Kansas Title V Maternal and Child Health Services Block Grant

2016 Application / 2014 Annual Report
Executive Summary

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KANSAS MATERNAL & CHILD HEALTH

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Letter from Kansas Title V Director

Dear Partner:

As Director of the Kansas Title V Program, it is my pleasure to provide this Executive Summary of the Kansas Title V Maternal and Child Health (MCH) Services Block Grant 2016 Application/2014 Annual Report. The purpose of this summary is to orient the reader to the Title V MCH Block Grant, highlight key programmatic themes and data points, provide specific examples of MCH program activities, and encourage input and comment in regard to the Block Grant program itself.

Each year, a vast amount of information and data is collected as part of the federal application for MCH funding. In addition to federal reporting, the MCH Services Block Grant data are used to prioritize initiatives related to the MCH Needs Assessment. Title V legislation directs states to conduct a statewide MCH Needs Assessment every five years to identify the need for preventive and primary care services for pregnant women, infants, children, adolescents, and individuals with special health care needs. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle. The Bureau of Family Health (BFH) spent the past year conducting the needs assessment with an approach focused on not only creating a meaningful, responsive action plan, but also building a strong platform to maximize resources, develop and sustain mutually reinforcing relationships, and deliver outcomes. Kansas' most recent assessment is referred to as MCH 2020. A snapshot of the priorities and measures is available on the Kansas MCH Block Grant website (http://www.kdheks.gov/c-f/mch.htm).

Kansas, along with many national and regional organizations, is exploring options to improve health in communities through increasing collaborative relationships between primary care providers and public health. Successful models of integration share common goals of improving population health, involving the community in defining and addressing needs, relying on strong leadership across disciplines, and sharing data and analysis. Systems integration is taking shape in Kansas with focus on areas including prenatal care and education, telehealth, safe sleep, and breastfeeding. The MCH Program values its partnerships and collaborations. Together, we can achieve the common goal of improving the health of mothers, children, and families in Kansas.

More detailed information about the MCH Services Block Grant Application/Annual Report and MCH 2020 5-Year Needs Assessment can be viewed on the KDHE Bureau of Family Health website at www.kdheks.gov/bfh.

Thank you for the great work we were able to accomplish in 2014 and 2015!

Rachel Sisson, Director
KDHE Bureau of Family Health
Kansas Title V Director

Title V MCH Block Grant Background

What is Title V?

Title V of the Social Security Act is the longest-standing public health legislation in American history. Enacted in 1935, Title V is a federal-state partnership that promotes and improves maternal and child health (MCH). According to each state's unique needs, Title V supports a spectrum of services, from infrastructure-building services like quality assurance and policy development, to gap-filling direct health care for children and youth with special health care needs. Title V resources are directed towards MCH priority populations: pregnant women, mothers, infants, women of reproductive years, children and adolescents, and children and youth with special health care needs.

Why is Title V important?

Each year, all States and jurisdictions are required to submit an Application/Annual Report for Federal funds for their Title V MCH Services Block Grant to States Program to the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), U.S. Department of Human and Health Services (HHS). Without Title V, Kansas would not have dedicated funding to support core MCH public health functions. Title V is an essential mechanism to assure the health and safety of our nation's most precious resources: mothers, infants, and children.

Why is it called a Block Grant?

In 1981, seven categorical child health programs were combined into a single program known as a Block Grant. This consolidation also marked the introduction of stricter requirements for the use of funds and for state planning and reporting.

How does the MCH Title V Block Grant work?

Every year the Federal government awards MCH Block Grant dollars to each state, based on the number of children living in poverty. States provide a $3 match for every $4 in federal funding. At least 30% of funds must be used for services and programs for children and 30% for children & youth with special health care needs (CYSHCN). No more than 10% may be used for administration. Although there are no requirements regarding percentage to be spent, funding is also to be spent on preventive and primary care services for pregnant women, mothers and infants up to age one. The Kansas MCH Block Grant funds support state, regional, and local programs and staff, and are administered by the Kansas Department of Health and Environment, Division of Public Health, Bureau of Family Health.

How does the MCH Block Grant Program meet the unique needs of Kansas families?

Kansas is required to complete a statewide needs assessment every five years. This process identifies Kansas MCH program priorities and determines a plan of action to address those priorities. The most recent Kansas needs assessment, referred to as *MCH 2020*, identified eight MCH program priorities for the time period 2016-2020. The following table provides a snapshot of the priorities and associated National Performance Measures (NPMs).

MCH 2020 (2016-2020) Kansas MCH Program Priorities

Priority 1: Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.
Domain(s): Women/Maternal Health; Cross-Cutting/Life Course
National Performance Measure(s):
- NPM1: Well-woman visit (Percent of women with a past year preventive medical visit)
- NPM14: Smoking during pregnancy and household smoking (A. Percent of women who smoke during pregnancy)

Priority 2: Services and supports promote healthy family functioning.
Domain(s): Cross-Cutting/Life Course
National Performance Measure(s):
- NPM14: Smoking during pregnancy and household smoking (B. Percent of children who live in households where someone smokes)

Priority 3: Developmentally appropriate care and services are provided across the lifespan.
Domain(s): Child Health
National Performance Measure(s):
- NPM6: Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
- NPM7: Child injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)

Priority 4: Families are empowered to make educated choices about nutrition and physical activity.
Domain(s): Perinatal/Infant Health
National Performance Measure(s):
- NPM4: Breastfeeding (A. Percent of infants who are ever breastfed and B. Percent of infants breastfed exclusively through 6 months)

Priority 5: Communities and providers/systems of care support physical, social, and emotional health.
Domain(s): Adolescent Health
National Performance Measure(s):
- NPM9: Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)
- NPM10: Adolescent well-visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)

Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child populations.
Domain(s): Cross-Cutting/Life Course
- National Performance Measures(s): None. State Performance Measure to be developed.

Priority 7: Services are comprehensive and coordinated across systems and providers.
Domain(s): Children and Youth with Special Health Care Needs
National Performance Measures(s):
- NPM11: Medical home (Percent of children with and without special health care needs having a medical home)

Priority 8: Information is available to support informed health decisions and choices.
Domain(s): Cross-Cutting/Life Course
- National Performance Measures(s): None. State Performance Measure to be developed.

How does the MCH Block Grant maximize its reach?

There are many more maternal and child health-related programs and activities beyond those funded by the MCH Block Grant. The MCH Program relies on collaborative efforts and partnerships to maximize reach and promote efficiency. For example, by working closely with the Immunization Program, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Early Childhood Comprehensive Systems (ECCS), and others, we can help assure that the diverse needs of Kansas families are met, without duplicating efforts.

How is Kansas held accountable?

Each year the MCH Program reports on over 80 indicators and performance measures. Some measures are determined by the Federal government and others by Kansas. Kansas also writes an application and annual report, which includes a description of state capacity and Title V activities. This document is reviewed and discussed with the Federal Maternal and Child Health Bureau (MCHB).

Where do I fit into the Title V Block Grant?

Whether you are a parent, government official, advocate, service provider, or member of the general public, the MCH Block Grant likely touches your life. Its success lies in the strength of partnerships and collaborations. The program collects input related to existing services, population needs, and emerging issues throughout the year. Your input is needed to assure that the MCH Program is guided by the needs of Kansas families. To provide feedback, please visit our website and refer to the "Public Input" section: http://www.kdheks.gov/c-f/mch.htm.

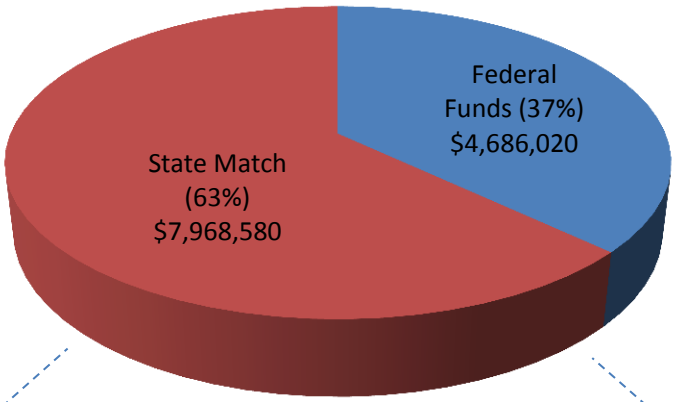
Where can I learn more?

Review the full-length MCH Block Grant at: http://www.kdheks.gov/c-f/mch.htm.
The Title V Information System (TVIS) website also allows you to compare Kansas to other states: https://mchdata.hrsa.gov/TVISReports/.

Vision: Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Mission: To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

MCH Block Grant Budget Overview



$12.6 Million*

Federal-State Title V
Block Grant Partnership

State Match
$3,567,032

Local Match
$4,401,548

For every $4 of Federal funds, at least $3 must be matched by state and local funds.

Aid to Local
$4,385,468
Title V: $2,226,006
SGF: $1,921,548
CIF: $237,914

Grants to local health departments, contracts, special health services

*Source: Title V MCH Services Block Grant 2016 Application/2014 Annual Report, Forms 2, 3a and 3b
SGF: State General Fund
CIF: Children's Initiative Fund

Key Kansas Characteristics, 2013

Number of Births[a]	**38,805**
Ratio of the black non-Hispanic to white non-Hispanic infant mortality[a]	2.7
Number of children <20 years old[b]	806,244
% of children <18 years old with special health care needs[c]	19.4%
% of births covered by Medicaid[a,*]	32.5%
% of children <18 years old without health insurance[d]	6.7%
% of children <20 years old living in densely-settled rural, rural and frontier areas[b]	28.1%

Sources:
[a] KDHE Bureau of Epidemiology and Public Health Informatics, 2013
[b] U.S. Census Bureau, Bridged Race Population, 2013
[c] National Survey of Children's Health, 2011/12
[d] U.S. Census. American Community Survey, 2013
*Based on the "principal source of payment for this delivery" as reported on the birth certificate

How Do Medicaid Births Compare to Non-Medicaid Births?

Indicators	**Medicaid***	**Non-Medicaid***	**All**
Infant mortality rate (per 1,000 live births)	7.2	5.8	6.3
Percent low birthweight (<2,500 grams)	8.6%	6.3%	7.0%
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	68.7%	84.7%	79.4%
Percent of pregnant women with adequate prenatal care	74.3%	85.7%	81.9%
Percent of women who smoke during pregnancy	26.7%	5.6%	12.5%
Percent of all births	32.5%	67.5%	100.0%

Source: KDHE Bureau of Epidemiology and Public Health Informatics, 2013
*Based on the "principal source of payment for this delivery" as reported on the birth certificate

KIDS COUNT indicators provide a snap shot of children's overall well-being.

How Does Kansas Compare to Other States?

Compared to other states, Kansas ranks 15th overall (2014)

KIDS COUNT Key Indicators

Indicators	Kansas	United States	Rank
Economic Well-Being Indicators			***7***
Percent of children in poverty (2012)	19	23	
Percent of children living in families where no parent has full-time, year-round employment (2012)	24	31	
Percent of children living in households with a high housing cost burden (2012)	27	38	
Percent of teens (ages 16-19) not attending school and not working (2012)	7	8	
Education Indicators			***12***
Percent of children (ages 3-4) not attending preschool (2010-2012)	54	54	
Percent of fourth graders in public school not proficient in reading (2013)	62	66	
Percent of eighth graders in public school not proficient in math (2013)	60	66	
Percent of high school students not graduating on time (2011/12)	11	19	
Health Indicators			***21***
Percent low birthweight babies (2012)	7.1	8.0	
Percent of children without health insurance (2012)	7	7	
Child and teen death rate (per 100,000 children ages 1-19) (2010)	33	26	
Percent of teens (ages 12-17) who abuse alcohol or drugs (2011-2012)	6	6	
Family and Community Indicators			***25***
Percent of children in single-parent families (2012)	31	35	
Percent of children in families where the household head lacks a high school diploma (2012)	12	15	
Percent of children living in high-poverty areas (2008-2012)	8	13	
Teen birth rate (per 1,000 females ages 15-19) (2012)	34	29	

Source: Annie E. Casey Foundation, 2014 KIDS COUNT Data Book, http://www.aecf.org/m/resourcedoc/aecf-2014kidscountdatabook-2014.pdf

Selected Key Block Grant Indicators by Priority Area (MCH2015)

	2008	2009	2010	2011	2012	2013	Trend	HP2020
Women/Maternal Health and Perinatal/Infant Health								
All women receive early and comprehensive care before, during and after pregnancy								
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	73.1%	74.1%	75.1%	77.3%	78.9%	79.4%	↑	**77.9%**
Improve mental health and behavioral health of pregnant women and new mothers.								
Percent of women in their reproductive years (18-44 years) who report consuming four or more alcoholic drinks on an occasion in the past 30 days.	12.7%	14.5%	14.0%	17.7%	15.7%	14.1%	↑	**0%**
Reduce preterm births (including low birthweight and infant mortality).								
Percent of live births that are born preterm less than 37 weeks of gestation.	9.3%	9.2%	8.8%	9.1%	9.0%	8.9%	↓	**11.4%**
Percent of Non-Medically Indicated (NMI) early term deliveries (37, 38 weeks) among singleton term deliveries (37, 38 weeks).*	42.8%	40.2%	37.9%	35.8%	33.0%	29.3%	↓	-
Increase initiation, duration and exclusivity of breastfeeding.								
Percent of mothers who breastfed their infants at 6 months of age.	43.8%	47.4%	41.0%	45.1%	41.8%	40.3%	↓	**60.6%**
Increase the proportion of newborns who are enrolled in appropriate intervention services.								
Percent of infants with Permanent Congenital Hearing Loss enrolled in early intervention services before 6 months of age.	-	-	46.6%	65.1%	55.3%	54.0%	↓	-
Child Health and Adolescent Health								
All children and youth receive health care through medical home.								
Percent of children who receive care that meets the American Academy of Pediatrics (AAP) definition of medical home.	61.3% (2007)	-	-	59.1%	-	-	↓	**63.3%**
Reduce child and adolescents risk behaviors relating to alcohol, tobacco and other drugs.								
Percent of high school students who had at least one drink of alcohol during the past 30 days.	-	38.7%	-	32.6%	-	27.6%	↓	-
All children and youth achieve and maintain healthy weight.								
Percent of children (2-5 years) who are overweight or obese.	24.2%	24.3%	23.5%	23.2%	23.3%	23.7%	↓	-
Children and Youth with Special Health Care Needs (CYSHCN)								
Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life.								
Percent of YSHCN whose doctors usually or always encourage development of age appropriate self-management skills.	-	-	83.5%	-	-	-	●	-

***** *Based on the medical conditions as reported on the birth certificate.*

HP2020=Healthy People 2020 Goal; Green Arrow=Positive; Red Arrow=Negative; Yellow Dot=No Trend

Activity Highlights/Updates

The following 2014 MCH Program highlights/updates reflect major accomplishments and the connections to the MCH population health domains. Many represent joint efforts with our partners. Please see the full-length MCH Block Grant to learn more: http://www.kdheks.gov/c-f/mch.htm.

Women/Maternal Health and Perinatal/Infant Health

- Infants born to mothers who smoke weigh less than other infants and are often categorized as low birth weight (<2,500 grams). Low birth weight is a key risk factor to consider when looking at the issue of infant mortality. The MCH Program in Kansas collaborates with the Kansas Tobacco Use Prevention Program, local MCH grantee agencies and a network of community providers to reduce the number of pregnant smokers through a referral system to a comprehensive set of tobacco cessation services provided by a Quitline, use of CDC and March of Dimes online educational information and referral to local tobacco cessation services. The Kansas Clean Indoor Air Act of 2010 continues to receive support against all challenges to change its mandates that provide smoke-free environments in most public places and restaurants.

- Due to the fragile health of very low birthweight (VLBW) infants, the best care for them is when undertaken and maintained in hospitals with Level III nurseries that are capable of providing subspecialty care. In order to inform this process, the Kansas Maternal and Child Health Council (KMCHC) serve to provide expert opinions, advice and guidance to the Kansas Maternal Child Health (MCH) Program using a multidisciplinary team approach on this issue. Ten hospitals have been identified that self-designate as providing Level III nursery care. All of these hospitals are located in the eastern one-third of Kansas in the three largest metropolitan areas. Involved in this systems approach are the March of Dimes, Kansas Chapter; the Kansas MCH Program; and a referral system of providers from across the State. In addition, neonatal transportation services are provided by Wesley Medical Center in Wichita for high-risk obstetrical cases in outlying regions. The Kansas Perinatal Quality Collaborative (KPQC) was formed resulting from collaborative work of the March of Dimes, Kansas Chapter; the Kansas MCH Program and a host of other Kansas perinatal care stakeholders. The KPQC is a statewide, multi-stakeholder network dedicated to improving perinatal health in Kansas by leading the effort for improvements in service quality and access to care for women and babies using data-driven and evidence-based practices. Hospital quality improvement projects related to preterm and early term births are among the top priorities.

- In 2013, 79.4% of infants were born to pregnant women receiving prenatal care in the first trimester, a slight increase from 2012 (78.9%). Kansas exceeds the Healthy People 2020 goal of 77.9%. Early entry into prenatal care has been identified as a factor involved in improving the health of mothers and babies and black mothers are more likely to enter into prenatal

care late. MCH staff identifies women at risk for late entry into prenatal care in coordination with the state WIC and Family Planning Programs.

- The Kansas MCH Program provides education, outreach and supportive activities to women in the prenatal and postpartum periods of their pregnancies through a statewide network of Healthy Start Home Visitors (HSHVs) that work out of local MCH grantee agencies primarily located in local health departments. Various HSHVs have received fairly broad training as certified breastfeeding educators, car seat safety technicians, and in the use the 5 A's counseling method to promote smoking cessation and trained in other areas that have been shown to improve the health and well-being of mothers, babies and children.

- In an effort to address the identified needs and priorities for pregnant women and infants, a number of multi-sector, cross-cutting initiatives involving state and local programs have been launched.

    - *Infant Mortality Collaborative Innovation and Improvement Network (CoIIN):* The Kansas Department of Health & Environment (KDHE) along with several partners and organizations including the March of Dimes and the Kansas Infant Death and SIDS Network is actively engaged in the Infant Mortality Collaborative Improvement & Innovation Network (CoIIN) initiative, launched by the U.S. Department of Health & Human Services in 2012 and expanded in 2014 to include Kansas and other Region VII states. The National Institute for Children's Health Quality (NICHQ) is leading the work. Cross-state and region collaborative work begins involves learning networks/sessions for six identified CoIIN strategies. Each participating state selected two to three strategies to focus on as part of the national platform. Kansas' selections include: 1) Smoking cessation (before, during and after pregnancy) and 2) Early term and preterm birth. The Kansas CoIIN initiative is the overarching state initiative ("Blueprint") with other state and community infant mortality activities advancing the work to drive change, increase coordination, and enhance/improve services.

    - *Perinatal Community Collaboratives/Birth Disparities Programs:* The Kansas MCH Program and the March of Dimes, Kansas Chapter in collaboration with local communities and the broader network of local health care and community service providers are involved in an on-going process of developing grassroots perinatal care collaboratives using the March of Dimes, "Becoming A Mom/Comenzando Bien" as a consistent and proven prenatal care education curriculum. The March of Dimes Kansas Chapter began development of these community collaboratives in 2010, bringing prenatal education and clinical prenatal care together to create the comprehensive Healthy Babies are Worth the Wait/Becoming a Mom (BAM) program. There are currently seven established sites in Kansas. BAM partnerships have formed with the Kansas Department of Health and Environment, University of Kansas School of

Medicine-Wichita, county health departments, federally qualified health centers, private obstetric practices and hospitals serving women with demonstrated high birth disparities. Preliminary birth outcome data shows statistically significant improvements including fewer preterm births and fewer low-birth weight babies. Sites are reporting increases in breastfeeding initiation rates and lowered infant mortality rates.

- *Communities Supporting Breastfeeding:* The long-term goal of the Communities Supporting Breastfeeding (CSB) project is to improve exclusive breastfeeding rates for infants at three and six months of age in Kansas. The objective of this project is to assist six communities (Great Bend, Liberal, Hays, Parsons, Salina and Cowley County) to achieve the CSB designation by the Kansas Breastfeeding Coalition (KBC) as defined by the following six criteria needed to provide multifaceted breastfeeding support across several sectors in the community: 1) A local breastfeeding coalition with a page on the KBC website listing local breastfeeding resources; 2) Peer breastfeeding support group(s) such as La Leche League or similar mother-to-mother group; 3) One or more community hospitals participating in High 5 for Mom & Baby or Baby Friendly ® USA; 4) One business for every 1000 community citizens* or 25 (whichever is less) participate in the "Breastfeeding Welcome Here" program; 5) One business for every 5000 community citizens or 10 (whichever is lesser) receive a Breastfeeding Employee Support Award from Kansas Business Case for Breastfeeding ; and 6) A minimum of 20 child care providers in the community completing the KBC's How to Support the Breastfeeding Mother and Family course as provided by an approved training organization. *Number of community citizens defined by 2010 census.

- *Healthy Start/Delivering Change:* Delivering Change is a comprehensive approach to eliminating disparities in perinatal health in Geary County, Kansas, that focuses on individual/family level health, evidence-based practices, standardized approaches, and quality improvement. The Kansas Department of Health and Environment (KDHE) as the lead agency, is aligning Delivering Change with Title V and Kansas MCH programs and services to directly support individual participants. Delivering Change expands on existing work of the Geary County Perinatal Coalition to integrate a comprehensive array of services and maximizes the resources in Geary County through a system of mutually reinforcing activities that provide appropriate, high quality services to meet the needs of women, infants, and families. Key program models include: OB Navigator; Becoming a Mom/Comenzando bien©; Period of PURPLE Crying; Triple P – Positive Parenting Program; and Parents as Teachers. Key partners in delivering these programs include the Geary Community Hospital, the Geary County Health Department and Flint Hills OBGYN. Delivering Change uses a Collective Impact approach that will support achieving the three project goals: (1 Develop a comprehensive,

coordinated perinatal system that leads to improved women's health; (2 Improve the quality of services available to pregnant women and new mothers; and (3 Develop a system of programs, services and partnerships that strengthen family resilience. A comprehensive process and outcome evaluation will ensure accountability through quality improvement and performance monitoring.

- *Critical Congenital Heart Defect Newborn Screening (CCHD):* The Kansas Newborn Screening (NBS) program launched a comprehensive public health quality initiative in November 2013. The initiative was launched in partnership with birthing facilities in response to recommendations referred to the KDHE Secretary from the Newborn Screening Advisory Council. Recommendations addressed the need for all newborns to be screened for CCHD; assurance of prompt care; connection to resources; short- and long-term follow-up; systems to support hospital-based data collection, management, evaluation and quality assurance; and improvement of overall health outcomes for infants with CCHD. The successful initiative has resulted in Kansas hospitals and birthing facilities screening infants for CCHD prior to discharge.

- The KDHE Nutrition and WIC Services (NWS) section continues to work toward promoting breastfeeding initiation and increasing the length of time that Kansans are breastfeeding. During the 5-Year MCH Statewide Needs Assessment (2010-2015), partners reaffirmed the importance of promoting exclusive breastfeeding for at least the first six months of an infant's life.

- The NWS section continues to promote quality training and/or credentialing of health professionals involved in breastfeeding promotion and support by providing information about upcoming educational opportunities, stipends to cover registration and underwrite speakers on breastfeeding topics for statewide conferences such as the WIC Conference and the annual Kansas La Leche League conference. The USDA's Grow and Glow In Breastfeeding training is provided to all new WIC staff and other interested health professionals.

- The NWS section collaborates with the Kansas Breastfeeding Coalition, Inc. (KBC) on several projects. NWS assists in training local partners on ways to assist employers in developing or enhancing a lactation support program through the KBC's Business Case for Breastfeeding Grant. NWS worked with the KBC on the KBC's second coalition building conference and the development of a letter with the Kansas Department of Labor about how businesses can support breastfeeding which is distributed in the Kansas New Business packet. Local WIC Staff are encouraged to participate on community breastfeeding coalitions. The Bureau of Family Health supports the KBC project – Communities Supporting Breastfeeding.

- The NWS section assisted with promoting and supporting the KS Breastfeeding Summit, a joint project of the Kansas Health Foundation and the United Methodist Health Ministry

Fund, and NWS has been involved in the development and monitoring of the High 5 for Mom and Baby project which provides education about breastfeeding support to Kansas birthing centers.

- Peer counseling is a significant factor in improving breastfeeding initiation and duration rates among women in a variety of settings, including economically disadvantaged and WIC populations. The NWS section is working on maintaining the existing breastfeeding peer counseling programs with a goal of expanding the program to all interested counties although funding is limited.

- The Kansas MCH program supports breastfeeding as the ideal nutrition for an infant and encourages local MCH grantees to participate in any available breastfeeding training (most often either directly provided by the Kansas WIC program or sponsored by them).

Child Health and Adolescent Health

- Developed in 2010, Healthy People 2020 (HP2020) includes initiatives specific to adolescent health with an overall goal to improve the healthy development, health, safety, and well-being of adolescents and young adults. The HP2020 recognized that the behavioral patterns established during adolescent developmental periods help determine young people's current health status and their risk for developing chronic diseases in adulthood.1

- HP2020 health objectives were selected by a group of stakeholders based on scientific knowledge and available data in order to best measure progress over time. HP2020 identified eleven adolescent health objectives: 1) adolescent wellness checkup, 2) after school activities, 3) adolescent-adult connection, 4) transition to self-sufficiency from foster care, 5) educational achievement, 6) school breakfast program, 7) illegal drugs on school property, 8) student safety at school as perceived by parents, 9) student harassment related to sexual orientation and gender identity, 10) serious violent incidents in public schools, and 11) youth perpetration of and victimization by crimes.

- The KDHE Bureau of Family Health, Children and Families Section stakeholders echoed the HP 2020 goal in the development of a Kansas goal: to enhance the health of Kansas children and adolescents across the lifespan. The HP2020 objectives were also reflected in the Kansas priorities identified as part of the five year needs assessment (2010-2015): 1) all children and youth receive health care through medical homes; 2) reduce child and adolescent risk behaviors with an emphasis on alcohol reduction and deterring tobacco use among teens; and 3) all children and youth achieve and maintain healthy weight through activity and healthy eating.

- In an effort to address the identified needs and priorities for children and adolescents, a number of initiatives involving state and local programs have been launched.

- *Maternal, Infant and Early Childhood Home Visiting Program:* KDHE is the lead agency for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a federal initiative to improve health and development outcomes for at-risk children through evidence-based home visiting programs offered on a voluntary basis to pregnant women and children birth to age five. The MIECHV Program is designed to strengthen and improve Title V MCH programs and activities, improve coordination of services for at-risk communities, and identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. In the at-risk Kansas communities targeted for implementation - Wyandotte County (urban Kansas City, Kansas) and Montgomery, Labette, and Cherokee counties (rural southeast Kansas) - Early Head Start, Healthy Families America, and Parents as Teachers evidence-based home visiting programs and, in Wyandotte County specifically, a promising approach serving pregnant and postpartum women affected by alcohol or other drugs, the Team for Infants Endangered by Substance Abuse (TIES) Program, have scaled up. Since the launch of MIECHV program services in January 2012 through December 2014, 781 enrolled pregnant women and families with infants and young children received home visiting services. A coordinated outreach and referral system has been established in the southeast Kansas counties and an established screening and referral system in Wyandotte County has expanded. An in-home intervention for mothers identified with depression was initiated with Wyandotte County MIECHV program sites. Front line and supervisory staff from local implementing agencies have received enhanced training and consultation on a variety of topics. Rigorous process and impact evaluations are being conducted. A cross-program performance management and data system has been developed and implemented to collect and report data including 35 required indicators in the six MIECHV benchmark areas: 1) maternal & newborn health; 2) child injuries, child abuse & neglect, emergency visits; 3) school readiness & achievement; 4) domestic violence; 5) family economic self-sufficiency; and 6) coordination and referrals for other community resources and supports. Kansas data reported through September 2014 showed improvements in 29 of the 35 identified indicators across each of the benchmarks.

- *Early Childhood Comprehensive Systems: Building Health Through Integration:* In August 2013, KDHE was awarded a three-year Early Childhood Comprehensive Systems: Building Health Through Integration (ECCS) grant. Named the Kansas Initiative of Developmental Ongoing Screening (KIDOS), the project goal is to expand and effectively coordinate, improve, and track developmental screenings and referrals for infant and toddlers (birth to age three) across early childhood support systems at the state and local levels including home visiting and early education settings, pediatricians and medical homes, intervention services, and child care programs and families. A state work group chaired by a pediatrician was convened to provide expertise and guidance for the KIDOS project. The

Collective Impact approach is woven throughout the initiative. A comprehensive Community Toolkit has been developed to provide resources, tools, and guidance to communities coordinating comprehensive developmental screening systems. Technical assistance will be provided to community implementation teams. Another key objective is to build statewide capacity for quality training on the Ages and Stages Questionnaires (ASQ-3™ and ASQ: Social-Emotional). The KIDOS project will also enhance data collection systems for developmental screenings and referrals, and evaluate system and quality improvements.

- *Adolescent Health Plan:* The most recent Maternal and Child Health five-year needs assessment is complete and new priorities and objectives have been identified. As part of the comprehensive statewide needs assessment, the MCH Program partnered with Kansas State University, Research and Extension to conduct an adolescent health assessment and a state adolescent health plan.

- The KDHE Nutrition and WIC Services (NWS) section continues to work towards decreasing the prevalence of children in Kansas that are overweight or obese. During the 5-Year MCH Statewide Needs Assessment (2010-2015), partners reaffirmed the importance of decreasing the rate of childhood obesity.

- The NWS section continues to work with local and state partners to encourage and promote events aimed at increasing healthy eating behaviors and physical activity of Kansas children. In addition, NWS staff continues to work to increase the number of well-trained MCH staff who plan, facilitate, deliver and evaluate healthy eating and physical activity messages, by sponsoring and promoting training opportunities. State nutritionists participate on the Association of State Public Health Nutritionists committees with an emphasis on healthy eating and physical activity. KS WIC nutritionists participate in the Nutrition and Physical Activity Collaborative (NuPAC) – a collaborative of many organizations in Kansas working to enhance nutrition and physical activity in Kansans.

- The NWS section implemented training to all Kansas WIC staff during 2014 on the Kansas Baby Behavior Campaign based on the University of California Davis Human Lactation Center Baby Behavior research project. This program discourages overfeeding and future overweight. All local Kansas WIC staff (450+) and approximately 100 other health professionals received training. Local WIC Staff are encouraged to participate on community committees that promote healthy eating and physical fitness.

- The Kansas MCH program supports reducing the number of overweight and obese children and encourages local MCH grantees to participate in any relevant, evidence-based programs in support of this goal as part of their staff development process. Local community leaders are organizing walks and runs to encourage exercise.

Children and Youth with Special Health Care Needs

- During the 5-Year MCH Statewide Needs Assessment (2011-2015), the Kansas Special Health Care Needs (KS-SHCN) Program, formerly known as Children and Youth with Special Health Care Needs program, adopted the objectives of ensuring children and families have access to a medical home, are supported in transition to adulthood in all aspects of adult life, and services minimize the financial impact for families of children and youth with special health care needs (CYSHCN). While these objectives remain a priority through 2015, a strategic planning process began mid-2013 in an effort to enhance and improve services provided to families through the KS-SHCN program. New priorities have been selected by families, providers, community partners, and other key stakeholders. These five priorities are: cross-system care coordination, behavioral health integration, addressing family caregiver health, direct health services and supports, and training and education. The new priorities align closely in many ways with the 2010-2015 objectives; however have provided a new direction for the program. The 2016-2020 Needs Assessment process completed the strategic planning process with the selection of measurable objectives and key strategies.

- The medical home approach continues to be central to the focus of the KS-SHCN program. While the strategic planning session did not highlight medical home explicitly, each priority addresses varying components of the medical home. Care coordination and direct health services are closely aligned with the medical home approach. Additionally, family caregiver health addresses the family-centered care and comprehensive nature of a medical home. Current activities fall within the training and education priority and include: supporting increased knowledge of medical home services; building medical home partnerships; and helping families navigate systems and access services. For the KS-SHCN program, behavioral and oral health providers are key partners to be integrated into the medical home team.

- Medical home services have been identified through the MCH Block Grant public input survey, specifically related to improving access to primary care, care coordination, early and periodic screening, diagnosis, and testing, integrated and comprehensive services, referral to community resources and supports, health education and care management supports, and health care transition. Current SHCN program activities address many of these needs and will continue, and expand, into the future.

- The KS-SHCN program continues to be at the forefront of improving the transition of youth with special health care needs (YSHCN) into adult services. Although the KS-SHCN strategic plan has not specifically focused on transition services, this is a key component of providing comprehensive care coordination and will be addressed through training and education for providers, families, and youth. Data show transition to adult health care is a major health concern for 48.5% of the people who responded to that question for the CYSHCN 12-26 age group through the 2014 MCH Block Grant Public Input Survey. Additionally, when asked how well the respondent felt the state is doing to address transition for YSHCN, the majority (66 of 107) responded “I don’t know.” Seven responses indicated “ineffective” or “very

ineffective." This shows a clear need in raising awareness of youth health care transition services and how to access available services.

- A focus was placed on preparing youth to improve the integration and coordination of transition supports and services including health care, education, employment, and independent community living. A comprehensive transition model has been developed with the youth and their families in the center of the model. The model includes tools and resources across disciplines related to family health care supports, medical and school coordination, health care provider engagement, individualized health planning, and youth-directed healthcare education. Additionally, a partnership with the University of Kansas allowed for the development of a transition website, specific to Kansas resources and supports. This website, www.buildingalife.ku.edu, intends to help families and youth navigate the complex world of transition to adulthood.

- The KS-SHCN program continues to work towards minimizing financial impact on families. Through state and national funding partners, it is increasingly important to review services and ensure the program is meeting the needs of the families and individuals we serve. The purpose of the strategic plan is to support increased services, enhanced coordination, and stronger systems for CYSHCN. With the increased availability of affordable health coverage and continued reduction of medical specialists in the state, it is necessary for the program to reconsider how services are provided. Central to this process is providing support and accountability for the Title V and state funding received for these services.

- The 3rd highest health concern for CYSHCN ages 0-11 years, as reported by the public input survey, was adequate insurance coverage; moving to 2nd for the 12-26 year old CYSHCN population. With this new process, program staff are researching new models of service delivery to better support families with accessing affordable, appropriate insurance coverage. Families may be able to obtain affordable coverage, however this does not assure all needs are being met. This will be the primary focus of our new priority related to direct health services and supports.

- With the economic downturn, more unemployed/underemployed families are seeking financial assistance to cover their child's medical care. Although there has been an increase in demand for services, there has not been an increase in funding to programs that serve CYSHCN. The Maternal and Child Health budget under Social Security's Title V Act has remained level funded, while the State's resources have declined steadily, requiring the state to achieve a balanced budget by reducing spending. To address the growing needs of CYSHCN, the program reached out to local communities and implemented a regionalization to offer services at the community level, rather than a state level. In partnership with local health departments and other local entities, seven regional offices are now providing a local point of entry into the program. Additionally, expansion of clinic services through outreach to the Western regions of Kansas began this past year. The KS-SHCN program is dedicated to providing services to families at the community level and will continue to move towards

improved community-based services.

- The KS-SHCN program was accepted into Cohort 2 of the Association of Maternal and Child Health Programs (AMCHP) Workforce Development Center (WDC) to address the needs of families of CYSHCN through collaboration, systems integration, and increased capacity for telemedicine/telehealth. The target population includes Kansas CYSHCN and their families in rural communities. The primary objective of this project is to increase capacity for utilization of utilization of telemedicine in rural communities. We will support health transformation through improved access to care and systems integration. Utilizing quality improvement and evaluation, we strive for sustainable and systemic changes for the CYSHCN population. To better meet the unique challenges of CYSHCN and their families, this project will build partnerships and engage key stakeholders to increase capacity for integration, collaboration, and systems change. The leadership team of this project consists of the state Title V CYSHCN Director and KS-SHCN Program Manager as co-leads and includes representation from Medicaid/Kancare, a community hospital partner, and coordinator for the HRSA Regional Telehealth Resource Center.

Cross-Cutting/Life Course

- *Smoking in the home:* The main program effort is focused on expanding the Healthy Babies are Worth the Wait (HBWW)/Becoming a Mom (BAM) programs and integrating smoking cessation education, referral, and services to address this priority. Special emphasis on the linkage between smoking during pregnancy/in the home with increased risk for infant mortality, especially SUID and SIDS, will be integrated into the BAM prenatal education curriculum content. Additionally, the MIECHV Program collects and reports data for the Maternal and Newborn Health Benchmark construct: Percent of enrolled pregnant women and mothers who are screened for alcohol, tobacco, and illicit drug use. Data on smoking in the household of enrolled families is also collected. MIECHV service providers offer information, referrals, and support to participants addressing smoking, alcohol and drug use.

- *Healthy family functioning:* Parents and providers indicated that family functioning was contributing to stressors across all population domains. Lack of services were an issue, but the bigger issue was lack of knowledge of services and stigma. Plans to address this priority need include addressing family functioning in all MCH contacts (importance of routines such as meal time and bedtime); promoting the importance of partners (including men and fathers) as active participants in health matters; educating on the importance of future planning as it relates to building strong relationships and health and family considerations (spacing of children); utilizing the Kansas Special Health Care Needs (KS-SHCN) “Family Caregiver Assessment” to identify needs and resources for family members of clients; providing education for families of CYSHCN as to how their role as a caregiver impacts the their own health and ability to care for their loved one; utilize peer and social networks for women including to promote and support access to preventive health care; developing a

progressive family leadership program to empower families and build strong MCH advocates; providing family and sibling peer supports for those interested in being connected to other families with similar experiences (Foster Care, SHCN, other); and using an evidence-based model, provide parenting resources and mentors for adolescent caregivers.

- *Trained, qualified professionals:* To address this need across MCH population health domains, the Title V program seeks to increase knowledge of MCH and build the workforce/capacity by utilizing the *MCH Navigator* and MCH Competency Assessment at the state and local levels; provide professionals training on best practices and evidence-based interventions/services; improve coordination with the Center for Population Health specific to workforce development for primary care, etc.; offer information and training to child care and education providers to support inclusion within those settings and assure higher quality care for CYSHCN; host webinars and online trainings for health provides on caring for CYSHCN, adapting from the Caring for People with Disabilities course; promote through conferences, grand rounds, webinars, etc.; partner with NAMI to offer youth and adult education programs to KS-SHCN clients; reduce stigma through community awareness and education, including parent and client education materials about behavioral health; and make available and provide training to child care providers.

- *Strengthening family resilience*: Great effort has been made by KDHE to create awareness among local grantees of the need for focused initiatives in the area. At the annual Governor's Public Health Conference, both keynote and break out session speakers presented on fatherhood initiatives, risks related to toxic stress, and trauma informed care. Many local grantees have been partnering with other community agencies, referring into early childhood and parenting support programs. Focus on kindergarten readiness, centering around the social emotional health of the child, is a part of collaborative efforts at the community level, as highlighted by partnerships in the HBWW/BAM collaborative models in Saline and Reno counties. As a part of the Healthy Start/*Delivering Change* initiative in Geary County, the Adverse Childhood Experiences (ACEs) Screening Tool and the Protective Factors Survey have actually been implemented as a part of the role of the Obstetrics (OB) Nurse Navigator.