TITLE V MATERNAL & CHILD HEALTH
5-YEAR STATE ACTION PLAN 2021–2025

PRIORITY 1
Women have access to & utilize integrated, holistic, patient-centered care before, during, & after pregnancy.

PRIORITY 2
All infants & families have support from strong community systems to optimize infant health & well-being.

PRIORITY 3
Children & families have access to & utilize developmentally appropriate services & supports through collaborative & integrated communities.

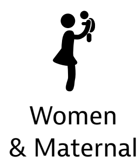
PRIORITY 4
Adolescents & young adults have access to & utilize integrated, holistic, patient-centered care to support physical, social, & emotional health.

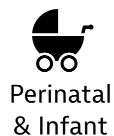
PRIORITY 5
Communities, families, & providers have the knowledge, skills, & comfort to support transitions & empowerment opportunities.

PRIORITY 6
Professionals have the knowledge, skills, & comfort to address the needs of maternal & child health populations.

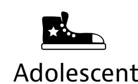
PRIORITY 7
Strengths-based supports & services are available to promote healthy families & relationships.

MCH DOMAINS

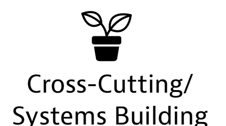

Women & Maternal


Perinatal & Infant

Child


Adolescent

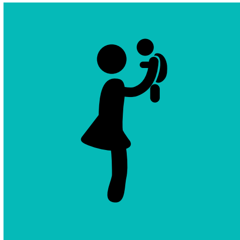
CSHCN


Cross-Cutting/ Systems Building

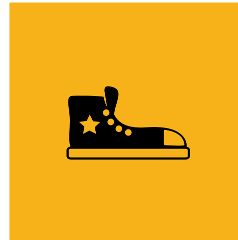
TITLE V MATERNAL & CHILD HEALTH

2021–2025

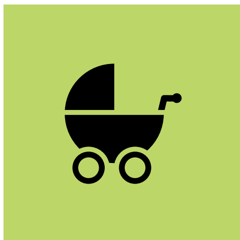
TITLE V MATERNAL & CHILD HEALTH (MCH) POPULATION DOMAINS



Women/Maternal



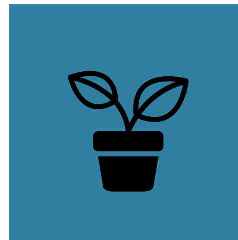
Adolescent



Perinatal/Infant

Children with Special Health Care Needs (CSHNC)

Child

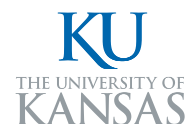


Cross-cutting/ Systems Building

Performance Measures

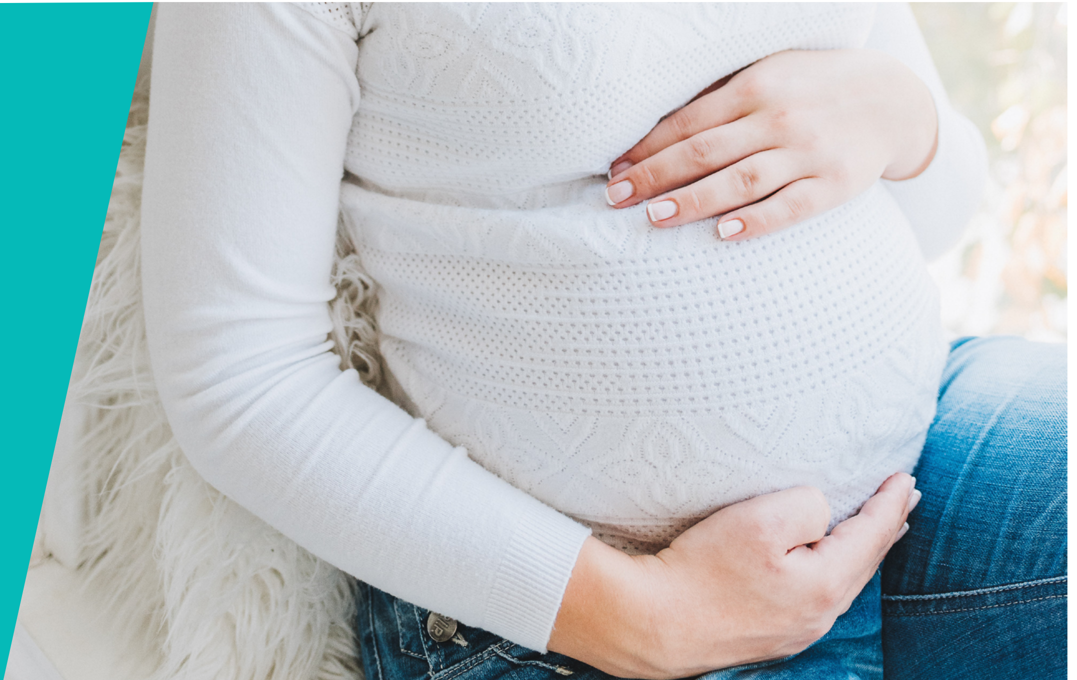
NPM	National Performance Measure
SPM	State Performance Measure

The Title V Maternal and Child Health (MCH) Services Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is to improve the health and well-being of the nation's mothers, infants, children, and youth, including children with special health care needs and their families. The program is funded through the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) and administered by the Kansas Department of Health and Environment, Bureau of Family Health. States are required to conduct a statewide needs assessment every five years and identify priority needs and measures for five MCH Population Domains: Women & Maternal, Perinatal & Infant, Child, Adolescent, Children with Special Health Care Needs, and an optional Cross-cutting/Systems Building domain. Although each state priority is linked with an individual domain, Kansas recognizes that many priorities and objectives may address needs across populations and is dedicated to focusing on aligning efforts as necessary for maximum impact. Find more information at www.kansasmch.org or www.kdheks.gov/bfh.



PRIORITY 1

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



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.

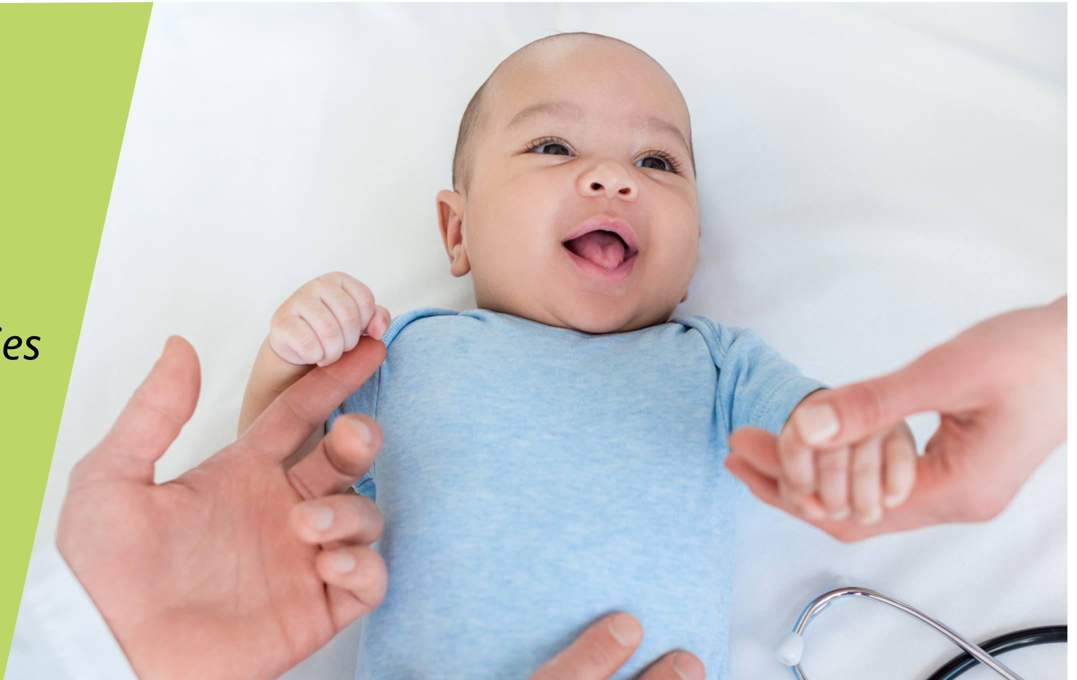
OBJECTIVE 1.4
Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10% by 2025.

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)*

PRIORITY 2

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



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

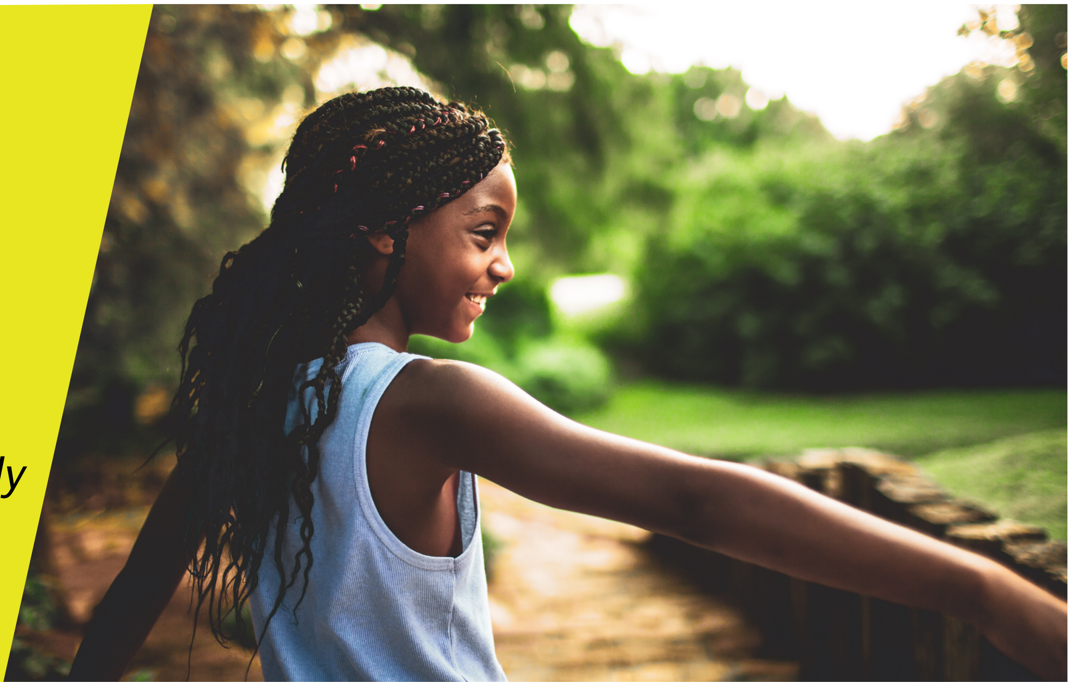
Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025.

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)*

PRIORITY 3

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



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.

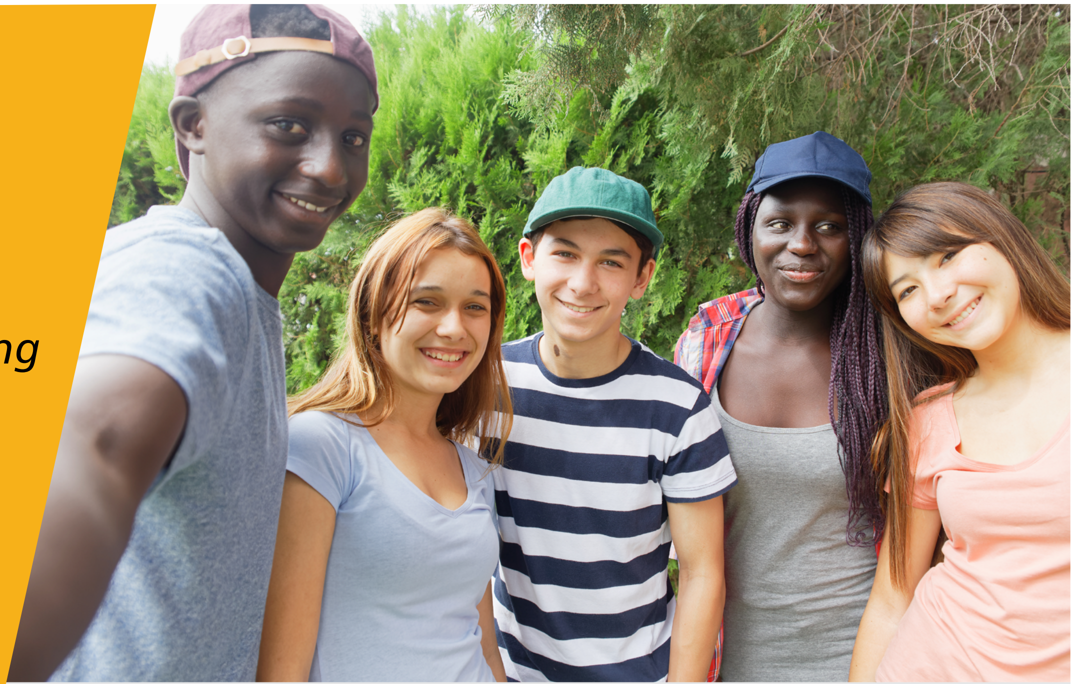
OBJECTIVE 3.3

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

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

PRIORITY 4

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



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.

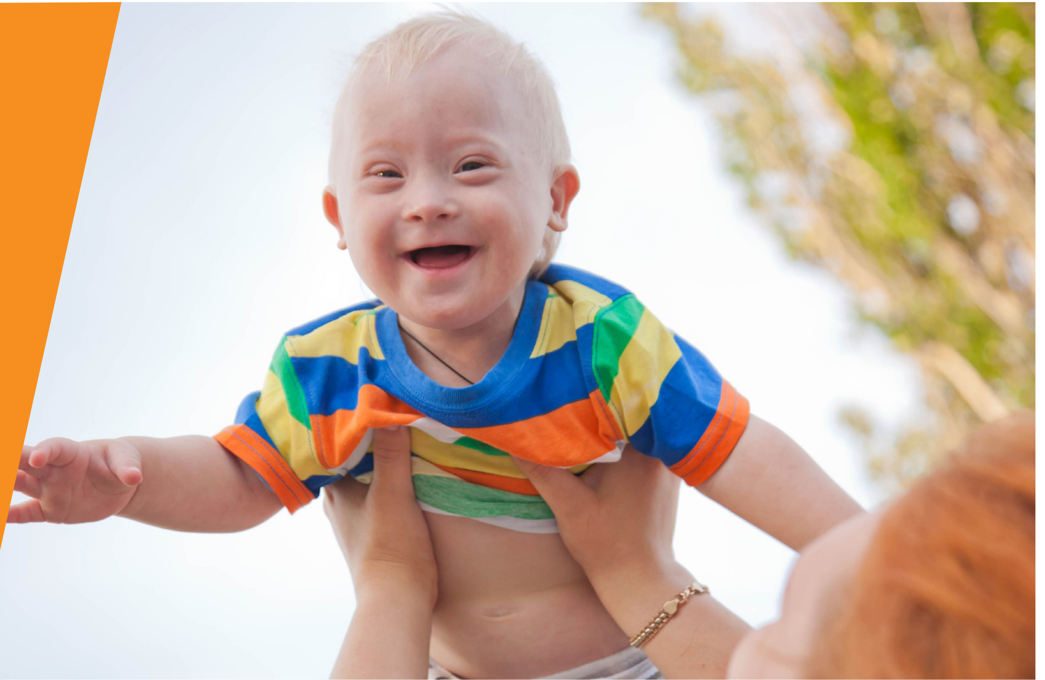
OBJECTIVE 4.2
Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and supports from peers and caring adults by 10% by 2025.

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.

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

PRIORITY 5

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



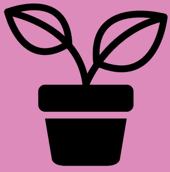
CHILDREN WITH SPECIAL HEALTH CARE NEEDS

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.

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*



PRIORITY 6

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

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.

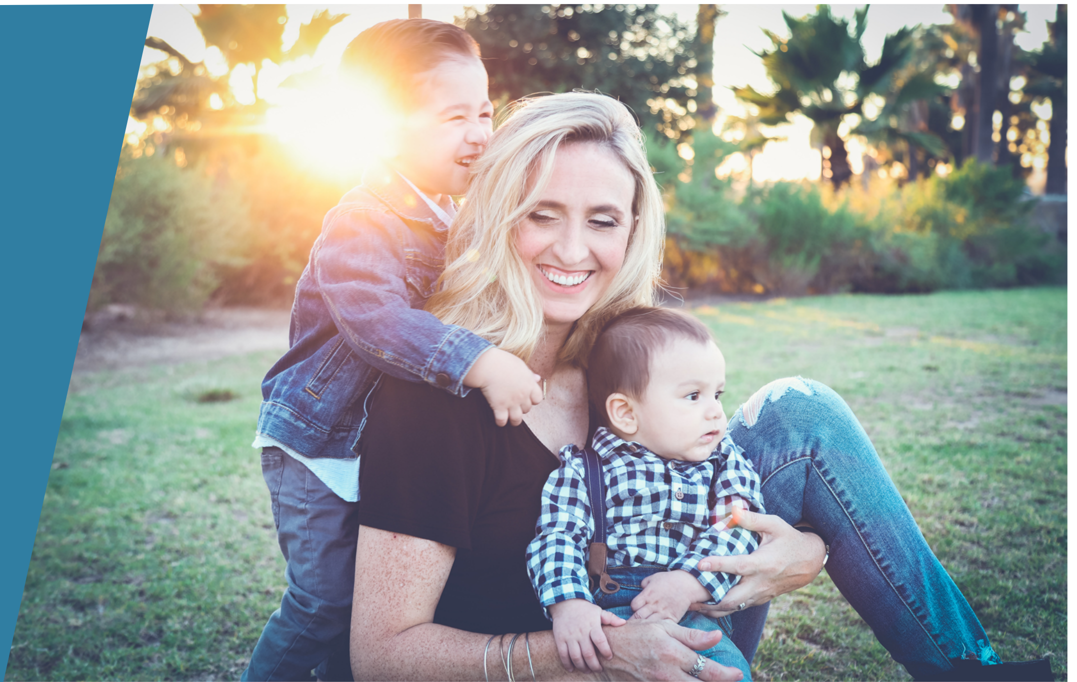
OBJECTIVE 6.2
Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

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.

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

PRIORITY 7

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



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.

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*