



Kansas Maternal & Child Health Council (KMCHC)

Meeting Minutes

Wednesday, May 7, 2025 | 10:00 am to 2:00 pm

Kansas Health Institute, 212 SW Eighth Street, Suite 300, Topeka, KS 66603

Members Present: Carrie Akin, Brenda Bandy, Kourtney Bettinger, Heather Braum, Ali Braun, Christi Cain, Lisa Chaney, Stacy Clarke, Amy Dean Campmire, Stephen Fawcett, Geno Fernandez, Kelsee Fount, Lisa Frey Blume, Holly Frye, Jason Geslois, Kirstianna Guerrero, Kari Harris, Sara Hortenstine, Elaine Johannes, Jamie Kim, Patricia McNamar, Jennifer Miller, Jill Nelson, Oluwakemi Onyenagubo, Susan Pence, Cherie Sage, Cari Schmidt, Heather Schrotberger, Christy Schunn, Sookyung Shin, Kayla Stangis, Cora Ungerer, Kristi Weaver, Maddie Wegner, Tara Wells, Stephanie Wolf, Kendra Wyatt, Donna Yadrich

Guests: Vanessa Eberle, Heather Gould, Pempho Moyo

Staff: Denise Cyzman, Marisa Guerrero

Agenda	Discussion	Actions and Decisions
Welcome and Member Introduction	Dr. Kari Harris, KMCHC Chair, welcomed attendees and gave a special welcome to new members and guests.	
KMCHC Member Update	Donna Yadrich, MPA, Family Caregiver/Advocate for Children, and KMCHC Family and Consumer member, provided an update on her work and her experience as a caregiver. Elaine Johannes, PhD, KHF Distinguished Professor in Community Health and State Extension Specialist - Youth	

	Development, Kansas State University, provided an update on her work at K-State.	
Roles and Responsibilities of KMCHC Kari Harris, MD, FAAP	Dr. Harris reviewed the KMCHC member roles and responsibilities, as identified in the KMCHC Bylaws and Guidance Documents. These are: <ol style="list-style-type: none"> 1. Advise state leadership 2. Promote information exchange 3. Foster collaboration 4. Engage in work groups 5. Attend and contribute to meetings 6. Recommend new members 	View Presentation Here (Pages 7-8)
2025 Legislative Update Heather Braum, Health Policy Advisor, Kansas Action for Children	Heather Braum provided an overview of the state's 2025 legislative session, which concluded on April 12, 2025. She also facilitated a discussion on Presidential executive orders and other policy changes emerging from his office and cabinet.	
Title V Block Grant Jennifer Miller, State MCH Director/Title V Director, Kansas Department of Health and Environment	<p>Dr. Miller provided a federal update on the Title V Block Grant and HRSA’s Maternal and Child Health Bureau, as well as a state-level update that included the development of the new Office of Early Childhood and recent KDHE staffing changes.</p> <p>She reviewed key findings from the Title V MCH needs assessment, which identified significant challenges across maternal and child health populations. These include barriers to preventive care, chronic disease risks, maternal mortality, limited access to obstetrical and behavioral health services, and substance use among women. Infant concerns include high mortality rates, preterm birth, low birth weight, drug exposure, and SUID. Children face low rates of developmental screening, poor school readiness, injuries, ACEs, and fragmented care coordination. Adolescents experience rising firearm deaths, behavioral health issues, limited sexual health education, and challenges transitioning to adult care. Children with special health care needs encounter difficulties accessing specialty care, maintaining continuity, and addressing behavioral health and bullying.</p>	View Presentation Here (Pages 11-28)

	Dr. Miller concluded by introducing draft priorities for the state action plan and outlining opportunities for public input before the plan is finalized.	
School-Based Medicaid Enrollment Services Grant Heather Gould, Project Director, KDHE Division of Health Care Finance	In July 2024, KDHE was awarded a \$2.5 million CMS grant to support the implementation of school-based health services. This funding will help Kansas secure ongoing Medicaid dollars to integrate and sustain comprehensive health services in schools, including mental health care, and improve student access to needed care. Heather Gould shared an overview of the grant and KDHE’s implementation plan.	View Presentation Here (Pages 29-39)
Workgroup Expectations Denise Cyzman, Executive Director, KAAP	Denise Cyzman reviewed the expectations for the Domain Workgroups and then adjourned the meeting for lunch/networking before the workgroups reconvened for a 1-hour discussion and working meeting.	
Domain Work Group Discussion and Report Out <ul style="list-style-type: none"> • Women/Maternal • Perinatal/Infant • Child • Adolescent 	See Attachment A for a summary of the workgroup discussions.	
Member Announcements and Updates Denise Cyzman, ED, KAAP	Throughout the virtual meeting, members shared numerous resources and information. A compilation can be found online here: KMCHC May 7, 2025 Compilation Links and Resources .	
Closing Remarks & Adjourn Kari Harris, MD, KMCHC Chair	Hearing no new business, Dr. Harris thanked everyone for participating and adjourned the Council meeting.	

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.

2025 KMCHC Meetings

July 23, 2025 – 9 am to 12 pm
Virtual Meeting

October 15, 2025 – 10 am to 2 pm
Topeka and Shawnee County Public Library - 1515 SW 10th Ave., Topeka, Kansas
(New Location)

May 7, 2025, Domain Workgroup Reports – Summary

Women/Maternal

Response to Presentations: The work group discussed how to leverage professional roles and lived experience to advocate for MCH programs. Members expressed concern about recent and potential federal-level changes and how these may affect state-level work, including implications for data sources such as PRAMS. It was noted that PRAMS funding is currently secured through September.

The group discussed the need to better inform the public about legislative changes, given that policy information is often difficult to access. Ideas included developing a newsletter or similar communication tool focused on policy education for community members. The discussion also highlighted the importance of leveraging existing relationships to advocate effectively, particularly for individuals whose professional roles limit direct policy or advocacy engagement.

Special Project Update: The group received an update on HRSA maternal mental health materials. Kayla is contacting HRSA's new lead for maternal mental health to request updated materials. While the hotline remains active, recent staffing reductions have created uncertainty about program oversight. Kayla will work with the HRSA project officer to explore sending materials directly to hospitals to streamline distribution, and the group discussed using PSI or KCC as alternatives if HRSA is unable to ship materials directly.

There was no update on the perinatal risk assessment screening tool; Jill will follow up with Dr. Bettinger. Kendra shared positive feedback from Missouri on the effectiveness of their universal screener. The group discussed how Missouri is using its risk assessment, including a special project in which MOHealthNet required MCOs to use a single prenatal risk assessment form. Key operational indicators include ensuring accurate contact information, particularly phone numbers, which has led to greater use of case management and earlier identification of patients needing intervention. Missouri has seen increased MCO responsiveness, especially for high-risk patients, resulting in improved access to support services.

The group noted the importance of having TMaH representation on the Council to keep efforts aligned. There was also discussion about engaging the State Employee Health Plan and encouraging provider network involvement, potentially starting with KDHE human resources liaisons.

As an FYI, Jill has had an initial conversation with TMaH about identifying key stakeholders for future discussions, and a TMaH update will be included at a future KMCHC meeting.

Currently, the work group's special project - universal risk assessment screening - remains on hold pending updates from Medicaid.

Next Steps:

1. Send Maternal Mental Health Hotline materials directly from HRSA to Hospitals –
2. Get an update on HRSA maternal mental health materials
3. Follow up with someone from Medicaid to get an update on the risk assessment screening.

Perinatal/Infant

Response to Presentations: The group discussed both state and federal funding concerns, with questions raised about funding for newborn screening (NBS) and long-term sustainability. While the federal Newborn Screening Committee was reportedly disbanded, state-level funding is secure for the current year.

It was recommended that a crosswalk be developed to identify KDHE programs that rely on federal funding, along with an assessment of threat level and potential impact.

Participants discussed the need to plan proactively for potential funding reductions, including downsizing programs if necessary to preserve core services. It was suggested that advocacy messaging be refined to clearly link policy and funding decisions back to their impact on children – is this helpful to our children? The group also noted that state-level legislative leaders could serve as messengers to federal partners by highlighting state budget implications.

Concern was expressed about the potential loss of PRAMS data and how to maintain comparable data collection at the state or local level without federal support. Recommendations included storing data locally, maintaining hard copies, and exploring how other entities have archived data during government closures. It was noted that local managed care organizations have already begun discussing strategies to secure data while it remains available. The discussion highlighted the distinction between data cleaning and data storage, as well as the technical capacity required to manage data independently.

The group also discussed how the community can restore and recover following major changes to funding structures and systems. To continue these conversations, Brenda offered to host a 30-minute recurring huddle to discuss current political developments and their potential impact on the work and populations served, proposed for Friday afternoons through the First 1000 Days group.

Special Project Update: The Work Group received an update on the “Welcome Baby” postcard project, which aims to send a postcard to all families with a baby born in Kansas, highlighting available resources. Newborn screening postcards are currently being distributed, with an initial batch of 300 sent during the first week of April. The program has continued mailing approximately 300 postcards per week, with plans to increase to 500 per week, until all 5,000 printed postcards are used. Early feedback indicates increased traffic to the Screening and Surveillance website, suggesting families are accessing information more quickly. The NBS team is also exploring whether partner organizations promoted on the website are seeing increased utilization.

The committee discussed the importance of retrieving and preserving data to anticipate potential data loss. The NBS team reported tracking website views and noted spikes following outreach efforts, including QR code distribution at a public health conference and the initial postcard mailings. The committee recommended further analysis to better understand individual user access patterns.

Funding sustainability was a key discussion point. The cost of the postcards was reported to be approximately \$1 per postcard, and additional funding will be needed to continue the project. Committee members raised questions about how long current funding will last, whether weekly distribution could be increased to better match the average number of births in Kansas, how the initial 5,000 postcards are being allocated, and what costs are included in the per-postcard estimate.

Suggestions included promoting the postcards through libraries and BAM, and exploring partnerships with nonprofit organizations to reduce mailing costs through bulk rates.

Next Step:

1. The Work Group questions and recommendations will be shared with the Newborn Screening program for follow-up.

Child

Special Project Update: The special project discussion began with a conversation about the desired direction of the meeting. Because survey results are not yet available, the group agreed to pivot from the original plan. There was brief discussion about potentially using the care coordination survey results to inform future policy recommendations once the data are available.

Given ongoing uncertainty, the group discussed shifting the project's focus to the preservation of existing programs. A new project idea emerged to support KAC with collecting and sharing Head Start testimonies and stories, potentially expanding this approach to other programs at risk of funding cuts. The group discussed key messaging considerations and the possibility of offering stipends to individuals who provide testimony.

Next Step:

1. Identify the topics we want to focus on depending on what has the most chance of being cut.

Adolescent

Response to Presentations: The Work Group discussed the need to better organize messaging and identify clear next steps. The conversation focused on outreach related to autism assessment, including challenges families face in obtaining timely assessments before age-related eligibility limits result in loss of access to services.

Special Project Update: The Work Group received an update on a Kansas Leadership Center (KLC) grant supporting the integration of civic engagement activities into a youth leadership curriculum. The curriculum is currently being piloted with KC Women on the Move, Clay Center Y-Link, and groups in Hutchinson and Wichita. Once the pilot is complete, the Work Group will use the findings to inform potential expansion efforts. It was noted that KLC does not currently have representation at KMCHC meetings, and the group recommended inviting KLC to present or participate. Following discussion, the Work Group agreed to focus its efforts on civic health and to partner with KLC to incorporate health topics into a youth civic health curriculum. KLC is currently implementing this work with four organizations.

The group also discussed the disaster preparedness continuum, including preparation and mitigation, response, recovery, restoration (typically three to five years), and long-term resilience.

The group expressed interest in inviting the Governor's Behavioral Health Services Council Youth Committee, which focuses on youth mental health, to present at a future meeting.

Next Steps:

1. Cora will send SAP to Linda to share with the youth committee.
2. Youth committee will provide public input on the Adolescent part of the SAP.
3. KDHE will email the KLC workplan to the Adolescent domain.