

Kansas Title V Maternal and Child Health Services Block Grant

2014 Application / 2012 Annual Report
Executive Summary



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Letter from Kansas's Title V Director

Dear Partner,

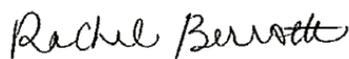
As Director of the Kansas Title V Program, it is my pleasure to provide this Executive Summary of the Kansas Title V Maternal and Child Health (MCH) Services Block Grant. The purpose of this summary is to orient the reader to the Title V MCH Block Grant, highlight key programmatic themes and data points,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

Each year for several years, a vast amount of information and data have been collected as part of the federal application for MCH Services Block Grant funding. In addition to federal reporting, the MCH Services Block Grant data are used to prioritize initiatives related to the 5-Year MCH Statewide Needs Assessment. The comprehensive needs assessment is conducted as part of the federal requirements for the grant and identifies state priorities for women, infants, children, adolescents, and individuals with special health care needs. Kansas' most recent Needs Assessment, referred to as *MCH 2015*, includes ten priority areas for the period 2011-2015. The MCH priority areas relate to the Life Course Framework and State Health Plan, *Healthy Kansans 2020*.

During the most current reporting year, 2012, the Bureau of Family Health published the fourth MCH Biennial Summary, used to track progress on the public health significance of the MCH needs assessment indicators. This document provides trend data and determines how well the priorities have been addressed by state and local programs.

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. 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 as well as the 2014 Application/2012 Annual Report, *MCH 2015* 5-Year Needs Assessment, and 2012 Biennial Summary 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 2012!



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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 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 2015*, identified ten MCH program priorities for the time period 2011-2015.

2011-2015 Kansas MCH Program Priorities

Pregnant Women and Infants

Goal: Enhance the health of Kansas women and infants across the lifespan.

- All women receive early and comprehensive care before, during, and after pregnancy.
 - Improve mental health and behavioral health of pregnant women and new mothers.
 - Reduce preterm births (including low birthweight and infant mortality).
 - Increase initiation, duration and exclusivity of breastfeeding.
-

Children and Adolescents

Goal: Enhance the health of Kansas children and adolescents across the lifespan.

- All children and youth receive health care through medical homes.
 - Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs.
 - All children and youth achieve and maintain healthy weight.
-

Children and Youth with Special Health Care Needs (CYSHCN)

Goal: Enhance the health of all Kansas children and youth with special health care needs across the lifespan.

- All CYSHCN receive coordinated, comprehensive care within a medical home.
 - Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence.
 - Financing for CYSHCN services minimizes financial hardship for their families.
-

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. 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:

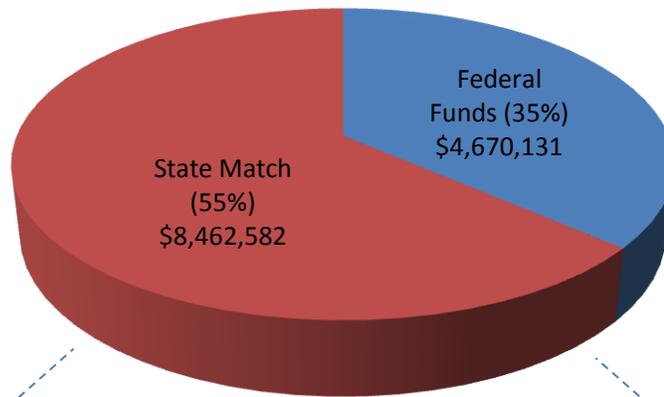
<http://www.kdheks.gov/c-f/mch.htm#input>.

Where can I learn more?

Review the full-length MCH Block Grant at: <http://www.kdheks.gov/c-f/mch.htm#reports>.

The Title V Information System (TVIS) website also allows you to compare Kansas to other states: <https://mchdata.hrsa.gov/TVISReports/>.

MCH Block Grant Budget Overview



\$13.1 Million*

Federal-State Title V
Block Grant Partnership

State Match
\$3,772,188

Local Match
\$4,740,394

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

Aid to Local
\$4,088,872

Title V: \$1,935,940
SGF: \$2,152,932

Grants to local health departments, contracts, special health services

*Source: Title V MCH Services Block Grant 2014 Application, Form 2 Budget Details for FY2014
SGF=State General Fund

Key Kansas Characteristics, 2011

- Number of Births: **39,628**
- Ratio of the black non-Hispanic to white non-Hispanic infant mortality: **2.4**
- Number of children <20 years old: **809,622**
- % of children <18 years old with special health care needs: **17.3%**
- % of births covered by Medicaid: **33.7%**
- % of children <18 years old without health insurance: **9.4%**
- % of children <20 years old living in densely-settled rural, rural and frontier areas: **28.4%**

How Do Medicaid Births Compare to Non-Medicaid Births?

Indicator	Medicaid	Non-Medicaid	All
Percent low birthweight (<2,500 grams)	8.9	6.4	7.2
Infant mortality rate (per 1,000 live births)	7.3	5.5	6.2
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	63.7	84.4	77.3
Percent of pregnant women with adequate prenatal care	72.5	86.8	81.8
Percent of all births	33.7	65.8	100

Source: KDHE Bureau of Epidemiology and Public Health Informatics, 2011



How Does Kansas Compare to Other States?

Compared to other states, Kansas's overall rank in 2012 was 16

KIDS COUNT Key Indicators

Indicators	Kansas	United States	Rank
<i>Economic Well-Being Indicators</i>			8
Percent of children in poverty (2010)	18	22	
Percent of children living in families where no parent has full-time, year-round employment (2010)	27	33	
Percent of children living in households with a high housing cost burden (2010)	30	41	
Percent of teens (ages 16-19) not attending school and not working (2010)	6	9	
<i>Education Indicators</i>			12
Percent of children (ages 3-4) not attending preschool (2008-2010)	53	53	
Percent of fourth graders in public school not proficient in reading (2011)	64	68	
Percent of eighth graders in public school not proficient in math (2011)	59	66	
Percent of high school students not graduating on time (2008/09)	20	24	
<i>Health Indicators</i>			32
Percent low birthweight babies (2009)	7.3	8.2	
Percent of children without health insurance (2010)	8	8	
Child and teen death rate (per 100,000 children ages 1-19) (2009)	32	27	
Percent of teens (ages 12-17) who abuse alcohol or drugs (2008-2009)	8	7	
<i>Family and Community Indicators</i>			24
Percent of children in single-parent families (2010)	31	34	
Percent of children in families where the household head lacks a high school diploma (2010)	12	15	
Percent of children living in high-poverty areas (2006-2010)	6	11	
Teen birth rate (per 1,000 females ages 15-19) (2009)	44	39	

Source: Annie E. Casey Foundation, 2012 KIDS COUNT Data Book,
http://datacenter.kidscount.org/databook/2012/OnlineBooks/2012KCDB_FINAL.pdf

Selected Key Block Grant Indicators by Priority Area

	2007	2008	2009	2010	2011	2012	Trend	HP2020
Pregnant Women and Infants								
<i>All women receive early and comprehensive care before, during and after pregnancy</i>								
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	72.4%	73.1%	74.1%	75.1%	77.3%	-	↑	77.9%
<i>Improve mental health and behavioral health of pregnant women and new mothers.</i>								
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%	-	↑	0%
<i>Reduce preterm births (including low birthweight and infant mortality).</i>								
Percent of live births that are born preterm less than 37 weeks of gestation.	9.2%	9.3%	9.2%	8.8%	9.1%	-	↓	11.4%
<i>Increase initiation, duration and exclusivity of breastfeeding.</i>								
Percent of mothers who breastfed their infants at 6 months of age.	42.1%	43.8%	47.4%	41.0%	45.1%	-	↑	60.6%
<i>Increase the proportion of newborns who are enrolled in appropriate intervention services no later than age 6 months.</i>								
Percent of infants with Permanent Congenital Hearing Loss enrolled in early intervention services before 6 months of age.	-	-	-	46.6%	65.1%	-	↑	-
Children and Adolescents								
<i>All children and youth receive health care through medical home.</i>								
Percent of children who receive care that meets the American Academy of Pediatrics (AAP) definition of medical home.	-	-	-	-	59.1%	-	●	63.3%
<i>Reduce child and adolescents risk behaviors relating to alcohol, tobacco and other drugs.</i>								
Percent of high school students who had at least one drink of alcohol during the past 30 days.	42.4%	-	38.7%	-	32.6%	-	↓	-
<i>All children and youth achieve and maintain healthy weight.</i>								
Percent of children (2-5 years) who are obese.	13.6%	13.3%	13.2%	13.0%	12.8%	-	↓	9.6%
Children and Youth with Special Health Care Needs (CYSHCN)								
<i>Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life.</i>								
Percent of YSHCN whose doctors usually or always encourage development of age appropriate self-management skills.	-	-	-	83.6%	-	-	●	-
<i>Financing for CYSHCN services minimizes financial hardship for their families.</i>								
Percent of CYSHCN families that experience financial problems due to the child's health needs.	-	-	-	26.3%	-	-	●	-

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

Activity Highlights/Updates

The following 2012 MCH Program highlights/updates reflect major accomplishments and the connections to MCH priority areas. 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>.

Pregnant Women and Infants

Pregnant Women and Infants Update

- 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. 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 goal is to improve service quality and access to care for women and babies in Kansas. This is to be achieved by assuring quality perinatal care using data-driven, evidenced-based practices and quality improvement processes.
- In 2011, 77.3% of infants were born to pregnant women receiving prenatal care in the first trimester, a slight increase from 2010 (75.1%). Kansas was somewhat above the U.S. rate on this measure when compared to 2010 (75.1%), but below 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 and the March

of Dimes, Kansas Chapter in collaboration with local communities and the broader net 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 to utilize across the growing numbers of perinatal care collaboratives with special emphasis placed on reducing identified disparities. The community collaboratives are fundamentally made up of a group that consists of: the local delivering hospital(s), local obstetric/gynecology providers and the local health department. 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 the ability to use the 5 A’s counseling method to promote smoking cessation and many more.

Breastfeeding Update

- 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 the statewide conferences, including provision of the USDA’s Grow and Glow In Breastfeeding training and the Kansas WIC Baby Behavior Campaign training to all local WIC staff.
- The NWS section collaborates with the Kansas Breastfeeding Coalition (KBC) on several projects including: the Business Case for Breastfeeding (assisting employers); Child Care Provider Education; Building Local Breastfeeding Coalitions (quarterly support calls and mini projects); Breastfeeding Welcome Here (recognizing businesses that support public breastfeeding; Continuity of Care (community resources to support breastfeeding.) NWS continues to support the High 5 for Mom and Baby project which provides education about key strategies for 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 counties.

- 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). The Kansas WIC Baby Behavior Campaign training will be offered to program staff throughout Kansas interested in educating parents about baby cues, infant crying, and infant sleep patterns.

Children and Adolescents

Reducing Risk Behaviors Update

- Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.
- In an effort to address the adolescent transition period, a group of stakeholders worked with KDHE, Bureau of Family Health, Children and Families Section to develop three goals to focus on in order to improve the health, safety and well-being of adolescents in Kansas. The three goals are: 1) all children and youth receive health care through medical homes, 2) reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs, and 3) all children and youth achieve and maintain healthy weight.
- The Children and Family Section continue to work with local health departments to increase the number of children with medical homes: 1) Each person coming for care at a local health department is assessed for a medical home and efforts made to find a medical home if they do not have one; 2) Reduction of risk behaviors is promoted through campaigns such as the Red Ribbon Campaign along with educating adolescents on how choices they make now can affect their long term health and future goals and; 3) Several of the local health departments work with children and parents to teach them about Body Mass Index (BMI) and as a result have got community involvement in the development of walking paths, fun runs, safe playgrounds and healthy food choices.
- Parents and adolescents are realizing that health truly is influence by many outside factors that can be controlled.

Overweight and Obese Children Update

- 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 do its best 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, offering stipends to cover registration and underwrite speakers on related topics for the statewide conferences and providing the Kansas WIC Baby Behavior Campaign training to all local WIC staff.
- 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. The Kansas WIC Baby Behavior Campaign training will be offered to program staff throughout Kansas interested in educating parents about baby cues, infant crying, and infant sleep patterns.

Children and Youth with Special Health Care Needs

During the 5-Year MCH Statewide Needs Assessment (2010-2015), the Kansas Special Health Care Needs (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). These objectives were reaffirmed by parents, community stakeholders, and program staff. In fact, parents and other stakeholders attested that financial are one of the top issues faced by families who have CYSHCN.

Medical Home Update

- The SHCN program continues to promote medical home objectives individually and in cooperation and collaboration with other state and local programs. The focus of this goal is improving access to and expanding services available within a Medical Home (MH). The primary strategies to address this priority objective are to: 1) educate families, youth and providers about the components of a medical home; 2) inform community partners and stakeholders of local, state, and national initiatives to support effective and successful system change; and 3) utilize community partnerships by linking community services and resources for CYSHCN and their families. Through these efforts, the program strives to empower consumers to take an active role in their health care and partner with providers in health care decisions.

Youth Transitioning into Adult Services Update

- The SHCN program continues to be at the forefront of improving the transition of youth with special health care needs (YSHCN) into adult services. Some of the SHCN-sponsored specialty clinics offer transition clinics for older youth with special health care needs to

begin the transition process from pediatric to adult health care systems. Through partnerships with Families Together, Inc., we have provided opportunities to promote the personal health care and transition notebooks for families and YSHCN to encourage youth to take a more active role in their health care. Additionally, through this partnership, a number of transition workshops and conferences have been held to educate and inform parents and families about necessary steps for successful transitions.

- 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 was 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.

Financial Impact on the Family Update

- In July of 2008, the SHCN program expanded services and the number of eligible conditions. This was in response to the newborn screening expansion for 28 metabolic conditions and hearing loss recommended by the American College of Medical Genetics. The 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. In July 2013, the SHCN program began a year-long strategic planning process to identify opportunities to improve services, reduce operating costs, and support stronger systems for the care of the SHCN population. This has involved gathering of stakeholders and families to identify the top needs of the community to propose new services to better support families and
- 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 reduced spending. To fulfill the mission of the SHCN program given by stakeholders, the program has partnered with a variety of agencies to provide providers and consumers with information about the impact of the Affordable Care Act; assist families that have no insurance to apply for insurance; update the sliding fee scale in the SHCN program to better serve the most vulnerable children; and strengthen collaborative efforts to maximize available resources.

- 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, six regional offices in 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 SHCN program is dedicated to providing services to families at the community level and will continue to move towards improved community-based services.