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## EXECUTIVE SUMMARY

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### TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT PROGRAM

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#### Title V Overview

The administration of the Kansas Title V Maternal and Child Health (MCH) Services Block Grant is carried out by the Bureau of Family Health (BFH) within the Kansas Department of Health and Environment's Division of Public Health. The mission of the Bureau is to "provide leadership to enhance the health of Kansas women and children through partnerships with families and communities." The Bureau of Family Health houses several key MCH programs, including ERASEMM, AIM, MMSUD, and Newborn Screening, which allows the Kansas Title V allotments to be used to complement and expand ongoing work across the state. The MCH conceptual framework and public health essential services help guide the work of the Title V program. Beyond these, Kansas has developed core values and guiding principles to promote a strong culture of continuous quality improvement, innovation, and growth, as well as a sustained focus on meaningful change.

#### KS Title V Core Values



#### KS Title V Guiding Principles



#### MCH Population

Kansas, spanning 82,278 sq. miles, is divided into 105 counties with 627 cities. The US Census Bureau estimates there were approximately 2,970,606 residents living in the state in 2024. Kansas has a unique geographic layout that ranges from urban to frontier counties based on population density. The population density of Kansas was 36.3 inhabitants per square mile in 2024. In 2024 there were 33,956 live births. The number of females in Kansas in the main reproductive/child-bearing age group (ages 15-44) was 582,555. According to the 2022-2023 National Survey of Children's Health (NSCH), 27.7% of Kansas children ages 0 to 17 years (est. 191,951) were identified as having special health care needs (SHCN), as determined based on a screener or the presence of at least one difficulty and one condition. The prevalence of SHCN in boys (29.7%) was significantly higher than among girls (25.6%).

## Title V MCH Priorities and Performance Measures (FFY 2026 - 2030)



### Women/Maternal Health

Women have access to and utilize integrated, holistic and patient-centered care throughout the preconception, pregnancy and postpartum periods.



### Perinatal/Infant Health

Infants and families are supported by robust community systems that promote optimal infant health and well-being.



### Child Health

Children and families have access to and benefit from developmentally appropriate services within collaborative and integrated systems of health care and community supports.



### Adolescent Health

Ensure that adolescents and young adults have consistent access to and actively engage with comprehensive, patient-centered care and community supports that strengthen their physical, social, and emotional well-being.



### Children with Special Health Care Needs

Individuals with SHCN, their families, communities and providers have the knowledge, skills and support to access coordinated care and community supports that aid transition.



### Cross-Cutting: MCH Workforce

Strengthen workforce capacity and enhance public health systems by investing in training, infrastructure and cross-sector collaboration, ensuring a skilled, adaptable workforce and resilient systems capable of addressing conditions and community health factors that affect current and emerging maternal and child health needs.



### Cross-Cutting: Families

Resources and services that recognize and build upon existing family strengths and community services are accessible to support healthy relationships and family wellbeing.

Five national and three state performance measures have been selected to address the priorities outlined above. National performance measures (NPMs) utilize national data sources to track state-level prevalence rates to determine the impact of activities on the populations served. States must select at least one NPM for each of the MCH population domains (women/maternal, perinatal/infant, child, adolescent, children with special health care needs). The state performance measures (SPMs) were selected where an NPM was not available or appropriate for the state's identified priorities or objectives. The selected measures are outlined below.

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### National Performance Measures (NPMs)

- Postpartum Visit (Women/Maternal)
- Breastfeeding (Perinatal/Infant)
- Safe Sleep (Perinatal/Infant)
- Medical Home (Child)
- Preventive Medical Visit (Adolescent)
- Transition To Adulthood (CSHCN)
- Medical Home-Care Coordination (CSHCN)

### State Performance Measures (SPMs)

- Workforce Development (Cross-Cutting)
- Parenting Supports (Cross-Cutting)

In addition to the above NPMs, changes in the Health Resource and Services Administration (HRSA) guidance for the yearly Title V Block Grant application require all states to report on two universal NPMs: post-partum visit (women/maternal) and medical home (child and children and youth with special health care needs). Both universal measures will be discussed in their respective domain plan narrative.

### Assessing State Needs

Kansas continuously assesses the needs of MCH populations through an ongoing Needs Assessment, and the State Action Plan is reviewed during interim years. With a goal to maximize the input of internal and external partners, the Title V Five-Year Needs Assessment process utilizes a mixed methods approach relying on input from a wide-ranging network of key informants, partners, and community members including families and consumers. The State Systems Development Initiative (SSDI) staff provides data capacity for informed decision-making using a variety of data sources. This comprehensive process and broad approach assist with identifying key priorities used to develop an action plan that addresses and improves MCH in Kansas while leveraging resources and partnerships across the state. Strategies developed to address the NPMs and SPMs are comprehensive, coordinated, and family-centered for all MCH population domains. Continuous data monitoring, evaluation, and staff review occur regularly to help identify new and emerging issues for the Title V population allowing the team to adapt and adjust as needed to improve services and supports.

### Title V Activities & Program Highlights by Population Domain

The Title V plan reflects coordination of MCH activities across funding sources, agencies, and local providers. It relies on partnerships, high-quality shared measurement, and data to track the impact and effectiveness of services, activities, and strategies. Review each of the associated population domain narratives for additional details about these and other activities, including applicable data and impacts on health outcomes for women, children, and families.

### Women/Maternal

Maternal Mortality: The [Kansas Maternal Mortality Review Committee](#) (KMMRC) is a collaboration among Title V and key partners to review pregnancy-related deaths, identify causes, and develop recommendations for implementable interventions to prevent future occurrences. The [Kansas Maternal Mortality and Morbidity Report](#) contains information and data collected from cases. As a result of this report, formal

recommendations led to the Kansas Perinatal Quality Collaborative's Fourth Trimester Initiative.

***Perinatal Quality & Systems of Care:*** The [Kansas Perinatal Quality Collaborative](#) (KPQC) is a partnership with a panel of experts working to improve the quality of care for mothers and infants, resulting in measurable improvements in statewide health care and health outcomes. Past work includes developing a comprehensive approach to Neonatal Abstinence Syndrome (NAS) through a lifespan approach crossing several critical periods, involved establishing several levels of prevention, education, and intervention (surveillance to clinical practice improvements) as well as points of education to prevent exposure and reduce the impact when exposure occurs. At the beginning of 2025, the KPQC launched enrollment for a new patient safety bundle focused on severe hypertensive disorders of pregnancy.

### **Perinatal/Infant Health**

***Perinatal Community Collaboratives:*** Title V is committed to supporting expansion and sustainability of the [Kansas Perinatal Community Collaborative](#) (KPCC) model with local communities and the broader network of local health care and community service providers, as a consistent and proven delivery system for coordinated prenatal care. The model brings prenatal education, clinical care, and wraparound services together.

***Breastfeeding:*** Title V strives to provide consistent messaging around breastfeeding and leverage resources at the state and local levels. Title V has a partnership with the [Kansas Breastfeeding Coalition](#) (KBC) to align and support breastfeeding across programs including MCH, WIC, Child Care Licensing, Home Visiting, and others. KBC increases the capacity and strengthens the support of local breastfeeding coalitions, provides technical assistance and support for several initiatives, participates in planning for Community Baby Showers, and assists with updating breastfeeding education for providers and parents.

***Safe Sleep:*** Title V has a partnership with the [Kansas Infant Death and SIDS \(KIDS\) Network](#) to reduce infant mortality through state and local safe sleep targeted efforts. Title V supports the KIDS Network to facilitate a safe sleep culture within Kansas by training a network of Safe Sleep Instructors; developing and providing training for parents, physicians, home visitors, and child care providers; and promoting consistent safe sleep messages across the lifespan. KIDS Network also provides technical assistance on the Community Baby Shower model and the Hospital Safe Sleep Certification and Outpatient Provider Safe Sleep Star programs.

### **Child & Adolescent Health**

***Early Childhood Systems Building:*** The [Help Me Grow Kansas](#) (HMG) framework promotes integrated, cross-sector collaboration to build efficient and effective systems. This was the foundation of the [All in for Kansas Kids Strategic Plan](#), supported by Title V partnership and aligned with key MCH activities such as: expanding care coordination to primary care provider settings, streamlining enrollment into early childhood services, and expanding early identification efforts.

*Preventive Medical Visits (Annual Well Visits):* Title V is actively engaged in outreach, promotion, and support to increase access to annual preventive medical visits for children and adolescents. Visits are important for access to comprehensive services including screening and immunizations, referral, and diagnosis and treatment when indicated. Title V promotes [Bright Futures™](#) as a standard of care in line with the [Medicaid EPSDT program](#) and is also focusing on expanding into school-based health centers to increase access to care, especially for adolescents. Title V provided funding for a statewide license to access the online Bright Futures Tool and Resource Kit, 2nd Edition.

*Behavioral Health:* Kansas Title V is working to increase focus on behavioral health interventions, healthy social-emotional development, and cross-systems collaboration within the State Action Plan objectives. To expand programming and increase effectiveness, the MCH Behavioral Health Director position oversees two federally funded projects focused on behavioral health – [Kansas Connecting Communities](#) (launched October 2018) and [KSKidsMAP to Mental Wellness](#) (launched July 2019).

*Youth Health Initiatives:* The [Youth Health Guide](#) and [WHY \(Whole Healthy You\) Campaign](#), bring attention to health awareness events and supports youth in living healthy – physically, mentally, and emotionally. Additionally, Title V used the Adolescent Health Institute’s [youth-friendly care tools](#) to support quality improvement strategies and is devoted to providing technical assistance to local agencies to improve adolescent health measures and identify enhancements or improvements to policy. With this support, local MCH agencies will be prepared to clearly state their goals and identify MCH funding needs to meet milestones in future grant applications.

### **Children with Special Health Care Needs (CSHCN)**

*Care Coordination:* The [Kansas Special Health Care Needs](#) program (KS-SHCN) provides care coordination and helps families find, understand, and access services and resources within medical, school, and community systems to achieve optimal child/family health outcomes and empower and prepare parents to support their children.

*Transition to Adulthood:* Transition planning for youth and adolescents ages 12 and older focuses on transitioning to adulthood in all aspects of life (e.g., pediatrics to adult health care systems, self-advocacy, health and wellness, social and recreation, independent living skills, education). Title V works with youth with special health care needs to develop goals that meet their needs and help support self-determination.

### **Family & Consumer Partnerships**

*Peer-to-Peer Support Network:* During FFY24, Title V began partnering with Families Together, Inc., the state Family-2-Family (F2F) organization on their existing peer-to-peer support network. Families Together, Inc. has been operating a peer-to-peer support network for parents and caregivers of CSHCN. With additional support from Title V, services will be expanded to all parents and caregivers looking for support.

*Family & Consumer Partnership (FCP) Program:* Established in 2021, this program provides technical assistance, support, and capacity to engage in initiatives around peer support, family leadership, and advisory opportunities. This serves as the framework for local and state Title V programs to ensure families are engaged at the level they desire. In partnership with families, a resource toolkit has been developed to support partners in engaging families in planning, implementation, and evaluation of services and programs.