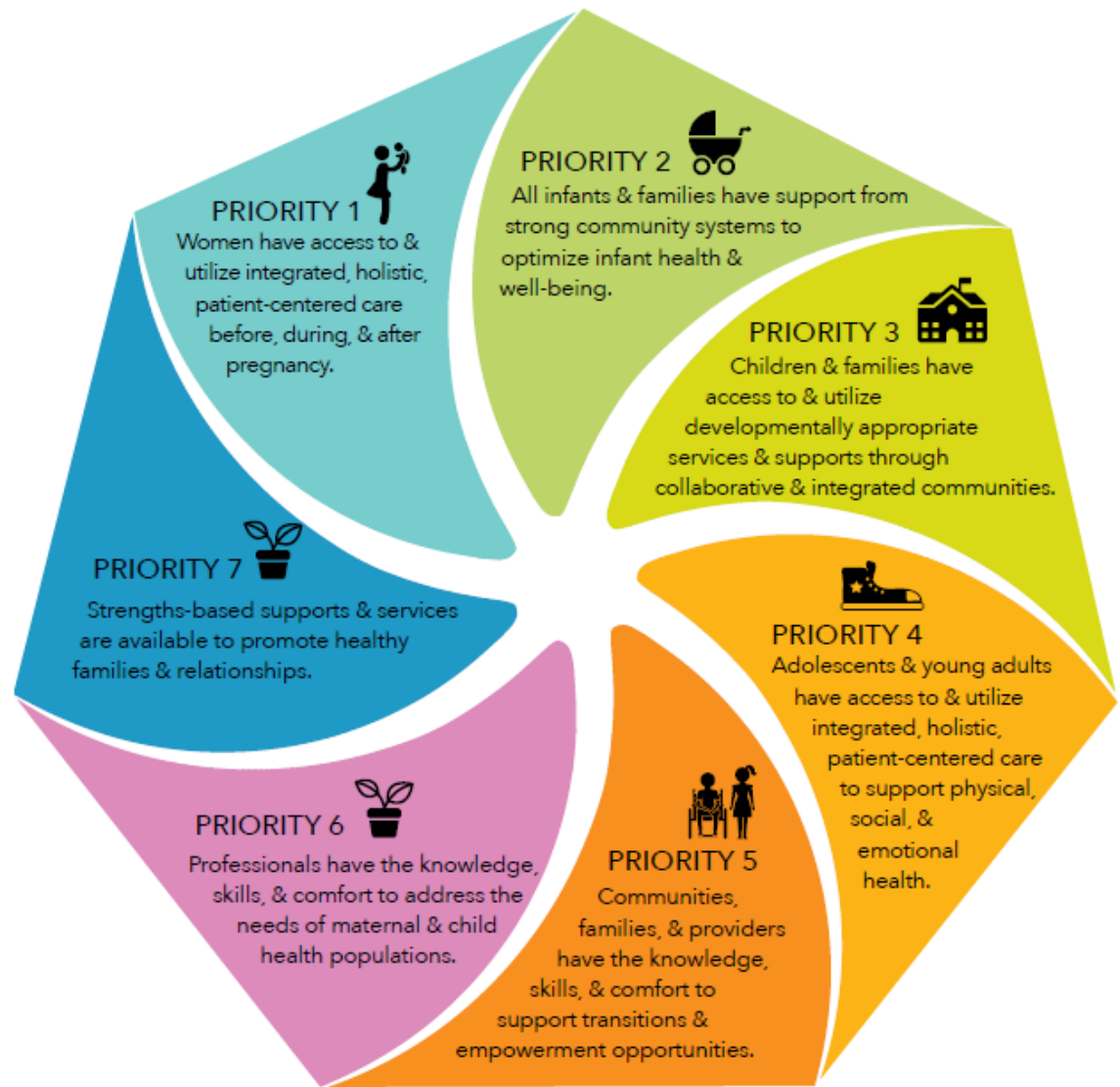
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SCHOOL BASED HEALTH CENTERS TO ADDRESS  
ACCESS AND EQUITY TO HEALTH SERVICES IN THE  
WAKE OF COVID-19

# TITLE V MATERNAL & CHILD HEALTH

## 5-YEAR STATE ACTION PLAN

2021–2025



MCH  
DOMAINS

  
**Women  
& Maternal**

  
**Perinatal  
& Infant**

  
**Child**

  
**Adolescent**

  
**CSHCN**

  
**Cross-Cutting/  
Systems  
Building**

# SBHCs and KS MCH Priorities

MCH  
DOMAINS



**Women  
& Maternal**



**Perinatal  
& Infant**



**Child**



**Adolescent**



**CSHCN**



**Cross-Cutting/  
Systems  
Building**

Sets a foundation for integrated, holistic care in an environment that is accessible.

- Reproductive health care
- Resources and support
- Preconception counseling
- Pregnancy-related care

*\*Integrated mother-child visits could also be included in the SBHC setting, if appropriate.\**



**Women  
& Maternal**

# SBHCs and KS MCH Priorities

MCH  
DOMAINS



**Women  
& Maternal**



**Perinatal  
& Infant**



**Child**



**Adolescent**



**CSHCN**



**Cross-Cutting/  
Systems  
Building**

Beyond infant or toddler care, can provide access to...

- Postnatal education & resources
- Parenting supports (e.g., breastfeeding, safe sleep, support groups)
- Stronger community systems

*\*Not all SBHC clinics provide infant or toddler care, but many are open to students' families.\**



**Perinatal  
& Infant**



# SBHCs and KS MCH Priorities

MCH  
DOMAINS



**Women  
& Maternal**



**Perinatal  
& Infant**



**Child**



**Adolescent**



**CSHCN**



**Cross-Cutting/  
Systems  
Building**

SBHC's support coordinated and targeted efforts between medical and educational around:

- Prevention and intervention opportunities
- Developmental screenings
- Learning and developmental disabilities
- Chronic disease, including mental illness

*\*Integrated into the school, SBHCs have rich potential for collaboration with early preschool programs.\**



# SBHCs and KS MCH Priorities

MCH  
DOMAINS



**Women  
& Maternal**



**Perinatal  
& Infant**



**Child**



**Adolescent**



**CSHCN**



**Cross-Cutting/  
Systems  
Building**

SBHC's specifically allow for improved access to:

- Adolescent well visits including immunizations
- Integrated behavioral health care
- Screening for risk behaviors & anticipatory guidance for risk reduction
- Self-management of health needs

***\*This is the priority that got MCH talking  
about SBHC 6 years ago!\****



**Adolescent**

# SBHCs and KS MCH Priorities

MCH  
DOMAINS



**Women  
& Maternal**



**Perinatal  
& Infant**



**Child**



**Adolescent**



**CSHCN**

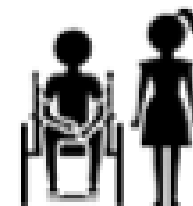


**Cross-Cutting/  
Systems  
Building**

Integrated school and community conversations about:

- Individualized health planning
- Self-determination and transition to adulthood
- Empowerment opportunities
- Health as related to education and employment
- School nursing/special education collaboration

*\*These are in addition to the impact and alignment noted for Child and Adolescent populations!\**



**CSHCN**

# SBHCs and KS MCH Priorities

MCH  
DOMAINS



**Women  
& Maternal**



**Perinatal  
& Infant**



**Child**



**Adolescent**



**CSHCN**



**Cross-Cutting/  
Systems  
Building**

Partnership with local health agencies, universities and educational programs, federally qualified health centers allow for:

- MCH workforce development opportunities
- Cross-system and strengths-based supports for families (e.g., care coordination, family engagement, peer supports)

*\*SBHCs have the potential to increase knowledge, skills, and comfort to address MCH population needs.\**



**Cross-Cutting/  
Systems  
Building**

# School Nurse Survey

*\*PRELIMINARY RESULTS\**

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- **Distributed:** April 2021 via Kansas School Nurse Organization website
- **Purpose:** To gain insight into how the KDHE School Health Clinical Consultant can best support school health
- **Format:** 5 questions –3 open-ended and 2 demographic
  - 1) What are your top 5 school health priorities related to COVID-19?
  - 2) What are your top 5 school health priorities not related to COVID-19?
- **Two ways to evaluate:**
  - Topics most frequently mentioned for each priority; OR
  - Most frequently mentioned overall

# School Nurse Survey

*\*PRELIMINARY RESULTS\**



## COVID-19 Related Priorities

- **Safety** – preventing spread and general safety
- **Education** – disease, vaccine, quarantine, protocols
- **Testing** – availability and resources
- **Risk Mitigation** – methods and compliance
- **Communication** – receiving and giving updates on trends, policies, and exposures
- **Data Collection** – contact tracing and reporting
- **Mental Health** – staff and student mental health and impact of COVID/COVID restrictions
- **Quarantine** – compliance and impact on education

# School Nurse Survey

*\*PRELIMINARY RESULTS\**



## Non-COVID-19 Related Priorities

- **Acute Care** – first aid and triage
- **Medication Administration** – permission, plans, and availability
- **Vaccination Compliance** – availability and resources
- **Health Education** – wellness, disease information, and growth and development
- **Screenings** – vision, hearing, dental, wellness
- **Behavioral Health** – healthy choices and mental/emotional health
- **Chronic Illness** – education and in-school support
- **Training/Continuing Ed** – disease awareness, current issues, practices, and laws, and skills refreshers
- **Administrative Support/Infrastructure** – student to nurse ratios and adequate supplies and space

# SBHC Proposal

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- Collaboration among Division of Public Health Bureaus
  - Led by: Family Health, Community Health Systems, and Oral Health
- Establish/expand SBHCs and comprehensive school health services (K-12)
- Focus: high-risk/underserved students & holistic/integrated services
- Improve access/decrease barriers to preventive health services
  - e.g., immunizations/COVID-19 vaccinations; comprehensive well-visits; behavioral health services; oral health; referrals related to social determinants of health and special health care needs
- Leverage current child and adolescent health investments
  - e.g., pediatric behavioral health consultation lines, care coordination, oral health services, referral platforms/network



# School Nurses Need...

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Consider the top COVID-related and non-COVID-related needs identified through the school nurse survey.

COVID-19 Related Needs	Non-COVID-19 Related Needs

...how can SBHC's help?

# Outcome Focused

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What specific outcomes that we might want to consider or monitor with SBHCs?

e.g., student absenteeism, increased vaccination rates

Which of these might be most impacted in the COVID aftermath?

# Target Populations

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Which high-risk or underserved student populations might we want to consider?



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# THANK YOU!

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