

Kansas Title V Maternal and Child Health Services Block Grant

2015 Application / 2013 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, 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, mothers, 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. Kansas' most recent Needs Assessment, referred to as *MCH 2015*, includes ten priority areas by MCH population for the period 2011-2015. The MCH priority areas relate to the Life Course Framework and State Health Improvement Plan, *Healthy Kansans 2020*. The next 5-Year MCH Plan (*MCH 2020*) is under development and set to be released by July 2015. Community meetings held across the state in every public health region during 2014 and 2015 will provide the input needed to identify priority issues, objectives, and key strategies for the next five years (2016-2020).

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, prenatal education, 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 as well as the 2015 Application/2013 Annual Report, and *MCH 2015* 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 2013 and 2014!



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 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:

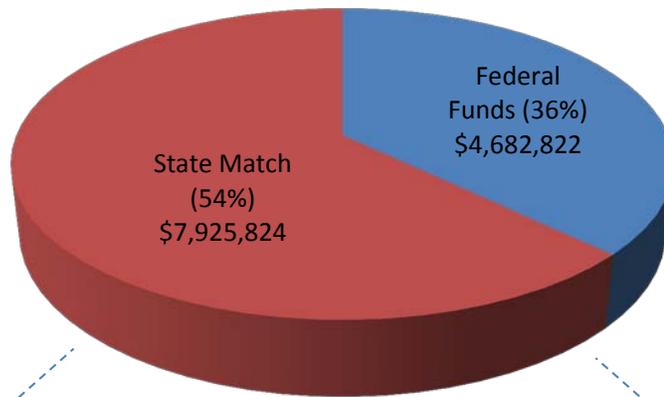
<http://www.kdheks.gov/c-f/mch.htm#input>.

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



\$12.6 Million*

Federal-State Title V
Block Grant Partnership

State Match
\$3,524,276

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
\$4,095,402

Title V: \$1,935,940
SGF: \$1,935,840

Grants to local health departments, contracts, special health services

*Source: Title V MCH Services Block Grant 2015 Application, Forms 2 and 5 Budget Details for FY2015
SGF: State General Fund

Key Kansas Characteristics, 2012

- Number of Births^a: **40,304**
- Ratio of the black non-Hispanic to white non-Hispanic infant mortality^a: **2.8**
- Number of children <20 years old^b: **807,545**
- % of children <18 years old with special health care needs^c: **19.4%**
- % of births covered by Medicaid^{a,*}: **33.0%**
- % of children <18 years old without health insurance^d: **6.1%**
- % of children <20 years old living in densely-settled rural, rural and frontier areas^b: **28.2%**

Sources:

^a KDHE Bureau of Epidemiology and Public Health Informatics, 2012

^b U.S. Census Bureau, Bridged Race Population, 2012

^c National Survey of Children's Health, 2011/12

^d U.S. Census and Bureau of Labor Statistics. Current Population Survey, 2012

How Do Medicaid Births Compare to Non-Medicaid Births?

Indicator	Medicaid*	Non-Medicaid*	All
Percent low birthweight (<2,500 grams)	8.9	6.3	7.2
Infant mortality rate (per 1,000 live births)	9.7	4.4	6.3
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	68.0	84.5	78.9
Percent of pregnant women with adequate prenatal care	73.7	86.2	81.9
Percent of all births	33.0	67.0	100

Source: KDHE Bureau of Epidemiology and Public Health Informatics, 2012

Note: *Based on the "principal source of payment for this delivery" as reported on the birth certificate.



How Does Kansas Compare to Other States?

Compared to other states, Kansas's overall rank in 2013 was 16

KIDS COUNT Key Indicators

Indicators	Kansas	United States	Rank
<i>Economic Well-Being Indicators</i>			8
Percent of children in poverty (2011)	19	23	
Percent of children living in families where no parent has full-time, year-round employment (2011)	25	32	
Percent of children living in households with a high housing cost burden (2011)	30	40	
Percent of teens (ages 16-19) not attending school and not working (2011)	6	8	
<i>Education Indicators</i>			11
Percent of children (ages 3-4) not attending preschool (2009-2011)	54	54	
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 (2009/10)	15	22	
<i>Health Indicators</i>			26
Percent low birthweight babies (2010)	7.1	8.1	
Percent of children without health insurance (2011)	6	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 (2010-2011)	7	7	
<i>Family and Community Indicators</i>			23
Percent of children in single-parent families (2011)	31	35	
Percent of children in families where the household head lacks a high school diploma (2011)	11	15	
Percent of children living in high-poverty areas (2007-2011)	7	12	
Teen birth rate (per 1,000 females ages 15-19) (2010)	39	34	

Source: Annie E. Casey Foundation, 2013 KIDS COUNT Data Book, <http://datacenter.kidscount.org/files/2013KIDSCOUNTDataBook.pdf>

Selected Key Block Grant Indicators by Priority Area

	2008	2009	2010	2011	2012	2013	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	73.1%	74.1%	75.1%	77.3%	78.9%	-	↑	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%	15.7%	-	↑	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.	9.3%	9.2%	8.8%	9.1%	9.0%	-	●	11.4%
Percent of Non-Medically Indicated (NMI) early term deliveries (37, 38 weeks) among singleton term deliveries (37-41 weeks).*	12.0%	10.8%	9.7%	9.0%	7.8%	6.4%	↓	-
<i>Increase initiation, duration and exclusivity of breastfeeding.</i>								
Percent of mothers who breastfed their infants at 6 months of age.	43.8%	47.4%	41.0%	45.1%	41.8%	-	↓	60.6%
<i>Increase the proportion of newborns who are enrolled in appropriate intervention services.</i>								
Percent of infants with Permanent Congenital Hearing Loss enrolled in early intervention services before 6 months of age.	-	-	46.6%	65.1%	55.3%	43.0%	↓	-
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.	-	38.7%	-	32.6%	-	-	↓	-
<i>All children and youth achieve and maintain healthy weight.</i>								
Percent of children (2-5 years) who are obese.	13.3%	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.	-	-	83.5%	-	-	-	●	-

* 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 2013 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, 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 2012, 78.9% of infants were born to pregnant women receiving prenatal care in the first trimester, a slight increase from 2011 (77.3%). 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 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 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.

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 to local health department staff. All Kansas WIC staff required to attend and all other Kansas health professional invited to attend the Kansas Baby Behavior Campaign training which is based on the University of California Davis Human Lactation Center’s Baby Behavior.
- The NWS section collaborates with the Kansas Breastfeeding Coalition (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. The NWS section is also assisting with promoting and supporting the KS Breastfeeding Summit and KBC’s second coalition building conference. NWS has been involved in the development of the High 5 for Mom and Baby project which provides

education about breastfeeding support to Kansas birthing centers and in the KBC's Communities Supporting Breastfeeding project.

- 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 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).

Children and Adolescents

Reducing Risk Behaviors Update

- 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.
- 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) afterschool 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 objectives: 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.
- The KDHE Bureau of Family Health, Children and Families Section partners with Kansas Department of Education in 2014 to offer teachers training on "Teaching Adolescent About Avoiding Risky Behaviors"

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 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. Four state nutritionists attended the 2013 Annual Meeting of the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) 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 has developed and is implementing 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 other health professionals received training summer 2014.
- 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 will complete the strategic planning process with the selection of measurable objectives and key

strategies.

Medical Home Update

- 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.

Youth Transitioning into Adult Services Update

- 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.

Financial Impact on the Family Update

- 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.