

Workforce Development – Other

Contact: Jennifer Miller, Jennifer.M.Miller@ks.gov

REPORT – October 2021 through September 2022

Title V Change Academy: Title V contracted with KU Center for Community Health and Development (KU-CCHD) to develop an online curriculum for use by the MCH workforce to bring about change and improvements in the MCH system. This curriculum consists of 16 learning modules based upon content from the Community Tool Box Curriculum (e.g., Creating Coalitions & Partnerships; Building Leadership; Advocacy; Influencing Policy Development). The Change Academy is currently in testing and will be available for use by the MCH workforce soon to help them gain the knowledge, skills and comfort to address the needs of the MCH populations.

Title V Staff training requirements: The MCH Navigator and online MCH Assessment continue to be utilized for new staff training. These are required as part of Title V staff onboarding (MCH 101 and MCH Orientation and others as recommended by the individual's supervisor), so that they can become familiar with Title V. Title V supervisors are encouraged to include MCH navigator training courses in their staffs' yearly performance reviews. During the on boarding process there are a variety of other Title V trainings that are required based on the individual's position within the Title V team (e.g., tobacco, breastfeeding, safe sleep, care coordination). The annual Governor's Public Health and AMCHP conferences serve as additional learning opportunities for Title V staff.

Annual Home Visitor Conference: Kansas Title V and Maternal, Infant and Early Childhood Home Visiting (MIECHV) staff provide an annual Virtual Kansas Home Visiting Conference that was free to home visitors across the state. The September 2022 conference hosted more than 300 participants including home visitors and supervisors. Session topics included:

- Equity, Inclusion and Diversity in Kansas
- Rediscovering Why You Knock on the Door
- Breastfeeding Support: The Powerful Role of the Home Visitor
- Home Visitor Collaboration
- Home Visiting Safety Panel
- "I was Hotlined!!" – Engaging and Supporting Families Involved with the Child Welfare System
- Prenatal to Five Fiscal Strategies Related to Maintaining Service Delivery and Client Recruitment During COVID-10.
- Empowering Survivors of Domestic Violence through Universal Education
- The Three "R's" of Relationship Building – Regulate, Relate, Reason
- Using the Period of Purple Crying Program to Prevent Infant Abuse
- Quality Childcare
- Car Seat Safety

Local Public Health Program (LPHP) Partnership: Work continued with the LPHP to provide professional development webinars, conferences and other events to MCH Networks across Kansas. This ongoing partnership blends collaborative work between Bureaus within the Kansas Department of Health and Environment to provide professional development trainings to strengthen and support local public health

agencies who deliver MCH services to individuals and families within their communities. The Governor’s Public Health Conference is held each Spring with an agenda developed by a variety of representatives from different Bureaus with a pre-conference focused exclusively on MCH workforce needs.

The Title V team participates annually in local regional public health meetings with local administrators to share Title V updates, newly developed resources and answer questions. This gives Title V staff an opportunity to have dialog with the locals about what they need for additional trainings and supports. This information is then shared with the Title V team so trainings and other supports can be developed. The Title V team contributes articles, new and resources through the Public Health Connections electronic newsletter that is sent regularly to all local public health agencies through the LPHP partnership.

MCH Third Thursday Webinar Series: In August 2021, Title V launched their MCH Third Thursday Webinar Series. The Kansas MCH Team, along with subject matter experts from across the state, began convening a monthly learning opportunity for MCH providers. The sessions focused on providing information about initiatives and resources that can be applied to MCH work across all communities. All webinar sessions were recorded, and a copy of the recording, slide deck, and referenced resource materials were made available to anyone who registers for the sessions following the live training. The following sessions were facilitated throughout this Report period:

Date	Session	# Registered	# Attended
October 2021	Perinatal Behavioral Health Services and Resources	62	34
November 2021	Adolescent SBIRT: Resource Guide and Toolkit Overview	39	14
January 2022	Overview of NEW Count the Kicks Materials and App Features	118	72
February 2022	Supporting Kansas Families Through School-Based Health and Population-Based Approaches to Serving CSHCN	48	29
March 2022	Screening for Perinatal Substance Use	51	29
April 2022	KSKidsMAP: A Resource for Responding to the Pediatric Mental Health Crisis	49	14
May 2022	Tobacco Cessation During Pregnancy and Postpartum	111	57
June 2022	Consumer and Family Engagement: Essential for MCH	99	45
September 2022	Intimate Partner Violence and the CUES Intervention	185	74

As part of the 2022 Governor’s Public Health MCH Pre-Conference Session, attendees were encouraged to complete a feedback survey about the training series. Title V received very positive feedback about the series - “Very helpful. Like that I can go watch later or have other staff watch.” “We love the webinar series!” And, “I was unaware that we could get recording of session if we registered. I can't do these at noon on Thursdays so never signed up - I would have if I knew I could get the recording to watch later. Thanks for this info!” Attendees could also provide ideas or suggestions on future webinar topics. This information was referenced when scheduling sessions for the SFY2023 series which launched in September 2022.

To build upon initial success of the webinar series, Title V developed a Third Thursday Webinar Series Guide outlining coordination, prep, and wrap-up activities, such as sending reminders to all networks about the next session, offering opportunity for Title V and other KDHE program staff to make announcements at the beginning of each session, recording webinar sessions in Community Checkbox, etc. in an effort to ensure consistency across all sessions. Title V also adjusted the time of the webinar based on feedback from ATL programs from Noon to 1:30pm, as offering the session over the lunch hour was a barrier for some programs and providers. An oversight of the initial series was making a feedback or evaluation survey about each session available to attendees. Starting with the September 2022 session, 3-5 training objectives are obtained

from the session presenter and are used to create a feedback survey in SurveyMonkey. A link to the survey is made available in the chat during each session as well as in the follow-up email. All questions included in the survey are optional and includes contact information, pre-assessment questions, post-assessment questions, and opportunity to provide additional feedback. Attendees respond to the pre-assessment and post-assessment at the same time, following the session. These sections inquire about Training/Experience: "Please assess your level of knowledge, training, and confidence as untrained, trained, or skillful," and Confidence: "Please assess your confidence with the following skills on a scale of 0-10." Responses collected will be used for Title V Block Grant measure reporting purposes as well as when scheduling future MCH Third Thursday Webinar sessions.

Tailored Resources for MCH ATL Programs: As part of the MCH ATL annual grant applications, local organizations indicate populations they intend to serve as well as services they intend to provide. Title V provided a tailored list of recommended activities and resources for each domain that aligns with the Kansas Title V MCH 2021-2025 State Action Plan (SAP). A master list of all activities and resources was also made available on the MCH Workstation for local programs who had interest in expanding their operations. The aim for this project was to help ensure MCH ATL programs have quick access to vetted resources and activity ideas for providing quality MCH services that align with best practice strategies and guidelines. In addition to recommendations by each domain and SAP objective, links were provided to the MCH Services Manual, MCH Workstation, Kansas Grant Management System, DAISEY, and the MCH Materials Order Form were included for quick reference. To streamline information for local programs, Title V cross-referenced all ATL application responses and tailored the resource packet for each locally funded program; 54 community-based organizations received Title V: MCH ATL funding in SFY2023. Regardless of ATL application responses, all ATL programs received resource information for the Workforce Development and Family Services and Supports domain priorities. The following outlines the percentage of all ATL programs who received resources for each SAP objective:



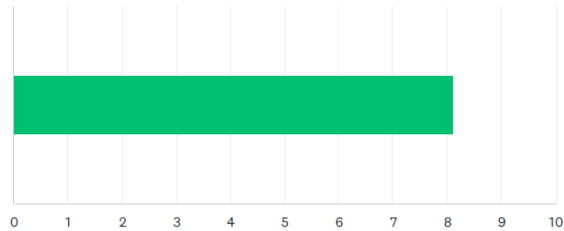
Woman/Maternal Health	
Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.	
1.1: Comprehensive annual well-woman/preventive services	63%
1.2: Education and/or screening for perinatal mood and anxiety disorders (PMADs)	93%
1.3: Prenatal education and support services	87%
1.4: Pregnancy intention screening (One Key Question)	78%
*All Woman/Maternal resources were shared with KPCCs (n=22; 41%)	
Perinatal/Infant Health	
Priority 2: All Infant and families have support from strong community systems to optimize infant health and well-being.	
2.1: Breastfeeding supports and education	81%
2.2: Safe Sleep promotion/initiatives	78%
2.3: Perinatal quality initiatives	48%
2.4: MCH universal home visits	83%
*All Perinatal/Infant resources were shared with KPCCs (n=22; 41%)	
Child Health	
Priority 3: Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.	
3.1: Developmental screening	80%
3.2: Access to health promotion activities and programs	44%
3.3: Comprehensive annual well-child/preventive services	76%
Adolescent Health	
Priority 4: Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.	
4.1: Comprehensive annual adolescent well-visit/preventive services	43%
4.2: Access to health promotion activities and programs	30%
4.3: Screening, intervention, referral for adolescent behavioral health needs	39%
Children with Special Health Care Needs (CSHCN)	
Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.	
5.1: Transition support and services	15%
5.2: Function of systems of care for CSHCN	13%
5.3: Care coordination supports	13%
*All CSHCN resources were shared with SHCN Satellite Offices (n=5; 9%)	
Workforce Development	
Priority 6: Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.	
6.1: Providers' knowledge, skill, and/or comfort to address behavioral health needs	100%
6.2: Trauma-informed and hope-infused services	100%
6.3: Address social determinants of health	100%
Family Services and Supports	
Priority 7: Strengths-based supports and services are available to promote healthy families and relationships.	
7.1: Family and consumer partnership	100%
7.2: Peer support/peer-to-peer connections	100%
7.3: Family leadership and partnership	100%
7.4: Holistic care coordination	100%

The resource packet was made available to everyone listed as a contact for their MCH program, not just the primary point of contact. As part of the communication with local programs about this resource, they were

encouraged to provide feedback about the information included in their packet following their review and use of the resources. A feedback survey was created in SurveyMonkey and remained open for the first quarter of the grant year. Title V requested that providers only submit one response per person but multiple responses from a program were appropriate and encouraged. Title V received responses from 19 individuals via survey link and 1 individual via email.

Q1 On a scale of 0-10, how do you rate the overall helpfulness of the resource guide?

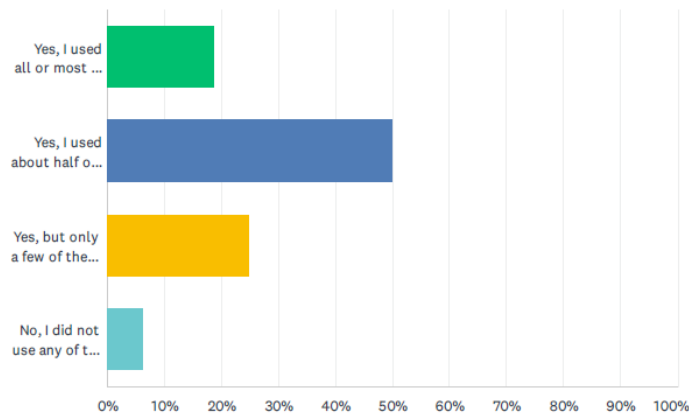
Answered: 19 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	8	154	19
Total Respondents: 19			

Q2 Did you use the resources listed in your resource guide?

Answered: 16 Skipped: 3



ANSWER CHOICES	RESPONSES
Yes, I used all or most of the resources	18.75% 3
Yes, I used about half of the resources	50.00% 8
Yes, but only a few of the resources	25.00% 4
No, I did not use any of the resources	6.25% 1
TOTAL	16

Q3 Which resource(s) did you find the most helpful?

Answered: 10 Skipped: 9

#	RESPONSES	DATE
1	Perinatal Mental Health Toolkit, Behavioral Health Screening Guidance, Well-Woman Visit Toolkit	9/26/2022 1:34 PM
2	The Maternal Mental Health Screening Tools	9/16/2022 8:43 AM
3	perinatal mental health	8/16/2022 8:25 AM
4	Mental Health First Aid-free training	7/20/2022 4:52 PM
5	perinatal/infant resources	7/5/2022 3:03 PM
6	The KSKidsMap resource	7/1/2022 3:04 PM
7	1.2	6/30/2022 3:46 PM
8	1.2 Ed/Screening for PMADS, BF Support/Ed, Safe Sleep	6/30/2022 3:44 PM
9	womens mental health	6/29/2022 12:44 PM
10	Kansas Connecting Communities (KCC)	6/29/2022 12:27 PM

Q5 How did you use the resources?

Answered: 9 Skipped: 10

#	RESPONSES	DATE
1	For program implementation and patient education	9/26/2022 1:34 PM
2	Implementing Fourth Trimester Initiative Information given to our patients and Maternal Warning Sign education	9/16/2022 8:43 AM
3	Reviewed with MCH staff for them to consider implementing	8/16/2022 8:25 AM
4	To train staff	7/20/2022 4:52 PM
5	We will use these resources to reach our priorities.	7/1/2022 3:04 PM
6	used as a review	6/30/2022 3:46 PM
7	Used embedded links to look at resources to see if we were utilizing them in our programs.	6/30/2022 3:44 PM
8	printed and will share with staff at a MCH staff meeting.	6/29/2022 12:44 PM
9	All resources are integrated into our workflow as a whole	6/29/2022 12:27 PM

Q8 Please share any additional comments about the resource guide.

Answered: 8 Skipped: 11

#	RESPONSES	DATE
1	I appreciate the resource guide to help keep my department informed while providing the patient education as indicated in our grant application.	9/26/2022 1:35 PM
2	It was very helpful to give a guidance on what other ways we can expand our MCH program.	9/16/2022 8:44 AM
3	It is nice to have all resources in one document	8/16/2022 8:26 AM
4	I haven't shared resources YET. I will when I have the opportunity. I think it's a wonderful resource. Thanks!	7/19/2022 9:44 AM
5	Unfortunately, in small communities there are not many resources available. Also, in small health departments it is difficult to have available staff to cover all of the information and screenings and toolkits that are suggested for clients	7/5/2022 3:09 PM
6	None	6/30/2022 3:45 PM
7	thank you this was helpful to have it all in a place to just click on the link....time is so valuable it was nice to have it at the click of a link!	6/29/2022 12:45 PM
8	Very thorough and aligns with all of our policies	6/29/2022 12:29 PM

Email Response: *I just want to say how excited I am to get this resource packet that is tailored for our health department. A Big thank you. I have not read much of it yet but was really excited to see this. I have been asking for this kind of thing for a long time. Now if others would just follow this example. I would love to see packets, or power points designed for my county. Example how to prevent falls in elderly, how to decrease medication errors, how to help with suicide etc. I just don't have the time to research all of this info to get it out there to my people. That is where I need the help the most and you putting this packet together just for us is awesome. So thank you again for all of that hard work.*

Kansas Perinatal Community Collaborative (KPCC) Site Visits: In August 2022, the Perinatal/Infant Health Consultants visited 22 counties who were identified as a KPCC implementing the BaM prenatal education program. These were the first in-person site visits to be offered in several years. The P/I Consultants felt it important to be in the communities meeting one-on-one with staff to: identify the current status of their BaM program; identify any needs and/or technical assistance; provide a warm introduction of the P/I Consultants and their supportive role as content experts to local partners as there has been much staff turnover at the local level over the last few years. The P/I Consultants also utilized this as an opportunity to reintroduce the broader, life-course vision for the KPCC model. Communities were encouraged to review their local data (Vital Statistics, BaM data, etc.), convene local partners and stakeholders, and to collaboratively strategize together to implement programs and initiatives, beyond BaM, that address their identified local needs.

There were many common themes among the 22 KPCCs including:

- **Virtual offerings of BaM classes:** a preferred way of receiving education; difficulty getting people to come back to the classroom; has created reach of much larger audience, but not necessarily that of highest risk/disparity populations. While most sites report struggling with virtual presentation (difficulty keeping audience engaged, poorer evaluation outcomes, etc.), two sites seem to have a good handle on it (Saline and Riley). Their approach has included the following:
 - Teaching to virtual audience only (vs. connecting virtually to live session) (Saline Co)
 - Incorporating questions throughout session and calling on participants to answer
 - Requiring code word submission at end of session in order to receive credit
 - Camera required to be on unless communicate need to turn off to instructor

There were also notable benefits to the virtual offering of classes:

- Father of the baby able to attend from afar (overseas deployment, out of town work, etc.)
- Able to participate when situation would have prevented in-person participation (i.e. on vacation, hospitalization, no childcare, transportation, sick, etc.)
- Participation out of county and out of state (i.e. employee's daughter who lives in TX participating virtually, out of county referrals by family and friends)
- **Challenges with BaM/KPCC implementation:** A main challenge was a shortage of staffing for facilitation, data entry, partner engagement and coordination of efforts (not enough time for coordinator to truly coordinate collaborative efforts the way they should), and review of data. Another challenge was serving the illiterate and low literacy population. Many individuals do not comprehend the written curriculum or the evaluation tools; and therefore evaluation efforts do not demonstrate true knowledge gain. Serving this population takes one-on-one staff time to assist participants in completing evaluation tools. Sedgwick Co. and Southwest KS have a large refugee population (Guatemalan, Somalian, etc.) and need curriculum and evaluation for low-literacy (picture based), and more demonstrations.
- **Preterm birth (PTB)/low birth weight (LBW) and induction rates:** Multiple sites reported increased PTB/LBW. Lyon Co. stated hypertension and diabetes drive up their induction rates (hospital data supports this).
- **Telehealth services:** COVID-19 has created a new opportunity for providing vast array of telehealth services. Most public health departments, county buildings, provider practices and hospitals have more quality IT equipment and support staff now, with this, there may be opportunities to make more specialty services available through these resources.
- **Social media and marketing resources:** COVID-19 has also created new support for media and marketing efforts. Most sites now have agency communications staff available to them for distributing messages and educational content. There is still a need to develop the content for posting however, lack of staff time available to dedicate to the creation of this content is challenging. Sites appreciate social media content and resources that are shared. Messages addressing cultural beliefs/myths – i.e. prenatal care and breastfeeding are helpful.
- **Need for a state Fetal Infant Mortality Review (FIMR):** There are very few local FIMR sites as most sites could not fund/staff locally to maintain it after the initial funding went away. There are currently

only 3 local FIMR sites – Wyandotte, Shawnee, Sedgwick- all urban counties. Rural areas with potentially unique contributing factors have never been looked at. Locals voiced a state FIMR would be very helpful to them, just as the recommendations that are coming from Kansas Maternal Mortality Review Committee are directing their work/efforts.

- *Community Health Workers (CHWs):* There has been concern with discrepancy among training hours across the different CHW models (i.e. in the KC metro area, KU COPE CHWs only have 4 hours of training for “Maternal CHW”, whereas Community Health Council of Wyandotte County have 600 training hours).
- *Edinburgh Postnatal Depression Scale/Mental Health:* There has been an uptick in positive screens. There is a need for continued training in this area for local staff. There is a need for help with connecting to individual providers to engage in KCC/PSI trainings to increase knowledge and comfort level in treating. There is a shortage of mental health providers in Southwest KS and primary care providers not comfortable with crisis situations that have occurred recently.
- *Staff vacancies:* Sites noted nursing staff shortages. Sites noted they cannot compete with hospital wages, agency wages, or huge sign-on bonuses. Partnering hospitals do not have enough staff to cover the floor, therefore have pulled back on any partner commitments such as to BaM facilitation. Two sites have stopped offering BaM due to staff shortages and multiple programs that were “in progress” towards launch have delayed.

Additionally, the P/I Consultants were provided feedback on the challenges of the MCH grant application and report writing process. Key takeaways from these conversations include:

- Desire for more training/assistance in grant writing.
- Sites would like to see reviewer feedback.
- Concern over staff capacity to devote adequate time and energy for applications.
- Application and reporting process needs streamlined.
- Sites were in favor of the idea of a bi-annual application and a universal application for all KDHE Bureau of Family Health programs.

Local MCH Agency Site Visits: The MCH Program Consultant and Community Partnerships Unit Director completed site visits with the following Aid-to-Local MCH grant programs.

Coffeyville Regional Medical Center (CRMC) Women’s Clinic: Like many local MCH programs, CRMC had gone through staff turnover so the site visit served as an opportunity to review program requirements with multiple staff at CRMC. We reviewed training requirements, financial reporting requirements, and DAISEY data entry and quality reports. This was the KDHE MCH Program Consultant’s first site visit and the KDHE Community Partnerships Unit Director attended as an introduction to how MCH site visits had been conducted in the past.

Community Health Center of Southeast Kansas (CHC-SEK): CHC-SEK is a federally qualified health center that has clinics in several communities across southeast Kansas, including multiple school-based clinics. The MCH Program Consultant met with several CHC-SEK staff for a site visit by the MCH Program Consultant in July 2022. The CHC-SEK staff that attended include three Family Resource Specialists, their supervisor, and the CEO. CHC-SEK met all the requirements that were assessed and provided documentation of each. They requested training for pregnancy intention screening so the MCH Program Consultant connected them to Consultant Unit Director. They would like to find a way to get their EHR to interface with DAISEY to avoid duplicate data entry. This site was an example of keeping great records. Three of their staff applied to become Safe Sleep Instructors which is recommended for sites with safe sleep objectives.

Crawford County Health Department (CCHD): CCHD’s MCH Coordinator and home visitor met with the MCH Program Consultant for a site visit in July 2022. They reported challenges with client engagement and keeping appointments. They had tried holding alternative office hours, assistance with transportation, and offering incentives such as diapers. CCHD and the MCH Program Consultant discussed the possibility of making

reminder phone calls and text reminders as other strategies to try. CCHD and CHC-SEK are doing a nice job of partnering with each other to connect CCHD clients to the diaper patty which is housed across the lot at CHC-SEK. They are also doing a nice job of getting external partners to refer to their programs.

Franklin County Health Department (FCHD): FCHD was another site where most of the MCH staff had turned over recently. The visit was less of a monitoring visit and more of an introduction to MCH requirements, technical assistance opportunities, and resources. KDHE shared a resource for tracking FTE for each person on the MCH grant budget, tobacco cessation resources (KanQuit), Kansas Breastfeeding Coalition resources, and DAISEY training resources.

Johnson County Health Department (JCHD): JCHD's MCH program focuses on providing prenatal care to those who may experience barriers to accessing care from other clinics. The KDHE Perinatal/Infant Consultant and KDHE Pregnancy Maintenance Initiative/Teen Pregnancy Targeted Case Management Manager attended along with the KDHE MCH Program Consultant. JCDHE met all the MCH program requirements outlined in our agreements. They shared that the application process for MCH is extensive and they appreciate the webinars KDHE offers, especially when they can choose which ones to watch and can watch a recording later. JCHD has a unique agreement with the University of Kansas (KU) where KU will provide services to those JCHD clients who are high risk.

Labette County Health Department (LCHD): LCHD was another site that expressed challenges with completing the MCH application every year, due to its length and complexity. They struggle with client engagement so the MCH Program Consultant provided examples of what other sites have done in this priority area. They reported having a strong referral network using the Integrated Referral and Intake System (IRIS).

Sedgwick County Health Department (SCHD): Three SCHD staff met with the KDHE MCH Program Consultant and Woman/Maternal Consultant. The SCHD program staff were fairly new to MCH. Their Section Director had started the week of the site visit. They shared several well written policies and workflows for their Healthy Babies program which provides home visits to pregnant and postpartum people in and around Wichita. The MCH Program Consultant shared their documents as good examples for local MCH programs with policies and procedures in development. SCHD requested training on how to educate decision makers about the process for awarding state and federal funds, leadership components and the roles of each part of government and how they can work together for collective impact. They were also interested in using a HIPAA compliant texting service, an interface between IRIS and DAISEY, and resources to assist those with low health literacy.

PLAN – October 2023 through September 2024

Title V University: As part of the KU-CCHD contract, the KU team are assisting the Title V team in identifying core learning competencies and objectives that will be incorporated into the development of the Title V University. The goal of the University will be to provide basic Title V on-boarding knowledge for new staff and advanced knowledge for current staff (supervisors, managers and family leaders) as they develop their leadership skills.

MCH Third Thursday Webinar Series: In August 2021, Title V launched their MCH Third Thursday Webinar Series. The Kansas MCH Team, along with subject matter experts from across the state, convenes a monthly learning opportunity for MCH providers. The sessions focused on providing information about initiatives and resources that can be applied to MCH work across all communities. All webinar sessions are recorded and a copy of the recording, slide deck, and referenced resource materials are made available to anyone who registers for the sessions following the live training. Title V has continued the webinar series since launching it; session topics for July-December 2023 will be identified and scheduled in Spring 2023.

Tailored Resources for MCH ATL Programs: As part of the MCH ATL annual grant applications, local organizations indicate populations they intend to serve as well as services they intend to provide. For SFY2023, Title V provided a tailored list of recommended activities and resources for each domain that aligns with the Kansas Title V MCH 2021-2025 State Action Plan (SAP). A master list of all activities and resources was also made available on the MCH Workstation for local programs who had interest in expanding their operations. The aim for this project was to help ensure MCH ATL programs have quick access to vetted resources and activity ideas for providing quality MCH services that align with best practice strategies and guidelines. In addition to recommendations by each domain and SAP objective, links were provided to the MCH Services Manual, MCH Workstation, Kansas Grant Management System, DAISEY, and the MCH Materials Order Form were included for quick reference. To streamline information for local programs, Title V cross-referenced all ATL application responses and tailored the resource packet for each locally funded program.

The resource packet was made available to everyone listed as a contact for their MCH program, not just the primary point of contact. As part of the communication with local programs about this resource, they were encouraged to provide feedback about the information included in their packet following their review and use of the resources. A feedback survey was created in SurveyMonkey and remained open for the first quarter of the grant year. Responses received were very positive, so Title V intends to update resources, as needed, and make the tailored resource packets available for each locally funded program for SFY2024.

Your input matters!

Give feedback on this domain and others by completing our feedback survey.

[Give Feedback!](#) >



KANSAS
MATERNAL &
CHILD HEALTH