

## Child Health – Other Initiatives

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### REPORT – October 2021 through September 2022

**Early Childhood Systems Building:** The Preschool Development Grant Birth through Five (PDG B-5) funding provided through the Department of Health and Human Services (HHS) Administration for Children and Families (ACF) Every Student Succeeds Act (ESSA), was awarded to the Kansas State Department of Education in early 2020. The KCCTF, DCF, and BFH leveraged these funds to complete a statewide early childhood needs assessment and develop an early care and education system strategic plan. The initiative has been branded, [All in for Kansas Kids](#), Ensuring Every Child Thrives.

The All in for Kansas Kids strategic plan provides equitable, high-quality care and education to all Kansas families regardless of where they live. The aim is to strengthen local systems by empowering communities with the flexibility they need to deliver connected, high-quality services. The plan is grounded in data to ensure that resources are strategically directed, and the work focused to achieve the greatest impact.

As one of four state agencies involved in the early childhood systems building initiative, KDHE serves as the lead agency to carry out certain work under the plan. There have been opportunities through several of these projects to provide support for families facing challenges around Adverse Childhood Experiences (ACEs), including education, screening, referral, and follow-up. These programs are:

- *Bridges:* Helping families navigate systems after early intervention and bridging transition gaps identified by the needs assessment
- *Holistic Care Coordination:* Establishing models of holistic, coordinated care in primary care settings across the state to support child development and growth
- *Family Engagement and Leadership:* Strengthening family voices in leadership through development and learning, program and policy advisory roles, and engagement.
- *Peer to Peer Supports:* Expanding peer to peer support and information sharing opportunities for families in Kansas.
- *Child Care Systems Improvement:* Increasing capacity of the childcare system and assuring equitable access to high-quality early childhood care and education programs.

**System Level Improvement Work:** Ensuring a well-functioning system of care for all children is a goal of Title V. Work has been happening to improve coordination and referrals among children services including the following initiatives/activities.

*Help Me Grow:* In 2017, the Kansas Title V team worked with the National Help Me Grow (HMG) organization for Kansas to become an affiliate state. When Kansas was awarded the Preschool Development Grant (PDG) in 2019, the HMG work was moved to the University of Kansas Center for Public Partnerships and Research (KU CPPR). During that time progress focused on the 1-800-CHILDREN call line, mobile app and a searchable website, along with a focus on strengthening work around Ages and Stages Questionnaires (ASQ). With the PDG award ending in April of 2023, HMG work will no longer be contracted out to our partners with KU-CPPR and began to transition back to the Title V team in FY'23. Monthly transition meetings between KU CPPR and the Title V leadership helped to form the HMG vision for the future.

The four core components to a strong HMG structure are: (1) *Centralized Access Point:* 1-800-CHILDREN was designed to assist families and professionals in connecting children and families to community resources;

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(2) *Family & Community Outreach* assists parents/caregivers and providers in understanding healthy child development and linkages to supportive services within their communities; (3) *Child Health Care Provider Outreach* supports early detection and intervention efforts while supporting providers in connecting families to appropriate community resources in their area. Providers are supported and encouraged to screen children birth through five using the 'Ages and Stages Questionnaires' (ASQ), so any child showing a delay can immediately be referred to the right community resource for assistance; (4) *Data Collection & Analysis* is to assist with ensuring all other components are working effectively, help to identify gaps or barriers, and guide quality improvement work. These four components work cooperatively and interdependently with each other to form the HMG system.

*Improving Connections to Services Through Referrals, a KSKidsMAP IRIS Project:* Improving connections between primary care physicians, behavioral health clinicians, and community-based service providers is critical to supporting the holistic needs of children, adolescents, and families. As such, KSKidsMAP, Kansas' Pediatric Mental Health Care Access, a HRSA-funded program, offered an Improving Connections to Services Through Referrals project. In partnership with the University of Kansas Center for Public Partnerships and Research (KU-CPPR), the Project supported pediatric primary care clinics in adopting use of the tool IRIS. The [Integrated Referral and Intake System](#) (IRIS), is a web-based communication and referral application used to support warm handoffs for families and improve communication among partnering service agencies. IRIS streamlines referral processes, closes communication loops, and gives physicians and clinicians a reliable measure of partners' capacity.

Four clinics applied and were selected to participate in the project. Clinics planned their referral workflow, participated in IRIS training, and onboarded into the IRIS system over a four-month period (January – April 2022). Clinics provided feedback about their experiences and lessons learned during individual, semi-structured interviews in April 2022. Interview feedback themes include:

- **Workflow and Planning:** Clinics reported that designing their workflow and completing the onboarding process took approximately 2-6 hours of active planning time over the course of 1-2 months. Clinics with more staff reported more time needed to communicate the vision and workflow changes with all necessary staff. Challenges encountered during the onboarding process included: competing with other staffing and process changes within the clinic; effectively communicating with all staff to ensure they were prepared for workflow changes; and implementing a consent process that is easy for staff as well as sufficient for patient privacy for referrals from behavioral health. Three of four clinics designed a workflow that allowed for both incoming and outgoing referrals; one is making outgoing referrals only at this time.
- **Clinic Impact:** At the time of interviews, two of the four clinics had used IRIS to make and/or receive referrals. Key impacts reported by these clinics included: 1) Improved services for patients. Patients can be directly connected to services and perceive providers are responsive to their needs. 2) Increase in staff time required to gather consent prior to making a referral; decrease in referral coordination and follow-up time. 3) Increased interest in using IRIS to make better connections to early intervention services. 4) Recognition of need to better understand the available services in the community and need to initiate conversations with patients about their holistic needs.
- **Lessons learned:** All clinics indicated they intend to continue using IRIS and will evaluate the impact for their clinic over time. Based on experience with workflow planning, onboarding, and initial use, clinics shared the following lessons learned and tips: 1) Involve different parts of the clinic in the process. Get input from all staff. Keep them in the loop. Don't discredit any staff, assume they don't have input, or won't be the person that makes a connection with families. 2) Have the workflow and consent process in place with all staff before you need it. 3) Start by looking at partners who are involved and what services they offer. Introduce the tool to the whole practice. Use your existing referral process. If you have a workflow in place, the tool can slide into place easily. 4) Connection with community partners and relationship building is key. Connect with partners in the network and participate in community meetings.

*Systems Navigation Training for Families (SNTF):* Parent/guardian education is provided through the SNTF. These one-day trainings presented by parents who have children with special needs, for parents who have

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children with special needs. When presenters are able to share their personal story, it opens the dialog for others to feel comfortable in sharing their personal journey without judgement. The SNTF provides a holistic approach in navigating all the various systems of care not just the medical but understanding that for a child to live a good life all the different systems need to work together. Information is shared during these trainings on the value of completing developmental screening on their child/children per the recommended screening guidelines. Read more in the CYSHCN Report section.

*KS-SHCN and Bridges:* The KS-SHCN and Bridges programs provide parent/guardian education routinely as part of the holistic care coordination (HCC) model that both programs follow. Through HCC, children and families are closely followed and provided education as identified through the assessment process. Goals and objectives are collaboratively developed by the parents/guardians and their care coordinator and added to the Action Plan. As part of the HCC work families whose children are not currently receiving services for a developmental delay are encouraged and guided by the care coordinators on where they can complete a developmental screening for their child per the recommended time frames. If concerns are noted the care coordinators help guide them in next steps. Read more in the CYSHCN Report section.

*KS-SHCN:* The KS-SHCN program has continued to strengthen the referral process with other Bureau of Family Health Programs (e.g., Genetic/metabolic hearing, heart, newborn screenings and birth defects). The referral process has moved to a postcard first contact structure since many families do not answer unknown phone numbers. This was impeding the contact process. Now they are notified via a secure postcard that their child medically qualifies for the KS-SHCN program and that someone from the program will be call in a couple of days to answer questions and explain the benefit of the program. If no contact is made, follow up postcards are sent and an application. All data is tracking in a spread sheet that all programs staff making and receiving refers can access. Read more in the CYSHCN report.

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## PLAN – October 2023 through September 2024

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**Finance Policy Work:** KDHE applied and was accepted into the Infant and Early Childhood Mental Health Financing Policy Project (IECMH-FPP) 2023 cohort. The IECMH-FPP supports states' advancement of IECMH financing policies that will contribute to the healthy development of very young children, with emphasis on a full continuum of developmentally appropriate supports and services inclusive of promotion, prevention, assessment, diagnosis, and treatment. The IECMH-FPP is unique in its tight focus on financing of IECMH services, and an intentional focus on IECMH policy leaders in states. It is designed to be driven by and responsive to the needs of state-level policy influencers who are responsible for holding the vision of an IECMH system and driving progress forward. The Kansas Team includes members from KDHE, the United Methodist Health Ministry Fund, Kansas Association for Infant and Early Childhood Mental Health, Kansas Inservice Training System, Kansas Department for Aging and Disability Services, Kansas Department for Children and Families, Kansas State University, and Kansas Head Start Association. The Team is using a IECMH-FPP Planning Guide to identify goals and will track the action steps planned and completed in working toward desired policy change. While not solidified or prioritized, the following policy enhancement opportunities have been identified:

- Crosswalk DSM to DC: to support a variety of providers for service delivery
  - Utilize the CCBHC delivery model and global payments to enhance capacity of the system, access to care, and increase workforce of early childhood mental health service providers
  - Maximize use of non-licensed providers and expand the list of those who can provide services
  - Increase capacity of the system by expanding delivery of services in community-based settings, childcare facilities, and home-based settings.
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**Help Me Grow Integration:** During FY24 Help Me Grow (HMG) will begin implementation and advancement in coverage of all four core components of the HMG structure: Centralized Access Point, Family & Community Outreach, Child Health Care Provider Outreach, and Data Collection & Analysis. These four components work cooperatively and interdependently with each other to form the HMG system. Each of the four components are being divided up by the Systems of Supports staff who will be able to focus more solely on each area based on the strengths of their positions, while forming a strong team to move the work forward.

**Centralized Access Point:** While the Centralized Access Point is already well established in Kansas, there is still collaboration between state agencies that needs to occur regularly to continue to fund and promote this as a statewide access point for all families and consumers. The State Directors within each agency will continue to work together to make sure funding is secure while state staff will continue to promote this with families and providers across the state. The call line is answered 24/7 with interpreter services available for non-English speaking families. In the coming year, Title V will be hosting a presentation for employees and agency partners on 1-800-CHILDREN including what it is and how it can be accessed to encourage others to be part of this resource. Title V staff will continue to promote and share about this during presentations, public meetings, councils and through promotional fliers. All Title V brochures will continue to list the 1-800-CHILDREN phone number and QR code. As new resources are identified by Title V staff, they will be shared with the Kansas Children's Service League, who manages the 1-800-CHILDREN line, mobile app and searchable website, so that these new resources can be included.

**Family and Community Outreach:** Over the next year, partnerships will be established with the new Family Resource Centers and other organizations supporting families. These resource centers and family organizations offer a variety of parental education opportunities that will be promoted by Title V. The Title V team will also continue to offer Systems Navigation Training for Families (see more about this in the CYSHCN Plan).

**Child Health Care Provider Outreach:** This component supports early detection and intervention efforts while supporting providers in connecting families to appropriate community resources in their area. Providers are supported and encouraged to screen children birth through five using the Ages and Stages Questionnaires' (ASQ), so any child showing a delay can immediately be referred to the right community resource for assistance.

The Title V team will continue working on the development of a provider HMG Technical Assistance (TA) Center. Assistance will be given to providers based on the format of the National Care Coordination Standards (see cross-cutting section for more information). This is a collaborative effort between the Systems of Support and the KS-SHCN teams, with the goal that once complete, the providers will be able to call in and receive support connecting families to the appropriate resources they need utilizing the holistic care coordination (HCC) model followed by the KS-SHCN team. The holistic care coordination model looks at the family's needs through a social determinant of health lenses so barriers to quality care can be addressed.

**Data and Analysis:** Data collection and analysis will assist with ensuring all other components are working effectively, help to identify gaps or barriers, and guide quality improvement work. There are a few different Title V data systems that collect data needed for HMG. Title V is currently part of a data trust agreement where a variety of information can be shared among state agency partners for a more complete picture of the early childhood systems and supports. This is known as the Early Childhood Integrated Data (ECID) approach. Title V will continue to be part of ECID and will make data requests as needed to support and strengthen the HMG system.

**Community Hubs:** The community level infrastructure of HMG is building out community hubs or networks of early childhood service providers within communities. During FY24 the System of Support team will work collaboratively with community partners to develop HMG community hubs. Lessons learned from the successful Kansas Perinatal Community Collaboratives, using the collective impact approach, will be used to help additional communities in Kansas establish HMG hubs. A work plan will be developed that will identify

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community readiness, lead entity, and partners. The work plan will outline steps and activities to assist communities in the development of their unique HMG hub while linking them to the state level HMG supports.

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