



KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council (KMCHC)
Wednesday, May 13, 2026 | 10am-2pm
Topeka & Shawnee County Public Library

Attendance: Carrie Akin, Deborah Alliston, Anji Antje, Brenda Bandy, Michelle Black, Decarlo Braddy, Heather Braum, Ali Braun, Lisa Chaney, Stacy Clarke, Stephanie Coleman, Tisha Coleman, Amy Dean Campmire, Stephanie Darnell, Andra Doyle-Tadlock, Vanessa Eberle, Stephen Fawcett, Lisa Frey Blume, Holly Frye, Jason Geslois, Kirstianna Guerrero, Afsheen Hasan, Kelly Hays, Jamie Kim, Patricia McNamar, Jennifer Miller, Britney Nasser, Cari Schmidt, Melissa Schoenberger, Heather Schrotberger, Christy Schunn, Sookyung Shin, Kayla Stangis, Cora Ungerer, Natalie Watkins, Alice Weingartner, Rachele Wray, Kaoutar Yartaoui, Kali Steelsmith

Guests: Pearl Avari, Vanessa Eberle, Katie Givens, Jacquie Lightcap, Andres Mata

KAAP Staff: Michelle Horst, Marisa Guerrero, Karey Padding

Time	Minutes	Links
10:00-10:10	Welcome Remarks Kari Harris, MD, KMCHC Chair	
10:10-10:35	<p>Introducing The Kansas Office of Early Childhood (OEC)- Cristi Smith OEC Director, provided a thorough presentation on the status of the OEC. Slides provide detailed information regarding the OEC. Twenty legacy programs will be moving over to the OEC. OEC 's goal is to become the central point of contact. The Deputy Director positions and legal counsel have been decided and will be announced in the coming weeks. The goal of the OEC is to be barrier busters and champions of change. Currently all offices under OEC will work as before, to limit disruption and allowing a detailed assessment of current workflow. Goal is for each agency to reduce redundancy and get to the "not yet bucket" within their teams. See slides for detailed OEC information.</p>	<p>Slides: 18-29 https://kschildrenscabinet.gov/project/kansas-oec/</p>

10:35-11:10	<p>Rural Health Transformation Grant – Matt Lara, Chief of Staff and Rural Health Transformation Program Director provided an informative presentation on the Rural Health Transformation Program. The program allows Kansas to accelerate statewide rural reform. The funding is multi-year and will be tied to progress on initiatives. Currently the focus is on the budget and formalizing agreements with subrecipients. Funding is distributed over 5 initiatives. Initiatives and allocation of funding is outlined in detail in slides 12-17.</p>	<p>Slides: 6-17</p> <p>https://www.kdhe.ks.gov/2361/Rural-Health-Transformation-Program</p>
11:10-11:30	<p>Oral Health Kansas– Abby Richwine-Education Coordinator, Oral Health, Kansas provided a presentation on the programs and advocacy provided by Oral Health Kansas. The agency provides state advocacy to improve Medicaid rates for dentists, with the goal to increase the number of dental providers accepting Medicaid. Oral Health Kansas is also a resource for parents and caregivers, as well as pediatric health care professionals and dentists. The website provides several resources to prepare the child for a dental exam, and materials to provide information to the dental provider to improve the overall visit. Part of the Oral Health Kansas website specifically provides educational resources for IDD patients. Families can also search for pediatric care on the website and filter exactly what their child is needing to have a successful dental exam. Oral Health Kansas won 2 awards this past year, the Topeka Ad Astra award and their Confidence in Every Smile campaign won a Mosaic Award.</p>	<p>Slides: 31-40</p> <p>https://www.oralhealthkansas.org/AwardWinners.html</p>
12:20-1:20	<p>Domain Work Group Reports: Women/Maternal: Britney Nasserri (F), Kayla Stangis (R) Domain Discussion Summary The Women/Maternal Domain discussed several key themes emerging from the presentations, with significant attention given to the potential impact of federal Medicaid funding changes and ongoing rural health initiatives. Members expressed concern regarding proposed Medicaid cuts and the potential consequences for rural hospitals and health care access across Kansas. Participants noted confusion surrounding federal decisions that appear to reduce Medicaid funding while simultaneously investing in Centers for Medicare & Medicaid Services (CMS) demonstration programs such as the Transforming Maternal Health (TMaH) Model and the Rural Health Transformation Program (RHTP). Discussion included the possibility of future federal funding reductions accompanied by greater responsibility and financial burden being shifted to states. Members reviewed distinctions between the two major initiatives. It was noted that RHTP is designed to benefit all Kansans, while TMaH specifically focuses on Medicaid populations</p>	<p>Greenspace-Mental Health App</p> <p>https://greenspacehealth.com/en-us/?utm_source=google&utm_medium=cpc&utm_campaign=convertin&utm_agid=166025523967&utm_term&utm_content=699412426312&device=c&placement&matchtype=a&gad_source=1&gad_campaign</p>

and targeted interventions in the southern portion of the state. Participants discussed the demographics of urban communities that are expected to receive TMaH funding and interventions. The rationale for emphasizing rural and frontier communities in program design was also highlighted. Participants noted that interventions developed for urban settings are often difficult to translate successfully into rural communities, whereas strategies developed for rural settings may be more adaptable across both rural and urban environments.

Discussion also included observations regarding the rapid development of the RHTP initiative. Members noted differences between information presented previously through the Governor's Public Health Conference (GPHC) and the information shared during the current presentation, reflecting the fast-paced evolution of the program. Despite the ongoing changes, participants expressed appreciation for the level of transparency demonstrated by program leaders throughout the planning process.

Members discussed the importance of ensuring that families and community organizations remain informed about available programs and resources. Rachele shared that stakeholders can subscribe to updates through the RHTP website to stay informed as the initiative develops. Participants emphasized the important role local public health departments can play in disseminating information to families at the community level. It was also noted that nurse partnership programs currently distribute weekly resource emails containing educational materials, updates, and resources, which are then shared broadly with local public health departments.

The group highlighted the value of the Oral Health Pathways resource and encouraged members to utilize and promote the "passport" tool, describing it as an excellent resource for families navigating oral health services. Participants shared that there is an ongoing effort to distribute the resource to dental providers statewide so that it becomes part of standard practice toolkits and new patient orientation materials.

Access to dental care for Medicaid beneficiaries was identified as a continuing challenge. Members discussed the limited number of dentists participating in Medicaid and concerns about how individuals enrolled in Medicaid can access needed dental services when provider availability is restricted. Participants noted that increasing Medicaid reimbursement rates has been a priority advocacy effort for Oral Health Kansas, with the goal of encouraging more providers to enroll as Medicaid providers. However, members observed that some private dental practices that technically accept Medicaid still limit the number of Medicaid patients they will see, creating additional access barriers. Questions

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Kansas Children's
Service league

<https://www.kcsl.org>

Kansas Connecting
Communities

<https://www.kansasmch.org/kcc-home.aspx>

CUES-Intimate Partner
Violence

<https://ipvhealth.org/health-professionals/educate-providers/>

Medications and
Breastfeeding

<https://ksbreastfeeding.org/wp-content/uploads/2026/01/Medications-in->

were raised regarding what qualifies a provider as a Medicaid provider and whether current participation standards adequately reflect actual patient access. The discussion concluded with concerns about lengthy waiting lists for dental services in many communities due to the shortage of providers willing to accept Medicaid patients. The group also discussed a new initiative called Green Space, a patient-facing digital resource platform. Members suggested that Kelsee Fout may be able to prepare additional information about the project for distribution to stakeholders. The proposed application would allow individuals to complete self-screening assessments and, if they indicate any concerns, receive referrals to relevant local resources and support services. The platform has already been implemented in Pennsylvania and is being explored as a potential model for Kansas.

Kelsee Fout has expressed interest in helping map maternal mental health resources across Kansas as part of the Green Space initiative. To support this effort, she would like to establish a listening council comprised of stakeholders and community partners. The purpose of the council would be to gather feedback on desired features, identify potential barriers and challenges, and provide input on how the application could best serve Kansas families. Workgroup members interested in participating in the listening council were encouraged to notify the group.

The discussion also included questions regarding potential funding sources for the Green Space initiative and future implementation efforts.

Members received an update on the ongoing work related to a universal pregnancy risk assessment screener that would be connected to the notification of pregnancy process. The project is currently delayed while awaiting clarification regarding oversight and next steps within Medicaid. KDHE representatives agreed to investigate who is currently responsible for moving the initiative forward.

Discussion clarified that the purpose of the risk assessment screener is to identify risks among pregnant individuals as they enter the Medicaid system. The screening would generate a risk score that could be used to prioritize patients for case management services and other supports. Long-term goals include developing a single standardized screening tool that could be utilized across all insurance payors, allowing providers to identify maternal risks consistently regardless of coverage type.

While the ultimate vision is statewide adoption across all payors, members noted that implementation efforts are currently focused on Medicaid. The group agreed that successful adoption within Medicaid could encourage broader implementation by other

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<https://well-being.kschildrenscabinet.org/>

insurers and health plans. It was also noted that managed care organizations (MCOs) may need to review and approve the final plan before moving forward with implementation. As a next step, Kayla Stangis agreed to distribute information and examples from Missouri's screening model to inform ongoing discussions and planning efforts.

Special Project Update

The workgroup discussed a potential new special project focused on improving screening, education, and referral pathways for pregnant and postpartum individuals, particularly related to substance use disorder (SUD) and behavioral health concerns.

Rachele shared that there is a need for a validated screening tool specifically designed for pregnant and postpartum patients. Members noted that many existing substance use screening tools are not validated for use during pregnancy or may be perceived as punitive, creating barriers to honest disclosure and engagement. The group explored whether a universal screening approach or a universal education model may be more effective in some settings.

Kelly Hayes reported that the Kansas Children's Service League (KCSL) home visiting programs are currently conducting a research project focused on postpartum families, which may provide useful information for future efforts. Participants emphasized that screening alone is insufficient and that equal attention must be given to ensuring providers have clear referral pathways, resources, and follow-up support once concerns are identified. Questions were raised about what happens after a patient screens positive and how referrals are managed across systems of care.

The discussion highlighted opportunities to leverage resources being developed through the Transforming Maternal Health (TMaH) Model, including the potential development of county-specific resource directories to support referrals and care coordination. Members also acknowledged that organizations vary considerably in their capacity to participate in special projects, making flexibility and scalability important considerations.

Alice Weingartner noted that the Health Resources and Services Administration (HRSA) continues to place a strong emphasis on maternal health within Federally Qualified Health Centers (FQHCs). The group discussed opportunities to strengthen maternal and postpartum care access by engaging primary care providers in addition to obstetric providers. Members recognized that, particularly in rural areas, primary care providers are often a significant source of maternal health care and support.

As a result, the workgroup discussed developing a maternal health webinar series aimed at primary care providers. The series would be modeled after a successful program in

Pennsylvania, with the original presenter helping replicate the curriculum while Kansas subject matter experts provide local context and expertise. Proposed topics would follow the maternal continuum of care, including care during the first, second, and third trimesters as well as the postpartum period. Sessions would be offered as one-hour webinars and focus on equipping providers outside of obstetrics with the knowledge and skills needed to support maternal health.

The group agreed that the universal screening project should remain a focus for the next quarter, with ongoing updates provided as efforts progress. Several members indicated interest in meeting more frequently between regular workgroup meetings to advance the project.

Participants also discussed existing referral resources available to providers. The Kansas Connecting Communities (KCC) Provider Hotline was highlighted as a valuable statewide resource. While commonly used for consultation regarding medications during pregnancy and postpartum periods, the hotline can also assist providers with referrals and connections to services throughout Kansas.

Members noted that one of the primary goals of TMaH is to address behavioral health conditions and substance use disorders, which are currently recognized as leading contributors to maternal mortality. Participants emphasized that without consistent screening practices, opportunities to identify concerns and connect patients with treatment and support services may be missed. In addition to screening efforts, the group stressed the importance of providing education and training so providers know how to respond appropriately during mental health or substance use crises and how to connect patients with available resources.

The discussion also included a presentation on CUES (Confidentiality, Universal Education and Empowerment, and Support), an evidence-based approach to addressing intimate partner violence (IPV). Rather than relying solely on screening, CUES utilizes universal education by providing all patients with information about healthy relationships and available resources. Providers distribute informational cards containing local and national support resources and engage patients in a brief, approximately two-minute conversation, ideally conducted privately. Members noted that this approach normalizes discussions about IPV, reduces stigma, and ensures that all patients receive information regardless of whether abuse is disclosed. Participants were informed that CUES materials are available at no cost through the Kansas Coalition Against Sexual and Domestic Violence (KCSDV).

Perinatal/Infant: Jennifer Miller(F), Michelle Black (R)

Domain Discussion Summary

Discussion focused on the importance of increased investment in rural healthcare and appreciation for the growing collaboration between programs and agencies rather than siloed initiatives. Participants expressed encouragement that substantial funding is being directed toward rural health systems but raised questions about how child health priorities fit within the implementation of the new Department/Office of Early Childhood (DOEC/OEC). Members specifically noted concern that Title V was not identified among the programs transitioning into the Department of Early Childhood and questioned whether maternal and child health priorities are being fully integrated into the new structure. Participants also discussed concerns regarding the transfer of childcare licensing responsibilities from KDHE to the Department of Early Childhood and questioned whether maternal health is receiving sufficient attention within the broader early childhood framework. Members noted that while many initiatives are underway, it remains unclear whether agencies and programs are working toward a unified set of goals and indicators to measure progress across systems.

A major theme throughout the discussion focused on accountability, sustainability, and measuring outcomes. Participants emphasized the importance of being able to demonstrate what impact these investments are making, particularly when communicating with legislators and policymakers. Questions were raised about what success should look like over the next five years and how initiatives will be sustained long term if evaluation activities are not adequately included in funding and planning processes.

Discussion highlighted efforts by the Kansas State Department of Education (KSDE) to connect data systems across early childhood programs to better evaluate outcomes. Examples included tracking whether participation in programs such as the Dolly Parton Imagination Library improves literacy outcomes for children. Members requested a future presentation from KSDE focused specifically on early childhood initiatives and discussed additional data sources that could support evaluation efforts, including Kids Count data maintained by Kansas Action for Children and community health needs assessments conducted by hospitals.

Participants explored possible indicators for measuring child health and well-being, including infant mortality, maternal mortality, well-child visits, developmental milestones, social determinants of health (SDOH), birth outcomes, vital statistics, and fetal infant mortality review data. However, concerns were raised about limitations in rural data

collection due to suppression of small population data, making it difficult to accurately evaluate local needs and outcomes in frontier communities.

The group also discussed challenges related to translating data and awareness into meaningful action. Members noted that identifying problems is only the first step and questioned whether systems currently provide adequate guidance on how to respond effectively once concerns are identified. Developmental screening efforts, including the use of Ages and Stages Questionnaires (ASQ), were discussed as an example. While participants supported increasing access to screenings in multiple settings, concerns were raised regarding inconsistent messaging and limited ability to share results across systems and providers. Currently, families often receive reports and are responsible for sharing information themselves, creating barriers to coordination and continuity of care.

Additional discussion included the Kansas Child and Family Wellbeing Pathways dashboard, which allows users to review county-level information related to community health, environment, household indicators, and population measures. Participants also discussed oral health workforce challenges, including the lack of mid-level dental providers in Kansas despite previous legislative efforts. Members questioned whether improved maternal dental care could positively influence infant mortality outcomes.

Finally, participants emphasized the importance of strengthening data systems within the Rural Health Transformation Grant (RHTG), particularly for rural hospitals and pregnancy-related care. Members noted that while substantial training efforts are occurring statewide, stronger data collection and reporting systems will be necessary to accurately measure outcomes, improve services, and sustain long-term system improvements.

Special Project Update:

The workgroup discussed ongoing efforts related to the newborn screening postcard initiative funded through Children’s Miracle Network. The postcards were developed to educate families about newborn screening results and direct them to the newborn screening website for additional resources and education. During the pilot program, website mobile traffic increased by more than 50%; however, traffic declined once the pilot ended, highlighting the need for continued funding and administrative support to sustain the project. In addition to the postcards, approximately 20,000 business card-sized flyers containing QR codes linking families to additional information have been distributed. Members also discussed recent legislation, including SB 232, which goes into effect July 1 and will provide educational materials to families through the Office of Vital Statistics. Participants explored whether stronger connections could be developed between vital

records and newborn screening programs. The group noted that the newborn screening team has already developed educational materials and completed a successful pilot but lacks the long-term support needed for sustainability.

Additional discussion focused on changes to referral requirements for infants born with substance exposure concerns. Beginning July 1, referrals will transition from automatic Department for Children and Families (DCF) involvement to referrals through Infant-Toddler Services. Some hospitals have already established Infant Care Teams to support families; however, providers noted ongoing challenges with family engagement and follow-through after referrals are made.

Participants also highlighted community baby showers as valuable opportunities to build relationships and connect families with resources and services. Finally, Kansas Breastfeeding announced updates to its lactation and medication chart, which is now available on its website.

Children: Ali Braun(F), Cora Ungerer (R)

Domain Discussion Summary

Members identified several key themes and concerns emerging from the presentations, particularly related to oral health access, early childhood systems, autism services, and rural community sustainability.

Participants expressed enthusiasm about the oral health presentation and the focus on improving access to care in rural communities. Members noted that access to oral health services remains a significant challenge across Kansas, especially for children and youth with special health care needs (CYSHCN). Even in more populated areas, families often struggle to find providers willing or able to meet the specialized needs of these children, highlighting the importance of continued efforts to expand access and provider capacity.

The discussion also focused on the development of the Office of Early Childhood (OEC) and how programs and populations represented by the Council will fit within the new structure. Members emphasized the importance of ensuring that autism services maintain a distinct focus within the broader early childhood system. While early childhood and autism-related services share many common goals, participants noted that children with autism and their families often face unique challenges that require targeted supports and resources.

Members discussed the significant burdens experienced by families seeking autism services, including difficulties accessing child care, therapy, and specialized supports.

Participants highlighted the interconnected nature of these challenges, noting that stable

employment is often difficult when families cannot secure appropriate child care. Families of children with autism may already face increased financial strain while attempting to obtain services that are often costly or difficult to access.

Several participants highlighted the importance of workforce development and increasing the availability of Applied Behavior Analysis (ABA) providers and related support professionals. Expanding this workforce was viewed not only as a way to improve access to services for children and families but also as an opportunity to create sustainable, high-quality jobs in communities across Kansas.

The Rural Health Transformation Grant (RHTG) generated considerable discussion.

Members expressed interest in the grant's focus on youth engagement, workforce development, and strategies to retain young people within Kansas communities.

Participants referenced data suggesting that Kansas struggles to retain young residents and discussed projections indicating that by 2050, approximately 70% of the state's population may reside in only 17 counties. Members emphasized that population decline in rural communities is not a future concern but a current challenge that requires immediate attention and long-term planning.

Participants also discussed the critical role local health departments (LHDs) play in frontier and rural communities. One member noted that in many frontier counties, the local health department may be the primary source of health-related services and support. Questions were raised about how the Rural Health Transformation Grant will build capacity within local health departments, including training opportunities, infrastructure development, and support for workforce expansion. Members recognized that Kansas already has a strong public health infrastructure through its local health departments and suggested that strengthening these organizations could have a significant impact on rural health outcomes.

Workforce shortages across the health care system were identified as another major concern. Participants discussed the shortage of pediatricians in Kansas and the limited availability of specialists who serve children and adolescents. Members noted that Kansas currently has only three developmental pediatricians statewide—one located in Wichita and two in the Kansas City area—creating significant barriers to timely diagnosis and care for children with developmental and behavioral health needs.

Members also recognized opportunities for collaboration between the Rural Health Transformation Grant and existing early childhood programs, including Early Head Start.

Participants appreciated receiving a broader overview of the grant and discussed ways community organizations could connect with emerging initiatives and resources. Transportation barriers were identified as a persistent challenge affecting access to health care and services throughout Kansas. Members emphasized that transportation difficulties are not limited to rural communities but also impact families living in urban areas. Reliable transportation remains a significant obstacle to accessing health care, child care, education, and other essential services.

The sustainability of Rural Health Transformation Grant initiatives was another important topic of discussion. Members expressed concern about maintaining services and supports once grant funding ends. Participants cautioned that implementing programs and then removing them after funding expires could undermine community trust and create additional barriers to future engagement with state initiatives. Building long-term capacity within local organizations, including local health departments, schools, and community partners, was viewed as essential for sustaining progress beyond the grant period.

The discussion concluded with a broader conversation about community vitality and population retention. Members noted that access to health care, educational opportunities, and employment are all critical factors influencing whether families choose to remain in smaller communities. Participants emphasized that strengthening local infrastructure, expanding access to services, and creating quality employment opportunities can help communities retain residents, support families, and foster long-term growth and sustainability. Many members expressed optimism that targeted investments and collaborative efforts can help rural and frontier communities not only survive but thrive in the future.

Special Project Update

The workgroup provided an update on its ongoing special project focused on collecting and preserving family stories that demonstrate the impact of maternal and child health programs and services across Kansas. The project originated from discussions about preparing for potential future funding reductions by proactively documenting the experiences of families who have benefited from key programs and services. Members emphasized the importance of focusing on prevention and preparedness rather than waiting until funding threats emerge before gathering evidence of program impact. The group reaffirmed the value of collecting stories from families who have utilized programs such as Head Start, WIC, childcare assistance programs, SNAP, Part C early intervention services, parenting classes and support groups, Medicaid and CHIP, and other

maternal and child health initiatives. Members noted that these stories can serve as powerful advocacy tools when policymakers, funders, and community leaders are evaluating the value of programs and services.

Participants discussed the potential benefits of developing a searchable database of family stories that could be accessed by advocates, organizations, and council members when needed. Such a resource would allow stakeholders to quickly identify relevant examples and personal experiences that illustrate the real-world impact of specific programs and services. Members agreed that collecting stories should remain a priority, regardless of current funding concerns, because opportunities for advocacy can arise unexpectedly. The group also explored ways to leverage stories that may already exist within partner organizations and existing systems. Questions were raised about where stories are currently being collected, how they are stored, and whether existing resources could be utilized rather than creating entirely new processes. Members discussed reviewing the dashboards and data systems already developed through the Kansas Children's Cabinet and the Preschool Development Grant (PDG) initiatives to determine whether family stories are already being captured and how those stories could be incorporated into this effort. Participants acknowledged that organizations such as the Center for Public Partnerships and Research (CPPR) have been effective in collecting family experiences and success stories. However, members noted that stories specifically representing Children and Youth with Special Health Care Needs (CYSHCN) may not be captured as consistently and that additional efforts may be needed to ensure those voices are included. The group emphasized the importance of making stories accessible to stakeholders who may need them, particularly members of the Council and advocacy organizations.

Ali Braun shared that a draft survey has been developed to support story collection efforts. Members reviewed the survey concept and provided feedback regarding question design and usability. Questions were raised about whether respondents would be able to select multiple services they have used and whether doing so might make follow-up questions more difficult to answer when experiences differ across programs. Participants also discussed whether the current survey questions would effectively elicit meaningful stories or primarily generate survey responses. Several members suggested providing examples of impactful stories to help respondents understand the type of information being sought. Additional recommendations included offering respondents opportunities to share narratives in their own words, allowing anonymous submissions, and providing options for

participants to indicate whether they would be willing to be contacted for follow-up questions or future advocacy opportunities.

Ali Braun agreed to distribute the draft survey to workgroup members for review and additional feedback before further development.

As a next step, members requested that the University of Kansas team provide a demonstration of the existing dashboard at a future meeting to help the group better understand current capabilities and identify opportunities for story collection and storage. The workgroup also brainstormed potential avenues for collecting family stories. Suggested partners and venues included local health departments, child care providers, community coalitions, oral health programs, chronic disease prevention initiatives, parent leadership programs, community baby showers, and other family-focused events. Members noted that gathering stories in settings where families are already engaged may increase participation and reduce barriers to sharing experiences.

Discussion also focused on the importance of trust and relationship-building in story collection efforts. Participants emphasized that families may be hesitant to share personal experiences unless they understand how the information will be used and feel confident that their perspectives will be valued. Members discussed the need to thoughtfully consider the narrative being presented and ensure that story collection efforts are family-centered rather than perceived as a state-driven data collection exercise.

Melissa Schoenberger provided information regarding 1-800-CHILDREN call data from October through December 2025, including the most common reasons families contacted the service. However, members were uncertain how this information connected to previous discussions, noting that with recent staff transitions, the original context for the request was no longer clear.

The group also learned about the Kansas Family Support Center's Artificial Intelligence chatbot, which provides information and support for families of children with autism and other disabilities. Members noted that this free resource may represent another avenue for connecting with families and sharing information.

Participants expressed strong interest in utilizing video storytelling as part of the project. Members agreed that video testimonials featuring real families sharing their experiences can be especially impactful for advocacy, education, and awareness efforts. Suggestions included investing in simple equipment such as a green screen and ring light to support high-quality recordings and focusing on meeting families where they are most comfortable when collecting stories.

Finally, members discussed the possibility of housing family stories on the KansasMCH.org website, creating a centralized location where stories could be shared, accessed, and linked to related resources. The group suggested that Family Delegates may be well-positioned to assist with the development and stewardship of this effort moving forward.

Special Project Action Plan:

The workgroup reviewed and refined next steps for the Family Stories and Impact Collection Special Project. Members agreed that the immediate priority is to further develop the story collection process and identify existing resources that can support long-term storage and use of family stories for advocacy and education purposes.

As a first action step, Ali Braun will distribute the draft survey questions to workgroup members for review and feedback prior to the July meeting. Members will be asked to evaluate whether the questions effectively capture meaningful family experiences and provide recommendations for improving story collection methods.

The group also agreed to explore existing story collection infrastructure already developed through the Preschool Development Grant (PDG) and related initiatives. KAAP, KDHE, and Melissa Schoenberger will work together to invite the University of Kansas team to provide a demonstration of the current story dashboard at a future meeting. Members noted that sufficient meeting time will need to be reserved to allow for a comprehensive presentation and discussion. The group also discussed inviting representatives from the Center for Public Partnerships and Research (CPPR) to share information about their story collection and dashboard processes, as their experience may provide valuable guidance for future development.

Another priority area will be identifying and collecting success stories related to aid-to-local funding initiatives. The workgroup discussed gathering stories not only from families who have benefited from services but also from individuals working within communities to implement and support these programs. Jennifer Miller, Katie Bieker, and Carrie Akin will help identify and collect these examples to demonstrate the impact of local investments and services.

The group also discussed the importance of identifying existing success stories within KAAP programs and initiatives. Jennifer Miller and the KAAP team will explore available stories and examples that may contribute to the project and help build an initial repository of impact narratives.

The workgroup will continue refining its approach to story collection, review feedback on the draft survey, and learn more about existing dashboard capabilities before determining

longer-term strategies for creating a sustainable and accessible family story database. Initial action items are expected to be completed prior to the July meeting, where the group will review progress and determine next steps.

Adolescent: Jason Geslois (F), Holly Frye (R)

Domain Discussion Summary

Workgroup members identified several important themes from the presentations, particularly related to the new Office of Early Childhood (OEC), oral health access, Medicaid reimbursement, services for individuals with disabilities, and opportunities for provider and family education.

Several participants noted that they were not previously aware that legislation establishing the Office of Early Childhood had passed and that implementation was already underway. Members expressed interest in learning more about how programs and services will be organized within the new structure and what implications the transition may have for children and families.

The oral health presentation generated significant discussion and enthusiasm, particularly regarding efforts to improve access to dental services for Medicaid beneficiaries and individuals with disabilities. Members were excited about the development and distribution of the Oral Health Pathways Passport and viewed it as a valuable tool for helping families navigate oral health services and resources. Participants appreciated the presentation's emphasis on supporting individuals with disabilities and ensuring that oral health services are accessible to all populations.

Members discussed ongoing concerns about provider comfort and preparedness when serving individuals with disabilities. Participants noted that some providers may feel inadequately trained or lack confidence in meeting the unique needs of patients with special health care needs, which can create barriers to care. The group emphasized that services should be available and accessible to individuals regardless of where they live or the complexity of their health needs.

The conversation also focused on Medicaid participation among providers and barriers to accessing care. Members questioned what percentage of providers currently accept Medicaid and whether evaluation measures will be used to determine if efforts to improve reimbursement and provider engagement result in increased Medicaid participation over time. Participants discussed the complexity of provider participation, noting that accepting

Medicaid does not always translate into adequate access if providers limit the number of Medicaid patients they serve.

One example shared illustrated how billing structures and reimbursement policies can directly impact access to services, describing a situation in which a child was initially unable to receive a COVID-19 vaccination because the pharmacy could no longer bill under a specific code. However, after requesting that the vaccine be billed under a more general immunization code, the child was able to receive the vaccine. Members noted that greater understanding of billing and reimbursement processes could help both providers and families navigate barriers to care more effectively.

The group discussed the possibility of developing educational resources that clearly identify which services are reimbursable through Medicaid managed care organizations (MCOs). Participants suggested that a comprehensive reimbursement guide could improve provider awareness, support family advocacy efforts, and potentially encourage greater consistency across MCOs regarding covered services.

Members also explored policy considerations related to provider participation in Medicaid. One idea discussed was whether providers could be required to serve a minimum number of Medicaid patients. However, participants expressed concern that mandates alone may not improve access if providers are unwilling or unprepared to serve Medicaid populations. The group instead emphasized the importance of addressing underlying barriers and creating incentives that support quality care delivery.

Additional discussion focused on the unique challenges associated with serving Children and Youth with Special Health Care Needs (CYSHCN). Members suggested exploring the development of a specific billing code or reimbursement mechanism that recognizes the additional time, resources, and accommodations often required to provide quality care for individuals with special health care needs. Such an approach could help address provider concerns while improving access for families.

Education emerged as another major theme. Participants emphasized the need for more comprehensive education for both providers and families regarding disability-related care, oral health practices, and available resources. Examples included practical guidance on oral hygiene, such as proper toothbrush maintenance, when toothbrushes should be replaced, and the differences between using electric and manual toothbrushes. Members noted that simple educational interventions can have a meaningful impact on long-term oral health outcomes.

	<p>The group also discussed innovative approaches to youth engagement and health education. Participants suggested connecting health messages to items and activities that resonate with young people, such as incorporating popular sensory toys like Nee-Doh products into health promotion efforts to increase interest and engagement. Finally, members discussed access to dental procedures requiring sedation or anesthesia. Participants questioned whether advocacy efforts could support greater collaboration between Federally Qualified Health Centers (FQHCs) and hospitals to expand access to dental services requiring anesthesia, particularly for individuals with disabilities and others who may need specialized accommodations. Members noted that improving access to these services could help address significant gaps in care for vulnerable populations across Kansas.</p> <p>Special Project Update: No current updates.</p>	
1:40-1:55	Member Announcements	See Attached Document

This project is supported in part by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number #B04MC32543 and Title V Maternal and Child Health Services.

Upcoming KMCHC Meetings

July 15, 2026, 9 am to 12 pm (Virtual)

September 16, 2026, 10 am to 2 pm (Topeka & Shawnee County Public Library)



May 13, 2026 Member Announcements

Professional Education and Training

DC:0-5 Clinical Training Information

DC:0-5TM Clinical Training equips clinicians with practical skills to diagnose and support children from birth to age five. Led by experts, the program blends instruction, case work, and discussion to deliver a culturally grounded, developmentally sensitive, and relationship-based framework to support early childhood development and mental health. Trainings run through August.

For more information: **DC:0-5TM Clinical Training**

Maternal Health & Mortality Conference

Save the date to join us July 29-30, 2026, for A Million Moments for Maternal Mortality Prevention: Addressing maternal mortality at the intersection of physical and mental health, substance use and intimate partner violence. The conference will be held at Sporting Park in Kansas City, KS. There are no registration fees; however, attendees are responsible for their own travel costs. Free CME/CEs will be available.

Brought to you by the Kansas Department of Health and Environment and partners, this conference will convene physicians, healthcare professionals, behavioral health clinicians and community partners to address the leading causes of and contributors to maternal mortality in Kansas.

Registration information will be shared soon.

Data and Information

Kansas Breastfeeding Coalition names a New Executive Director:

The Kansas Breastfeeding Coalition (KBC) Board of Directors has announced the appointment of Katie Givens as Executive Director, effective May 1, 2026. Katie brings more than 20 years of leadership experience in public service and nonprofit organizations across Kansas, with expertise in workforce development, grant management, and partnership building. She will work alongside outgoing Executive Director Brenda Bandy through July 1 to ensure a smooth transition. KBC expressed gratitude for Brenda's 17 years of leadership and looks forward to continued growth in promoting, protecting, and supporting breastfeeding and human milk feeding across Kansas.

Legislative Updates from Kansas Action for Children

Stay up to date with what Kansas lawmakers are doing for children and families and subscribe to Kansas Action for Children, KAC's newsletter, new issues every Friday during legislative season and once a month during the off season. Subscribe at <http://www.kac.org/join> and contact Heather Braum for questions.

Office of Early Childhood

The Kansas Legislature passed House Bill 2045 with bipartisan support to create the **Office of Early Childhood**, a new agency designed to streamline access to early childhood care, education, and

family support services across Kansas. The office will become operational by July 1, 2026, and will oversee programs transferred from multiple state agencies, along with updates to childcare licensing, training requirements, and pilot programs aimed at increasing childcare availability.

Kansas Rural Health Transformation Bill

[Kansas was awarded \\$221 Million](#) from the [Centers for Medicare and Medicaid Services \(CMS\)](#) to support the first year of the Rural Health Transformation Program. This funding award exceeds the base amount states were allocated and reflects the quality of Kansas' application.

- Questions regarding the allocation of additional funding contact: Matt Lara, Chief of Staff, KDHE matthew.lara@ks.gov.
- Click [here to Sign up for updates](#).

TMaH

The Centers for Medicare & Medicaid Services Transforming Maternal Health (TMaH) Model supports participating state Medicaid agencies in advancing a whole-person approach to pregnancy, childbirth, and postpartum care. By addressing physical health, mental health, and social needs during and after pregnancy, the model aims to improve outcomes and experiences for mothers and babies while reducing overall healthcare costs.

Sign up for updates and learn [more here](#).

PRAMS Update:

The program is currently funded through April 2027 and has recently hired two new employees to support ongoing project activities and outreach efforts.

Pathways Dental Passport:

Pathways to Oral Health is a collaborative initiative between the dental and disabilities communities in Kansas, dedicated to improving access to dental care and expanding education on oral health for individuals with disabilities who rely on KanCare. By improving oral health literacy and addressing critical barriers in dental care delivery, we are working to ensure that every individual—regardless of ability—can receive the quality oral healthcare they deserve. <https://pathwaystooralhealth.org/>

[Tips and Tricks for Early Childhood](#)

2026 Title V Survey

KDHE will be opening a 2026 survey for Title V Maternal and Child Health (MCH) Services Block Grant for the State of Kansas. Survey will be available by May 23rd and run through June 23rd.

Opportunities

Kansas Youth Empowerment Academy Job Openings

Program Coordinator

KYEA is seeking a full-time Program Coordinator to manage and enhance the annual Kansas Youth Leadership Forum (KSYLF) and Shawnee County Disability Mentoring Day (DMD). This position focuses on coordinating events, workshops, presentations, and leadership activities that support and empower youth with disabilities throughout Kansas.

Program Coordinator

KYEA is seeking a full-time Program Coordinator to lead initiatives connected to the Kansas Youth Transition Network (KYTN) grant. This position works closely with KYTN sites, independent living

centers, and transition councils to support youth leadership, peer groups, trainings, statewide outreach, and grant-related activities that help youth with disabilities successfully transition into adulthood.

[**Apply Here**](#)

