

## Family and Consumer Partnership (FCP) Program

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.

### Family and Consumer Engagement Implementation Toolkit

In October 2024, the Family and Consumer Toolkit underwent a review from the FAC and some KDHE staff to assess its effectiveness and ongoing relevance. The review found that the content continues to meet organizational needs and requires no substantive changes. Recommended updates are limited to website layout enhancements to improve accessibility and usability. The toolkit remains a widely referenced resource for organizations seeking practical strategies to involve families in planning, implementation, and decision-making.

- Total views/clicks for the FCP toolkit pages: 244
  - Toolkit Home: 174
  - Input Toolkit: 28
  - Leadership Toolkit: 21
  - Advisory Toolkit: 21

## Peer Supports Initiatives

Objective 7.2: Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

### Peer-to-Peer Supports

Kansas Title V began a contract with Families Together, Inc., the Kansas Family-to-Family Health Information Center, in January of 2025 to support and expand their existing peer support program, Parent-to-Parent Support. As part of the awarded funding, they were able to support a part-time position focused solely on parent support.

The Parent-to-Parent program directly supports the Title V funding priority to increase the number of individuals receiving peer supports through Title V–sponsored programs by 5% annually through 2025. Between January and September 2025, the program demonstrated measurable growth in peer support engagement, including 20 active parent-to-parent matches, 3 pending matches, and a network of 38 trained Support Parents available to meet increasing demand. Additionally, 11 parents were connected and matched through book club participation, expanding access to peer support beyond traditional one-to-one matching. These efforts reflect meaningful progress toward increasing peer support participation and strengthening statewide capacity to serve families.



The Parent-to-Parent program has had an exciting period of growth and rebuilding. During this reporting period, the Parent-to-Parent program contacted community partners and Kansas parents who were previously connected to the program to gather valuable information on parents' needs and wants for future program opportunities. Time was spent cleaning up the Parent-to-Parent database to reflect active participants and updated contact information.

After understanding parent needs, the Parent-to-Parent Coordinator spent considerable time focusing on updating and streamlining the onboarding and training processes for volunteer Support Parents. This included a redesign of the Parent-to-Parent section of the Families Together website, an updated training and training process reflective of both Families Together and parent needs, and updated, simplified forms to gather onboarding information from prospective Support and Referred Parents. Overall, Parent-to-Parent branding was updated, including flyers and social media graphics for the Families Together website.

Parent evaluations and informational calls reflected a strong need for peer-to-peer opportunities in a group setting. In the spring, Parent-to-Parent launched a twice-monthly, hour-long online group called "Topic Talks". These are informal, drop-in groups moderated on Zoom by the Parent-to-Parent Coordinator.

Perhaps one of the most successful undertakings this period has been the Parent-to-Parent book club. The book club currently meets in 6-week and 8-week rotations and is consistently an environment rich with peer support and opportunities for parents to engage with others with similar life experiences. In 2025, 19 parents across the state attended book clubs and regularly met weekly to discuss book content and their experiences parenting children with disabilities and special health care needs. Book clubs have provided a space for multiple organic peer support matches.

Parent-to-Parent has maintained a focus on connecting parents through one-to-one peer matches and has outreached to the community through events such as the Families Together CHASE Festival, the Johnson County Mental Health parent group, the Family Advisory Council, and several statewide early childhood centers. Currently, 26 parents are matched with peer mentors, an enormous increase from the beginning of the year. Families Together staff, community partners, and parents themselves can contact the Parent-to-Parent Coordinator to request a parent match and/or refer a parent as a Support Parent. The Families Together media team regularly shares program information on social media and the website calendar.

### **Family Leadership Programs**

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.

#### *Family Advisory Council (FAC)*

The Bureau of Family Health Family Advisory Council (FAC) convened for its first meeting of the reporting period in October 2024 (virtual). The council continued with the approved meeting schedule throughout the year:

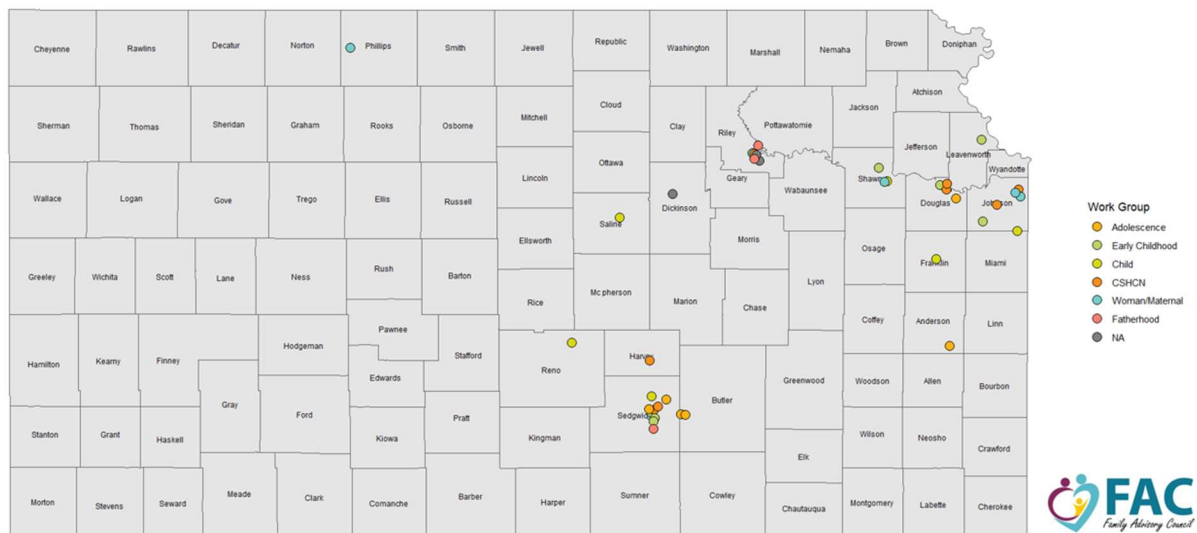
- January 2025 – Virtual
- April 2025 – In-person (Manhattan, KS)
- July 2025 – Virtual

A significant highlight of the reporting period was the April 2025 in-person FAC meeting, which included a mini family leadership training provided by the Iowa Family Leadership Training Institute (IFLTI). This training was highly successful; participants reported increased confidence in their advocacy skills and greater competence as family leaders. During the same period, the FAC expanded its focus by adding the Fatherhood FAC work group in April 2025, providing fathers a dedicated space to engage, share experiences, and contribute to family leadership and advocacy initiatives across the state.

Another notable highlight occurred during the July 2025 virtual meeting, when Families Together presented on their Parent-to-Parent peer support program, increasing awareness of peer-to-peer supports and strengthening connections between FAC members and family support resources.

FAC membership continued to grow and evolve during this reporting period. Between October 2024 and September 2025, the FAC received 35 applications, with a significant increase following a social media outreach campaign in May 2025. By the end of the reporting period, the FAC had 40 active members, reflecting successful recruitment and engagement efforts.

Overall, October 2024–September 2025 was a year of growth and engagement for the FAC, with expanded membership, dedicated father-focused initiatives, skill-building opportunities, and strengthened connections to statewide family support programs.



Points are not exact geolocations and are county approximates.

### Family Leadership Team

During the October 2024–September 2025 reporting period, the Family Leadership Team (FLT) focused on developing a Kansas Family Leadership Training (KS FLT) in response to family-identified needs for structured leadership and advocacy opportunities. This training initiative was developed after hearing directly from parents during Fireside Chats, who expressed a desire for opportunities to build leadership skills, deepen advocacy knowledge, and gain confidence in navigating systems.

In February 2025, the Family Systems Consultant traveled to Iowa to participate in the Iowa Family Leadership Training Institute (IFLTI), gaining insights to guide the development of a Kansas-specific training. Following this, the FLT determined that Kansas families would benefit from a training developed specifically for state systems and family experiences, leading to the intentional development of the KS FLT. In July 2025, family leader interviews were conducted to select participants to help develop the KS FLT. Three family leaders officially began in August 2025, bringing lived experience and connections to Help Me Grow Kansas (HMG KS). Their involvement ensures that the KS FLT is family-driven, reflects Kansas-specific contexts, and responds directly to families' and caregivers' needs and requests.

Overall, October 2024–September 2025 marked a period of strategic transition for the FLT, shifting from advisory work toward the creation of a family-led leadership training program that builds advocacy capacity, fosters peer connection, and strengthens family leadership across Kansas.

### Other Family and Consumer Partnership Work

#### Title V Internship/Fatherhood Work

During this period, the Fatherhood Intern completed an interactive map of fatherhood programs in Kansas and conducted key interviews, wrapping up her work in January

2025. In March 2025, she presented at AMCHIP on her process, demonstrating how other Title V systems can engage fathers.

Following the internship, the Fatherhood FAC Work Group was created in May 2025 and convened for the first time at the July FAC meeting, with three fathers and two women actively participating. In the fall of 2025, the Family Systems Consultant continued the work, focusing on developing an IRB application to conduct fatherhood focus groups, a component of the original plan that had not yet been completed.

October 2024–September 2025 marked a foundational period for fatherhood initiatives in Kansas, including statewide program mapping, knowledge sharing, the formation of a dedicated fatherhood work group, and preparation for focus groups to inform future programming.

#### *Partnership with Kansas' Perinatal Psychiatric Access Program*

The Women/Maternal Workgroup of the Family Advisory Council (FAC) identified a critical gap in accessible, patient-centered education on perinatal mental health. One in five individuals experiences a perinatal mental health condition during pregnancy or within the first year postpartum. Yet, symptoms are often misunderstood, overlooked, and stigmatized, leaving many without the tools or knowledge to recognize concerns or seek help. The FAC Workgroup partnered with the KCC Team to create the Mindful Mamas: A Guide to Perinatal Well-being. The guide provides straightforward information on common signs and symptoms across a range of perinatal emotional states, along with actionable steps, resource options, and an individualized action plan to support decision-making and early engagement with appropriate care. By equipping pregnant and postpartum individuals and their support networks with clear, strengths-based guidance and connections to supports, including crisis services, peer groups, and clinical providers, this resource aims to promote early recognition, empower self-advocacy, and reduce barriers to well-being during the perinatal period. The guide was published as a resource within the Perinatal Mental Health Toolkit.

# Mindful Mamas A Guide to Perinatal Well-Being

Planning a peaceful path through pregnancy, parenting, and beyond.

Around 1 in 5 individuals will experience a perinatal mental health condition. These conditions can have an onset anytime during pregnancy or in the first year postpartum. Specific symptoms and their severity can vary from person to person.

## Using this tool

This tool is designed to support patient education and decision-making for mental health concerns during pregnancy and postpartum. This tool is not a validated screening tool, nor should it be used to diagnose a mental health condition.

### 1 Check Signs & Symptoms

This Page

Review common signs and symptoms of perinatal mental health conditions that your patient may be experiencing.

### 2 Review Actions & Resources

Page 2

Provide recommended actions and resources for when symptoms are present. Consider which resources will best address the symptoms and fit the needs and wants of the perinatal individual.

### 3 Create a Individual Action Plan

Page 3

Review the downloadable digital form and, with your patient's input, complete the individualized plan developed with your patient. Print it out for your patient to take home with them.

## Signs & Symptoms

### THRIVING

"This is hard, but I got this."

**Tired** but can function and keep daily routines.

**Confident** in baby care, bonding, feeding/lactation is going okay.

**Can sleep** when baby sleeps, eats regularly and enough.

Overwhelmed sometimes but **experiences joyful moments**, looks forward to things.

May experience depressive symptoms, or "Baby Blues," but **feels better by end of 2 weeks postpartum**.

### SURVIVING

"Something isn't right."

**Sad**, tearful, overwhelmed, irritable, anxious, disconnected, 'foggy,' or robotic.

**Difficulty with self-care**, cannot sleep when the baby sleeps or is cared for by another trusted person.

**Avoids letting others help** with, hold, or care for baby. Feels guilt, regret, may doubt parenting ability.

**Doesn't enjoy/look forward to things**.

Has **intrusive, unwanted, scary, or repetitive thoughts**, may avoid related situations.

### STRUGGLING

"I can't keep this up."

Symptoms in the Surviving list are **present, persistent, and prevent** them from doing what they want, need, and enjoy.

**Unable to care for self, baby, family**.

**Increasing isolation, feels like a failure**.

### IN CRISIS

"I can't survive this."

**Hopelessness**, despair, cannot get out of bed, poor eye contact, isolation.

**Extreme confusion, detachment from reality**, hears voices or sees things.

**Thinks of harming self or baby**, feels that baby/family would be better off without them.

**Refuses to eat, sleep, or get help**.

**Panic attacks, violent outbursts, wants to hide, leave/run away**.

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