



Maternal and Child Health Services Title V Block Grant SUPPORTING DOCUMENT #5

Stakeholder Supports and Engagement Activities



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Family and Consumer Partnership ATL Manual



This is the section for the SFY2023 MCH Manual related to Family and Consumer Partnership (FCP). This new addition is laying the foundation for the FCP program being developed with KS Title V.

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*Kansas invests in family **engagement** and family **partnership** to affirm that the family voice is a critical component to moving services in the right direction.*

501 Family and Consumer Partnership Introduction

Families and consumers provide firsthand knowledge and insight to areas that state program staff may not have considered, as well as suggestions on how to make positive changes for the maternal and child health (MCH) populations, especially children with special health care needs (CSHCN). The Kansas Title V Program provides opportunities for meaningful engagement, partnership, and leadership at varying levels of involvement and intensity to fit the needs of families and consumers.

To support this vision, Title V established a goal to ***increase family and consumer partnership across all population domains***. Reflected in the 2021-25 Title V MCH State Action Plan (Objective 7.1) the goal is to “Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.” Family and consumer partnership is about actively working with those served to design, deliver, and evaluate programming and services to meet their needs. The following definition is outlined in the MCH Block Grant Guidance:

Family [and consumer] partnership is defined as...

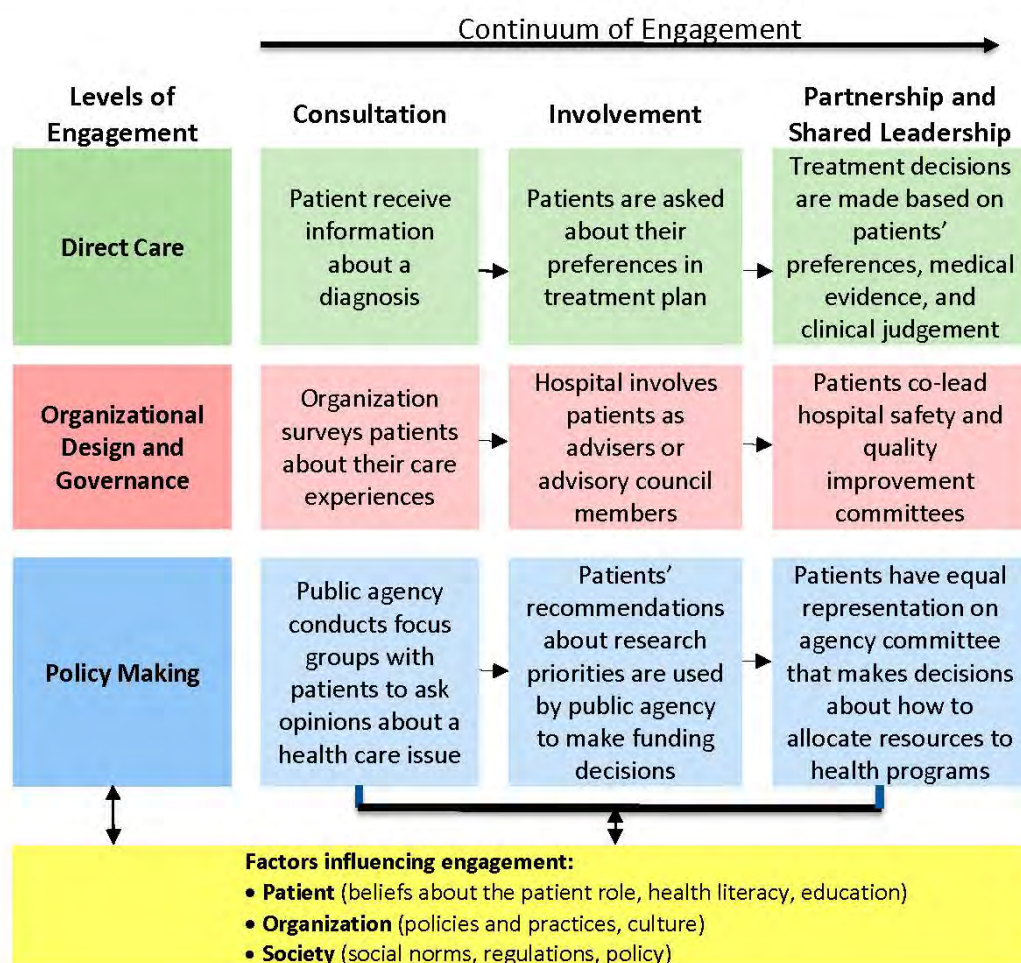
“patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policy making—to improve health and health care. This partnership is accomplished through the intentional practice of working with families [and consumers] for the ultimate goal of positive outcomes in all areas through the life course.”

This is accomplished through active family and consumer engagement, which is outlined in the KS Title V Guiding Principles as, “obtaining buy-in from those directly affected by systemic changes and assuring the consumer and family voice is central to programming, initiatives, and special projects.”

The effectiveness of the family and consumer partnership efforts rely on each of these principles. The relationship and exchange among these principles is key to success in all areas, but specifically in family and consumer partnership. Collaboration to reduce barriers, improve access to services and drive community change are not possible without strong collaborative relationships. These relationships can help you reach the population you are trying to engage or partner with. Community norms cannot be identified without strong family and consumer engagement - and barriers, inequities, or access issues created by those norms certainly can't be addressed if you haven't heard firsthand from those affected.

Another important note is that family and consumer engagement is not the same as family and consumer partnership. While you can engage without partnership, you can't partner without engagement. These terms are often used interchangeably, but caution should be taken when doing this. Additionally, there is a range of levels of engagement, ranging from consultation to involvement to partnership. These are described in the *Multidimensional Framework for Patient and Family Engagement in Health and Health Care* as published in this 2013 [Health Affairs](#) publication.

A Multidimensional Framework for Patient and Family Engagement in Health and Health Care



⁵ Carman K., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., Sweeney, J. Patient and Family Engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs. 2013; 32:223-231

In the next section, this and several other frameworks or foundational principles will be presented that can provide structure, guidance, and support to your work in this arena. However, the most important thing to remember is to assure those you serve, and their families, are at the center of your work. Provide them opportunities to be actively involved during times when you may be assessing community needs, seeking participant input, evaluating program activities, and preparing for programmatic changes.

502 Family Engagement Frameworks

There are many frameworks at the state and national level that focus on engagement and partnership of families and consumers. Each offer various components that may be valuable to the work you do and support your efforts to engage and partner in different ways. These components include: foundational **principles**, quality **standards**, engagement **strategies**, and evaluation and **assessment** approaches.

The table below provides a cross-walk of the key content supporting the Title V vision for family and consumer partnership across five notable frameworks.

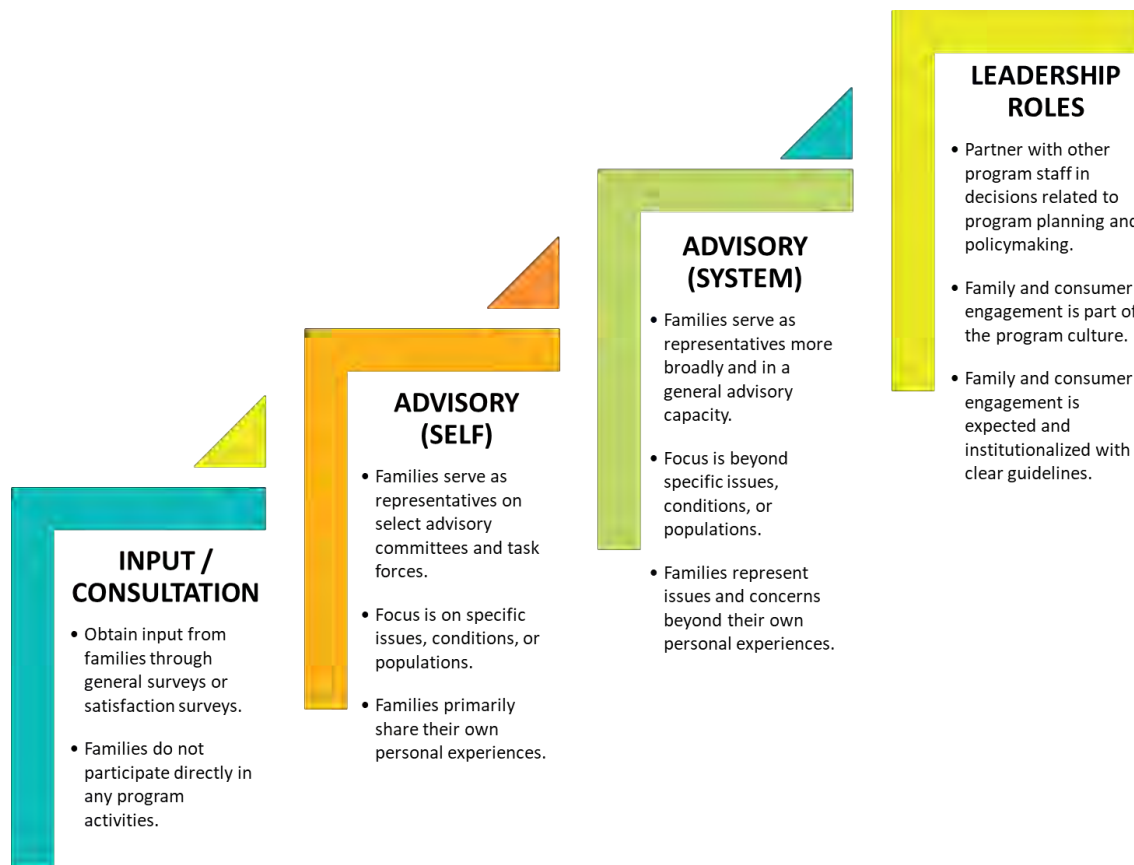
Framework	Key Content	Components
Levels of Family Engagement in Title V	Levels of Engagement <i>Input, Advisory (Self), Advisory (System), Leadership Roles</i>	Principles Strategies
Kansas Family Engagement and Partnership Standards for Early Childhood	Guidance for Engagement <i>Families as...Foundation, Communicators, Advocates, Partners, Community Members</i>	Principles Standards Strategies Assessment
Standards of Quality for Family Strengthening and Support	Quality Standards for Family Support <i>Family Centeredness, Family Strengthening, Embracing Diversity, Community Building, Evaluation</i>	Principles Standards Strategies Assessment
A Framework for Understanding the Elements and Developing Interventions and Policies	Continuum of Family Engagement <i>Consultation, Involvement, Partnership and Shared Leadership</i>	Principles
A Framework for Assessing Family Engagement in Systems Change	Assessment Tools for Engagement at the Systems Level <i>Commitment, Transparency, Representation, Impact</i>	Principles Strategies Assessment

Levels of Family Engagement in Title V MCH and CYSHCN Programs

Source: Association of Maternal and Child Health Programs (AMCHP)
Web: www.amchp.org/programsandtopics/family-engagement

Title V strives to support family and consumer engagement at all levels, as outlined by the [Levels of Family Engagement in Title V](#) in a 2016 AMCHP brief.

This brief shares the results of a 2014/15 survey of Title V programs on the degree to which families are engaged in programs. The survey also captured information on issues programs face across four successive levels of engagement. These levels of engagement include: **input or consultation** (e.g., programmatic and community input surveys or focus groups); **advisory opportunities** (e.g., self/family level, broader systems/community-level); and **leadership** (e.g., staff, key partners, decision-making). These are described in more detail below.



This brief also outlined the fact that the children with special health care need MCH population domain has historically engaged families and consumers at a much greater rate than other population domain areas (e.g., women/maternal, perinatal/infant, child, adolescent).

Kansas Family Engagement and Partnership Standards for Early Childhood

Source: *Kansas Parent Information Resource Center (KPRIC)*

Web: <https://ksdetasn.org/kpirc>

Title V has been heavily involved in the development and implementation of the [Kansas Family Engagement and Partnership Standards for Early Childhood](#) which guides early childhood programs, providers, communities, and educational system on the effective engagement of families. This is designed to help others view families as:

- **Foundation:** All families are recognized and promoted as their child's first and most influential teacher.
- **Communicators:** Early childhood provider and families have effective and ongoing communication.
- **Advocates:** Families actively engage as an advocate and decision-making for their child
- **Partners:** Successful partnerships exist between families and professionals based upon mutual trust and respect.
- **Community Members:** Families are active participants in their communities and connect to resources and services.

Integrated within this document, you will find reference to the six key factors from the National Association for the Education of Young Children definition of family engagement and the School Readiness Framework, specifically in reference to how these intersect and are supported by the Standards. In addition to outlining the Standards, there are also examples of what those may look like in practice and a full set of assessment worksheets to help programs identify how well they aid community stakeholders in assessing their current strengths and opportunities for growth within each of the five standards.

Standards of Quality for Family Strengthening and Support

Source: *National Family Support Network (NFSN)*

Web: www.nationalfamilysupportnetwork.org/standards-of-quality

Title V began focused work on alignment with the [Standards of Quality for Family Strengthening and Support](http://www.nationalfamilysupportnetwork.org/standards-of-quality) as part of the 2025 Needs Assessment, upon recommendation from the Title V Family Advisory Council (FAC). These Standards focus on building strong families, supporting families, and assuring family engagement in program practices by establishing “a common language to promote quality practice across many different kinds of programs that work with families.”

Integrating and operationalizing two key frameworks aligned with other service systems in Kansas (Principles of Family Support Practice and Strengthening Families Protective Factors Framework), the Standards consist of 17 Standards and 29 Indicators organized by the following five sections:

- **Family Centeredness**
Working with a family-centered approach that values and recognizes families as integral to the Program.
- **Family Strengthening**
Utilizing a family strengthening approach to support families to be strong, healthy, and safe, thereby promoting their optimal development.
- **Embracing Diversity**
Acknowledging and respecting families’ diversity, supporting their participation in a diverse society, as well as engaging in ongoing learning and adaptation to diversity.
- **Community Building**
Contributing to building a strong and healthy community by facilitating families’ social connections, developing their leadership skills, and by collaborating with other Programs.
- **Evaluation**
Looking at areas of Program strength, as well as areas for further development, in order to guide continuous quality improvement and achieve positive results for families.

Source: *National Family Support Network*

Within each Standard, NFSN provides indicators of minimum quality, to demonstrate the basic application of the Standard, and high quality to represent an ongoing and deeper commitment to the application of the Standard. There are examples provided to help programs and partners reach

A Framework for Understanding the Elements and Developing Interventions and Policies

Source: *Health Affairs Journal/Project HOPE*

Web: <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2012.1133>

This article is the source document for the framework adopted by the Maternal and Child Health Bureau (MCHB) as the continuum of patient and family engagement at different levels in the health care system and an integral part of the MCH Block Grant. In addition, this provides foundational support to the impact and effects that patient and family engagement can have on a higher quality and more efficient health care system.

Throughout the article, the authors present the various forms engagement can take the levels at which engagement can occur across the health care system. Other discussion points include: factors that influence the extent in which engagement occurs; implications of the framework on developing interventions and policies that support engagement; and recommendations to conduct research on how engagement leads to improved outcomes.

About the publication: *Health Affairs* is a leading peer-reviewed journal that explores health policy issues, promotes analysis and discussion on improving health and health care, and strives to address issues such as cost, quality, and access.

A Framework for Assessing Family Engagement in Systems Change

Source: *Family Voices: Leadership in Family and Professional Partnerships*

Web: <https://familyvoices.org/familyengagementtoolkit/>

With a mission to explore strategies for ensuring, enhancing, and supporting the meaningful engagement of families at the systems level of health care, Family Voices presents findings from their environmental scan/literature review and key informant interviews with family leaders and professionals in this framework on how to assess family engagement as it relates to systems change. They identified four domains for promoting and ensuring meaningful and sustainable family engagement at the systems level. The four domains are: Commitment (e.g., engagement as a core value); Transparency (e.g., access to information); Representation (e.g., reflecting diversity of population served); and Impact (e.g., identifying changes resulting from family engagement). Key criteria for each domain was offered to support interested organizations in program and staff assessment and program planning.

503 FCP Strategies

Family and consumer engagement and partnership can take place at all levels and across all MCH population domains.

MCH Population Domain	Priority/Objective Area in SAP	Strategy Example	Level of Engagement
Women/Maternal	Well-Woman Visit	Clinic/patient Advisory Council	Advisory (System)
Local Family Planning Clinic establishes a Patient Advisory Council (PAC) comprised of women who have been seen in clinic. The PAC is asked to meet quarterly to review patient satisfaction survey results and make recommendations for changes within the clinic service delivery approach. The PAC membership is determined by reviewing patient demographic data to assure diversity and representation of the population served.			
Perinatal/Infant	Breastfeeding	Community Event with Focus Group	Input
Local WIC Breastfeeding Peer Counselors note an increase in women declining services or noting they are not supported to breastfeed in their place of employment. The program hosts a community event, inviting families and consumers to learn about a woman's right to breastfeed and learn effective strategies to advocate with employers to support their goals. During the event, a focus group is organized to learn about family/consumer experiences in breastfeeding at work.			
Child	Access to Activities/Programs	Event planned by Local PTA	Leadership Roles
Community coalition discusses need to improve access to safe activities during out of school time. Local MCH program engages the PTA at the local school district it is determined that the PTA will host a series of activities during the week of Spring Break to help elementary school students learn about healthy choices (exercise and healthy eating) with the goal that daily programming will help keep kids out of in front of the TV or computer during their time out of school.			
Adolescent	Behavioral Health Screening	Youth Task Force	Advisory (Self)
Local MCH program providing adolescent well-visit services wants to increase by adding a screening for behavioral health risk factors. Working with the local mental health center, they establish a Youth Task Force comprised of youth who have received mental health services to share their experiences in why they didn't reach out for help, brainstorm ways to reduce stigma around mental health services, discuss barriers to services, and identify places in the community where youth feel safe. From that task force, the program develops messaging and protocols for implementing behavioral health screening during the youth clinic visit.			

CSHCN	Systems Navigation Training	Family as co-presenter/facilitator	Leadership Roles
The Local SHCN Satellite Office signs up to host a Systems Navigation Training and recruits a local family member to help with recruitment. This family member engages throughout the training as a panelist, co-facilitator, or support team member.			
Cross-Cutting	Workforce Development Planning	FSS Participant Survey	Input – Self
All persons served through the TPTCM Case Managers are asked to complete the Family Strengthening and Support (FSS) Participant Survey annually to identify ways to increase supports for families that are family-centered, strengthen the family unit, embrace diversity, and build community.			
Cross-Cutting	Peer Supports	Supporting You PSA Contract	Leadership Roles
Community organization establishes a program under the Supporting You: Peer to Peer Support Network. The Local MCH Program offers to provide support in recruiting consumers to participate and establishes an agreement/contract with a family or consumer associated with the program to serve as the Peer Support Administrator and provide trainings, make matches, and assist with evaluation of the program.			

504 Resources

In addition to those already outlined in this Section, other relevant resources include, but are not limited to:

The Association of Maternal and Child Health Programs (AMCHP)
Family Engagement and Leadership Program Website
www.amchp.org/programsandtopics/family-engagement/Pages/default.aspx

*Creating a Culture of Family Engagement
in Title V MCH and CYSHCN Programs ([LINK](#))*

*National Consensus Standards for Systems of Care for
Children and Youth with Special Health Care Needs ([LINK](#))*

*Sustaining and Diversifying Family Engagement in
Title V MCH and CYSHCN Programs ([LINK](#))*

Family Voices
Leadership in Family and Professional Partnerships
<https://familyvoices.org/lfpp/>

National Family Support Network
www.nationalfamilysupportnetwork.org/

Families Together, Inc.
<https://famieliestogetherinc.org/>

Keys for Networking
www.keys.org/

505 Technical Assistance

For more information, or to request technical assistance support for engaging families, please contact:

Heather Smith
Section Director
System of Supports
Heather.Smith@ks.gov

Cora Ungerer
FCP Program Coordinator
System of Supports
Cora.Ungerer@ks.gov

Supporting You: A Peer to Peer Support Network



Collection of Supporting You marketing materials utilized by current Network Programs, Kansas School for the Deaf (KSD), Kansas Special Health Care Needs (SHCN), along with generalized materials utilized by the Network Administrators and other partner programs.

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Informational Sheet Network Partner Interest



Supporting You is a peer support network created to help people with similar experiences get connected. The goal is for Kansans to gain emotional support from a caring and compassionate peer who shares a connection and is willing to tell their own personal story, while they walk alongside someone else as they tell theirs.

Purpose: Individuals and families have peer connections through a system of support.

Mission: Connect with a trained peer who share experiences to support the health of their family.

Vision: Strengths-based supports and services are available to promote healthy families and relationships.

Supporting You is paramount because:

- Peer support is a strong measure of individual/family support.
- Peer support improves one's mental/emotional health.
- Peer support can connect people to services they didn't know they would need.

Your program's
served population



Supporting You
Network



Supported,
connected, and
happier people

Supporting You is a HIPAA compliant program that provides a framework to connect peers in a safe environment. The network is comprised of individual programs dedicated to supporting families through strengths-based support services. Two formal ways to partner include:

Network Programs individual peer support programs that are focused on the specific needs of a targeted population.

Promotional Programs community organizations that provide marketing, recruitment, and promotional supports to raise awareness about peer supports and Supporting You.

Contact one of the Network
Administrators to learn more about
becoming a Network Partner!

Cora Ungerer
785-296-8616

Heather Smith
785-296-4747

Or email KDHE.SupportingYou@ks.gov

Supporting You is administered by the Kansas Department of Health and Environment's System of Supports Section, within the Bureau of Family Health. The Title V Family Advisory Council provides oversight to assure consistent practices and fidelity among network activities.

Informational Sheet

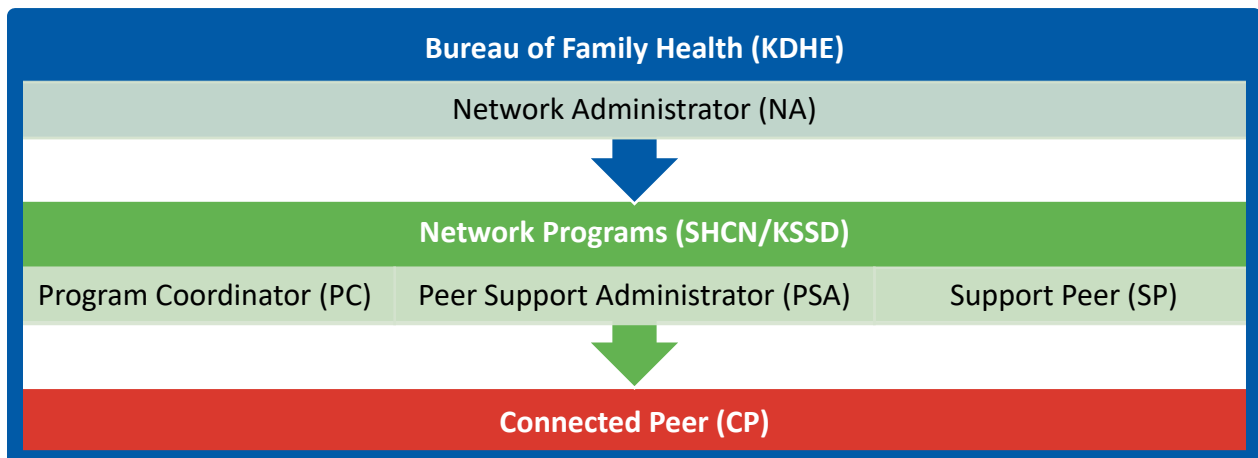
Structure and Oversight



Supporting You is a network of programs who believe peer to peer support and connection is essential to a system of supports in Kansas to promote healthy families and relationships.

Supporting You is a peer-to-peer network created to help Kansans find someone who has gone through a similar experience when they are facing a new challenge in life.

Supporting You is administered by the Kansas Department of Health and Environment's System of Supports Section, within the Bureau of Family Health.



Network Administrator (NA): network oversight, database management, and program recruitment

Program Coordinator (PC): program management, network evaluation, and delegation of duties

Peer Support Administrator (PSA): SP recruitment, CP matches, and ongoing support for all Peers

Support Peer (SP): support for a peer looking for someone to talk to

Connected Peer (CP): looking for support from someone who has "been there before"

Supporting You Network Programs collaborate with KDHE and engage in quarterly discussions regarding network utilization, system design, database needs, and evaluation. KDHE Network Administrators will provide backbone database support, technical assistance, training, and marketing supports for Network Programs.

Contact one of the Network Administrators to learn more about becoming a Network Partner!

Cora Ungerer
785-296-8616

Heather Smith
785-296-4747

Or email KDHE.SupportingYou@ks.gov

The [Title V Family Advisory Council \(FAC\)](#) developed this network in 2018 to fill a gap identified by families of children with special health care needs who sought peer connection, peer mentorship, and peer learning opportunities. **Supporting You** is their vision. Created for families, by families. To assure consistent practices and fidelity among network activities, the FAC provides oversight in partnership with the System of Supports Section at KDHE.

Informational Sheet

Peer Connection Overview



Network Programs establish individual protocols to best meet the target populations' needs, however the same basic principles apply. Connections occur between two types of peers: Support Peer (SP) and Connected Peer (CP).

Network Programs have a *Peer Support Administrator (PSA)* who oversees and facilitates the peer connections. The PSA is generally the point of contact for all peers associated with the program and is responsible for SP recruitment and training, peer matches, and ongoing support for Peers.

Network Programs utilize the online Supporting You system to recruit and manage peer connections.

Support Peer (SP)

- Trained volunteer, associated with a Network Program
- Provides support for a peer looking for someone to talk to

Connected Peer (CP)

- Person seeking support

THE CONNECTION PROCESS

PEER COMPLETES QUESTIONNAIRE

Applications can be completed online at www.SupportingYouKansas.org

PSA MAKES CONNECTIONS

Connects with CP to learn what they needs; Identifies SP for a match; Connects SP with CP

PEER SUPPORT BEGINS

Support Peer reaches out to the Connected Peer; PSA available for either peer as needed

All **Support Peers** complete a series of KDHE approved trainings before they are eligible to provide support through Supporting You. There are three basic trainings that all SPs are required to complete. These can be done in-person or online, per the Network Program's preference. Network Programs may require program specific trainings for the SPs associated with their program.

Contact one of the Network Administrators to learn more about becoming a Network Program!

Cora Ungerer
785-296-8616

Heather Smith
785-296-4747

Or email KDHE.SupportingYou@ks.gov

Supporting You is administered by the Kansas Department of Health and Environment's System of Supports Section, within the Bureau of Family Health. The Title V Family Advisory Council provides oversight to assure consistent practices and fidelity among network activities.



Informational Sheet Onboarding Overview

The onboarding process is divided into four phases: Exploration, Program Design, Development, and Implementation.

EXPLORATION
2 to 4 weeks

1A: Initial Discussion
1B: Network Overview

PROGRAM DESIGN
4 to 6 weeks

2A: Program Structure, Logistics
2B: Training, Marketing
2C: Data Collection, Evaluation

DEVELOPMENT
4 to 6 weeks

3A: Vendor Development
3B: Training Development
3C: Marketing Development

IMPLEMENTATION
2 to 4 weeks

4A: Support Peer Recruitment and Soft-Launch
4B: Media Event - Public Launch

PHASE 1: XPLORATION	PHASE 2: PROGRAM DESIGN	PHASE 3: DEVELOPMENT	PHASE 4: IMPLEMENTATION
<p>Partners will discuss:</p> <ul style="list-style-type: none"> • Expectations of Network Programs • Identify target populations • Determine preferred partnership opportunity <p>Network Programs move to Phase 2.</p>	<p>Network Programs will engage in strategic planning to:</p> <ul style="list-style-type: none"> • Develop their registration questionnaire • Determine structure and logistics of a SY program (e.g., staffing, training, marketing needs) • Create shared data and evaluation measures. 	<p>Network Programs will engage with the:</p> <ul style="list-style-type: none"> • Database Vendor to develop the database components for the new program; • KDHE Communications to develop customized marketing materials; and • Stakeholders to develop specific training plans. 	<p>Network Programs will conduct a pilot, or soft-launch, to test the system and their processes – including Support Peer onboarding – and a media event with KDHE to formally launch the program.</p>

Timeline: 3 – 4 Months from initial discussion to program launch

**Contact one of the Network Administrators
to learn more about becoming a Network Partner!**

Cora Ungerer
785-296-8616

Heather Smith
785-296-4747

Or email KDHE.SupportingYou@ks.gov

Supporting You is administered by the Kansas Department of Health and Environment's System of Supports Section, within the Bureau of Family Health. The Title V Family Advisory Council provides oversight to assure consistent practices and fidelity among network activities.



Supporting You: A Peer Support Network

Onboarding Information for Interested Programs

“Connecting peers who share experiences to support the health and wellbeing of their families.”

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DISCLAIMER:

We expect frequent changes to this handbook as we implement improvements in policies and processes. The Peer Support Administrators are the people assigned to run the program. They may develop policies or processes to ensure this program is user-friendly for both referred and Support Peers and administrators in the Network Program.

Onboarding Information for Interested Programs

What is **Supporting You** all about?

“Supporting You” is an opportunity for individuals to gain support from peers who have experienced similar situations and/or circumstances in life. This peer-to-peer support program allows others to gain emotional support from a caring and compassionate peer, who have shared experiences and are willing to tell their own personal story. Knowing that you are not alone in this journey is the first step to improved mental health and developing the skills to navigate the systems of care.

Peer-to-Peer support is identified as one of the strongest measures of individual/family support. Individuals want to be supported by others who have experienced similar situations where they can express their grief, concerns and questions, without feeling judged.

Purpose

Every individual/family in Kansas will have the opportunity to connect with a trained peer who can provide emotional support, referrals to resources, and a listening ear.

Mission

Connecting peers who share experiences to support the health of their family through a system of support.

Structure

Supporting You is designed to offer opportunities for many programs. Individual programs operate independent from one another, with all joined together as part of a larger network of programs.

<Insert Diagram to Visually Depict How this Works>

Benefits to Network Programs

- Family Engagement & Supports: benefits to participants, talk about data, share family support/engagement research.
- Evidence-based strategy to addressing population health.
- Networking & Connection: Among consumers they serve; build new partnerships; share responsibility with others who believe in the same thing you do.
- Increased stability of mental health for participating populations.

Expectation of Network Programs

The Supporting You Network has the partnership capabilities to engage multiple organizations to “administer” their own peer support program, with the potential to connect their specific program population with support peers across the network.

Partners who are interested in becoming a Supporting You Program agree to the following terms:

- Identification of Program Coordinator and Peer Support Administrator
- Complete all program onboarding requirements
- Comply with all KDHE data-sharing requirements

Supporting You: A Peer Support Network

- Provide aggregate biannual data to KDHE
- Utilize KDHE training protocols
- Participate in an annual meeting with KDHE and Supporting You Network Programs

Network Program Organization Onboarding

During the onboarding process, programs can expect:

- Four (4) virtual planning meetings with KDHE to outline program work flow and review data-sharing and evaluation requirements.
- One (1) in-person meeting with KDHE and the Supporting You Network Vendor to demo the new Network Program's program and ensure the system has been set up correctly.

KDHE Data-Sharing Requirements

- Supporting You Network Programs will be required to sign a Memorandum of Understanding (MOU). The MOU will include:
 - o Data sharing and governance agreements.
 - o Quality assurance and evaluation expectations.
- Supporting You Coordinators and Administrators will be required to sign individual confidentiality statements.

How Supporting You works

In Supporting You we have several different position types to insure the program is running efficiently.

- Network Administrator: The Network Administrator (NA) is housed at the Kansas Department of Health and Environment (KDHE) and is responsible for general network oversight, database management, and program recruitment.
- Program Coordinator: The Program Coordinator (PC) is assigned by their affiliate Network Program and oversees database management for their program, network evaluation, and delegation of duties which include:
 - o Assigning and overseeing corresponding program Peer Support Administrator(s)
 - o Collaborate, as appropriate, with NA for training or staff
 - o Notify NA of staff changes
- Peer Support Administrator: The Peer Support Administrator (PSA) is assigned by the PC and oversees Support Peer recruitment, Connected Peer matches, and is ongoing support for both Support Peers and Connected Peers in their program.
- Support Peer: A Support Peer (SP) is an individual who signs up for Supporting You who would like to provide support based off of their own life experiences.
- Connected Peer: A Connected Peer (CP) is someone who is looking for support from someone who has also gone through a similar situation that they are experiencing.

Supporting You is a HIPAA compliant program. All Peer (Support or Connected) information is protected to insure the comfort and safety of those who participate.

The Matching Process

When a Peer Support Administrator makes a match between a Support Peer and a Connected Peer and the match has been accepted by both Peers we ask that the Connected Peer contact the Support Peer within the first week to introduce themselves and to start the conversation.

After that first week we have a generalized timeline for Support Peers and Connected Peers to talk/connect at least three more times over a seven-week period.

The Peer Support Administrator makes sure that they have been able to make to connect and that the match is going well. They are also there to help answer any questions or concerns for either Peer.

Once a match has been concluded, as is seen in the program, the Peer Support Administrator will send out a survey to both Peers to see how the match went.

Training & Expectations

For Program Coordinators

- Works with KDHE-SOS during onboarding, identifies at least one Peer Support Administrator for their program.
- Works with the Network Administrator to customize the certificate for their programs individual training.
- Approves marketing material for program specific items.
- Attends annual meeting for Supporting You partners.
- Can take over if there is no Peer Support Administrator during a leave of absence (Vacation, extended sick leave, or resignation).

For Peer Support Administrators

- Works with Program Coordinator and Network Administrator by keeping them updated.
- Recruits Peers for their program.
- Stays in contact with both Support Peers and Connected Peers to insure a match is going well
- Makes matches.
- Maintains open communication with their Program Coordinator and the Network Administrator.

For Support Peers

Required Peer Trainings

101: The Basics for Support Peers

102: Confidentiality for Support Peers

103: Communication for Support Peers

What we expect from external program trainings

Online, in person, webinar, recorded and embedded.

Trainings will be first created in a PowerPoint format in one of the templates we can provide for you. Your first and main training will join our level 200 series.

Each of our trainings are open to all Support Peers to take. Each Support Peer that takes and completes a training will receive a certificate of completion that will be valid for 24 months from completion.

If you choose you can host an in-person training for Support Peers that are affiliated with your program based on your own time and availability. Those trainings can either be run by your Peer Support Associate or your Program Coordinator.

All trainings associated with Supporting You must be approved through the Network Administrators.

The Program Coordinator will work with the Network Administrator to customize the certificate for their programs individual training.

What do you get for becoming a Network Program?

Supporting You provides a framework and a system to connect people together who are experiencing/have experienced. By connecting those individuals there is greater stability of mental and family health.

Marketing

When a Network Program joins Supporting You the Network Administrators and KDHE Communications will work with your program to create some marketing material to highlight your specific program.

Marketing Package (basic)

In our basic marketing package every program gets to:

- Media/Press release template
- Customizable Flyer (PDF, JPG, and 500 color copies)
- Social media tool kit
 - Sample posts for Facebook, Twitter, and Instagram
 - Guidelines for using Social Media

Marketing Package (expanded)

The expanded package is available based upon funding availability. If funds are unavailable, electronic versions can be provided and printing costs are up to the program.

- Poster 11x17
- Postcard 4x6
- Bi-fold/Tri-fold

Marketing Package (video)

The expanded package is available based upon KDHE Communications capacity. This does not include the costs to run or host on any media platform (e.g. TV, radio, etc.)

- Promotional Video (up to 30 seconds)
- Audio Commercial

Family & Consumer Partnership Program



The Kansas Title V Program provides opportunities for meaningful engagement, partnership, and leadership at varying levels of involvement and intensity to fit the needs of families and consumers. Information regarding the new Title V Family and Consumer Partnership (FCP) Program. Contents include:

SECTION CONTENTS

- *FCP Program Overview 27*
- *FCP Introduction Presentation 28*

Family and Consumer Partnership

Families and consumers provide firsthand knowledge and insight to areas that state program staff may not have considered, as well as suggestions on how to make positive changes for the maternal and child health (MCH) populations. The Kansas Title V Program provides opportunities for meaningful engagement, partnership, and leadership at varying levels of involvement and intensity to fit the needs of families and consumers.



Peer Supports

- Supporting You
- Caregiver Resource Website (*partnership with LEND*)

Supporting You is a peer-to-peer support program designed by parents for parents.



The goal is to connect people who share experiences to support one another around a specific topic or need. This program is for those that want to learn from another with a similar experience.

Learn more at www.supportingyoukansas.org/



Advisory

- Expanded FAC
- PDG Family Leadership Team

The **Family Advisory Council** is a group of family leaders that work to assure the needs of families and consumers are central to programming, initiatives, and special projects. In other words, making sure the needs of families are first and foremost in our minds in all we do.



Learn more at kansasmch.org/fac

Leadership

- Title V Delegate
- Family Leadership Program *AMP (Alumni, Mentorship, Policy)*



The **Family Delegate** advises Title V programs, policy change, and family education efforts.

The **Family Leadership Program** provides a pathway for families to build upon their lived experiences and grow as leaders in the MCH field.

Learn more at www.kdheks.gov/fcp

Technical Assistance

- Family & Consumer Engagement Toolkit
- MCH Change Academy



The **Family and Consumer Engagement Toolkit** will assist interested programs and partners to create family-driven programming, actively engage families at all levels, inform partnership strategies, and evaluate family strengthening & support activities.

The **MCH Change Academy** will provide training and skills-building resources to support strong family leaders as part of the MCH workforce.

Learn more at www.kdheks.gov/fcp

Learn more at www.kdheks.gov/fcp

For more information, contact Heather Smith at Heather.Smith@ks.gov or 785-296-4747



Family and consumer partnership is defined as, “patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policy making—to improve health and health care. This partnership is accomplished through the intentional practice of working with families [and consumers] for the ultimate goal of positive outcomes in all areas through the life course.”



Family and Consumer Partnership

KANSAS MATERNAL AND CHILD HEALTH COUNCIL

JANUARY 13, 2021

KS Family & Consumer Partnership Definition

Family *[and consumer]* partnership is defined as...

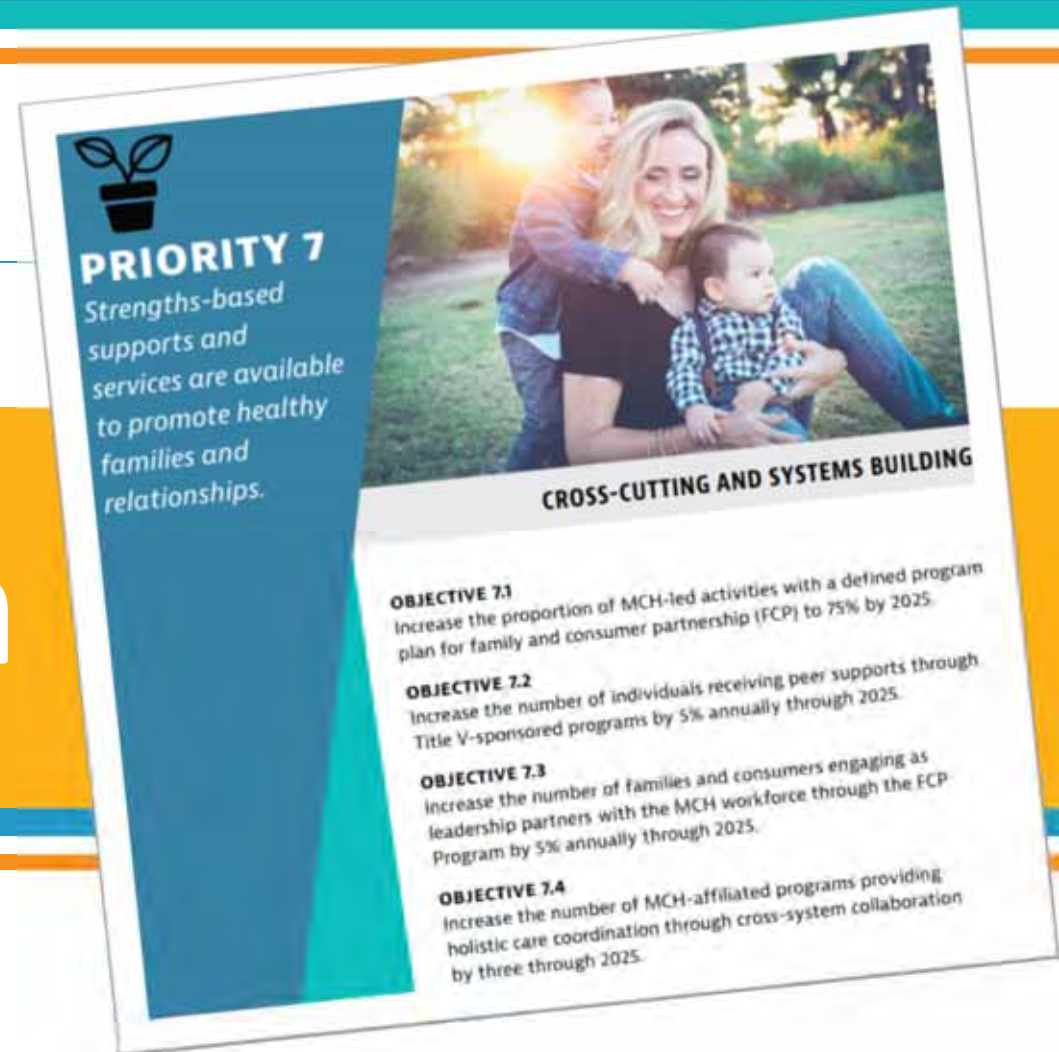
*“patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policy making – to improve health and health care. This partnership is accomplished through the intentional practice of working with families *[and consumers]* for the ultimate goal of positive outcomes in all areas through the life course.”*

[Adapted from the federal Title V Maternal and Child Health Block Grant Guidance]

KS MCH Vision

FAMILY/CONSUMER PARTNERSHIP

VIEW THE 2021-2025 KANSAS TITLE V STATE ACTION PLAN ONLINE AT WWW.KANSASMCH.ORG



**You can engage without
partnership, you can't
partner without
engagement.**





Family and Consumer Partnership (FCP) Program

WHERE ARE WE GOING IN THE BUREAU OF FAMILY HEALTH?

Family & Consumer Partnership (FCP) Program

A photograph of two women sitting at a table, engaged in a conversation. One woman is wearing a red top and the other a striped shirt.

Peer Supports

- Supporting You
- Caregiver Resource Website
(partnership with LEND)

A photograph of a family consisting of a man, a woman, and a young child sitting together on a couch, looking at something off-camera.

Advisory

- Expanded FAC
- PDG Family Leadership Team

Leadership

- Title V Delegate
- Family Leadership Program
AMP (Alumni, Mentorship, Policy)

A portrait of a woman with long dark hair, smiling at the camera.

Technical Assistance

- Family & Consumer Engagement Toolkit
- MCH Change Academy



Supporting You

- Expansion Efforts

- Foster Care Parents; Child Care Providers; Adolescent Health

- System Enhancements

- Streamlined registration
- Expanded profiles for all children
- Peer profiles
- Administrative Dashboards

- Marketing & Outreach



Peer Supports

- Supporting You
- Caregiver Resource Website
(partnership with LEND)



Family Advisory Council

- Overview

- Informing KS state services since 2009
- Primary sounding board to meet family needs

- Statewide Impact

- Family-driven and family-focused products: brochures, white papers, fact sheets
- Program Development
- More family leaders: members serve on other councils impacting state and local policies/programs



Advisory

- Expanded FAC
- PDG Family Leadership Team



FAC Expansion

- KMCHC Alignment

- Shared/integrated planning
- Cross-cutting agendas & sharing

- All MCH Populations

- 5 Core Work Groups: Women/Maternal, Early Childhood (0-5), Children (6-11), Adolescences (12-21), CSHCN
- 2 Additional Work Groups: Youth/Young Adults, Fathers
- Special Project Ad Hoc Group (comprised of existing FAC members for short-term initiatives)



Advisory

- Expanded FAC
- PDG Family Leadership Team

Expansion Timeline

October 24, 2020
*Transition existing
FAC to the CSHCN
Work Group*

January 16, 2021
*Child Work Group
ages 6 to 11*

July 17, 2021
*Add new work group
TBD*

December 12, 2020
*CSHCN Develops FY21
Charter*

April 17, 2021
*Add new work group
TBD*

October 16, 2021
*2-Day Retreat
Add final work group
TBD*

October – December 2020
Expansion Group 1 - Recruitment

January – March 2021
Expansion Group 2 – Recruitment

April – June 2021
Expansion Group 3 – Recruitment

July – September 2021
Expansion Group 4 - Recruitment

[WWW.SURVEYMONKEY.COM/R/FAC_APP](https://www.surveymonkey.com/r/FAC_APP)

Title V Delegate

- Personal Leadership Development
- Peer Mentorship
- Advocacy Training
- Progressive Leadership
- Annual BG Review Participation

Leadership

- Title V Delegate
- Family Leadership Program
AMP (Alumni, Mentorship, Policy)



Leadership Program

- Alumni Group
- Mentorship Program
- Policy Team

Engagement Toolkit

- MCH Grantees

- Assist with family-driven program design/development
- Support active engagement and input
- Inform partnership strategies
- Evaluate family strengthening & support activities

- Partner Organizations & Agencies

- Strategic and collaborative engagement in Title V FAC activities
- Access to toolkit and trainings
- Technical assistance (upon request)

Technical Assistance

- Family & Consumer Engagement Toolkit
- MCH Change Academy



Family Delegate Program



The Title V Family Delegate is a critical member of our team and has an important role. Information regarding the Title V Family Delegate Program.

SECTION CONTENTS

- Family Delegate Program Overview..... 41
- Family Delegate Application..... 45

Kansas Title V Family Delegate Program



What is a Title V Family Delegate?

The Title V Family Delegate serves alongside Title V Directors, Program Managers, and Core Title V Staff as an active advocate for all families in Kansas, including families with special health care needs. The Title V Family Delegate represents families of all abilities, demographics, and population types.

Each state is encouraged to select a family or consumer leader to serve in this role alongside the state Title V Directors and other core staff to engage in state, national and systems-level conversations around service delivery for the maternal and child health (MCH) population.

In Kansas, the Title V Family Delegate is a critical member of the Title V team and has an important role. This program provides a pathway for family and consumers to build upon their lived experiences and grow as a leader in the MCH field. The Title V Family Delegate should desire to build leadership skills, learn about community change, and advocate for the needs of families and consumers across all MCH populations. For more information on Kansas Title V programs, please visit www.kdheks.gov/bfh.

What Does a KS Title V Family Delegate Do?

The Title V Family Delegate advises program and policy leaders, promotes effective policy change, and educates families on Title V programming.

Advises Program and Policy Leaders

- Providing recommendations for outcome (performance) measures to KS Title V MCH Programs.
- Participating in the annual block grant review process.

Promotes Effective Policy Change

- Participating on MCH-related advisory boards, committees or program councils.
- Advocacy, support and guidance to families relevant to navigating the Title V system.

Educates on Title V Programming

- Assisting with MCH social marketing campaigns and promotional product development (brochures, flyers, fact sheets, etc).
- Advancing Title V program community outreach and professional development efforts through promotion of program activities and initiatives.

Benefits of being a Title V Family Delegate

The [Association of Maternal and Child Health Programs](#) (AMCHP) offers states the opportunity to select a family to represent Title V as part of the state's Association Membership. Family Delegates:

- Have voting privileges on AMCHP activities and represent the state at the national level
- Are eligible for nomination for AMCHP Board Positions
- Connect with other family leaders across the country, building a network of incredible support and friendships
- Attend the annual AMCHP conference each year

The Family Delegate program is supported through the Maternal and Child Health Title V Block Grant and housed within the System of Supports Family and Consumer Partnership (FCP) Program.

Each individual Delegate will gain something different from the experience, however as the Kansas Title V Family Delegate, you will engage with state staff, consultants and contractors, and sit alongside the Title V team to assure the lived experiences of families and consumers served by Title V are always the first and highest priority. Additionally, you will have opportunities to:

- Build your leadership skills
- Engage in state and national system-level discussions regarding services and initiatives involving MCH populations,
- Serve as a state-level advocate

KS Title V Family Delegates are eligible for financial supports under the Title V Family and Consumer Partnership (FCP) Reimbursement Policy. This may include stipends for participation in meetings or special projects (at the request of Title V), travel costs, and supports for child care costs associated with participation.

Commitment of the KS Family Delegate

The Title V Family Delegate is a family and consumer leadership program and central to the Kansas Title V program's core values and vision. As such, the investment and commitment of the Title V program to the Delegate is significant. Therefore, selected Delegates commit to a four (4) year term and meet with the Title V FCP Coordinator monthly. As a progressive leadership and mentorship program, the role and time commitment will vary each year.



Delegate Elect (Year 1)

In the first year, you will focus on learning the MCH system and networks to support your active engagement in state and national meetings.

- Receive peer mentorship from the current Delegate
- Engage in an orientation and onboarding with the FCP Coordinator and Title V staff
- Key “assignments” - complete the MCH Navigator Self-Assessment; develop a personalized training and leadership plan; and establish your Delegate project
- Serve as the Chair of the Title V Family Advisory Council Executive Committee

*Estimated time commitment of approximately up to 5 hours per month.**

Delegate (Years 2 and 3)

In the second year, you will work closely with the Title V FCP Coordinator and Title V Directors to expand your advocacy skills and become comfortable in speaking on behalf of families served by Title V.

- Receive peer mentorship from the Past Delegate
- Serve on the KS MCH Council and the Early Childhood Recommendations Panel
- Participate in the Block Grant Annual Review meeting
- Participate in the HRSA Region VII quarterly conference calls (quarterly)

*Estimated time commitment of approximately up to 10 hours per month.**

The Family Delegate program is supported through the Maternal and Child Health Title V Block Grant and housed within the System of Supports Family and Consumer Partnership (FCP) Program.

In the third year, your skills-building focus shifts from advocacy to leadership and mentorship, shifting

- Serve as a peer mentor for the newly selected Delegate Elect
- Serve on the KS MCH Council and the Early Childhood Recommendations Panel
- Participate in the HRSA Region VII quarterly conference calls (quarterly)
- Co-present about FCP key initiatives and participate in the Block Grant Annual Review meeting
- Co-Chair the Alumni, Mentorship, and Policy (AMP) Program
- Complete your Delegate project

*Estimated time commitment of approximately up to 10 hours per month.**

Past Delegate (Year 4)

In the final year, you will primarily focus on supporting other leadership programs.

- Serve as a peer mentor for the first year Delegate
- Serve on the KS MCH Council
- Special invited guest for the Block Grant Annual Review meeting
- Chair the Alumni, Mentorship, and Policy (AMP) Committee
- Complete post Delegate interview with Title V members to identify ways to improve the Delegate experience

*Estimated time commitment of approximately 6 hours per month.**

The overall experience as the Delegate is tailored to meet your needs, interests and individual goals. The Family and Consumer Partnership (FCP) Coordinator will serve as the primary Title V Staff mentor, however other MCH program staff may be invited to assist in this role, depending on the Delegate's experiences, interests and background.

**Estimated time commitments do not reflect time spent serving on the Family Advisory Council.*

Want to be the Kansas AMCHP Family Delegate?

To be eligible to apply as a Kansas Title V Family Delegate, applicants must meet the following criteria:

- Have an interest in impacting Title V programs.
- Be a parent OR family member of (i.e., sibling, grandparent, etc.) of a child or youth served by a Title V Program or an individual who has personal experience with Title V services
- Be a leader within your community at the local, state, or national level.
- Be committed to growing in your leadership.
- Be committed to stretching yourself.

Note: Paid staff, consultants, or contractors of Title V affiliated or funded programs (e.g., local MCH grantees, core KDHE programming, Family Voices/Family to Family Health Information Center) are not eligible to serve as the Family Delegate. Past and current Delegates are not eligible.

How to Apply – Applications due November 2, 2020 by 11:59 pm

Submit your application, including a cover, through the online application link:

<https://www.surveymonkey.com/r/2021Delegate>.

The Family Delegate program is supported through the Maternal and Child Health Title V Block Grant and housed within the System of Supports Family and Consumer Partnership (FCP) Program.

Cover Letter – Description of Interest

Tell us a little about yourself and describe how being a Family Delegate would further develop you as a family or consumer leader. Describe what you hope to gain from your experience as a Family Delegate.

Essay – Experiences (please limit responses to 500 characters or less per question)

1. What has been your involvement in Title V? Describe your roles, responsibilities, and leadership experiences.
 - a. Did you utilize Title V program services as a family consumer?
 - b. How does your experience in this role drive you to become a state and national family advocate?
2. What is important to you about developing your leadership skills?
3. What special interests related to the MCH population, including special health care needs, do you have?
4. If you are selected as a Family Delegate, how might Title V staff support you?
5. Indicate how you would like to benefit from participating as the KS AMCHP Family Delegate. Choose all that apply. If other, please indicate.
 - a. Broaden my network
 - b. Understand emerging issues from the national level
 - c. Develop skills to act as a liaison for family input and/or engage families
 - d. Understand my part in Title V
 - e. Develop/increase skill level in the MCH Leadership Skills
 - f. Other (please describe in detail)



Kansas Title V Family Delegate Program Application 2021-2025

Thank you for taking the time to apply to be the next Title V Family Delegate!

The Title V Family Delegate is a critical member of our team and has an important role. Serving alongside Title V Directors, Program Managers, and Core Title V Staff as an active advocate for all families in Kansas, including families with special health care needs. The Title V Family Delegate represents families of all abilities, demographics, and population types.

The Title V Family Delegate should desire to build leadership skills, learn about community change, and advocate for the needs of families and consumers across all MCH populations. For more information on Kansas Title V programs, please visit www.kdheks.gov/bfh.

if you have not reviewed the Kansas Title V Family Delegate Program Overview, please do so before continuing. This can be found at www.kansasmch.org. By continuing to the next page, you are indicating you have read and understood the expectations outlined in this document.



Kansas Title V Family Delegate Program Application 2021-2025

Thank you for your interest in becoming the next Family Delegate for Title V in Kansas. Please fill out the information below to submit your application.

* Contact information:

Name

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number



Kansas Title V Family Delegate Program Application 2021-2025

Cover Letter

Each state is encouraged to select a family or consumer leader to serve alongside the state Title V Directors and other core staff to engage in state, national and systems-level conversations around service delivery for the maternal and child health (MCH) population.

We'd like to know why you are interested in this program. Please either upload a pre-written cover letter with your description of interest or answer the questions below.

If you choose to upload a pre-written cover letter, please make sure to:

- Tell us a little about yourself and describe how being a Family Delegate would further develop you as a family or consumer leader.
- Describe what you hope to gain from your experience as a Family Delegate.

To upload your already written cover letter, click below:

Choose File

Choose File

No file chosen

Answer the following questions ONLY if you have not uploaded your cover letter.

Tell us a little about yourself and describe how being a Family Delegate would further develop you as a family or consumer leader.

Describe what you hope to gain from your experience as a Family Delegate.



Kansas Title V Family Delegate Program Application 2021-2025

Essay

The Title V Family Delegate advises program and policy leaders, promotes effective policy change, and educates families on Title V programming.

Title V programming includes services for the maternal and child health population. Examples include:

- Women (well-woman services, family planning, prenatal and post delivery care, maternal depression)
- Infants/Children (well-child visits, developmental screenings, school health, bullying, healthy behaviors)
- Adolescents (preventive care, immunizations, bullying, suicide prevention, transition and life planning)
- Special Health Care Needs (care coordination, direct assistance, systems navigation)

Title V services can occur anywhere, so it's not about where you got those services as much as if you feel like you have an experience that can help us make those services better.

So, with that, we'd like to know more about your experiences with our services and leadership.

Don't worry if you do not have any, it's not a requirement.

Please either upload a pre-written essay or answer the questions below.

If you choose to upload a pre-written essay, please make sure to answer the following questions:

1. What has been your involvement in Title V? Describe your roles, responsibilities, and leadership experiences.
 - Did you utilize Title V program services as a family consumer?
 - How does your experience in this role drive you to become a state and national family advocate?
2. What is important to you about developing your leadership skills?
3. What special interests related to the MCH population, including special health care needs, do you have?
4. If you are selected as a Family Delegate, how might Title V staff support you?
5. Indicate how you would like to benefit from participating as the KS AMCHP Family Delegate.

Please upload your prepared essay by clicking below:

Choose File

Choose File

No file chosen

Answer the following questions ONLY if you have not uploaded an essay.

What has been your involvement in Title V? Describe your roles, responsibilities, and leadership experiences.

- Did you utilize Title V program services as a family consumer?
- How does your experience in this role drive you to become a state and national family advocate?

What is important to you about developing your leadership skills?

What special interests related to the MCH population, including special health care needs, do you have?

If you are selected as a Family Delegate, how might Title V staff support you?

Indicate how you would like to benefit from participating as the Title V Family Delegate.

Choose all that apply. If other, please indicate.

- ☐ Broaden my network
- ☐ Understand emerging issues from the national level
- ☐ Develop skills to act as a liaison for family input and/or engage families
- ☐ Understand my part in Title V
- ☐ Develop/increase skill level in the MCH Leadership Skills
- ☐ Other (please describe in comment box)

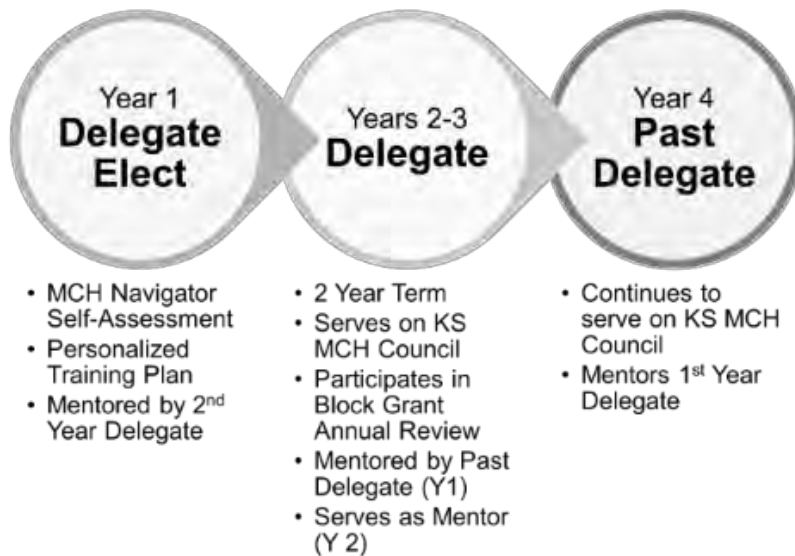
Other (please specify)



Kansas Title V Family Delegate Program Application 2021-2025

Commitment

The Title V Family Delegate is a family and consumer leadership program and central to the Kansas Title V program's core values and vision. As such, the investment and commitment of the Title V program to the Delegate is significant. Therefore, selected Delegates commit to a four (4) year term and meet with the Title V FCP Coordinator monthly. As a progressive leadership and mentorship program, the role and time commitment will vary each year.



Are you comfortable with committing to this type of leadership role?

- ☐ Yes, I'm ready - when can I get started?
- ☐ I think so - I have a few concerns, but I definitely want to try!
- ☐ I don't believe that I can commit at this time - but I'm still interested!



Kansas Title V Family Delegate Program Application 2021-2025

Thank you!

Thank you for completing the application for the Title V Family Delegate Program. We are excited about your interest!

If you have anything else you'd like to share that you feel might be important, please indicate so. Otherwise, you can click "Submit" below and we'll be in touch soon.

Family & Consumer Engagement System Activities



The Title V Family Delegate is a critical member of our team and has an important role. Information regarding the Title V Family Delegate Program.

SECTION CONTENTS

- *All in for Kansas Kids Family Engagement Strategy Guide 52*
- *FCP Toolkit Presentation 57*
- *FCP Toolkit Overview..... 64*

Strategic Plan Connection

Goal 2: Community-Level Coordination - *Communities are empowered and equipped to create the best environments to raise a child.*

- **Tactic 2.2.1** Identify parent or family groups that exist within the community and seek feedback on their needs and suggestions for increasing family representation in community decision-making about programs and services.
- **Tactic 2.2.2** Respond to the cultural, ethnic, racial, language, and socioeconomic characteristics and preferences of families to create equitable family engagement opportunities at the community level.
- **Tactic 2.2.3** Include family representatives from the local community on coalitions and/or advisory councils, and as program evaluators, co-trainers of pre-service or in-service training sessions, mentors for other families and professionals, grant and application reviewers, and participants in needs assessment processes.

Goal 3: Family Knowledge and Choice - *Families have what they need to make informed decisions and can get services where they live and work.*

- **Tactic 3.1.4** Provide unique opportunities for families to engage with providers in their communities through events such as community baby showers, health fairs, and back-to-school nights.
- **Tactic 3.2.1:** Respond to the cultural, ethnic, racial, language, and socioeconomic characteristics and preferences of families to create equitable family engagement opportunities at the state level.
- **Tactic 3.2.3** Use family engagement initiatives such as the Kansas Family Advisory Team, Parent Leadership Advisory Council, Head Start Policy Councils and Parent Committees, and the annual Parent Leadership Conference⁴⁸ to strengthen family voices in leadership, including but not limited to gaining insights into child development and the family's role in supporting development and learning, reviewing proposed policies, and informing programs.
- **Tactic 3.2.4** Identify and replicate effective family engagement strategies from across Kansas, including compensation for families, engaging family representatives as members of statewide task forces and advisory boards, and as participants in the planning, development, delivery, and evaluation of programs.

Additional Connections to [Title V State Action Plan](#)

- **Priority 2** (Perinatal/Infant Health Domain) "All infants and families have support from strong community systems to optimize infant health and well-being."
 - Objectives related to safe sleep practices; collaborative communities and cross-sector initiatives to improve maternal, perinatal, and infant health; breastfeeding; and universal home visiting.
- **Priority 3** (Child Health Domain) "Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities."
 - Objectives related to parent-completed developmental screenings; access to

activities and programs that support health development and learning; and quality, comprehensive well-child preventive care visits.

- **Priority 5** (Children with Special Health Care Needs Domain) “Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.”
 - Objectives related to health care transitions; well-functioning systems of care; system transitions supported through holistic care coordination for infants, toddlers, and children with SHCN.
- **Priority 7** (Cross-Cutting) “Strengths-based supports and services are available to promote healthy families and relationships.”
 - Objectives related to intentional family engagement at the program level; peer to peer supports; family and consumer leadership development; and cross-systems collaboration through holistic care coordination for all populations.

Goals

The primary goal of family engagement is to ensure that family voices are included and elevated in decision-making for the early childhood care and education system. Secondary goals include approaching family engagement through an equity lens and investigating and addressing disparities in diverse family representation across the state of Kansas and increasing alignment and collaboration among state agencies regarding family and consumer partnership. The primary partners in achieving these goals are KDHE, KCCTF and KU-CPPR.

Research and Background Information

Family engagement is funded by the Preschool Development Birth Through Five Renewal Grant (PDG-R). Empowering families and parent leaders are a critical element of the PDG-R (Activity 3- Maximizing Parent and Family Knowledge). PDG-R will scale Connected Families, Connected Communities (CFCC) as the Kansas collaborative model to build a more efficient and effective ECCE system. A core component of this model includes empowering families and parent leaders. The original grant narrative for empowering families and parent leaders can be found [here](#).

2019 Needs Assessment [linked here](#).

KSDE/KPIRC Family Engagement and Partnership Standards for Early Childhood: [linked here](#)

National Family Support Network Standards of Quality for Family Strengthening and Support (FSS) [linked here](#).

Strategies and Considerations

- **Better understand diverse family needs, challenges, and preferences (KDHE and KU-CPPR)**
 - Build base level knowledge through conducting a needs-assessment of family engagement within under-represented communities (i.e., migrant families, families experiencing homelessness, incarcerated parents, low-income families, non-English speaking populations, Black communities, Hispanic communities, LGBTQIA populations, rural communities, refugee populations, Native American/American Indian populations).
 - Define “underrepresented” to determine populations within Kansas that are missing from the conversation of family engagement and strategies to Increase engagement.
 - Identify current barriers to engagement across populations (i.e., language, travel, time commitment)

- **Research and identify best practices and innovative strategies (KDHE and KU-CPPR)**
 - Identify organizations/initiatives that are utilizing innovative, culturally responsive, healing centered family engagement strategies within underrepresented families/communities
 - Investigate key factors associated with family engagement within identified initiatives (i.e., how family engagement/leadership is defined, what actions are being taken to effectively center underrepresented family voices, what does effective family engagement within these populations look like?)
 - Outreach national experts to conduct best practice research
 - Support family engagement efforts at the local level by developing toolkit of family engagement strategies and highlighting best practices and effective models In Kansas during biweekly webinar

- **Explore partnerships and tools to increase representation among family engagement opportunities throughout state (KDHE and KU-CPPR)**
 - Assess the current representation across state level family engagement efforts and monitor progress (KU-CPPR)
 - Partner with organizations throughout state that work with underrepresented populations to identify barriers to engagement and specific outreach strategies (KU-CPPR lead, KDHE integration with FAC)
 - Develop outreach and recruitment plan to identify and work to engage underrepresented populations (KU-CPPR and state agency representatives)
 - Create outreach and recruitment tools (i.e. video testimonials from FAC and other family council members) (KU-CPPR and KDHE)

- **Directly engage family leaders in coordination with KDHE and other partners (KDHE, KU-CPPR and KCCTF)**
 - Oversight of Family and Consumer Partnership Program (under development, www.kdheks.gov/fcp) (KDHE)
 - Oversight and leadership of expanded Family Advisory Council (www.kansasmch.org/fac) (KDHE)
 - Development of family engagement toolkit in conjunction with Family Advisory Council (KDHE, support from KU-CPPR and KCCTF)
 - Identify and promote additional opportunities for family engagement across levels - statewide and community based, including within PDG-R activities (i.e., serving on grant review committees) (KU-CPPR)
 - Promote opportunities through personal outreach as well as cross promotion on partners' websites and social media

- **Increase alignment and commitment to family engagement among state agencies (KU-CPPR lead with support from KDHE and KCCTF)**
 - Facilitate series of meetings of state agency representatives working to engage families (KU-CPPR lead with support from state agency representatives)
 - Develop directory of family leadership groups throughout state and opportunities for increased representation and engagement
 - Identify opportunities for various state level family leadership groups to collaborate

- Collect and share public-facing materials about groups to encourage broader distribution and awareness building
 - Establish shared resources for program on engaging with families and consumers as leaders at this level, including recruitment materials, example trainings, and consistent messaging across state agencies on the benefit to the overall system when families and consumers are engaged at this level.
 - Ensure all groups are sharing statewide resources for families with consistent language (I.e., 1-800-CHILDREN)
 - Identify opportunities for increased alignment for family engagement, including recommended rates for family stipends and consistent messaging and outreach strategies (KU-CPPR lead with support from KDHE and state agency representatives)
 - Establish a cooperative commitment statement among state agencies on alignment, strategic partnership, and collaboration regarding family and consumer partnership
 - Work with Early Childhood Recommendations Panel (KCCTF) and FAC (KDHE) to co-develop this statement
 - Establish expectations for how state agencies will continue alignment among themselves and with their family leadership groups (I.e., communication channels, annual strategic planning) (KDHE, KCCTF and KU-CPPR)
 - Promote National Family Support Network's Standard of Care as agreed upon framework for family engagement in Kansas (KDHE with support from KU-CPPR)
- **Develop directory of existing statewide and regional councils, coalitions and committees with family leadership focus (KDHE and KU-CPPR)**
 - Focus on groups with a pathway or desire to Influence systems/programmatic changes (I.e., FAC, State Interagency Coordinating Council and Special Education Advisory Council)
 - Identify opportunities for Increased membership and representation
 - Explore community-based and cross- sector groups that may also be partners
 - Host focus groups with family representatives to capture input on PDG-related activities, including family engagement toolkit and long-term family engagement strategies and alignment (KU-CPPR with support from KDHE)
 - **Develop and disseminate family engagement tools and resources for families and professionals (KDHE lead with support from KU-CPPR and KCCTF)**
 - Develop family engagement toolkit that provides resources and strategies for all levels of family and consumer partnership (KDHE lead, KU-CPPR and KCCTF support)
 - Facilitate feedback collection with Early Childhood Recommendations Panel (KCCTF)
 - Integrate National Family Support Network Standards of Quality framework and tools available from the National Family Support Network to help organizations determine baseline of family engagement efforts and develop strategic plan (KDHE with support from KU-CPPR)
 - Establish a Family Resource Center partner who can serve as the Kansas NSFN Affiliate (must be an affiliate to be able to engage in a train-the-trainer model for the certification trainings). (KDHE)
 - Once the affiliate is established, add key partners who can serve as an affiliate partner and establish a train the trainer network around certifying for the Standards of Quality for FSS.

- Partner with the National Family Support Network to provide certification trainings to Kansas ECCE and MCH programs. (KDHE, with possible support from KU-CPPR)
- Integrate the Standards of Quality for FSS into all family and consumer engagement/partnership activities associated with the agencies in the cooperative agreement above. (KDHE, KU-CPPR, KCCTF and state agency representatives)
- **Create resource hub for family engagement resources and opportunities (KU-CPPR lead with support from KDHE and KCCTF)**
 - Create a stand-alone web-based resource that can be linked from all state agencies and partners, but not necessarily branded as one of those entities to provide ECCE resources and engagement opportunities for families (KU-CPPR lead)
 - Develop agreement among state agencies and partners to promote and link to this site (KU-CPPR, KDHE, KCCTF and state agency representatives)
 - Facilitate content development and approval with Family Leadership Team and Early Childhood Recommendations Panel (KDHE and KCCTF)
 - Develop sustainability plan for how hub will be maintained and where It will be hosted (KU-CPPR and KCCTF)



Family and Consumer Partnership (FCP) Toolkit

PROVIDING TECHNICAL ASSISTANCE AROUND FCP

Family Engagement Frameworks

Collection of frameworks that include the following components:

- foundational **principles**
- quality **standards**
- engagement **strategies**
- evaluation and **assessment** approaches

Framework	Key Content	Components
Levels of Family Engagement in Title V	Levels of Engagement <i>Input, Advisory (Self), Advisory (System), Leadership Roles</i>	Principles Strategies
Kansas Family Engagement and Partnership Standards for Early Childhood	Guidance for Engagement <i>Families as... Foundation, Communicators, Advocates, Partners, Community Members</i>	Principles Standards Strategies Assessment
Standards of Quality for Family Strengthening and Support	Quality Standards for Family Support <i>Family Centeredness, Family Strengthening, Embracing Diversity, Community Building, Evaluation</i>	Principles Standards Strategies Assessment
A Framework for Understanding the Elements and Developing Interventions and Policies	Continuum of Family Engagement <i>Consultation, Involvement, Partnership and Shared Leadership</i>	Principles
A Framework for Assessing Family Engagement in Systems Change	Assessment Tools for Engagement at the Systems Level <i>Commitment, Transparency, Representation, Impact</i>	Principles Strategies Assessment

Engaging at all Levels

SOURCE:

Association of Maternal and Child Health Programs (AMCHP)



WWW.AMCHP.ORG/PROGRAMSANDTOPICS/FAMILY-ENGAGEMENT

Standards that Guide Us...



[HTTPS://KSDETASN.ORG/KPIRC](https://ksdetasn.org/kpirc)



Standards of Quality for Family Strengthening & Support

*Developed by the California Network of Family Strengthening Networks
Adopted by the National Family Support Network*

April 16, 2016 Edition

...and support families.

- **Family Centeredness**
Working with a family-centered approach that values and recognizes families as integral to the Program.
- **Family Strengthening**
Utilizing a family strengthening approach to support families to be strong, healthy, and safe, thereby promoting their optimal development.
- **Embracing Diversity**
Acknowledging and respecting families' diversity, supporting their participation in a diverse society, as well as engaging in ongoing learning and adaptation to diversity.
- **Community Building**
Contributing to building a strong and healthy community by facilitating families' social connections, developing their leadership skills, and by collaborating with other Programs.
- **Evaluation**
Looking at areas of Program strength, as well as areas for further development, in order to guide continuous quality improvement and achieve positive results for families.

WWW.NATIONALFAMILYSUPPORTNETWORK.ORG/STANDARDS-OF-QUALITY

How are we doing?



Family Engagement in Systems Assessment Tool (FESAT)

December 2019



888-835-5669

www.familyvoices.org

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[HTTPS://FAMILYVOICES.ORG/FAMILYENGAGEMENTTOOLKIT/](https://familyvoices.org/familyengagementtoolkit/)

Domain 1: Commitment

- Family engagement is a core value.

Domain 2: Transparency

- Access is provided to relevant knowledge and supports.

Domain 3: Representation

- Engaged families reflect the diversity of the community served (race, ethnicity, culture, language, and geography).

Domain 4: Impact

- Initiative identifies what has changed and what the organization is doing differently because families are involved.

Figure 1: Revised Framework for Assessing Family Engagement 2019.

DEFINING A FAMILY-CENTRIC VISION AND MISSION

- What might that look like?

DESIGNING PROGRAM ACTIVITIES WITH FAMILY AND CONSUMER ENGAGEMENT IN MIND

- Ideas on how to engage families/consumers in program design activities...

DEVELOPING EVALUATION AND PERFORMANCE MEASURES THAT SHOW IMPACT AND OUTCOMES

- Is there a standard across all programs or population groups?

COLLECTING INFORMATION AND INPUT FROM FAMILIES

- What are some ways that community/local programs do this now?

CREATING ADVISORY COUNCIL OPPORTUNITIES

- How realistic is it for community/local programs to establish this?

ENGAGING FAMILIES IN FORMAL LEADERSHIP ROLES

- What does this look like at the community/local level?

Family and Consumer Partnership Toolkit

This also includes a framework and technical assistance for local and state Title V programs to assure families are engaged at the level they desire and assure families are provided opportunities to assist with planning, implementation, and evaluation of the services and programs they engage with, as well as policy at the local, state, and national levels. The FCP Resource Toolkit will be developed and integrated across MCH to:

Overview of Resource Toolkit from FAC Meeting, June 2020



The toolkit will align with the MCH Leadership Competencies and integrate a variety of family-engagement resources and frameworks, including the Kansas Family Engagement and Partnership Standards for Early Childhood, the Principles of Family Support Practice, and the Strengthening Families Approach/Protective Factors Framework. The toolkit will also integrate the Standards for Quality for Family Strengthening and Support as adopted by the National Family Support Network. The toolkit will be developed with strong input from the Kansas Maternal and Child Health Council (KMCHC) and Family Advisory Council (FAC) members and will incorporate input and data received from the recent Title V and Early Childhood Care and Education Needs Assessments.

Throughout the development of the toolkit, a series of trainings will be provided to state and local program staff to begin learning about the importance of and the programmatic and community benefits of FCP. Training topics will include the importance of family-centered services and supports to: strengthen families; promote strong, healthy, and safe family environments; address diverse needs of families; and build supportive communities. Discussion and feedback from these trainings will guide the development of the toolkit and assist with prioritizing development efforts. Dissemination and integration of the FCP Toolkit will begin with state program staff, including integration of FCP principles and resources and provision of training for grantee networks and core partners. Additionally, FCP plans will be expected as part of funding and grant opportunities in the future and the toolkit will be provided as a technical assistance resource to support the creation and development of these plans over time.

Toolkit Outline

- Defining a family-centric vision and mission
- Designing program activities with family and consumer engagement in mind
- Developing evaluation and performance measure that show impact and outcomes for families
- Collecting information and input from families
- Creating advisory council opportunities
- Engaging families in formal leadership roles

Family Advisory Council



Information regarding the Kansas Family Advisory Council.

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MEETS
QUARTERLY
(Saturdays)

*Stipends and meeting
expense reimbursement
available.

FAMILY ADVISORY COUNCIL

We are looking for a diverse group of parents, family members, and consumers to:

- Provide insight and advice on the needs of your community.
- Lead positive policy change and be a part of the solution to improve systems of care for maternal and child health populations.
- Advocate for families and consumers across the state.
- Serve as a partner with the Bureau of Family Health to improve the health of families and communities.

We invite parents, family members, or individuals that have personal experience with services for women, infants, children or adolescents to become a member of the Family Advisory Council (FAC).



For more information:
Contact us at KDHE.BFHFAC@KS.GOV
or visit us at kansasmch.org/fac.

Kansas Bureau of Family Health Family Advisory Council Bylaws

ARTICLE I: NAME

The name of the council shall be the Kansas Bureau of Family Health (BFH) Family Advisory Council, officially designated “Family Advisory Council.”

ARTICLE II: OVERVIEW AND GOVERNANCE

The FAC was created to provide opportunities for family leaders to engage with KDHE BFH Programs. It is the belief of the programs under Title V that families should be central to the work we do. It is crucial to assuring that our programs meet the needs of Kansans. The FAC is guided by the following purpose, mission, and vision.

VISION	We envision a state where individuals and families are (1) engaged in program planning, evaluation, service delivery, and policy development; (2) partners in advocacy; and (3) leaders in their communities.
PURPOSE	The purpose of this Council is to advise and partner with Title V to improve the health of Kansas children and families and assure the needs of families and consumers are central to programming, initiatives, and special projects.
MISSION	Improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs, and their families.

The FAC serves to advise the Title V Program and the Secretary of Health and Environment and others on ways to improve the health of families in Kansas, focusing on the maternal and child health (MCH) population. The FAC will bring together family/consumer leaders across Kansas with a broad range of lived experiences related to Title V programming and supports. The FAC:

- Provides insight on the experiences and needs of women, infants, children and adolescents.
- Advises Title V programs about the best methods to reach and communicate with families in Kansas and inform engagement efforts across BFH and at all levels.
- Informs strategies and activities to address specific MCH population needs in the development and implementation of Title V activities, including advising about relevant organizations, programs, networks or activities that may provide opportunities for improved services and delivery collaboration.
- Helps focus efforts among BFH programming and recommends collaborative initiatives.
- Creates a network of community change agents to improve MCH health outcomes in Kansas and serve as an ambassador to community service systems regarding services available through the BFH programs.
- Consults with the Title V programs on the development of the annual Kansas Maternal Child Health (MCH) Block Grant Application, MCH five (5) year needs assessment, and other program plans identified.

To support this effort, the FAC will be comprised of several smaller work group to represent the Title V populations served. The work groups shall be as followed:

- **WOMAN/MATERNAL:** This group should represent women, ages 18 to 45 years. The group will focus on addressing the strategies and objectives found under the Women/Maternal Health and Perinatal/Infant Health priorities within the 2021-2025 Title V State Action Plan.
- **EARLY CHILDHOOD:** This group should represent parents and caregivers of children birth through Kindergarten entry. The group will focus on addressing the strategies and objectives found under the Perinatal/Infant Health and Child Health priorities within the 2021-2025 Title V State Action Plan and will actively monitor the work of the All in for Kansas Kids State Plan, facilitated through the Kansas Children’s Cabinet and Trust Fund.
- **CHILDHOOD (6-11):** This group should represent parents and caregivers of children, ages 6 to 11. The group will focus on addressing the strategies and objectives found under the Child Health priorities within the 2021-2025 Title V State Action Plan and will actively monitor the work of the All in for Kansas Kids State Plan, facilitated through the Kansas Children’s Cabinet and Trust Fund.
- **ADOLESCENCE (12-21):** This group should represent parents and caregivers of youth and young adults, ages 12 to 21. The group will focus on addressing the strategies and objectives found under the Adolescent Health priorities within the 2021-2025 Title V State Action Plan.
- **CSHCN:** This group should represent parents and caregivers of children with special health care needs (CSHCN) birth through adulthood. The group will focus on addressing the strategies and objectives found under the CSHCN priorities within the 2021-2025 Title V State Action Plan.
- **YOUTH/YOUNG ADULTS:** This group should represent youth and young adults from a variety of backgrounds and service delivery (e.g., teen parenting programs, disability services, school-based health care) and social experiences (e.g., health care access issues, bullying, mental health, transition) relevant to the Title V State Action Plan.
- **FATHERHOOD:** Recognizing that when fathers are actively involved, families thrive, this group should represent the father perspective to advance activities that support fathers across Title V programming.
- **SPECIAL INITIATIVE WORK GROUP:** Comprised of existing Council members to support special projects that may need development or extra insight/care.

Each work group will select a FAC Member to serve as the Chair to facilitate the discussion and assure the group is making progress towards their defined goals and objectives. Each work group will develop an annual action plan aligned with the scope of their group with actionable objectives and tangible outcomes to advance the Title V work plan.

The FAC also functions under the support of an Executive Committee, comprised of the Work Group Chair and one other member of each work group. The Executive Committee serves as a proxy for the full membership in between Council meetings to support membership recruitment

and orientation, review activities across Council work groups, make formal recommendations to KDHE, and periodically review/suggested revision of Council bylaws, meeting organization/structure, and input on Council agendas. The Executive Committee will also function as the Kansas Family Leadership Team. More information about the Executive Committee can be found in the FAC Guidance and Oversight document (Appendix A).

The Family Advisory Council (FAC) is administered through the System of Supports (SOS) Section at the Kansas Department of Health and Environment (KDHE).

ARTICLE III: MEMBER BENEFITS

Members of the FAC are provided opportunity to make a difference in the state by advising KDHE on policy, projects, and provide feedback that will be truly listened to and incorporated into the work. Participation on the FAC is designed to allow families opportunities to engage at a systems advisory level, that meets their personal and family goals. Other benefits may include:

LEADERSHIP: An important purpose of the Council is to grow the network of family and consumer leaders. As such, members will have opportunities to advance their own leadership skills to support their personal goals in this area.

ADVOCACY: As outlined in the FAC Vision, it is desired for FAC Members to partner with the Bureau in advocating for maternal and child health services, but more importantly we want families and consumers to feel comfortable and confident in advocating for their own family needs. As such, Member will have opportunities to learn about advocating at any level they desire (e.g., self, family, community, state, regional, national).

PEER CONNECTION: A natural benefit of the FAC is peer to peer connection. As such, connections outside and during meetings are highly encouraged. Members are provided opportunities to work together in a variety of ways to support this connection.

PROGRAM PLANNING/POLICY: Participation in the FAC allows members an opportunity to learn about program planning and policy development. However, it is more than just learning. Being part of the FAC allows members the opportunity to help inform, advance, and drive effective and positive policy changes to assure services meet the needs of the families and consumers we serve within the BFH.

COMMUNITY IMPACT: Community change often begins with families and consumers in that community. When community members feel comfortable and confident in sharing their views and pushing for community action, change can occur. FAC member are provided opportunities to learn about community change activities and equip themselves with the tools they need to make impact they desire.

GROWTH OPPORTUNITIES: FAC members are viewed as a part of the MCH Workforce. As such, personal and professional growth opportunities are offered. Families and consumers bring a wealth of knowledge, expertise, and skills to the workforce.

Examples of opportunities for each of the benefits can be found in Appendix B.

ARTICLE IV: MEMBERSHIP

Membership should be representative of the diverse populations served through the Bureau of Family Health. Members must show commitment and be actively involved in the performance of the required activities listed in the roles and responsibilities. Members shall bring their strengths, talents, skills and experience to enhance the work of the FAC.

- 4.1. Membership is per family unit. A family will be asked to identify a primary contact for purposes of communication, however additional participants from the same family unit may be identified as active participants at any time.
- 4.2. Members will select one of the work groups to engage in. Work group members should have recent experience for the target population of that group. Work group eligibility is not based on the members current or past utilization of services, however knowledge of the services available and the systems associated with the population is desired.
- 4.3. Composition of Work Group Membership
 - 4.3.1. Each work group shall have a set minimum and a set maximum family and consumer members. Work group membership numbers do not include representatives from the Bureau or their partners.
 - 4.3.2. Each work group should have representation of families served by Title V or BFH programming.
- 4.4. Membership composition is outlined in the FAC Guidance document.
- 4.5. Application Process
 - 4.5.1. Interested families and consumers must submit the online application at https://www.surveymonkey.com/r/FAC_App.
 - 4.5.2. Applicants may also contact the FCP Coordinator at kdhe.BFHFAC@ks.gov for assistance in completing their application.
 - 4.5.3. Applicants will receive a confirmation within five business days of receipt of the application.
- 4.6. Selection Process
 - 4.6.1. FAC Application are screened initially by the Title V Consultant Team.
 - 4.6.2. A request for a phone interview will be sent via email to the applicant if they represent at least one area under Section 4.2: Member Composition.
 - 4.6.3. Interviews will be conducted in accordance with the Bureau of Family Health (BFH) Advisory Council Interview Protocols (Appendix C).
 - 4.6.4. A letter will be provided at the conclusion of the interview process regarding the status of the application.
- 4.7. New Member Orientation

- 4.7.1. For selected applicants, orientation will be scheduled prior to the first in-person meeting the new member will attend. Orientation shall be provided by an active FAC member (The Family Delegate or a member of the Executive Committee) with support and assistance from KDHE. If necessary, a FAC Alumni member may serve in this role in the event another member is not available.
 - 4.7.2. The New Member Orientation will be scheduled within two weeks of acceptance. Whenever possible, the Orientation should be conducted at least two weeks prior to Members' first official meeting.
- 4.8. Member Expectations
 - 4.8.1. Participate in a minimum of 75% of scheduled meetings.
 - 4.8.2. Be an active participant in group discussions.
 - 4.8.3. Prior to meetings, review the agenda and other information provided by KDHE and be prepared to engage in meeting activities.
 - 4.8.4. Make recommendations toward the goals and objectives of the FAC or Title V programs.
 - 4.8.5. Provide feedback on all FAC activities.
 - 4.8.6. When applicable, support KDHE in developing educational tools related to advocacy on issues that affect families served through Title V programs.
 - 4.8.7. When advocating on a personal level, please inform KDHE of planned efforts. Please refer to the "*FAC Membership Advocacy Do's and Don'ts*" document on the Title V FAC website for more information.
- 4.9. Term of Membership
 - 4.9.1. Membership terms are for two (2) years, beginning with the first meeting following membership acceptance.
 - 4.9.2. There are no formal term limits for FAC Membership, however, members may serve up to two (2) consecutive terms or four (4) years in the same work group. Members who wish to remain on a specific work group, and continue to meet the eligibility for that group, may remain on for one (1) additional term as the Work Group Chair.
 - 4.9.3. In the event a FAC work group is not at the minimum membership requirement, individuals who have completed their term limitations as described above, are provided an opportunity to continue serving on the council until which time a new member joins and the minimum membership requirement is reached. New members will fill the membership spot of the individual with the longest service record with the FAC.
 - 4.9.4. New members may be appointed anytime throughout the year.

- 4.9.5. KDHE will notify members at least three months from the end of their term. Members must re-submit their application and respond with their interest in retaining FAC membership by the date specified in the notification.

ARTICLE V: FAC MEETINGS

- 5.1. The FAC shall meet at a minimum of four times per year. Meeting dates and times will be assessed annually to assure they meet the needs of the active membership.
- 5.2. The location of in-person meetings will be rotated based upon current FAC membership and FAC member input.
- 5.3. Members are expected to participate in all meetings. If a member misses two meetings per year, without approval by KDHE, they may be asked to resign from the FAC and their name will be removed from the list of voting members. FAC members who are asked to resign remain eligible for the FAC Alumni Group.
- 5.4. All FAC meetings are open to the public, however only official FAC members will have voting privileges. A quorum of fifty-one percent (51%) will be required to vote on agenda items.
- 5.5. The FAC will make decisions through consensus, recognizing that the Executive Committee may utilize alternative decision making strategies including, as necessary, calling for a majority vote.

ARTICLE VI: COMPENSATION FOR PARTICIPATION, TRAVEL AND LODGING

All stipends, travel and lodging expenses will be paid in accordance with the BFH Family Advisory Council Reimbursement Policy (Appendix D).



Bureau of Family Health Family Advisory Council

STRUCTURE, GUIDANCE, AND OVERSIGHT

The purpose of the Family Advisory Council is to advise and partner with Title V and the Bureau of Family Health to improve the health of Kansas children and families and assure the needs of families and consumers are central to programming, initiatives, and special projects. Bringing together families and consumers across Kansas with a broad range of lived experiences, the Council envisions a state where individuals and families are:

engaged in program planning,
evaluation, service delivery
and policy development

partners in
advocacy

leaders in their communities

The FAC serves to advise the Title V Program, the Bureau of Family Health, and the Secretary of Health and Environment and others on ways to improve the health of families in Kansas, focusing on the maternal and child health (MCH) population. The FAC will bring together family/consumer leaders across Kansas with a broad range of experiences related to Title V and Family Health programming and supports. The FAC:

- Provides insight on the experiences and needs of women, infants, children and adolescents.
- Advises on strategies and activities to address specific MCH population needs.
- Creates a network of community change agents to improve MCH health outcomes in Kansas.
- Helps focus efforts among Title V programming and recommends collaborative initiatives.

Council Oversight

Council Leadership & Staffing

Council leadership and staffing is a collaborative effort to support the work of the Council.

Family and Consumer Partnership Title V Consultant

The FCP Consultant provides guidance and direction to assure the completion of the work outlined in the Title V MCH Services Block Grant State Action Plan. The FCP Consultant guides preparatory, facilitation, and work group supports for the Council.

Family and Consumer Partnership Program Coordinator

The FCP Program Coordinator provides ongoing support for the Council as the lead logistical and fiscal agent for the Council. The Program Coordinator is responsible for coordinating membership status, participation, and communication. The Program Coordinator manages the Council website.

Title V Family Delegates

The Family Delegate-Elect is responsible for leadership to the Executive Committee. The Family Delegate serves on the KS Maternal and Child Health Council and Early Childhood Recommendations Panel to support system alignment, coordination, and recommendations to KDHE on membership gaps and needs.

FAC Executive Committee (EC)

The Executive Committee serves as the Kansas Family Leadership Team (FLT) and a proxy for the full membership in between Council meetings to support membership recruitment and orientation, review activities across Council work groups, make formal recommendations to KDHE, and periodically review/suggested revision of Council bylaws, meeting organization/structure, and input on Council agendas.

Communication and Coordination

Effective communication is crucial to coordination of the Council. This section will outline key contacts and preferred communication methods.

Key Contacts

The following chart outlines the key contacts associated with the Council.

FCP Consultant	FCP Consultant Smith	Executive Committee (2 members per group)	CSHCN: Sookyung Shin
FCP Program Coordinator	Cora Ungerer		CSHCN: Mari White
Title V MCH Director	Rachel Sisson		W/M: TBD
Delegate-Elect	TBD		W/M: TBD
Delegate	Casandra Sines		EC: TBD
Past-Delegate	Donna Yadrich		EC: TBD
Title V Program Consultants	Jennifer Marsh (W/M)		C: TBD
	Stephanie Wolf, Jill Nelson (P/I)		C: TBD
	Elisa Nehrbass (C/A)		A: TBD
	Heather Smith (CSHCN)		A: TBD
	Kasey Sorrel (KPQC/MMR)		Y: TBD
	Kelsee Torrez (Behavioral Health)		Y: TBD
	Maria O'Sullivan (School Health – Clinical)		F: TBD
	TBD (School Health – Administration)		F: TBD

Council Oversight Activities

Each of the above has a specific role to play to assure an effective and efficient Council. This section will outline the scope of the roles and responsibilities for Council management and activities.

Recurring Meetings & Setting Agendas

The lead role for setting agendas varies depending on the meeting being held. There are three primary types of meetings consistently held: (1) Planning Meetings; (2) Executive Committee; and (3) FAC Council Meetings.

Planning Meetings (Monthly)

- The Program Coordinator is responsible for scheduling the meetings and recording meeting minutes. The Program Coordinator is responsible for inviting necessary BFH team members to participate, as appropriate.
- The FCP Consultant is responsible for providing guidance and context around necessary agenda items, in alignment with the Kansas Maternal and Child Health Council (KMCHC). The FCP Consultant is responsible for capturing the vision and needs around the meeting.

*Note: The Delegates and Executive Committee members do not participate in these meetings.

Executive Committee Meetings *(As needed or upon request of KDHE or the Executive Committee Chair)*

- The agenda will be drafted by whoever requested the meeting, with input from other Council Leadership.
- The Program Coordinator is responsible for scheduling the meetings and compiling meeting minutes.
- The Chair is responsible for facilitating the meeting and assuring meeting objectives are met, including approval of official EC recommendations.
- KDHE is available as a resource, will provide guidance as needed to support EC activities and recommendations, and take recommendations of the Executive Council under advisement and act accordingly and appropriately.

Council Meetings *(Quarterly – 3rd Saturday in January, April, July, and October)*

- Council meeting agendas are set collaboratively during the Planning Meetings outlined above. Ultimately, KDHE must provide final approval on agenda items, special presentations, and Council activities.
- The Program Coordinator is responsible for meeting logistics (e.g., space, food, technology needs), pre- and post-meeting communication with Members, compiling meeting minutes, membership needs, and reimbursements, speaker and member preparations, meeting facilitation, and organizing small group supports and staffing needs.
- The FCP Consultant is responsible for preparing all meeting materials (e.g., agendas, small group work, handouts, presentations) and meeting facilitation.
- KDHE is responsible for provision of adequate staff to support small group work, content (e.g., updates, data, information) for presentations, and assistance in coordinating special presenters.

Council Meeting Preparations

Preparing for Council meetings is a team effort. Much of the planning takes place during the Planning Meetings as outlined above, however much of the formal preparation of documents will take place between those meetings. The following outlines the responsibilities and expectations around meeting preparation activities.

Meeting Agenda and Materials

Meetings are set as outlined above. Final approval of agendas must be received from KDHE. The Program Coordinator is responsible for preparing all meeting materials, with development supports from the FCP Consultant. This includes printing, making packets, bringing to the meeting, and packaging up for electronic sharing/posting on website. Materials include but is not limited to: agendas; handouts; small group guidance, worksheets, and data collection tools; and visual presentations. The Program Coordinator is also responsible for membership sign in sheets, member reimbursement forms, and name tents/tags.

Member Invitation: The Program Coordinator will be responsible for sending the Council meeting electronic invitations and monitoring attendance responses and adequate staff/member distribution among Work Groups. Meeting invitations should be sent as soon as possible upon setting meeting dates. KDHE staff or leadership may invite special guests or prospective members to the meeting at their discretion. KDHE will be responsible for assigning guests to Work Groups and the Program Coordinator will be responsible for assuring space, food, and materials are available for all guests.

Speaker Invitation: The Program Coordinator will be responsible for securing desired speakers for the meeting, as decided by the planning team, including setting objectives, goals, and desired outcomes. The Program Coordinator will assure guest speakers have everything they need to prepare for and participate in the meeting.

Presentations: The FCP Consultant will be responsible for putting together the PowerPoint and other visual materials to advance the meeting agenda and support Member participation and engagement. BFH team members will provide

specific content, Title V updates, and other information to assist in the development of the materials. Final approval of these materials must be received from the FCP Consultant.

Member Preparations: The Program Coordinator will be responsible for assuring Council Members have all materials in advance of the meeting, posting to the FAC Work Station before the meeting, and working directly with any Member that may need additional assistance or an accommodation to prepare for and engage during the meeting.

Council Meeting Facilitation

Facilitation of the Council meeting is a team effort, however in general the FCP Consultant will begin and end the meeting and facilitate moving from one agenda item to the next. The FCP Consultant is also responsible for assuring meeting objectives are met, monitoring time management needs, and assuring the conversation and discussion is focused and on task. The Program Coordinator is responsible for facilitating membership announcements, including lunch, reimbursement efforts, and information on future meetings.

Meeting Minutes: The Program Coordinator is responsible for taking notes during the meeting and compile meeting notes with small group discussions and outcomes and send to the FCP Consultant. The Program Coordinator will finalize the meeting minutes and send the small group Chair for review/approval. Once approved, the Program Coordinator will send meeting minutes to the Members and post on the FAC meeting webpage.

In Between Council Meetings

Meeting minutes should outline action items and follow-up needs. These activities will be assigned to Council Leadership or KHDE staff accordingly. In general:

- The Program Coordinator and Work Group facilitators will be jointly responsible for any follow-up activity or information-gathering that is necessary between meetings or as associated with the Work Groups (see more information below).
- BFH Leadership will be responsible for any policy-related follow-up activity or data-gathering activities.
- The FCP Consultant will be responsible for aligning Council activities and facilitating further discussion or action as related to Title V needs and activities.

Council Membership

The Council shall consist of families and consumers across Kansas with a broad range of experiences related to Title V and Family Health programming and supports.

- The Executive Committee should meet quarterly, following each Council meeting, and as needed, to review key activities across the Work Groups and provide opportunity for Work Group Chairs to elevate conversations or discussions for further, broader Council consideration.
- The Program Coordinator will be responsible for maintaining membership rosters, monitoring term limits, and notifying all parties of changes to Council Membership.
- KDHE makes official appointments to the Council Members upon approval by the FCP Consultant.

The makeup of the individual work groups is as follows:

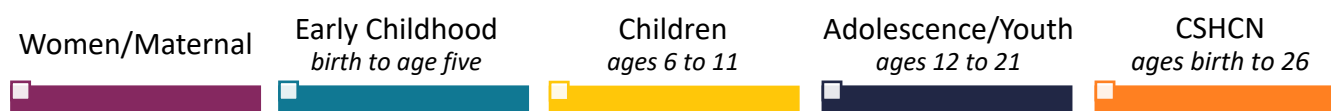
- Each work group shall have a minimum of seven (7) and a maximum of eleven (11) family and consumer members.
- Membership shall reflect the geographic, racial, and cultural representation of Kansas, including representation from recipients of BFH program services.
- Each work group would have representation for core Title V or BFH programming.
- The membership roster shall be monitored and updated frequently by KDHE.

Work Group Oversight

Title V Population Work Groups are critical to the infrastructure of the Council. The Work Groups are designed to provide family and consumer leaders a platform to help the state prioritize focus for their assigned target population. They will be asked to provide recommendations, inform of gaps in service delivery systems, refine objectives and strategies to remain relevant and support effective/efficient MCH services, identify partnership needs, and discuss system capacity concerns (see *Small Group Member Responsibilities* for full list).

Work Group Structure

Council Work Groups and Subcommittees should be structured similarly and provided adequate staff supports. This includes standing Title V Population Work Groups, as well as special Ad Hoc groups formed upon request of KDHE or the Council Chair. The following Work Groups are in place to support the advancement of the 2021-2025 State Action Plan:



Council Member Assignments: Council Members will be assigned to one of the above Work Groups. Work Groups are comprised of no more than eleven (11) family and consumer leaders. Work Group assignments are based upon personal interests, expertise, and experiences. It is desired that Council Members will have recent and relevant experience to support advancement of the Work Group activities and initiatives. During the application process, prospective members will self-identify the Work Group(s) they feel they can adequately represent. Work Group assignment will take place following the Council interview process and acceptance to the Council.

Work Group Chair: Each Work Group will select a Chair person to assist in facilitation, oversight, and organization of group activities. The Chair will participate in the “New Work Group Chair” training prior to taking post. In general, nominations will be solicited at the July meeting each year and the Chair will be selected and begin their term at the October meeting each year.

Work Group Supports: The Program Coordinator will be responsible for monitoring Work Group activities, needs, and progress. KDHE will assign two (2) Bureau of Family Health staff to serve as the Recorder and Subject Matter Expert for each meeting. Staffing assignments may vary depending on the meeting agenda or needs of the Work Group.

The Program Coordinator and FCP Consultant will assure the Work Groups have the information and data to accomplish assigned tasks and desired objectives. Title V Domain Program Coordinators, BFH staff, and the MCH Epidemiology staff will assist in gathering appropriate data and information as needed. The Program Coordinator and FCP Consultant will participate in Work Group activities to support alignment of Council activities and facilitate further discussion or action as related to membership needs and activities.

The Work Group Chair will facilitate the discussions, assuring agenda items and objectives are met at the end of each meeting. The Chair will serve as the primary POC for the Work Group members.

If a Work Group desires to meet in between Council meetings, the Chair should reach out to the Program Coordinator with a request, in which appropriate resources and facilitation supports will be made available to assure that happens.

Roles and Responsibilities

The **Work Group Chair** is the Primary POC for the Work Groups. The **BFH Staff Recorder** provides supports to the Chair. The **Title V Program Consultants** serve as subject matter experts and should compile resources, data, and information to assist the groups. The roles and responsibilities for each type of Council support is outlined below.

	Before Meeting	During Meeting	Between Meetings
Work Group Chair	Review the Facilitator Guidance, assuring: understanding of meeting objectives, familiarity with meeting materials, and facilitation expectations.	Follow the Facilitator Guidance and assure the group meets the desired objectives. The Facilitator should focus on listening and assuring understanding among the group and answer questions as asked by group members.	Work directly with the FCP Consultant and Program Coordinator on any follow-up needs in between meetings. Assure timely response to the Program Coordinator on follow-up needs. Monitor KDHE assignments associated with Work Group activities, needs, and progress. Engage the Title V Domain Program Coordinator and BFH Staff/Leadership as needed.
BFH Staff Recorder	Review the Recorder Guidance, assuring: understanding of meeting objectives and familiarity with meeting materials and data collection worksheets.	Take notes during the meeting, capture key conversations and document according to Recorder Guidance. Monitor group work time and assist the Chair as needed.	Compile meeting notes and submit to the Program Coordinator within 2 business days following meeting. Participate and take notes at any between-meeting discussions. Assure documentation of group information, data, and resource needs – including identification of who will be responsible for gathering and deadlines for completion.
Title V Domain Program Consultants	Review work group materials. Gather information, references, or data as needed to share with group members, as appropriate.	Serve as the subject matter expert. Provide insight or information as relevant to the group discussion. Provide context around the conversation as needed. Support Chair with facilitation if needed.	Review meetings notes and offer supports on any follow-up items. Assist with development of content as appropriate.
Work Group Members	Complete any assigned tasks prior to in-person meetings.	Actively participate in discussions and assuring consideration of all population needs. Request needed data, resources, information, or supports needed to complete the desired work of the group.	Actively participate in between meeting discussions or calls and respond timely to requested information, review, or input. Provide information, resources, and input on group activities, including assisting with content development as appropriate.

Membership Supports

This section will expand upon the oversight of Council membership outlined previously and describe the membership application process, new member onboarding expectations, and family/consumer leader supports.

Becoming a FAC Member

Membership applications are available online at https://www.surveymonkey.com/r/FAC_App.

Applications should be submitted directly to KDHE. Upon receipt of the application, the Program Coordinator will screen the application for completeness and schedule an interview with the applicant. The interview team will consist of the FCP Program Coordinator, FCP Consultant, and the Family Delegate.

New Member Onboarding

Upon acceptance of a membership application, the following shall occur:

- The Program Coordinator will be responsible for updating the membership roster and sending an introductory “Welcome” email to the new member and the FCP Consultant.
 - o The email includes an introduction to the Council, information about the upcoming meeting, the Council reimbursement policy, photo and bio request, and schedule for the New Member Orientation session.
- The Program Coordinator will send the assigned Work Group Chair and staff supports an email introducing the new member and update the membership section of the website.
- Executive Committee members representing the assigned Work Group will conduct the orientation prior to the next meeting. During the orientation, the member will be provided an overview of the Council, a walk-through of the website, discussion about the work groups and Council structure/operations.
 - o Members will be offered opportunity for more detailed orientation to Title V/MCH services, if desired. This will be done as a separate meeting if they request it.

Reporting Council Activities

This section outlines key activities related to reporting the activities, accomplishments, and recommendations provided by the Council. There are two primary reporting activities associated with the Council: The FAC Annual Report and the Title V/Maternal and Child Health Block Grant.

FAC Annual Report

The FCP Program Coordinator, with data, input, and support from the FCP Consultant and BFH staff members, develops the FAC Annual Report. The Annual Report should include:

- **FAC Executive Summary:** High-level overview of the Council and key Council accomplishments.
- **Membership Overview:** Data surrounding membership and current membership list.
- **Meeting Highlights:** Summary of each meeting held, including participation data. The summary should include the meeting date, key topics/discussions, and next steps or Council actions taken.
- **Council Recommendations:** Overview of any Council recommendations made to KDHE during the previous year, including relevant data/rationale and related actions taken by KDHE.
- **Website and Facebook Activity:** Overview of website and social media activity, including highlights of the top 10 Facebook posts, trends, and any other relevant data.
- **Future Plans:** Description of planned activities for the coming year or particular focus areas, if identified.

Title V/MCH Block Grant Reporting

The FAC is one of the primary initiatives that target family and consumer stakeholder input for the Title V/MCH Block Grant. Therefore, reporting activities within the Block Grant is critical. The FCP Consultant is responsible for the development of the report narratives and will request information from members and staff as needed.

Block Grant reporting follows the federal fiscal year (FFY) and runs from October 1st to September 30th and is due to HRSA/MCHB on July 15th the following year. (e.g., The 2021 submission represents the 2020 Annual Report (Oct 1, 2019-Sept 30, 2020) and the 2022 Application (Oct 1, 2021-Sept 30, 2022)).



Saturday, July 17, 2021, 9:30 am—2:00 pm

[Virtual—Click here](#)



9:00 am	New Member Orientation <i>Required for new members / Optional for existing</i>
9:30 am	Welcome, Agenda Review, Ice Breaker
9:45 am	Block Grant Public Input Presentation
10:15 am	Break Out #1 (By SF Results) <i>Block Grant Input Discussion</i>
10:45 am	Presentation: 1-800-CHILDREN <i>KS Children's Service League</i>
11:15 am	Break Out #2 (By Work Group) <i>Family Engagement for 1-800-CHILDREN</i>
11:30 am	Member Discussions: <i>Kansas Reopening/Future of FAC</i> <i>FAC on Band</i>
12:00 pm	LUNCH - Program updates will be rotating on the screen during lunch for those that missed the pre-meeting session.
12:30 pm	Family & Consumer Partnership Toolkit
12:45 pm	Break Out #3: Roundtables (see schedule)
1:45 pm	Next Steps / Wrap Up

UPCOMING MEETINGS

✱ ✱ ✱ ✱

October 16, 2021
(Virtual)

January 15, 2022
(Virtual)

April 16, 2022
(TBD)

July 16, 2022
(virtual)



JUVENILE ARTHRITIS
A W A R E N E S S





Work Group Agendas

12:45 pm to 1:45 pm



Room 1: Collecting Input from Families

Brainstorm ways to collect input from families.

What are innovative, new ideas? What have you participated in that you particularly loved? What types of input collection do you hate the most?

Room 2: Defining What's Important

Discuss ways that a program shows you the value they place on family engagement and partnership?

If you were wanting to be involved in something where families are at the CENTER of the work (e.g., family-centric) what they need to do/say to show you that?

Room 3: Program Design

Share ideas around engaging families during the program design / development phase.

A new program is being created. An existing program wants to make changes. When should families be brought to the table? What are factors the program needs to consider about the timing of this? HOW should families be engaged in this process?

Room 4: Leadership

Suggest topics to include in family leadership initiatives.

When we say parent/family leadership—what comes to mind? What are some basic things that families may need to know about leadership? What leadership programs are you aware of? What have you been involved in and liked?

UPCOMING MEETINGS

✕ ✕ ✕ ✕

October 16, 2021

(Virtual)

January 15, 2022

(Virtual)

April 16, 2022

(TBD)

July 16, 2022

(virtual)



JUVENILE ARTHRITIS
A W A R E N E S S





Saturday, August 22, 2020

VIRTUAL—Click to access link



9:00 am	Welcome / Member & Program Updates
9:15 am	FAC Vision, Mission, Purpose <ul style="list-style-type: none"> • Review/Finalize
9:30 am	FCP Toolkit Discussion <ul style="list-style-type: none"> • Background and Context • Family vs. Workforce Toolkits? • Discussion Questions <i>(See separate page)</i>
11:00 am	MCH Manual—FCP Section Open Discussion
11:15 am	Well-Woman Toolkit Discussion, Jen Marsh
11:45 am	Next Steps / Wrap Up
12:00 pm	Meeting ends

***All virtual meetings
will be Saturdays from
9 am to 12 pm***

Locations TBD unless noted

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September 26, 2020
Virtual

October 24, 2020
Virtual

December 12, 2020
Virtual



national
IMMUNIZATION
awareness month



AUGUST IS
BREASTFEEDING
AWARENESS MONTH





Saturday, September 26, 2020

VIRTUAL—Link in email



- | | |
|----------|--|
| 9:00 am | Welcome / Member Updates |
| 9:15 am | Newborn Screening Videos |
| 9:30 am | Behavioral Health Brochure (NBS version) |
| 10:00 am | Overview of Title V Vision for FCP |
| | KMCHC & FAC Governance Overview |
| | <i>Discuss</i> |
| | Organizational Structure of the new FAC |
| | <i>Discuss</i> |
| | Proposed Bylaws & Charter |
| | <i>Discuss</i> |
| 11:30 am | Timeline for Expansion |
| 11:45 am | Next Steps / Wrap Up |

***All virtual meetings
will be Saturdays from
9 am to 12 pm***

Locations TBD unless noted

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October 24, 2020
Virtual

December 12, 2020
Virtual

✕ ✕ ✕ ✕

2021 Dates
3rd Saturday of every 3rd month

January 16 (virtual)

April 17 (in-person)

July 17 (virtual)

October 16 (in-person)





Saturday, October 24, 2020

VIRTUAL—Click here for link



- | | |
|----------|--|
| 9:00 am | Welcome / Review Agenda |
| 9:15 am | <p>KDADS—Wavier Amendments Presentation</p> <ul style="list-style-type: none"> • <i>Michele Heydon, HCBS Director</i> • <i>Brutus Segun, Policy & Program Oversight Manager</i> |
| 10:15 am | <p>Finalize Expanded FAC Structure</p> <p>Revised FAC Bylaws</p> <ul style="list-style-type: none"> • Term Limits, Eligibility & Application Process • Membership Benefits • Member Expectations <p>Work Group Charters</p> |
| 11:15 am | Next Work Group Reveal! |
| 11:30 am | <p>Kansas Pediatric Emergency Information Form</p> <ul style="list-style-type: none"> • <i>Brittney Nichols, EMSC Coordinator</i> |
| 11:45 am | Next Steps / Wrap Up |
| 12:00 pm | Meeting ends |

UPCOMING MEETINGS

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December 12, 2020
Virtual

✂ ✂ ✂ ✂

2021 Dates
3rd Saturday of every 3rd month

January 16 (virtual)

April 17 (in-person)

July 17 (virtual)

October 16 (in-person)





Saturday, December 12, 2020

Virtual—Click here



9:00 am	Welcome / Review Agenda / Roll Call
9:20 am	Special Presentation: Data Project for CSHCN <i>Kiki Oyetunji, LEND Trainee/System of Supports Intern</i>
9:50 am	Special Presentation: Links2Quality (L2Q) <i>Michelle Allen, Department for Children & Families</i>
10:30 am	BREAK
10:45 am	2021 CSHCN Charter Planning <ul style="list-style-type: none">• CSHCN Title V SAP Review• Charter Development & Prioritization
11:30 am	Expanded FAC Plans/Updates
11:45 am	Next Steps / Wrap Up
12:00 pm	Meeting Adjourns

UPCOMING MEETINGS

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January 16
(virtual)

April 17
(in-person TBD)

July 17
(virtual)

October 16
(in-person TBD)





Saturday, January 16, 2021, 9:30 am—2:00 pm
[Virtual—Click here](#)



- | | |
|-----------------|--|
| 9:00 am | New Member Orientation & Program Updates
<i>Required for new members / Optional for existing</i> |
| 9:30 am | Welcome, Agenda Review, Ice Breaker |
| 10:00 am | Special Discussion: Kindergarten in Kansas Guide
<i>Amanda Petersen, Early Childhood Director, Kansas State Department of Education</i> |
| 10:30 am | Special Discussion: All in for Kansas Kids Family Engagement Strategy Guide
<i>Meghan Kluth, KU Center for Public Partnership and Research, Research Project Coordinator</i> |
| 11:00 am | Member Discussion: Immunizations in KS |
| 11:30 pm | Work Group Overview |
| 11:45 am | LUNCH
<i>Previous program updates will be rotating on the screen during lunch for those that missed the pre-meeting session.</i> |
| 12:15 pm | Work Group Time (see specific WG agendas) |
| 1:30 pm | Work Group Report Outs
<i>Co-Chair Introductions</i>
<i>Selected Priority & Next Steps</i> |
| 1:45 pm | Next Steps / Wrap Up |

UPCOMING MEETINGS

✕ ✕ ✕ ✕

January 16
(virtual)

April 17
(virtual)

July 17
(virtual)

October 16
(TBD)

January is
Birth Defects
Prevention Month



JANUARY
**National Slavery &
Human Trafficking
Awareness Month**





Work Group Agendas

12:15 pm to 1:30 pm



CSHCN Work Group

Member Introductions

Select Co-Chairs

Priority 5.2 Discussion & Strategy Focus

Complete Report Out Worksheet (JamBoard)

Child Work Group

Member Introductions

Title V Priority Overview & Discussion

Select Co-Chairs

Select Project/Strategy Focus

Complete Report Out Worksheet (JamBoard)

UPCOMING MEETINGS

✕ ✕ ✕ ✕

January 16
(virtual)

April 17
(virtual)

July 17
(virtual)

October 16
(TBD)

January is
**Birth Defects
Prevention Month**



JANUARY
**National Slavery &
Human Trafficking
Awareness Month**





Saturday, April 17, 2021, 9:30 am—2:00 pm

[Virtual—Click here](#)



- | | |
|-----------------|---|
| 9:00 am | New Member Orientation & Program Updates
<i>Required for new members / Optional for existing</i> |
| 9:30 am | Welcome, Agenda Review, Ice Breaker |
| 10:00 am | Partner Presentation: Connections Matter
<i>Rachelle Soden, Training Manger, KS Children's Service League</i> |
| 10:30 am | Maternal Health Services in Kansas
<i>MCH Consultants, KDHE</i> |
| 11:00 am | Member Discussion: Reaching Women in Kansas |
| 11:30 am | FAC Work Station & Strengths Finders |
| 11:45 am | LUNCH

<i>Program updates will be rotating on the screen during lunch for those that missed the pre-meeting session.</i> |
| 12:15 pm | Work Group Time (see specific WG agendas) |
| 1:30 pm | Work Group Report Outs

<i>Co-Chair Introductions</i>

<i>Selected Priority & Next Steps</i> |
| 1:45 pm | Next Steps / Wrap Up |

UPCOMING MEETINGS

✱ ✱ ✱ ✱

July 17, 2021
(virtual)

October 16, 2021
(TBD)

January 15, 2022
(Virtual)

April 16, 2022
(TBD)



**NATIONAL
MINORITY
HEALTH
MONTH**



— APRIL IS NATIONAL —
**CHILD ABUSE
PREVENTION MONTH**



Work Group Agendas

12:15 pm to 1:30 pm



CSHCN Work Group

Member Introductions
Priority 5.2.5 Discussion & Select Project
Complete Report Out Worksheet

Child Work Group

Member Introductions
Select Co-Chairs
Priority 3.2.3 Discussion & Select Project
Complete Report Out Worksheet

Woman/Maternal Work Group

Member Introductions
Title V Priority Overview & Discussion
Select Co-Chairs
Select Project/Strategy Focus
Complete Report Out Worksheet

UPCOMING MEETINGS

✕ ✕ ✕ ✕

April 17
(virtual)

July 17
(virtual)

October 16
(TBD)

January 15
(Virtual)



NATIONAL
MINORITY
HEALTH
MONTH



— APRIL IS NATIONAL —
CHILD ABUSE
PREVENTION MONTH



Saturday, July 25, 2020

[VIRTUAL—Click to access link](#)



9:00 am	Welcome / Roll call / Member Updates
9:15 am	Program & Supporting You Updates
9:30 am	Objective 7.3.1: AMCHP Delegate Program <ul style="list-style-type: none"> • Overview: New Structure • Discussion Areas: <ul style="list-style-type: none"> • <i>Eligibility/Qualifications/Application</i> • <i>Training & Leadership Development</i> • <i>Annual Expectations</i>
10:30 am	Objective 7.3.4: FAC Expansion <ul style="list-style-type: none"> • Overview: Proposed Expansion • Discussion Areas: <ul style="list-style-type: none"> • <i>Mission, Vision, Purpose</i> • <i>Governance & Structure</i>
11:30 am	Action Planning / Next Steps / Wrap Up
12:00 pm	Meeting ends

***All virtual meetings
will be Saturdays from
9 am to 12 pm***

Locations TBD unless noted

✕ ✕ ✕ ✕

August 22, 2020
Virtual

September 26, 2020
Virtual

October 24, 2020
Virtual

December 12, 2020
Virtual



JUVENILE ARTHRITIS
A W A R E N E S S



Kansas Maternal and Child Health Council



Annual Report (2020-2021) for the Kansas Maternal and Child Health Council (KMCHC).

SECTION CONTENTS

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KANSAS
MATERNAL &
CHILD HEALTH

Annual Report

2020-2021



Kansas Maternal and Child Health Council 2021 Executive Summary

The purpose of Kansas Maternal Child Health Council (KMCHC) is to advise the Secretary of Health and Environment, and others, on ways to improve the health of families in Kansas, focusing on the MCH population. The Council brings together several organizations and groups in Kansas with a broad range of expertise, including many who have been working for years to address and improve health outcomes in Kansas and other states. The Council:

- Encourages the exchange of information about women, infants, children and adolescents.*
- Advises on progress in addressing specific MCH population needs.
- Creates private and public-sector support for improving MCH health outcomes in Kansas.
- Helps focus efforts among partners and recommends collaborative initiatives.
- Submits an annual report summarizing the Council's work and making recommendations to the Secretary of Health and Environment each year.

**Council work groups are organized by MCH population domain and review priorities, objectives, and progress of the Title V State Action Plan. Four core work groups exist: Women/Maternal, Perinatal/Infant, Child, and Adolescent. Additional workgroups were created to advance the 2021-2025 State Action Plan including Children with Special Health Care Needs, Workforce Development, and Family Partnership and Supports.*

Key Council Activities

This summary outlines key activities of the KMCHC during State Fiscal Year (SFY) 2021, which includes activities between July 1, 2020 and June 30, 2021. During this time, the Council met virtually on July 22, 2020, October 7, 2020, January 13, 2021, and April 14, 2021. Each meeting included a large group discussion around an emerging MCH issue, review of relevant data trends, and small group work for each of the work groups. This year work group participants were asked to identify ways the organization they represent will advance the work discussed. Additionally, each year the Council provides feedback on the Title V MCH Block Grant.

Large Group Discussions: In July 2020, the council reviewed data trends from the needs assessment. In October 2020 health equity in the state action plan and data highlights in addition to family and consumer partnerships in Title V. In January 2021, the Council focused heavily on immunization challenges and

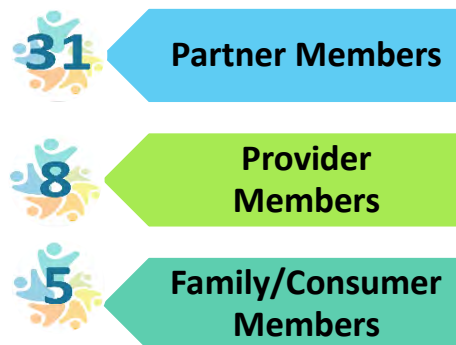
opportunities in Kansas. A panel led an engaging discussion about vaccine hesitancy and ways to address hesitancy in different populations. In April 2021 Council members learned about several women's health initiatives happening in the state including the Maternal Mortality Review Committee, Perinatal Quality Collaborative (KPQC) Fourth Trimester Initiative (FIT), Maternal Warning Signs initiative, and new well-woman visit tool kits for consumers and providers.

Key Data Conversations: Relevant data was shared at each meeting associated with the large group discussion topic. Additional discussion during the July 2019 meeting around the Title V Measurement Framework.

Small Group Work: The primary focus of this year was for members to really engage their organizations with advancing the work of the State Action Plan.

Membership Overview

Membership is comprised of a multi-disciplinary team of professionals, family members, and other stakeholders. A total of 44 stakeholder members participated in SFY21 (breakdown to the right). Additionally, 18 KDHE staff participated in Council activities either through content expertise, small group facilitation and recording, or data supports along with 2 contracted staff for meeting logistics and overall facilitation.





KMCHC Meeting Activities and Highlights

July 22, 2020		
Primary Topics	Key Activities	Next Steps
MCH Measurement Framework: Highlight on Trends	<p>LJ Panas reviewed data trends from the needs assessment.</p> <p>There was discussion that the needs assessment includes a large amount of data and breaking it down more would be helpful to see trends by specific populations.</p>	<p>Title needs assessment data was shared on kansasmch.org website. Title V performance measures and data are kept current on website, as available, throughout the year.</p>
Small Group Action Alerts	<p>The domain groups met to discuss how Title V efforts and resources should be focused over the next five years and what is missing from the plan.</p> <p>Groups discussed programs and initiatives already exist that align with the priorities in each domain.</p> <p>Domain groups determined what can be accomplished in the next year.</p> <p>Women/Maternal Domain Group What's missing? Increased access to Doula support and inclusion of men/partners in the work.</p> <p>Current work and alignment opportunities:</p> <ul style="list-style-type: none"> • KPQC planning to enroll as AIM state, focus on postpartum support • Focus on Wyandotte County 	<p>Women/Maternal Group Work on the well-woman tool kit that aligns with Objective 1. Distribute the tool kit widely to stakeholders.</p>

	<p>Perinatal/Infant Domain Group</p> <p>What's missing? Missing an equity objective for each priority area.</p> <p>Current work and alignment opportunities</p> <ul style="list-style-type: none"> • Kansas Breastfeeding Coalition has multiple related initiatives • Christy Schunn and Cari Schmidt shared safe sleep instructor progress and planned trainings and other initiatives in the next year • Ongoing KMMRC, KPQC, and AIM work • Home visiting work to be focus of SFY2022 grant year • Patient education is helpful, but providers need training on listening to family concerns and on racial humility and bias <p>Child Domain Group</p> <p>What's missing? Important objective, but COVID-related challenges to objective 3.2 were noted</p> <p>Current work and alignment opportunities</p> <ul style="list-style-type: none"> • Participants discussed various opportunities to partner in education and dissemination of information • Kansas LEND program • Help Me Grow model • Data sharing platform related to ECIDS <p>Adolescent Domain Group</p> <p>What's missing? <i>No missing items noted</i></p> <p>Current work and alignment opportunities</p>	<p>Perinatal/Infant Domain Group</p> <p><u>Objective 2.1.4:</u> "Increase access for families and community partners..."</p> <p><u>Objective 2.2.4:</u> "Assist local MCH service providers in understanding and ensuring needed safe sleep support to create opportunities..."</p> <p>Child Domain Group</p> <p>Focus on Objective 1, parent completed developmental screening.</p>
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	<ul style="list-style-type: none"> Obj 4.3: QPR suicide training funded by USDA, mental health first aid training, juvenile justice crossover youth services, need to provide more information to private and home schools, FEMA crises services grant 	
Optional COVID-19 Listening Session	The Bureau of Family Health held an option listening session to share work that has been done to address COVID-19 already and hear how the pandemic is impacting partner organizations. Rachel Sisson (KDHE) presented key KDHE COVID-19 response activities and current status. Dr. Farah Ahmed (State Epidemiologist) and Cristi Cain (KDHE Local Public Health Program Director) were available to answer questions.	Participants are working on helping families navigate the constant change of the pandemic and prepare for a challenging school year.
October 7, 2020		
Primary Topics	Key Activities	Next Steps
Health Equity in the State Action Plan and Data Highlights	<p>Kelli Mark explained that the Title V goals are to address high-risk populations with health inequities and that most title V activities address health equity. Within the priorities and objectives, the words “high risk” are common trigger words to identify equity is an intended outcome. For example, MCH is working with the Kansas Breastfeeding Coalition to increase equity with breastfeeding.</p> <p>Each population domain has a health equity profile as it relates to the data. Specifically, MCH looks at health disparities data related to:</p> <ul style="list-style-type: none"> Geographic location Insurance status Race/ethnicity <p>The bureau recently created “Did You Know?” graphics that can be used by the public to share information on health inequities for different</p>	<p>KMCHC members are encouraged to share the “Did You Know” messages widely.</p> <p>https://www.kdheks.gov/c-f/integration_toolkits.htm (Click on Health Equity under Provider Resources)</p>

	populations. The next initiative is to have focus groups with black mothers to further understand health disparities.	
Family and Consumer Partnership in Title V	<p>A Family Advisory Council (FAC) member shared her personal parenting experiences and about her work on the FAC.</p> <p>Heather Smith gave an overview of the expansion of the FAC and that it will be modeled after KMCHC. KDHE is anticipating there will be a lot of synergy between the two groups.</p> <p>The new FAC council is planned to launch in January.</p>	KMCHC members are asked to help recruit individuals to apply to serve on the new FAC.
Small Groups Reviewed Priorities, Objectives and Strategies in the new State Action Plan.	<p>Children with Special Health Care Needs Domain Group reviewed Priority 5.</p> <p>Related to objective 5.1, members commented that kids are excluded from the SHCN program based on diagnosis or financial qualifications, so they do not receive services or care coordination.</p> <p>Current work and alignment opportunities include the following:</p> <ul style="list-style-type: none"> • FAC expansion • network clinics across the state that offer dental care with sedation for individuals with disabilities, • Foster Care task force working on care coordination and medical concerns <p>Priority objective, work in the next year: Objective 5.1, focusing on transition, was identified as the most actionable objective in the next year.</p> <p>Workforce Development Domain Group reviewed Priority 6.</p>	

	<p>Related to objective 6.1.3, the need for a multi-sector approach was stressed.</p> <p>For objective 6.2, consider adding “patient-centered care”.</p> <p>On objective 6.3, the group thought that 15% annually was a very high goal. Consider removing “annually”.</p> <p>Current work and alignment opportunities include the following:</p> <ul style="list-style-type: none"> • K-State extension youth and adult mental health first aid training, • KCC consultation line, • KSKidsMAP training for physicians, • Baby Buffer for ACES, • KS COVID Workgroup for Kids • Topeka Doula Project • KIDS Network safe sleep – multiple programs <p>Primary objective, work in the next year: Members identified objective 6.3, which is especially important with COVID.</p> <p>Family Partnership and Supports Domain Group reviewed Priority 7.</p> <p>The group suggested adding a strategy for a parent and leadership conference under 7.3.</p> <p>Current work and alignment opportunities</p> <ul style="list-style-type: none"> • The FCP program is already being developed, Supporting You is expanding and bringing in new programs, FAC is going expanded • Chocolate Milk Cafes, La Leche League • Geared Up Dads in Geary County • Center for Research for Infant Birth and Survival (CRIBS) 	<p>Increase the number of MCH-led activities that address social determinants of health.</p> <p>Work on increasing individuals receiving peer support.</p>
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	<ul style="list-style-type: none"> Families Together <p>Primary objective, work in the next year: Members identified objective 7.2 as the most actionable to move forward.</p>	
Optional Session on Promoting Maternal and Child Health Equity	Dr. Stephen Fawcett and Ms. Christina Holt gave an overview of health equity, the mechanisms for producing health inequities, and the social determinants of health. Members were invited to share examples of how inequities are produced and what we can do to assure more equal conditions.	
January 13, 2021		
Primary Topics	Next Steps	Next Steps
Family Consumer Partnership Program Overview Heather Smith, KDHE	Heather defined what KDHE sees as family and consumer partnerships, and that the Bureau of Family Health views these partnerships as an important voice to guide programs and priorities.	KMCHC members were encouraged to share the family consumer partnership opportunities with potential participants.
Immunization Opportunities and Challenges in Kansas	<p>Connie shared information about the Immunize Kansas Coalition.</p> <p>Current IKC priorities include the following: Increase adolescent immunization rates Increase influenza immunization rates Booster vaccine confidence Maintain/restore immunization rates that decreased during the pandemic</p> <p>Current challenges include a decrease in vaccine confidence, increase in vaccine opposition, and declining immunization rates during COVID-19. IKC partners with organizations to identify vaccine hesitancy in Kansas.</p> <p>A panel including the IKC chairperson, Kansas pediatrician and a parent discussed vaccine</p>	<p>Connie suggested that Council members become engaged with IKC and promote vaccines one of the following ways:</p> <ul style="list-style-type: none"> IKC website and social media - click, like, or share! Join the IKC email list Share an education module <p>Join the IKC Parents & Families group</p>

	<p>hesitancy and policy challenges they have experienced.</p> <p>The panel agreed that we must be as relentless in our pursuit of vaccinating children as the antivaccine groups are.</p> <p>Small groups discussed vaccination barriers challenges related to their domain groups: The Women/Maternal Domain Group discussed the following:</p> <ul style="list-style-type: none"> • Recommendation for Tdap for family members and care givers to protect baby • Helping pregnant women make informed decisions about protecting their baby with vaccinations • Target this population for vaccine opposition messaging <p>The Perinatal/Infant Domain Group discussed the following:</p> <ul style="list-style-type: none"> • Building vaccine confidence among new parents, decision to immunize on-time with the recommended schedule • Safe sleep connections: vaccine opponents have attempted to tie SIDS to vaccines, though there is no evidence of this <p>The Child Domain Group discussed the following:</p> <ul style="list-style-type: none"> • Promoting vaccine on time with recommended vaccine schedule • How to restore childhood immunization rates during/post-pandemic • The role of schools/school nurses –to ensure up-to-date immunizations, possibly using a model school exclusion policy 	<p>Make sure that home visitors are providing trusted information about vaccinations.</p>
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	<p>The Adolescent Domain Group discussed the following:</p> <ul style="list-style-type: none"> • Kansas has low adolescent vaccine rates, particularly HPV • Increasing awareness of importance of vaccines and building vaccine confidence among adolescents 	Promote the IKC training modules on the influenza and HPV vaccines to physicians and other health care providers.
Optional Listening Session on Family and Consumer Engagement	<p>KDHE shared information about the new family and consumer engagement tool kit.</p> <p>The focus is on empowering, equipping, and activating families to participate.</p>	
April 14, 2021		
Primary Topics	Key Activities	Next Steps
Women's Health Initiatives	<p>Maternal Mortality Review Committee (MMRC) – getting close to being able to review mortality cases in real time.</p> <p>MMRC Data – reviews all pregnancy related deaths looking at:</p> <ol style="list-style-type: none"> 1. If it is pregnancy related, meaning the death occurred because of pregnancy. 2. Severe Maternal Morbidity – preeclampsia or cardiac condition that lead to death. <p>Latest report is on the website.</p> <p>Perinatal Quality Collaborative (KPQC) Fourth Trimester Initiative (FTI) Last year the group started digging into MMRC data and decided to focus on the postpartum data to create the Fourth Trimester Initiative (FTI).</p> <p>More than half of maternal deaths occur after the birth of the infant.</p>	

	<p>Maternal Warning Signs Initiative Kicks off in May and will educate mothers to know the warning signs for unhealthy pregnancy. Will be using two national initiatives and adapting them to include mental health care and accessible for low literacy populations. The goal is for pregnant women and families to get information from multiple sources about warning signs.</p> <p>Well-Woman Visit Toolkit There are two tool kits, one for communities and one for providers with a goal to increase access to services for women.</p> <p>Tool kits are available on the KDHE website along with other supporting documents. https://www.kdheks.gov/c-f/integration_toolkits.htm</p> <p>The tool kit reinforces how important that screening and counseling is at the well woman visit.</p>	<p>KMCHC members should review the tool kits and share them with the appropriate audiences.</p>
<p>Small Groups Considered how Women's Health Initiatives Relate to Populations Represented.</p>	<p>The groups identified multiple ways to share toolkits and promotional items through their partner networks:</p> <ul style="list-style-type: none"> • partnering with pediatrician offices • promoting through home visiting • social media • create a postcard that can be distributed during vaccine clinics to promote well visits for women, and work with partners like Walmart to also share the informational cards during vaccinations. • Share information during community baby showers. 	<p>Council members made commitments to share the well woman tool kits and work to increase awareness of women's health with their networks.</p>
<p>Option Listening Session on Health</p>	<p>A panel of experts discussed the topic of Health Equity and Latina/Hispanic Women in Kansas.</p>	

Equity and Latina/Hispanic Women in Kansas	<p>It is important to know that many times, Latina/Hispanic women don't want to see a male physician, or they come from a part of the world where seeking healthcare is only for the very wealthy. The norm is to go without health care or seek it out from within the community.</p> <p>Three things that health care providers and others working in the field should know:</p> <ol style="list-style-type: none">1. Be aware of your community's diversity – understand the barriers you could be facing related to different cultures.2. Learn to adapt and be relevant to the culture.3. Understand who the influencers are in the community and strategize with those people (religious groups, local shop owners, etc.)	
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Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, July 22, 2020

Member Attendees		Absent	Visitors
Rebecca Adamson, APRN Carrie Akin Taylor Atwood Brenda Bandy Courtney Bettinger, MD Kayzy Bigler Heather Braum Joseph Caldwell Lisa Chaney Stephanie Coleman Julia Connellis Mary Delgado, APRN Stephen Fawcett, PhD Gino Fernandez Jessica Grubbs Kari Harris, MD, FAAP Sara Hortenstine Elaine Johannes Jamie Kim, MPH Peggy Kelly Kelli Mark Brandi Markert Jennifer Marsh Patricia McNamar, DNP, ARNP, NP-C Elisa Nehrbass Brittney Nichols Angela Oldson Lawrence Panas Susan Pence, MD, FAAP Cherie Sage	Christy Schunn, LCSW Cari Schmidt, PhD Katie Schoenhoff Pam Shaw, MD, FAAP Sookyung Shin Cassandra Sines Sharla Smith Brooke Sisson Rachel Sisson Heather Smith Kasey Sorell Juliet Swedlund David Thomason Kelsee Torrez Stephanie Wolf Donna Yadrach Daina Zolck	Dennis Cooley, MD, FAAP Greg Crawford Deanna Cummings Beth Fisher, MSN, RN James Frances Terrie Garrison, RN, BSN Cory Gibson Phil Griffin Charles Hunt Kimberly Kasitz Scott Latimer Steve Lauer, MD, FAAP Melody McCray-Miller Brian Pate Kelly Totty Cora Ungerer Alice Weingartner Taryn Zwegardt	Kiki Oyetunji (COVID-19 Listening Session) Farah Ahmed Alix Guerrero Cristi Cain
Staff			
Mel Hudelson Connie Satzler			

Agenda Items	Discussion	Action Items
Welcome & Recognize New Members/Guests	Dr. Harris welcomed everyone to the meeting..	
Title V MCH Block Grant Application & Action Plan Updates	Heather Smith (KDHE) shared that the Title V MCH block grant is open for public comment and on schedule to be submitted on time.	
MCH Measurement Framework: Highlight on Trends	<p>LJ Panas (KDHE, MCH Epidemiologist) shared highlights in trends from the needs assessment data. Some interesting points include:</p> <ul style="list-style-type: none"> • Infant mortality for Medicaid population is steady with a slight decline. • There is a negative trend for maternal morbidity in the non-Hispanic/Black population. • Pregnancy-related mortality is trending upward (negative). • Low birthweight deliveries for Medicaid population is trending up with disparities between Medicaid and non-Medicaid population. • Preterm births are increasing across the board with not as much of a disparity between Medicaid and non-Medicaid population. • The adolescent suicide rate continues to climb even though adolescent well checks are remaining steady and strong. <p><i>Note: LJ did confirm that the well visit definition was changed so it may not capture the recommended comprehensive visit.</i></p> <p>There was discussion that the 5-Year Needs Assessment helped pull together a large amount of data to break down numbers to understand better what the best interventions might be with regard to some of these trends.</p>	<p>There was a request to have something that reflects more on the positive and negative trends.</p> <p>It was suggested that a graph might provided so members could review the adverse trends for specific populations (e.g., African American women).</p>
Break into Small Groups		
Small Group Discussion by Domain & Focus Area	<p>State Action Plan (SAP) Discussion Questions:</p> <ul style="list-style-type: none"> o Are the priorities, objectives, and strategies in the new State Action Plan for this domain reflective of how Title V efforts and resources should be focused over the next five years? What is missing? o What programs or initiatives already exist that align with the priorities in this domain? What strategies and activities are already underway that advance these priorities and objectives? 	<p><u>Action Item:</u> What is my commitment as a council member and the organization I represent to advance this plan?</p>

	<ul style="list-style-type: none"> Looking at the plan for this domain, what can we accomplish in the next year to move these forward? 	
Women/Material Domain Group	<p>What's missing? Increased access to Doula support and inclusion of Include men/partners in the work.</p> <p>Current work and alignment opportunities:</p> <ul style="list-style-type: none"> KPQC planning to enroll as AIM state, focus on postpartum support Focus on Wyandotte County Doula support, including virtual Doula support Incorporate families into education and awareness <p>Priority objective, work in next year</p> <ul style="list-style-type: none"> Focus on Objective 1, well-woman visit. The well-woman visit toolkit will be out soon. Move forward with AIM bundle, ongoing work with KPQC. 	
Perinatal/Infant Domain Group	<p>What's missing? Missing an equity objective for each priority area.</p> <p>Current work and alignment opportunities</p> <ul style="list-style-type: none"> Kansas Breastfeeding Coalition shared multiple related initiatives Christy Schunn and Cari Schmidt shared safe sleep instructor progress and planned trainings and other initiatives in the next year Ongoing KMMRC, KPQC, and AIM work Home visiting work to be focus of SFY2022 grant year Patient education is helpful, but providers need training on listening to family concerns and on racial humility and bias <p>Priority objective, work in next year</p> <ul style="list-style-type: none"> Focus will be spread across objectives 2.1.1-2.1.3, All 2.2 strategies, and AIM bundle and AWHONN post-birth warning sign initiative for 2.3 <p>Comments on objective metrics:</p> <ul style="list-style-type: none"> Is 2.5% for Objective 2.1 too ambitious? Is 10% for Objective 2.2 too ambitious? Is it consistent with Healthy People 2030 goal? 	<p>Recommendations</p> <p><u>Objective 2.1.4:</u> "Increase access for families and community partners..."</p> <p><u>Objective 2.2.4:</u> "Assist local MCH service providers in understanding and ensuring needed safe sleep support to create opportunities..."</p> <p>Also see "Comments on objective metrics" in the discussion notes.</p>
Child Domain Group	<p>What's missing? Important objective, but COVID-related challeges to objective 3.2 were noted</p> <p>Current work and alignment opportunities</p> <ul style="list-style-type: none"> Participants discussed various opportunities to partner in education and dissemination of information 	<p>Noted the need for clarification on definitions, such as "parent-completed developmental screening"and why the</p>

	<ul style="list-style-type: none"> • Kansas LEND program • Increase communication back to PCP • Help Me Grow model • Data sharing platform related to ECIDS <p>Priority objective, work in next year</p> <ul style="list-style-type: none"> • Focus on Objective 1, parent-completed developmental screening 	NPM was limited to 9-35 months
Adolescent Domain Group	<p>What's missing? <i>No missing items noted</i></p> <p>Current work and alignment opportunities</p> <ul style="list-style-type: none"> • Obj 4.1: Train physicians about the difference between physicals and well visits; sports physical and well-visit Medicaid reimbursement differentials, codes • Obj 4.2: KDADS Prevention Coalition, Family Consumer Science aid, partner with student organizations for peer to peer work, healthy living through extension office • Obj 4.3: QPR suicide training funded by USDA, mental health first aid training, juvenile justice crossover youth services, need to provide more information to private and home schools, FEMA crises services grant <p>Priority objective, work in next year</p> <ul style="list-style-type: none"> • Focus on Objective 2 	Note recommendations integrated into the current work/alignment opportunities
Staff & Member Announcements	<p>Elisa Nehrbas (KDHE) shared that there was a training put together in collaboration with DCCCA, KAAP, KDHE about engaging adolescents in health care decisions to help practices be more adolescent friendly. It is available on the KAAP website until September 9th. http://www.kansasaap.org/wordpress/new-live-cme-webinar/</p> <p>The Kansas Breastfeeding Coalition will have a live webinar Aug. 20th 9-10 am, "Intersection of Breastfeeding & Safe Infant Sleep" Presented by Christy Schunn and Brenda Bandy REGISTER HERE: https://register.gotowebinar.com/register/4915090062369085967</p> <p>Donna Yadrich shared information about a behavioral health workforce conference. August 3-7, it is free and participants will receive continuing education.</p> <p>Kelli Mark (KDHE) shared about a new well woman visit tool kit. One Key Question virtual training coming up. The training will be offered to up to 250 providers. KDHE Integration Toolkit page added provider resources tab. Infographics called "Did you know?"</p>	

11:30am COVID-19 Listening Session

The Bureau of Family Health held an option listening session to share work that has been done to address COVID-19 already and hear how the pandemic is impacting partner organizations. Rachel Sission (KDHE) presented key KDHE COVID-19 response activities and current status. Dr. Farah Ahmed (State Epidemiologist) and Cristi Cain (KDHE Local Public Health Program Director) were available to answer questions. Information regarding the Thursday partner calls were shared with several interested in joining these. https://zoom.us/webinar/register/WN_rd61wl-bRh-KNAUow7olxA. Key themes highlighted during the discussion are outlined below.

Adolescent Mental Health

- Mental health issues in kids and families, included the observed increase in anxiety and eating disorders.
- Considering the mental and behavioral health responses needed during a pandemic, a participant inquired how volunteers could be trained, supported, and equipped to help their communities navigate long-term coping responses to the disaster, similar to how volunteers help with response and recovery to natural disasters.

Breastfeeding

- Concern about infant formula being handed out at well-baby checks, under the misconception that it is a scarcity. It was also noted that one silver lining to this misconception is that there is evidence that breastfeeding rates after hospital discharge have increased.

Family Needs

- Encouraged KDHE to have a focus on settings and a need for guidance for families and parents on what a healthy setting should look like (e.g., **What should my home look like? My kids' school? My kids' child care setting?**)
- Participants spoke to the importance on helping families navigate the ongoing and constant change to their lives, particularly around challenges associated with transition, kids getting lost in the systems due to changes in address, challenging environments and educational needs (especially for children with special health care needs).

Social Determinants and Health Equity

- Continuing to view through an equity lens, families are experiencing unique vulnerabilities and differential consequences (e.g., increased exposure in certain work environments such as food service and construction; limiting abilities to interpret guidance; differential access to screening and testing)
One participant shared a personal experience with racially-based attacks, comments, and other situations in the midst of the COVID-19 pandemic. There were discussions on how to address this; racism is a public health issue.

The next meeting is scheduled for October 7, 2020



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, October 7, 2020

Member Attendees		Absent	Visitors
Rebecca Adamson, APRN Carrie Akin Taylor Atwood Brenda Bandy Kourtney Bettinger, MD Kayzy Bigler Heather Braum Stephanie Coleman Mary Delgado, APRN Stephen Fawcett, PhD Gino Fernandez Terrie Garrison, RN, BSN Cory Gibson Lisa Goins (for Jessica Grubbs) Kari Harris, MD, FAAP Sara Hortenstine Ronda Hutchinson Elaine Johannes Jamie Kim, MPH Peggy Kelly Steve Lauer, MD, FAAP Kelli Mark Jennifer Marsh Elisa Nehrbass Angela Oldson Brian Pate Susan Pence, MD, FAAP Cherie Sage	Christy Schunn, LSCSW Cari Schmidt, PhD Pam Shaw, MD, FAAP Sookyung Shin Cassandra Sines Sharla Smith Brooke Sisson Rachel Sisson Heather Smith Kasey Sorell Juliet Swedlund Kelsee Torrez Cora Ungerer Alice Weingartner Stephanie Wolf Donna Yadrich	Joe Caldwell Lisa Chaney Julia Connellis Dennis Cooley, MD, FAAP Greg Crawford Deanna Cummings Beth Fisher, MSN, RN Phil Griffin Charles Hunt Scott Latimer Melody McCray-Miller Patricia McNamar, DNP, ARNP, NP-C Brandi Markert Brittney Nichols Katie Schoenhoff David Thomason Kelly Totty Daina Zolck Taryn Zwegardt	Drew Duncan James Francis Kiki Oyetunji Karen Perez Jake Umscheid
Staff			
Mel Hudelson Connie Satzler			

Agenda Items	Discussion	Action Items
Welcome & Recognize New Members/Guest	Dr. Harris welcomed everyone to the meeting. New members introduced themselves.	
Title V MCH Block Grant Application & Public Input Overview James Francis and Heather Smith, KDHE	<p>The Block Grant application was submitted. We are now one week into the new State Action Plan and excited about new priorities.</p> <p>James reported that KDHE received 45 responses for the public input of the Block Grant. Of those that provided input, 48% indicated it was their first time providing feedback on the Block Grant. The majority of those providing feedback agreed that they had a better understanding of the MCH plans and priorities for the domains and cross cutting.</p> <p>After reviewing "Five Year State Action Plan" and "Financial Narrative," the majority responded the following sections were adequately addressed:</p> <ul style="list-style-type: none"> • State Title V Program Purpose and Design (87%); • MCH Workforce Development, Family Partnership, State Systems Development Initiative and Other MCH Data Capacity Efforts, and Health Care Delivery System (95.7%); and • Resource Allocation/Expenditures (95%). <p>The majority (92.3%) responded that the 2021 Application/2019 Annual Report (1) clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities, and (2) accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities. Additionally, 96.2% of those responding to this question expressed that the draft demonstrates a strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas.</p>	No action items.
Health Equity in the State Action Plan & Data Highlights Kelli Mark, KDHE	<p>Ms. Mark explained that the Title V goals are to address high-risk populations with health inequities and that most title V activities address health equity. Within the priorities and objectives, the words "high risk" are common trigger words to identify equity is an intended outcome. For example, MCH is working with the Kansas Breastfeeding Coalition to increase equity with breastfeeding.</p> <p>A recent equity activity from KDHE and Bureau of Family Health is the MCH Opportunity Project. For the project they partnered with KU to engage seven communities to improve equity in different areas decided by each county like fatherhood, lead exposure, infant mortality, and prenatal education.</p>	Action Item: KMCHC members are encouraged to share the "Did You Know" messages widely. https://www.kdheks.gov/c-f/integration_toolkits.htm (Click on Health Equity under Provider Resources)

	<p>Each population domain has a health equity profile as it relates to the data. Specifically, MCH looks at health disparities data related to:</p> <ul style="list-style-type: none"> • Geographic location • Insurance status • Race/ethnicity <p>The bureau recently created "Did You Know?" graphics that can be used by the public to share information on health inequities for different populations. The next initiative is to have focus groups with black mothers to further understand health disparities.</p>	
<p>Family and Consumer Partnerships in Title V</p> <p>Heather Smith, KDHE and Cassandra Sines, Family Delegate</p>	<p>Ms. Sines shared her personal parenting experiences and about her work on the Family Advisory Council (FAC).</p> <p>Ms. Smith gave an overview of the expansion of the FAC and that it will be modeled after KMCHC. KDHE is anticipating there will be a lot of synergy between the two groups.</p> <p>The domain groups will be divided similarly to KMCHC and by age with a long-term goal of adding a youth/young adult and fathers council. The FAC mission and vision statements were revised to align with KMCHC and the state plan. Meeting schedules and meeting topics will also align with KMCHC. The goal is to have family partners serving along with KMCHC workforce members to move the State Action Plan forward.</p> <p>The new FAC council is planned to launch in January. KMCHC members are asked to help recruit individuals to apply to serve on the new FAC.</p>	<p>Action Item: KMCHC should encourage individuals to apply to serve on the FAC.</p>
Small Group Discussion by Domain & Focus Area		
<p>State Action Plan Small Group Discussion</p> <p>Council members met by the following domain areas: CSHCN (Priority 5), Workforce Development (Priority 6), and Family Partnerships and Supports (Priority 7). Each group discussed these questions for their priority:</p> <ul style="list-style-type: none"> ○ Are the priorities, objectives, and strategies in the new State Action Plan for this domain reflective of how Title V efforts and resources should be focused over the next five years? What is missing? ○ What programs or initiatives already exist that align with the priorities in this domain? What strategies and activities are already underway that advance these priorities and objectives? ○ Looking at the plan for this domain, what can we accomplish in the next year to move these forward? 		

<p>Children with Special Health Care Needs Domain Group Summary Results</p>	<p>What's missing?</p> <p>Related to objective 5.1, members commented that kids are excluded from the SHCN program based on diagnosis or financial qualifications, so they do not receive services or care coordination. They also shared that not enough adult providers are willing or able to see children</p> <p>Related to objective 5.2, they suggested that more information is needed. Those working with families help them complete a survey instead of sending one to them.</p> <p>Related to objective 5.3, items identified as needing more work included Family First and aging out of foster care system.</p> <p>Current work and alignment opportunities include the following: CFT transition area, transitioning kids with cancer and congenital heart disease to adult providers, FAC expansion, network clinics across the state that offer dental care with sedation for individuals with disabilities, Foster Care task force working on care coordination and medical concerns</p> <p>Priority objective, work in the next year: Objective 5.1, focusing on transition, was identified as the most actionable objective in the next year.</p>	<p>Action Items:</p> <p>Domain group members should carry out the action items they identified for themselves or their organizations.</p>
<p>Workforce Development Domain Group Summary Results</p>	<p>What's missing?</p> <p>Related to objective 6.1.3, the need for a multi-sector approach was stressed. For objective 6.2, consider adding “patient-centered care”. On objective 6.3, the group thought that 15% annually was a very high goal. Consider removing “annually”.</p> <p>Current work and alignment opportunities include the following: K-State extension youth and adult mental health first aid training, KCC consultation line, KSKidsMAP training for physicians, Baby Buffer for ACES, multi-sector work to address behavioral health needs, KS COVID Workgroup for Kids, Topeka Doula Project – Trauma Informed Care, WSU – trauma-informed training, Kansas Together, KDHE Health Opportunity Project, KIDS Network safe sleep – multiple programs, KDHE Health Consultants - “Did You Know?”</p> <p>Primary objective, work in the next year: Members identified objective 6.3, which is especially important with COVID.</p>	<p>Action Items:</p> <p>Domain group members should carry out the action items they identified for themselves or their organizations.</p>
<p>Family Partnership and Supports Domain Group</p>	<p>What's missing? The group suggested adding a strategy for a parent and leadership conference under 7.3 and reviewing wording under 7.4. Does “care” and “coordination” translate to all programs? Also consider “navigation” or “family navigation”.</p> <p>Current work and alignment opportunities include that the FCP program is already being developed, Supporting You is expanding and bringing in</p>	<p>Action Items:</p> <p>Domain group members should carry out the action items they identified for themselves or their organizations.</p>

	<p>new programs, FAC is going expanded, LEND, stipend for parents/families involved in work, intentional marketing to diverse families, Chocolate Milk Cafes, La Leche League, KIDS work, Geared Up Dads in Geary County, Center for Research for Infant Birth and Survival (CRIBS), UHC Peer Support, KHSa parent advocacy and leadership focus, KSKidsMAP, WSU CEI supporting groups, Families Together, playgroups in communities, parent health literacy training.</p> <p>Primary objective, work in the next year: Members identified objective 7.2 as the most actionable to move forward. They also recommended looking into creating a conference for the workforce on parent leadership and engagement.</p>	
<p>Announcements</p> <p><i>Kari Harris, MD, FAAP</i> <i>KMCHC Chair</i></p>	<ul style="list-style-type: none"> • KMCHC members are asked to promote the Hero's relief fund for front line workers that have tested positive or "presumptive positive" so they can get support for financial hardships. http://ksherorelief.com/ • October is still birth and infant loss prevention month. Action alerts have been sent out and there is a display at the Shawnee County library. There are also online baby showers that provide free cribs. • Kansas 2020 Breastfeeding Conference is Oct. 27-30 (online). Details here - http://ksbreastfeeding.org/2020-breastfeeding-conference/ • Title V FAC Delegate-Elect position application will be available soon. This is a two-year commitment. • The new KDHE school health clinical consultant position available and is posted online. • School-based health clinic in Valley Center is getting closer to launching after several years of planning. • Vaccination in the Heartland event: https://www.facebook.com/events/1461574820704946/ • Several new supports are available for child care providers, home visitors, and families with young children thanks to dissemination of Round 2 Coronavirus Relief Funds (CRF). Learn more about all the opportunities here: https://kschildrenscabinet.org/cares-act-support-for-early-childhood/. Please share widely. • Brand new adolescent health website has launched! Check it out here: https://www.kdheks.gov/c-f/Adolescent_Health.htm 	

	<ul style="list-style-type: none"> The Kindergarten Readiness Summit will be held virtually November 13th. Anyone that has anything to do with children and families should attend. Would like communities to register as teams. Registration for community teams: https://www.surveymonkey.com/r/KTransitionSummit 	
Optional Session		
Promoting Maternal and Child Health Equity Stephen Fawcett, PhD	<p>Dr. Stephen Fawcett and Ms. Christina Holt gave an overview of health equity, the mechanisms for producing health inequities, and the social determinants of health. Members were invited to post examples of how inequities are produced and what we can do to assure more equal conditions on four Google Jamboards:</p> <ul style="list-style-type: none"> • Infant mortality • Unintended pregnancies • Childhood obesity • Access to preventive care <p>Those results were compiled in a shared GoogleSheet.</p>	
Future Meetings	<p>The following dates are for meetings coming up:</p> <ul style="list-style-type: none"> • January 13, 2021, April 21, 2021 	



Kansas Maternal and Child Health Council (KMCHC) Meeting
Wednesday, January 13, 2021

Member Attendees		Absent	Visitors
Rebecca Adamson, APRN Carrie Akin Taylor Atwood Kourtney Bettinger, MD, MPH Kayzy Bigler Heather Braum Lisa Chaney Stephanie Coleman Julia Connellis Mary Sunshine Delgado, APRN Stephen Fawcett, PhD Geno Fernandez Terrie Garrison, RN, BSN Cory Gibson, EdD Jessica Grubbs Kari Harris, MD, FAAP Sara Hortenstine Melissa Hudelson Charles Hunt Ronda Hutchinson Elaine Johannes Peggy Kelly Jamie Kim, MPH Steve Lauer, MD, FAAP Shannon Lines Kelli Mark Jennifer Marsh	Patricia McNamar, DNP, ARNP, NP-C Elisa Nehrbass Jill Nelson Brittney Nichols Angela Oldson Susan Pence, MD, FAAP Cherie Sage Cari Schmidt, PhD Katie Schoenhoff Christy Schunn, LSCSW Pam Shaw, MD, FAAP Cassandra Sines Heather Smith Kasey Sorell David Thomason Kelsee Torrez Stephanie Wolf	Brenda Brandy Joe Caldwell Dennis Cooley, MD, FAAP Deanna Cummings Beth Fisher, MSN, RN James Frances Phil Griffin Scott Latimer Brandi Markert Melody McCray-Miller Brian Pate Sookyung Shin Rachel Sisson Sharla Smith Lori Steelman Juliet Swedlund Kelly Totty Cora Ungerer Alice Weingartner Donna Yadrach Daina Zolck Taryn Zweygardt	Drew Duncan Gretchen Homan, MD Lisa Goins Dan Leong Cindy Olson-Burgess, RN, BSN Deepthi Patnaik Treva Smith Jill Spader Jennifer VandeVelde
Staff			
Mel Hudelson Connie Satzler Emily Bailey			

Agenda Items	Discussion	Action Items
Welcome & Recognize New Members/Guest	Dr. Harris welcomed everyone to the meeting. New members and guests introduced themselves.	
<p>Family Consumer Partnership Program Overview</p> <p>Heather Smith, KDHE</p>	<p>Heather defined what KDHE sees as family and consumer partnerships, and that the Bureau of Family Health views these partnerships as an important voice to guide programs and priorities.</p> <p>Priority 7 in the State Action Plan relates to family and consumer partnerships.</p> <p>Four areas of support in the new Family Consumer Partnership Program include:</p> <p>Peer supports – expand Supporting You program</p> <p>Advisory – expansion of the Family Advisory Council beyond special health care needs with workgroups for specific age groups and two work groups.</p> <p>Leadership – equipping leaders to engage in their communities and in advocacy.</p> <p>Technical Assistance – includes an engagement tool kit for MCH grantees and partner organizations.</p>	<p>Action Item:</p> <p><i>Heather – do you have an action item for the council?</i></p>
<p>Immunization Opportunities and Challenges in Kansas</p> <p>Connie Satzler and Cindy Olson Burgess, Immunize Kansas Coalition</p>	<p>The mission of IKC is to protect all Kansans from vaccine preventable illnesses. The coalition is broad and includes a wide spectrum of members.</p> <p>Current IKC priorities include the following:</p> <ul style="list-style-type: none"> Increase adolescent immunization rates Increase influenza immunization rates Booster vaccine confidence Maintain/restore immunization rates that decreased during the pandemic <p>Current challenges include a decrease in vaccine confidence, increase in vaccine opposition, and declining immunization rates during COVID-19. IKC partners with organizations to identify vaccine hesitancy in Kansas.</p> <p>Cindy Olson Burgess shared her personal experiences as an immunization nurse. After personally seeing the impacts of diseases that can now be</p>	<p>Action Item:</p> <p><i>Connie suggested that Council members become engaged with IKC and promote vaccines one of the following ways:</i></p> <ul style="list-style-type: none"> • IKC website and social media - click, like, or share! • Join the IKC email list • Share an education module

	<p>prevented by vaccination, she remains a passionate advocate for making sure everyone is fully immunized.</p> <p>Connie introduced potential discussion topics and action items by population domain (see the Domain Group Immunization Reference Sheet), as well as IKC resources and websites with fact-based information. Finally, she shared simple action items for consideration.</p>	<ul style="list-style-type: none"> • Join the IKC Parents & Families group
<p>Immunization Panel</p> <p>Gretchen Homan, MD, FAAP</p>	<p>Gretchen Homan, MD, FAAP – a pediatrician in Wichita. Dr. Homan remembers being in training before the rotavirus vaccine and what a big difference it made in hospitalizations once it was widely given to babies. Vaccine hesitancy has unfortunately become a normal, daily part of practicing medicine. She has noticed a big uptick in families refusing vaccines. The influenza vaccine is the most refused vaccine in her practice, and she thinks it is because people do not seem to understand what the flu is.</p> <p>Jennifer VandeVelde – parent representative involved in the Family Advisory Council and has two children with special healthcare needs. Jennifer shared that children with special healthcare needs are reliant on herd immunity and other people being vaccinated.</p> <p>Dan Leong – The IKC chairperson shared information about the antivaccination groups in Kansas and how the coalition is working to fight the messaging. Partnerships are important to spread the vaccination confidence message.</p> <p>Question: What kind of policies should we be looking for at the legislative level this session?</p> <p>Right now, the Secretary of KDHE has the power to decide which vaccinations are required for school and daycare. Legislation last year tried to strip that authority. It did not pass last year, but we expect the challenges to continue. It is important for the experts to be able to make those decisions.</p> <p>Other policy challenges to look out for are about vaccine exemptions.</p> <p>It is important to understand that we can't legislate ourselves away from vaccine exemptions. We must be just as relentless in our pursuit in vaccinating children as the antivaccine groups are.</p>	

	In Kansas, school districts can exclude students that are not vaccinated, but they are not required to. Many school districts do not want to exclude students for that reason. The IKC model school policy encourages schools to exclude students that are not fully vaccinated. https://www.immunizekansascoalition.org/schools.asp	
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Small Group Discussion by Domain & Focus Area

State Action Plan Small Group Discussion

Council members met by the following domain areas: Women/Maternal, Perinatal/Infant, Child, Adolescent. Each group discussed these questions for their priority:

- o What barriers and challenges have you seen in access to and uptake of immunizations for the adolescent population and in terms of this priority, as it relates to immunizations and vaccine confidence?
- o Are there particular barriers or challenges you have observed related to vulnerable populations, people of color, children and youth with special health care needs, mistrust/hesitancy among certain populations, and/or equity of immunization access?
- o How can KMCHC better align efforts to move forward this priority and objective, as it relates to promoting immunizations and vaccine confidence?
- o What is one thing you or your organization are doing or can specifically do to move this priority and objective forward, related to promoting immunizations and vaccine confidence?
- o Considering the barriers and/or alignment opportunities identified, which one of these should our domain workgroup prioritize for immediate action?

Women/Maternal	Topics for consideration by the Women/Maternal group included the following: <ul style="list-style-type: none"> • Tdap and Flu shots for pregnant women • Tdap for family members and care givers to protect baby • Helping pregnant women make informed decisions about protecting their baby with vaccinations • Target population for vaccine opposition messaging • MMR check during pregnancy or before pregnancy; awareness of vaccine considerations for pregnant and lactating women 	Action Item: Create action alert or educational opportunity 1-pager; related to awareness in rural communities and addressing vaccine hesitancy.
Perinatal/Infant	Topics for consideration by the Perinatal/Infant group included the following: <ul style="list-style-type: none"> • Building vaccine confidence among new parents, decision to immunize on-time with the recommended schedule • Hep B vaccine birth dose 	Action Item: Work with the IKC and other partners to develop/gather educational resources/flyer that are

	<ul style="list-style-type: none"> • Safe sleep connections: vaccine opponents have attempted to tie SIDS to vaccines, though there is no evidence of this • Breastfeeding: natural immunity, vaccinate before delivery, breastfeeding during or immediately after immunizations can help reduce pain for infant, vaccine considerations for breastfeeding mothers 	provided to Home Visitors by social media platforms of trusted sources to use during visits. Personal stories help; educating the educators is important.
Child	<p>Topics for consideration by the Child group included the following:</p> <ul style="list-style-type: none"> • Promoting vaccine confidence • Vaccinate on time with recommended vaccine schedule • Maintain/restore childhood immunization rates during/post-pandemic • Schools/school nurses – opportunities to ensure up-to-date immunizations • Model school exclusion policy • Maintain current Kansas regulations related to school vaccine requirements 	Action Item: Review IKC information thoroughly, understand how we can more effectively share accurate and full information with the networks we are connected to and engage those partnerships.
Adolescent	<p>Topics for consideration by the Adolescent group included the following:</p> <ul style="list-style-type: none"> • Kansas – low adolescent vaccine rates, particularly HPV • HPV vaccine • Meningococcal vaccines • Tdap/bundling of adolescent vaccines • Increasing awareness of importance of vaccines and building vaccine confidence among adolescents 	Action Item: Promote the various vaccination education materials from IKC and KAAP. Focus on educating adolescents and their parents who are vaccine-hesitant with trustworthy, factual information. Work with IKC and KAAP for the modules dissemination through the Adolescent workgroup's networks and partners.
<p>Announcements</p> <p><i>Kari Harris, MD, FAAP</i> <i>KMCHC Chair</i></p>	<p>The final version of the five year needs assessment is available online: https://www.kdheks.gov/c-f/downloads/2025_Title_V_Report_DIGITAL.pdf</p> <p>Kansas Action for Children launched a Children's Agenda last night after the Governor's State of the State address. You can learn more here: https://www.kac.org/kansas_children_s_agenda</p> <p>Please share the “Be the One” campaign on suicide prevention.</p>	

	<p>Safe Kids new data document on unintentional injuries is available with the Kansas 5 year strategic plan for unintentional injuries.</p> <p>https://www.kdheks.gov/idp/core_injury.html</p>	
Optional Session		
<p>Focus Group on Family and Consumer Engagement</p> <p>Heather Smith</p>	<p>Heather shared information about the new family and consumer engagement tool kit.</p> <p>Peggy Kelly commented that it is important to look at how we are bringing in family/consumers to our organization and work. Are we having meetings in evenings and weekends when they can attend? Are we paying them for their time?</p> <p>Another important factor to consider is whether we are giving family representatives the power they need to feel comfortable sitting at the table? Having the person closest to the child is the first to speak at a meeting gives the parent the ability to speak first and feel more empowered to share their voice. Another approach is to make sure that after an “expert” speaks, a parent has an opportunity to share next.</p> <p>Focus on empowering, equipping, and activating families to participate.</p> <p>One trap to avoid is having a programmatic emphasis and seeing this as a way to serve a program instead of parents. There should be mutual benefits from these partnerships.</p> <p>The KIDS Network has bylaws state that parents are to be on the board, and they have worked with onboarding board members and connecting the new parent board members with existing board members. Retention is hard because it seems like they feel vulnerable sharing their experiences, then tend to pull back. Technology is another stumbling block for some family members.</p>	

	<p>In many situations parents aren't always treated like they should be, they are treated like "big kids", not adults. We need to be sure to treat them with the respect they deserve. They won't want what you need from them unless you ask them.</p> <p>The main reason people participate is because they are asked.</p>	
Future Meetings	<p>The following dates are for meetings coming up:</p> <ul style="list-style-type: none"> • April 21, 2021 	



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, April 14, 2021

Member Attendees		Absent	Visitors
Rebecca Adamson, APRN Carrie Akin Kourtney Bettinger, MD, MPH Kayzy Bigler Heather Braum Stephanie Coleman Mary Sunshine Delgado, APRN Geno Fernandez Beth Fisher Cory Gibson, EdD Jessica Grubbs Kari Harris, MD, FAAP Charles Hunt Rhonda Hutchinson Elaine Johannes, PhD Peggy Kelly Jamie Kim, MPH Steve Lauer, MD, FAAP Shannon Lines Kelli Mark Brandi Markert Jennifer Marsh	Patricia McNamar, DNP, ARNP, NP-C Elisa Nehrbass Brittney Nichols Maria O' Sullivan Cherie Sage Cari Schmidt, PhD Katie Schoenhoff Christy Schunn, LSCSW Pam Shaw, MD, FAAP Sookyung Shin Rachel Sisson Cassandra Sines Heather Smith Kasey Sorell Kelsee Torrez Kelly Totty Cora Ungerer Stephanie Wolf Donna Yadrich Daina Zolck	Taylor Atwood Brenda Bandy Joe Caldwell Lisa Chaney Dennis Cooley, MD, FAAP Julia Connellis Deanna Cummings Stephen Fawcett, PhD James Francis Terrie Garrison, RN, BSN Phil Griffin Sara Hortenstine Scott Latimer Jill Nelson Angela Oldson Susan Pence, MD, FAAP Brian Pate Sharla Smith Lori Steelman Juliet Swedlund David Thomason Alice Weingartner Taryn Zwegardt	Amalia Almeida Nora Elizalde Geovannie Gone Elizabeth Lewis Carmen Valverde
Staff			
Mel Hudelson Connie Satzler			

Agenda Items	Discussion	Action Items
Welcome & Recognize New Members/Guest	Dr. Harris welcomed everyone to the meeting. New members introduced themselves.	
Women's Health Initiatives Kasey Sorell Stephanie Wolf Jennifer Marsh	<p>Maternal Mortality Review Committee (MMRC) – getting close to being able to review mortality cases in real time.</p> <p>MMRC Data – reviews all pregnancy related deaths looking at:</p> <ol style="list-style-type: none"> 1. If it is pregnancy related, meaning the death occurred because of pregnancy. 2. Severe Maternal Morbidity – preeclampsia or cardiac condition that lead to death. <p>Latest report is on the website, and Kasey reviewed data found in the report.</p> <p>Perinatal Quality Collaborative (KPQC) Fourth Trimester Initiative (FTI) The KPQC was established in 2018 and focused on neonatal abstinence syndrome initially. Last year the group started digging into MMRC data and decided to focus on the postpartum data to create the Fourth Trimester Initiative (FTI).</p> <p>40% of women do not follow up with physician after birth nationwide, which means medical providers are unable to screen for problems, discuss family planning, behavioral health screening or breastfeeding support. This can result in unintended pregnancy, mental health, and other issues untreated. More than half of maternal deaths occur after the birth of the infant.</p> <p>Goal for the Fourth Trimester Initiative (FIT) is to decrease maternal morbidity and mortality in the state by aligning with state and national goals to accomplish results.</p> <p>FIT will use existing relationships KPQC has with birth facilities to provide trainings and resources. The project will work to make connections between inpatient and outpatient groups to strengthen the hand off.</p> <p>FIT includes:</p> <ul style="list-style-type: none"> • The “Mom Plan” is discharge plans that include mom's input, she should be a part of the planning for the next step. 	

	<ul style="list-style-type: none"> • Enrollment in AIM – Alliance for Innovation on Maternal Health - an alliance with groups and other states to work on maternal health. • CDC “Hear Her” Campaign included in the “Mom Plan”. <p>Maternal Warning Signs Initiative Kicks off in May and will educate mothers to know the warning signs for unhealthy pregnancy. Will be using two national initiatives and adapting them to include mental health care and accessible for low literacy populations. The goal is for pregnant women and families to get information from multiple sources about warning signs.</p> <p>Well-Woman Visit Toolkit There are two tool kits, one for communities and one for providers with a goal to increase access to services for women.</p> <p>Tool kits are available on the KDHE website along with other supporting documents. https://www.kdheks.gov/c-f/integration_toolkits.htm</p> <p>The tool kit reinforces how important that screening and counseling is at the well woman visit.</p> <p>There will be social media resources available to help KMCHC members share these within their contacts.</p>	<p>Action Item: Download and review the tool kits.</p> <p>Action Item: KMCHC members should share the tool kits with contacts.</p>
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Small Group Discussion by Domain & Focus Area

Small Group Discussion (Small Groups: CSHCN, WFD, FCP)

Considering the four major women's health initiatives presented as it relates to the populations you are representing (CSHCN, MCH Workforce, Families/Consumers)

- How do we make connections within the community to spread the word about this work?
- What educational opportunities exist within your population related to your work? What is needed?
- Which initiative are you most likely to take action on?
- In what ways could your organization, partners, or families served best promote or advance this work?

After the breakout, each group shared key points and action items discussed.

CSHCN	The CSHCN group identified multiple ways to share toolkits and promotional items through their partner network, including partnering with pediatrician offices; promoting through home visiting, SHCN, and others; and advertising through newspapers, PSAs, and social media.	
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Workforce Development	Create a postcard that can be distributed during vaccine clinics to promote well visits for women, and work with partners like Walmart to also share the informational cards during vaccinations.	
Family & Consumer Partnerships	Use social media to reach families, educate fathers, and research to target geographically. Educate on the importance of the postpartum visit. Share information during community baby showers.	
Member Commitments		
Members were provided an opportunity to share what initiatives they are most likely to take action on and a way that they, and/or their organization, will promote or advance the work of the Women's Health initiatives discussed today.		
Well-Woman Visit Toolkit	<ul style="list-style-type: none"> • Share the toolkit with MCH-funded grantees (e.g., PMI, TPTCM, MCH, SHCN) and partner FQHCs • Sharing through social media and family education series • Share information with members and other partners about the tool kit and resources • Share toolkits with staff and partners • Helping women understanding the importance of getting their well women checks. They need to be able to take care of themselves before taking care of others. • Information sharing with local Extension professionals and units. • I would suggest that PH collaborate with the MCO's about promoting women's health by condensing a document about what services they have access to while covered under Medicaid 	
Maternal Warning Signs (MWS)	<ul style="list-style-type: none"> • Putting signs in our pediatric office for new moms to see • Include maternal warning signs in KIDS Network Safe Sleep Community Baby Showers vendor component • Share with the FAC and FCP partners 	
Perinatal Quality Collaborative (PQC)	<ul style="list-style-type: none"> • Promote the initiative in WyCo and at KUMC. Implement routine screening of post-partum moms regarding whether their healthcare needs (including contraception, if desired) are being met. If not, then referring to a maternal health provider. We already screen for PPD and SDH. 	
Fourth Trimester Initiative (FTI)	<ul style="list-style-type: none"> • Include in the conversation (checking in) with new parents as we discuss child safety • Collaborate on educational materials targeted to women and/or providers 	
Any/All	<ul style="list-style-type: none"> • Discuss with partners as I am having meetings across the state • Supporting maternal child health policies both in local facilities and state level work • Provide information for pediatricians to promote these for the moms in their practice • Promoting toolkits through my org's social media • Let colleagues know about this work • Inform KS HS programs • Continue promoting and educating grantee workforce • Would like to offer KUCTT/KUMC Community Engagement Institute to partner with KDHE and KHI to advance informing policy regarding a) family caregiving responsibilities and b) social workers paid for in every clinic serving families (regardless of PAYER) adequate support of healthy initiatives. • Continue to be informed and bring awareness to others on topic 	

Member Announcements

*Kari Harris, MD, FAAP
KMCHC Chair*

The Family Advisory Council launched the first workgroup for non-special health care needs in January. Now they have 30 members and more groups will launch later this year.

The Bridges program – provides wholistic care services to those transitioning out of services is a pilot program and families will be added at the end of the month.

The second cohort of Community Health Worker (CHW) training begins on May 15. Extension and the KS CHW Coalition are conducting the training which (we hope) leads to certification: <https://kschw.org/>

Safe Kids Kansas is releasing Childhood injury data report soon, and it will be posted on www.safekidskansas.org. The report highlights unintentional injuries for children.

The school-based health initiative is going well and is expanding to five more districts this year.

Step Up for Kids event is coming up and they need volunteers to run the event. Contact Christy Schunn if you can help. Register to participate (in person/virtually) or volunteer for Step Up for KIDS at www.kidsks.org---May 1, 2021 in Wichita.

KMCHC members should be aware of the mental health crisis in adolescents and resources available through KMCHC.

Future Meetings

2021 Meeting Dates: July 14, October 13

2022 Meeting dates: January 12, April 13, July 13, October 12*

**Subject to change*

Optional Session

Health Equity and
Latina/Hispanic
Women in Kansas

Jennifer Marsh

A panel of experts discussed the topic of Health Equity and Latina/Hispanic Women in Kansas.

It is important to know that many times, Latina/Hispanic women don't want to see a male physician, or they come from a part of the world where seeking healthcare is only for the very wealthy. The norm is to go without health care or seek it out from within the community.

Three things that health care providers and others working in the field should know:

1. **Be aware of your community's diversity** – understand the barriers you could be facing related to different cultures.
2. Learn to adapt and be relevant to the culture.
3. Understand who the influencers are in the community and strategize with those people (religious groups, local shop owners, etc.)

Pregnancy is celebrated in the Hispanic/Latina culture and many times, the pregnancy period of time is when you can provide additional information about other issues like obesity, oral health, etc.

Latina/Hispanic women are looking for a collaborative relationship with medical providers, not to just be told what to do.

A key point is to make sure all resources in the office, waiting room, exam room are in multiple languages. All consent and other forms should be in multiple languages.

Keep language simple when explaining things and dispelling myths that they hear in their community. Use literacy level of 6th grade or below.

Use newspaper, television, and radio to reach Hispanic populations, they may not be on the internet as much. All Hispanic families love soccer, so that is something to keep in mind. Providing information through elementary school with high Hispanic populations can be helpful.

Kansas MCH Web and Social Media Activities



Data reports regarding the www.kansasmch.org website and the Kansas MCH [Facebook](#) page.

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- *KS MCH Social Media Insights..... 131*
- *KS MCH Website Data..... 138*

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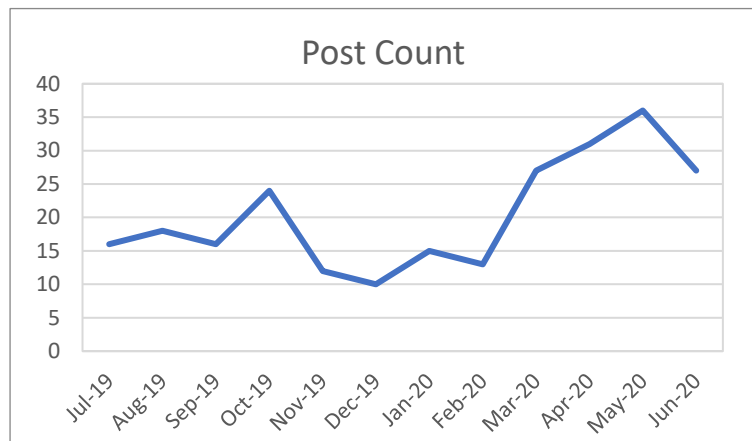
Facebook Page Likes October 2019 - September 2020.....	Page 1
Top 10 Posts October 2019- September 30 2020.....	Page 2

Total Posts Oct 2019 – Sept 2020

283

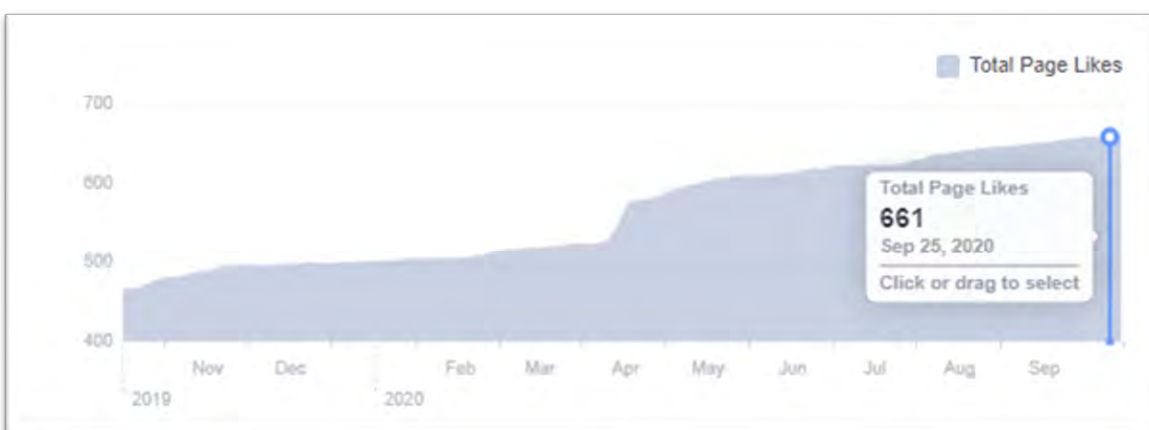
Average Monthly Posts

23.5



Facebook Page Likes: October 1, 2019 – September 30, 2020

October 1, 2019	468 Likes
September 30, 2020	661 Likes (+193)



Top 10 Posts October 2019 – September 30, 2020

1. COVID-19 FAQs



3/30/20

Reach: 16,754

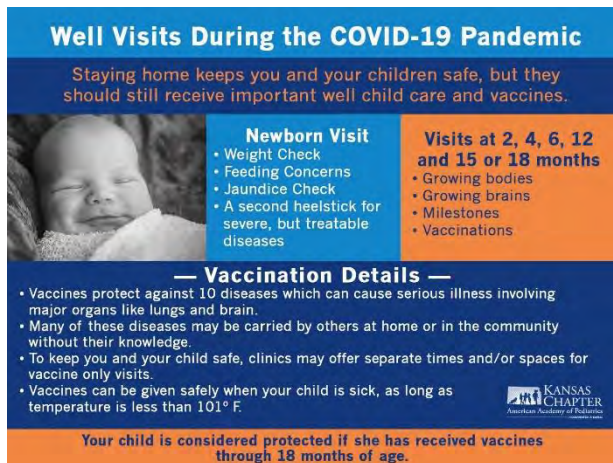
Shares: 99

Reactions: 115

"Find answers to frequently asked questions about COVID-19 for the perinatal and infant populations with this information provided by the Kansas Department of Health and Environment.

http://www.kdheks.gov/coronavirus/download/FAQs_for_Pregnant_Moms.pdf"

2. Well Visits During the COVID-19 Pandemic



6/2/20

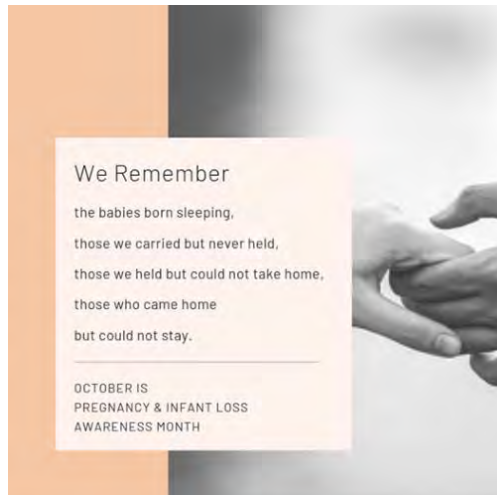
Reach: 2,319

Shares: 13

Reactions: 28

"Vaccinating babies and children on time is the best way to protect them from vaccine preventable diseases. Talk with your doctor today to see how they're making clinics safe during #COVID19. #CallYourPediatrician"

3. Pregnancy & Infant Loss Awareness Month



10/6/2019
Reach: 1,760
Shares: 11
Reactions: 81

4. #BeThe1To Follow Up



5/26/20
Reach: 1,760
Shares: 13
Reactions: 19

"#BeThe1To Follow Up - it can make all the difference.

Following up reminds them they are #NotAlone.

This Mental Health Awareness Month, learn 5 steps you can take for communicating with someone who may be suicidal at www.BeThe1To.com"

5. Healthy Pregnancy: Get the Facts

**Healthy Pregnancy:
GET THE FACTS**

Myth: "I'm eating for two."

Fact: Pregnant women need only about 300 extra calories per day. Gaining too much weight during pregnancy increases the risk for short- and long-term health problems for both mom and baby. Learn more about weight gain and pregnancy: <http://go.usa.gov/85aQ>.

Fact: There is no known "safe" level of alcohol intake for pregnant women. Even less than one drink per week can lead to serious birth defects. Drinking alcohol also increases the risk for learning and growth problems and for Sudden Infant Death Syndrome (SIDS). Avoiding alcohol altogether is the best way to keep baby safe.

Myth: "I can have an occasional drink during pregnancy without harming my baby."

Fact: Many medications can be used during pregnancy, so it's often unnecessary to eliminate them completely. But some medications and nutritional supplements should be avoided during pregnancy. Find out what's ok and what to avoid: <http://go.usa.gov/8ZRd>.

Myth: "I can't take any medications while I'm pregnant."

Fact: Actually, a flu shot is more important for pregnant women than for non-pregnant women. The flu can cause severe illness and pregnancy problems for mom and can increase the risk of potentially serious health problems for baby. Getting a flu shot (but not the nasal spray flu vaccine) during pregnancy is a safe and effective way to protect yourself and your baby.

Myth: "I shouldn't get a flu shot while I'm pregnant."

Fact: A healthy pregnancy usually lasts about 40 weeks, close to 10 months. Research shows that babies born at or after 39 weeks of pregnancy are, on average, healthier than babies born at 37 or 38 weeks. If medically safe, it's best to wait until at least 39 weeks to deliver. Learn more at <http://go.usa.gov/8SCS>.

Myth: "Pregnancy is 9 months, so babies can be born anytime after 36 weeks of pregnancy."

All pregnancies are different.
If you have questions about how any of the facts provided in this infographic may affect you, please talk to your health care provider.

NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development

2/19/20

Reach: 1,388

Shares: 15

Reactions: 21

"Did you know that it is safe and important to get your flu shot during pregnancy? Check out this infographic for more facts about healthy pregnancies!"

6. Symptoms of Flu



10/15/2019

Reach: 1,264

Shares: 13

Reactions: 28

“Since children younger than 6 months cannot get a flu vaccine, the best way to protect them is to make sure people around them are vaccinated against the flu this season. (<https://go.usa.gov/xRptc>)”

7. Tobacco and Pregnancy



6/12/2020

Reach: 1,081

Shares: 8

Reactions: 17

“Smoking during pregnancy is dangerous for you and your baby. If you use cigarettes or e-cigarettes, now is the time to quit.”

8. Safe Sleep



2/12/20

Reach: 1,044

Shares: 12

Reactions: 33

“What do these babies all have in common? They are in safe sleep environments! They are sleeping alone, on their backs, and in a clutter-free crib to reduce the risk of sudden infant death syndrome (SIDS). Learn more at www.kidsks.org/safe-sleep.”

9. Masks for Children



4/24/20

Reach: 1,031

Shares: 6

Reactions: 6

“Do you have questions about your children wearing masks to prevent the spread of COVID-19? Find answers in this FAQs document made by the [Kansas Chapter, American Academy of Pediatrics](https://www.coronavirus.kdheks.gov/.../Children-and-Masks-PDF...): <https://www.coronavirus.kdheks.gov/.../Children-and-Masks-PDF...>”

10. Wash Your Hands



- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste

3/23/20

Reach: 1,021

Shares: 6

Reactions: 14

"Washing your hands protects you and your loved ones from many different illnesses, including the flu and COVID-19!"

Kansas MCH Council Website

(One Year: October 1, 2019 – September 30, 2020)

<http://kansasmch.org/>



Data from Google Analytics

Definitions

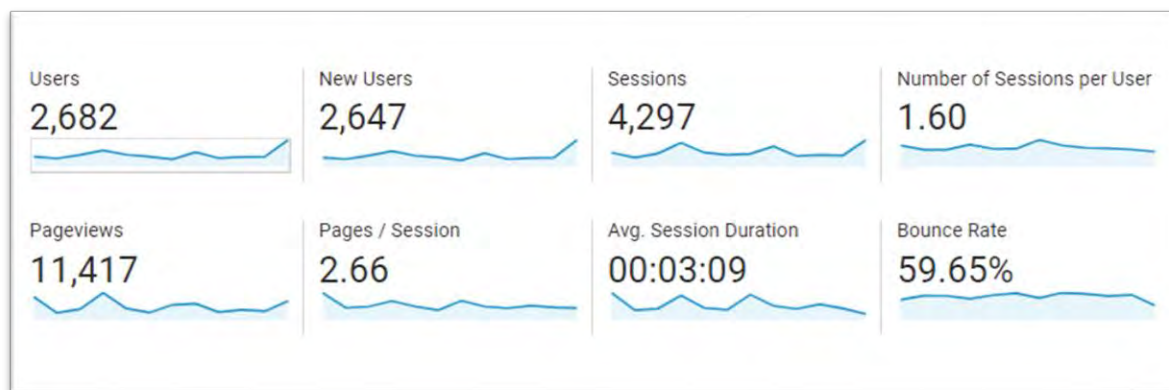
Pageviews: The total number of pages viewed. Repeated views of a single page are counted.

Users: Users who have initiated at least one session during the date range. In this case, unique users within each month.

Sessions: A session is the period time a user is actively engaged with your website; a group of interactions one user takes within a given time frame on your website. Google Analytics defaults that time frame to 30 minutes, meaning whatever a user does on your website (e.g. browses pages, downloads resources, purchase products) before they leave equals one session.

Bounce Rate: The percentage of all sessions where users only viewed a single page on your website.

Data Dashboard



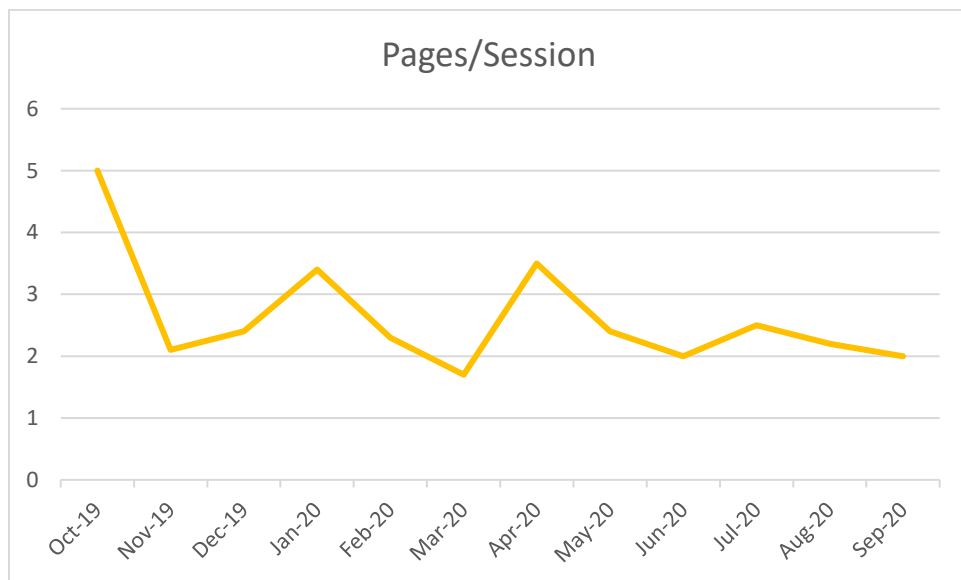
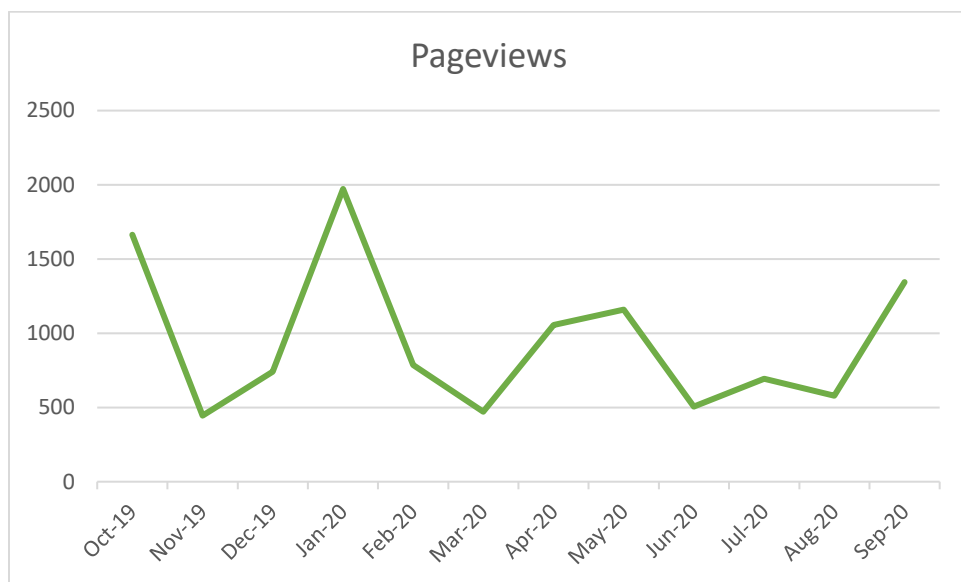
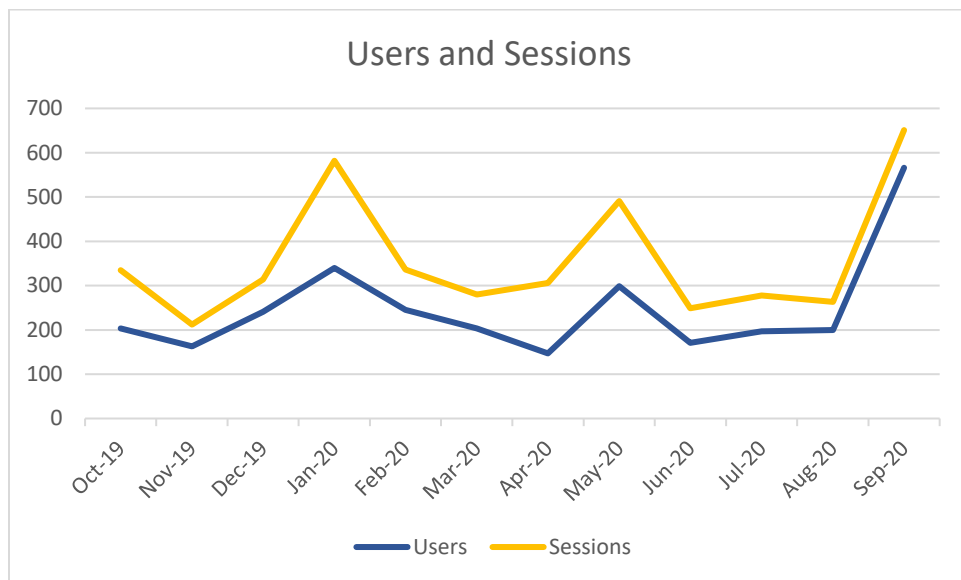
Summary Points

- From October 2019 – September 2020, the site had an average 223.5 users each month who viewed an average 2.61 pages during each session.
- Website activity has been generally constant with periods of greater activity coinciding with information campaigns, initiatives, and council meetings

Additional Data

- About 82% of users visit the site on desktop, 16% on mobile devices, and 1% on a tablet.
- After the [home](#) page, the most viewed pages are the [Maternal Mortality Review](#) page, [Resources](#) page, and [Adolescent Mental Health and Suicide Prevention](#) page.
- Most users are located in Topeka, followed by Wichita and Lawrence.
- 87% of site visitors are new, 12% are returning visitors.
- The average session duration is 3 minutes and 9 seconds.
- About 71% of users visit the site using Chrome browser, followed by 8% using Safari and 5% using Microsoft Edge.
- 76% of visitors are women and 23% are men.
- Top 3 Action Alerts
 - The [Action Alerts Homepage](#) received 369 views and the average time on the page was 1 minute and 29 seconds.
 - The [Adolescent Mental Health and Suicide Prevention](#) page received 340 views and the average time on the page was 2 minutes and 30 seconds.
 - The [Women's Health Month Toolkit](#) page received 216 page views and the average time on the page was 3 minutes and 14 seconds.

October 2019 – September 2020



Pregnant, Postpartum and Infant Populations COVID-19 FAQ



Frequently asked questions document for pregnant women, mothers, and individuals serving pregnant and postpartum mothers and infants related to the spread and severity of COVID-19.

SECTION CONTENTS

- DAISEY Edinburgh Form and Plan of Action 142
- COVID-19 FAQ's..... 144

Updated guidance available online at:

<https://ks-kdheccovid19.civicplus.com/faq.aspx?TID=23>

Which Caregiver was involved? (Select one)

Date of Activity: _____ / _____ / _____

Program

- ☐ Becoming a Mom
- ☐ Family Planning
- ☐ Maternal Child Health (MCH/M&I)
- ☐ Pregnancy Maintenance Initiative (PMI)
- ☐ Teen Pregnancy (TPTCM)
- ☐ Kansas Connecting Communities

If MCH/M&I was selected, is this Edinburgh being provided to a mother during an MCH encounter for the child?

- ☐ Yes
- ☐ No

If yes, what is the client's primary healthcare coverage?

- ☐ None/Self Pay
- ☐ Private Insurance
- ☐ TRICARE
- ☐ KanCare/Medicaid
- ☐ CHIP (Formerly HealthWave)
- ☐ Medicare (client is on disability)
- ☐ Unknown/Not reported

If yes, what is the client's secondary healthcare coverage?

- ☐ None/Self Pay
- ☐ Private Insurance
- ☐ TRICARE
- ☐ KanCare/Medicaid
- ☐ CHIP (Formerly HealthWave)
- ☐ Medicare (client is on disability)
- ☐ Unknown/Not reported

If yes, what is the Household Size (number of people living in the household): _____

If yes, what is the Annual Household Income?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 or more
- ☐ Don't Know
- ☐ Refused

Edinburgh Screening

1. I have been able to laugh and see the funny side of things:

- ☐ As much as I always could
- ☐ Not quite so much
- ☐ Definitely not so much now
- ☐ Not at all

2. I have looked forward to things with enjoyment:

- ☐ As much as I ever did
- ☐ Rather less than I used to
- ☐ Definitely less than I used to
- ☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong:

- ☐ Yes most of the time
- ☐ Yes some of the time
- ☐ Not very often
- ☐ No never

4. I have been anxious or worried for no good reason:

- ☐ No not at all
- ☐ Hardly ever
- ☐ Yes sometimes
- ☐ Very often

5. I have felt scared or panicky for no good reason:

- ☐ Yes, quite a lot
- ☐ Yes sometimes
- ☐ No, not much
- ☐ No, not at all

6. Things have been getting to me:

- ☐ Yes most of the time I haven't been able to cope at all
- ☐ Yes sometimes I haven't been coping as well as usual
- ☐ No most of time I have coped quite well
- ☐ No I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

- ☐ Yes most of the time
- ☐ Yes sometimes
- ☐ No not very often
- ☐ No not at all

8. I have felt sad or miserable:

- ☐ Yes most of the time
- ☐ Yes quite often
- ☐ Not very often
- ☐ No not at all

9. I have been so unhappy that I have been crying:

- ☐ Yes most of the time
- ☐ Yes quite often
- ☐ Only occasionally
- ☐ No never

10. The thought of harming myself has occurred to me:

- ☐ Yes quite often
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never

Total score: _____

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.

Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199.

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

If score is 10 or greater, this is an indication of likely suffering from a depressive condition of varying severity and warrants the need for compassionate conversation, closer attention, referral, and follow-up.

If client answers Yes, quite often or Sometimes to question 10, follow the crisis intervention algorithm provided in the "Mental Health Integration Tool Kit."

Was a brief intervention provided?

- ☐ Yes
☐ No

What brief intervention was provided?

Why was a brief intervention not provided?

Was a referral provided?

- ☐ Yes
☐ No

What provider type was client referred to?

- ☐ PCP
☐ OB/GYN
☐ Mental Health Provider
☐ Support Group
☐ Other

If other, specify: _____

Why was a referral not provided?

If client was in crisis, what action was taken?

Frequently Asked Questions (FAQs) for the Pregnant, Postpartum and Infant Populations, provided by the Kansas Department of Health and Environment (KDHE)

May 18, 2021

This frequently asked questions document is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). Please check the [KDHE website](#) periodically for updated information and guidance.

This document is intended for pregnant women, mothers, and individuals serving pregnant and postpartum mothers and infants.

Q. Is the COVID-19 vaccine safe and recommended for pregnant and lactating people? Updated 5/18/21

A. In a new paper in the [New England Journal of Medicine](#), CDC released the first U.S. data on the safety of the Pfizer and Moderna mRNA COVID-19 vaccines administered during pregnancy, based on analyses of data from three vaccine safety-related databases. The analyses did not identify any safety concerns for pregnant people who were vaccinated or for their babies. Many of the pregnancies are ongoing, so we have limited information on the outcomes among people vaccinated during their first or second trimester of pregnancy. Additional follow-up is needed, particularly among those vaccinated just before or early in pregnancy; however, these preliminary findings are reassuring.ⁱ Based on how these vaccines work in the body, experts believe they are unlikely to pose a specific risk for people who are pregnant or to the breastfeeding infant.ⁱⁱ

Currently, the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) recommend the vaccine for pregnant and breastfeeding people as appropriate based on the individual's history and risk, and recommend that the vaccine not be withheld from this population.ⁱⁱⁱ For more information on this guidance, please review the following resources:

- CDC's [Vaccination Considerations for People who are Pregnant or Breastfeeding](#)
- ACOG's Clinical Guidance on [Vaccinating Pregnant and Lactating Patients Against COVID-19](#)
- CDC's Guidance on [Who Gets Vaccinated First, When Vaccine is Limited](#)
- [Kansas COVID-19 Vaccine Information](#)
- Featured Resources on COVID-19 Vaccines within the CDC's [Toolkit for Pregnant People and New Parents](#)

It is important for you, as a pregnant or breastfeeding person, to stay informed and talk with your healthcare provider so you can make an informed decision that is best for you and your baby, based on your history, level of risk and likelihood of exposure.

If you would like to speak to someone about COVID-19 vaccination during pregnancy, please contact MotherToBaby. MotherToBaby experts are available to answer questions in English or Spanish by phone or chat. The free and confidential service is available Monday–Friday 8am–5pm (local time). To reach MotherToBaby:

- Call 1-866-626-6847
- Chat live or send an email [MotherToBabyexternal icon](#)

If you decide to get vaccinated, you may be able to start doing some things that you had stopped doing because of the pandemic after you are fully vaccinated. Learn more about what you can do [when you have been fully vaccinated](#).

If you are pregnant and have received a COVID-19 vaccine, the CDC encourages you to enroll in [v-safe](#). V-safe is CDC’s smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after vaccination. A [v-safe pregnancy registry](#) has been established to gather information on the health of pregnant people who have received a COVID-19 vaccine. If people enrolled in v-safe report that they were pregnant at the time of vaccination or after vaccination, the registry staff might contact them to learn more. Participation is **voluntary**, and **participants may opt out at any time**.ⁱⁱ

Q. Are pregnant people who have COVID-19 at greater risk for severe illness?
Updated 5/18/21

A. Based on what we know at this time, pregnant and recently pregnant people are at an increased risk for severe illness from COVID-19 compared to non-pregnant people.^{iv} A recent CDC Morbidity and Mortality Weekly Report ([MMWR](#)) study found that pregnant people are more likely to be admitted to the intensive care unit (ICU), receive invasive ventilation and extracorporeal membrane oxygenation (ECMO - a treatment that uses a pump to circulate blood through an artificial lung and back into the bloodstream of a very ill person), and are at increased risk of death compared to non-pregnant people.^v Information suggests that pregnant people with comorbidities (more than one disease or condition) such as obesity are at increased risk for severe illness as is the general population with similar comorbidities.^{vi} Additionally, studies are finding that other factors, such as age and occupation, can further increase a pregnant person’s risk for developing severe illness.^{vii} However, as pregnancy itself has now been identified as a risk factor for certain outcomes, more research is needed to determine the magnitude of this increased risk.ⁱⁱ It is therefore important for pregnant people to take extra precautions to protect themselves from illness and talk with their provider about any concerns they may have.

Q. Can COVID-19 cause problems for a pregnancy or be passed on to the unborn baby? Updated 5/18/21

A. Although much is still unknown, emerging data, suggests that COVID-19 may activate blood clotting pathways and can lead to excessive inflammation that can cause damage to tissues throughout the body, making a pregnant person more at risk for complications during the pregnancy and postpartum periods. “Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth.”^{viii}

Although there are cases reported of transmission of the virus from mom to baby in-utero or during the birthing process, the data are reassuring that this appears to be uncommon.ⁱⁱ Transmission to the baby is thought to occur primarily through respiratory droplets during the postnatal period when neonates are exposed to mothers, other caregivers, visitors, or healthcare personnel with COVID-19^{ix}. It is critical that appropriate precautions are taken after delivery to prevent the spread of the virus from the mother to the infant. At this time, experts say there is no need to change the timing or method (cesarean vs. vaginal) of delivery to decrease the risk of spread to the infant.^{vii} Most newborns who have tested positive for COVID-19 had mild or no symptoms and have recovered fully. However, there are a few reports of newborns with severe illness.ⁱ In the rare case of infant death, it has not been determined if it was due to the virus or other underlying (original, or already existing) conditions.

Current data [gathered through case reviews and the Perinatal COVID-19 Registry] suggest that approximately 2-5% of infants born to women with COVID-19 near the time of delivery have tested positive in the first 24-96 hours after birth. Emerging evidence supports the highest risk of infection to newborns is when a mother has onset of COVID-19 near the time of delivery. [It is] not yet know[n] if any of the newborns reported to the American Academy of Pediatrics (AAP) Registry have become ill at home following hospital discharge. There are few case series of pediatric COVID-19 published to date, but clinicians and families should be aware that there are published reports of infants requiring hospitalization before one month of age due to severe COVID-19 infection.^x

Although there is much that is still unknown about this virus and its effect on perinatal women and infants, what we do know tells us how extremely important it is for you and your baby to have frequent follow-up with your medical provider/s during the pregnancy, postpartum, and newborn periods.

Q. Is it safe to breastfeed my baby?

A. Yes. “The AAP strongly supports breastfeeding as the best choice for infant feeding.”^v Breast milk provides protection against many illnesses and is the best source of nutrition for most infants. Breastfed infants are generally less likely to have severe respiratory symptoms if they get sick. Breastfeeding is good for moms, releasing

hormones during breastfeeding that promote wellness and can relieve stress and anxiety. Breast milk is readily available, and especially important during emergencies.

“Several published studies have detected SARS-CoV-2 nucleic acid in breast milk. It is not yet known whether viable, infectious virus is secreted in breast milk, nor is it yet established whether protective antibody is found in breast milk. Given these uncertainties, breastfeeding is not contraindicated at this time.”^v For moms who are infected with COVID-19, breastfeeding directly and pumping breast milk to be fed via bottle by an uninfected caregiver are both options for providing the best nutrition (breast milk) to babies. COVID-19 spreads between people who are in close contact, mainly through respiratory droplets when an infected person coughs, sneezes, or talks. Therefore, if the person feeding the baby by breast or bottle is COVID+ or has been potentially exposed, he/she should wear a face mask or mouth/nose covering and wash their hands before each feeding, as well as during breast milk pumping and/or any bottle preparation, to reduce the risk of transmission. One should always wash hands with soap and water for 20 seconds before breastfeeding or expressing breast milk, even if not COVID+. All bottle, breast pump parts and supplies should be cleaned thoroughly following [CDC guidelines](#).

For more information please review resources about [COVID-19 and breastfeeding](#) provided by the Kansas Breastfeeding Coalition. As always, it is important to talk with your doctor and a breastfeeding support professional to weigh the risks and benefits and help determine what is best in an individual situation.

Q. How can I protect myself and my family from contracting COVID-19? Updated 5/18/21

A. There is no way to ensure you have zero risk of infection, so it is important to understand the risks and know how to be as safe as possible. [Consider your own personal situation](#) and the risk for you, your family, and your community when deciding whether or not to go out or interact with people who do not live with you. Ensure you and the people who live with you are taking steps to [protect themselves](#).

Follow the below guidance to reduce risks of spread. Even if you have received the COVID-19 vaccine, it's important to continue taking the below described steps to help stop the spread of COVID-19.^{vii} Learn more about updated Guidance for Vaccinated Kansans [here](#).

- Consider getting a COVID-19 vaccine. Talk with your healthcare provider if you have questions about getting vaccinated.
- Limit in-person interactions with people who might have been exposed to or who might be infected with COVID-19, including people within your household, as much as possible.

- [Take steps to prevent getting COVID-19](#) when you do interact with others not in your private home.
 - [Wear a mask](#). Avoid others who are not wearing masks or ask others around you to wear a mask that fully covers the nose and mouth and fits well to the face.
 - [Keep space between yourself and others](#) (stay at least 6 feet away, which is about 2 arm lengths).
 - Avoid crowds.
 - Avoid poorly ventilated spaces.
- Frequently wash hands with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizer with at least 60% alcohol when handwashing is unavailable.
- Clean commonly used surfaces (e.g., cell phones, personal electronic devices, remote controls, countertops, cabinet handles, tables, doorknobs, light switches) regularly with soap or detergent.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your coughs (coughing into your elbow).
- If you or your family has not yet received vaccines for Influenza, get vaccinated now.
- Keep at least a 30-day supply of prescription and nonprescription medicines. [Talk to your healthcare provider](#), insurer, or pharmacist about getting an extra supply (for example, more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.
- Wear masks or cloth face coverings at work and in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) and where the vaccination status of those around you is unknown. KDHE recommends wearing a mask that fits snugly around the nose, mouth and chin and has multiple layers of fabric. Alternatively, a thinner disposable mask may be worn underneath a cloth face mask to improve the fit. Find more information on KDHE Mask Guidance [here](#). Cloth face coverings should **not** be placed on young children under age 2 due to risk of suffocation and strangulation. Try to avoid being around others who are not wearing masks.

Q. What should I do if I am pregnant and diagnosed with COVID-19?

A. If you are diagnosed with COVID-19, follow the advice from the CDC and your ob-gyn or other health care professional. The [current CDC advice](#) for all people with COVID-19 includes the following:

- Stay home except to get medical care. Avoid public transportation.
- Speak with your health care team over the phone before going to their office. Get medical care right away if you feel worse or think it's an emergency.

- Separate yourself from other people in your home.
- Wear a face mask when you are around other people and when you go to get medical care.
- Monitor your symptoms and follow care instructions from your provider and local health department^{xi}

Q. When should I contact my medical provider?

A. Symptoms of pregnancy and postpartum related complications should always be communicated to your provider immediately. See this [video](#) on the importance of staying in communication with your provider regarding concerns with your baby's well-being during pregnancy. Seek medical care immediately if you experience any [urgent maternal warning signs and symptoms](#). These could indicate a potentially life-threatening complication.

Related to COVID-19 and potential associated complications, call right away if you experience:

- Fever of 100.4 or greater
- Cough
- Shortness of breath
- Difficulty breathing
- Fatigue
- Chills, muscle pain or body aches
- Sore throat
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Chest pain or pressure
- Swelling or pain in only one leg
- Sudden severe headache
- Sudden confusion
- Being unable to respond to others
- Blue lips or face

Q. Should I still go to my prenatal and postpartum appointments?

A. Continuing to see your provider throughout your pregnancy and in the postpartum period is the number one way to ensure that both you and your baby are healthy and doing well. Due to potential complications caused by the virus in the prenatal as well as in the postpartum period, there may be need for additional monitoring and screening for women testing positive for COVID-19 during pregnancy, thus it is extremely important to stay in close contact with your prenatal care provider throughout your pregnancy and postpartum period. Some providers may choose alternative options for routine check-ups for low-risk patients, such as altering the frequency or method of appointments (for

example, offering appointments virtually via telehealth). Make sure that your contact information, including phone number and email, are always up-to-date with your healthcare providers so these changes can be communicated to you timely and easily. Getting the recommended [vaccines during pregnancy](#) can help protect you and your baby. It's also a good idea to keep a 30-day supply of medications on hand if possible.ⁱ

Q. How will this outbreak affect my delivery experience?

A. It's hard to predict exactly how the COVID-19 pandemic will impact your labor and delivery experience, but be prepared for likely changes, such as universal testing for COVID-19 prior to admission and limitations on visitors and/or support persons. In most cases, early discharge in an effort to reduce risk of COVID-19 infection has been found to provide no advantage to the newborn and may place additional burden on the family.^{vi} If you are suspected or confirmed to have COVID-19, you should notify your prenatal care provider and the facility you will be delivering at, prior to arrival, to assist the healthcare team in making the appropriate infection control preparations.ⁱⁱ While you can expect to be required to wear a mask in the hospital or birth center, it is recommended that pregnant women do not wear a mask while pushing during labor, as this may be difficult. For this reason, your health care team should wear masks or other protective breathing equipment. They also may take other steps to reduce the risk of spreading the virus, including wearing goggles or face shields.^{viii}

Although this may cause feelings of being anxious or scared, you can be reassured that there will be helpful support from a labor nurse throughout your labor and delivery experience. Your provider and local birth center staff can keep you up-to-date on changes to normal procedures. Although the COVID-19 pandemic may change the labor and birth experience you planned for, it will continue to be safe, special and memorable in so many ways. If you have questions or concerns about what your birthing experience may look like, ask your provider or birthing center staff to walk you through the restrictions and accommodations. During this conversation you can ask questions about having your support person with you, having your infant stay in your room after birth, breastfeeding, mask-wearing, etc.

Q. Should I consider separation from my baby while in the hospital if I have tested positive for COVID-19 or am suspected of having it?

A. Initial AAP guidance recommended temporary separation of newborns from infected mothers as the safest means to prevent the newborn infant from becoming infected. This cautious guidance was provided because the risks of perinatally and postnatally-acquired newborn infection were unknown. [The latest evidence now suggests] that the risk of the newborn acquiring infection during the birth hospitalization is low when precautions are taken to protect newborns from maternal infectious respiratory secretions. This risk appears to be no greater if mother and infant room-in together using infection control measures compared to physical separation of the infant in a room separate from the mother.ⁱ

When a mother is confirmed or suspected to be COVID-19 positive, the mother should maintain a reasonable distance from her infant when possible during the birth hospitalization. When mother provides hands-on care to her newborn, she should wear a mask and perform hand-hygiene. Use of an isolette may facilitate distancing and provide the infant an added measure of protection from respiratory droplets. If using an isolette, care should be taken to properly latch doors to prevent infant falls. If non-infected partners or other family members are present during the birth hospitalization, they should use masks and hand hygiene when providing hands-on care to the infant.ⁱ

Q. Should I consider home birth?

A. According to the American College of Obstetrics and Gynecologists (ACOG), hospitals are still the safest place to give birth, even during the COVID-19 pandemic. This is particularly true for pregnant women who are considered high risk. Even in healthy pregnancies, labor and delivery complications can arise suddenly, leading to medical emergencies that require immediate medical attention.

Q. If I have Medicaid/KanCare coverage for my pregnancy, how will it be affected by this pandemic?

A. As a KanCare beneficiary during your pregnancy, your coverage will extend beyond the typical coverage period of 60-days postpartum, until the end of the month in which the COVID-19 emergency period ends. Make sure that your contact information, including phone number and email, are always up-to-date with your KanCare provider so any changes in your benefits can be communicated to you easily.

Q. Can I travel?

A. Travel recommendations are in place and are updated as the virus continues to spread. Check with your local or [state health department](#) for information about travel in your area. See also the [CDC's Coronavirus Disease 2019 Information for Travel page](#) for the latest global updates.

Q. How can I keep my newborn safe?

A. Good hygiene (handwashing) and social distancing are the most effective ways to keep your infant safe from communicable diseases such as COVID-19. All caregivers should be reminded to wash hands thoroughly before touching bottles and other feeding supplies, and before feeding or caring for an infant or child. Continuing to follow all public health recommendations, lining up a symptom-free support person to help drop off supplies, and connecting with friends and family virtually (phone, text, FaceTime, social media) will limit the exposure of the virus/disease to you and your family. While screen time is typically not recommended for infants, connecting to loved ones via video chatting such as FaceTime is considered safe in limited amounts.

Ways of keeping your children safe:

- [Wash hands](#) often with soap and water for at least 20 seconds.
- Use alcohol-based hand sanitizer (with at least 60% alcohol) when handwashing is unavailable.
- Reduce close contact with others by practicing social distancing. Limit public exposure and avoid unnecessary public contact.
- If going out with the child is **essential**:
 - Cover the infant carrier (NOT THE INFANT) with a light-weight blanket, which helps protect the baby, but still gives them the ability to breathe comfortably.
 - Make the trip and time of coverage as brief as possible.
 - Do not leave the blanket on the carrier in the car or at any time when the baby and carrier are not in direct view by an adult caregiver.
 - Children **only over the age of 2** should wear a mask or cloth face covering.
- Keep your children away from others who are sick and keep them home if they are sick.
- Teach kids to cough and sneeze into a tissue or their arm or elbow, not their hands.
- Clean commonly used surfaces regularly with disinfectant. Clean commonly touched surfaces (e.g., cell phones, personal electronic devices, remote controls, countertops, tables, cabinet handles, doorknobs, light switches) regularly with disinfectant.
- Wash stuffed animals or other plush toys in the warmest water possible, being sure to dry them completely.
- Teach children to avoid touching face.
- Follow local and state guidance on travel, social distancing and stay-at-home restrictions.

Q. What extra precautions can I take to protect my baby if I have, or am suspected of having, COVID-19?

A. If you have COVID-19 or are suspected of having COVID-19, staying in a different room from your baby at home is the safest way to keep your newborn healthy. A healthy caregiver should take care of the baby and can feed expressed breast milk. You can stop isolating yourself from your baby once you are fever-free without use of fever medicines (acetaminophen or ibuprofen) for at least 24 hours; when your other symptoms of COVID-19 are improving; **and** when at least 10 days have passed since your symptoms started. If you never had symptoms, you can stop isolating yourself after 10 days have passed since your positive COVID-19 test.ⁱ

If you and your family decide to keep your baby in the same room as you, keep a distance of at least 6 feet from your baby when possible. When closer than 6 feet, wear

a mask and make sure your hands are clean by washing your hands with soap and water for at least 20 seconds before touching your newborn, or use a hand sanitizer with at least 60% alcohol when soap and water are not available.ⁱ Be sure not to touch the front of the mask, and change out the mask when it is damp.

As always, it is recommended to be in close communication with your health care provider(s) and to follow your provider's guidance.

Q. Should I take my baby/child to his/her regularly scheduled well-child appointments?

A. Yes. It is important to continue with regularly scheduled pediatric appointments and to continue with vaccinations as scheduled. These efforts will help protect your baby/child from other illnesses and will assure your baby/child grows and develops properly. Some providers may choose alternative options for routine check-ups for low-risk patients, such as altering the frequency or method of appointments (for example, offering appointments virtually via telehealth), or providing well-child and sick-child care at different times of the day or in separate spaces. Make sure that your contact information, including phone number and email, are always up-to-date with your healthcare providers so these changes can be communicated to you timely and easily. Make sure to call and notify your baby's healthcare provider before visiting if you or your baby have COVID-19.

Q. What symptoms should I be watching for in my baby?

A. Most babies who test positive for COVID-19 have mild or no symptoms. Severe illness in babies appears to be rare. Babies with underlying medical conditions and babies born premature (before 37 weeks) might be at increased risk of severe illness. Reported signs among newborns with COVID-19 include fever, lethargy (being overly tired or inactive), runny nose, cough, vomiting, diarrhea, poor feeding and increased work of breathing or shallow breathing.^{xi} Monitor for fever and call your baby's provider if he/she has a fever of 100.4 degrees Fahrenheit or higher, even if there are no other symptoms.

If your baby develops symptoms or you think your baby may have been exposed to COVID-19, call your baby's healthcare provider within 24 hours and follow [steps for caring for children with COVID-19](#).^x Symptoms to be aware and ready to report to your provider include:

- How well is your baby feeding?
- How alert is your baby?
- How many wet diapers is your baby having?
- How hard is your baby working at breathing?
- Have you noticed any discoloration of your baby's lips?

If your baby has COVID-19 emergency warning signs (such as trouble breathing), seek emergency care immediately. Call 911.^x

Q. How else can I help keep my baby safe?

A. Safe sleep is an important part of keeping babies healthy. During the COVID-19 pandemic, parents of babies may experience increased stress and fatigue that could affect their ability to ensure that their baby is sleeping safely. Help reduce your baby's risk of sudden infant death syndrome (SIDS) and other sleep-related deaths by doing the following:

- Place your baby on his or her back for all sleep times – naps and at night.
- Use a firm, flat sleep surface, such as a mattress in a crib covered by a fitted sheet.
- Have the baby share your room but not your bed. Your baby shouldn't sleep on an adult bed, cot, air mattress, couch, or chair, whether he or she is sleeping alone, with you, or with anyone else.
- Keep soft bedding, such as blankets, pillows, bumper pads, and soft toys, out of your baby's sleep area.
- Do not cover your baby's head or allow your baby to get too hot. Signs your baby may be getting too hot include sweating or his or her chest feeling hot.
- Don't smoke or allow anyone to smoke around your baby.ⁱ

Learn more about [how to reduce the risk of SIDS](#).

Q. Should I continue to receive other health and support services?

A. Because the prenatal and postpartum periods are a very vulnerable time in families' lives, and because of increased stress and isolation due to the COVID-19 pandemic, it is especially important to stay connected with support services in your community. Most resources and support services, such as WIC, home visiting and mental health services, continue to be available. These services may be offered through alternative methods, such as telephonic or virtual options; therefore, it is important to stay informed through local communication (e.g., contacting the service provider/agency, visiting their website, social media, local newspapers, and radio stations) and keeping your contact information up-to-date with all service providers.

Q. What else can I do to manage stress, anxiety, and depression?

A. Some pregnant and postpartum people may be feeling fear, uncertainty, stress, or anxiety because of COVID-19. Reaching out to friends and family during this time may help. Phone calls, texts, and online chats are safe ways to stay connected.

There also are treatment and support resources you can access over the phone or online. Talk with your ob-gyn or other health care professional about how to get help if you're having symptoms like these:

- Feeling sad, hopeless, worthless, or helpless
- Having fear or worry, which may cause a fast heartbeat
- Feeling that life is not worth living

- Having repeated, scary, and unwanted thoughts that are hard to get rid of

If you are in crisis or feel like you want to harm yourself or others, call 911 right away. See the resources section below for other support options, including helplines you can text or call and online support groups for pregnant and postpartum people.

Physical activity also may help your mental health. And it may be useful to focus on your breathing each day, especially if you are feeling anxious. Breathe in for 4 seconds, hold for 7 seconds, and breathe out for 8 seconds. Repeat three times.^v

Q. I am being abused at home. How can I get help?

A. Times of crisis can be very hard for people in abusive relationships. Abuse at home is known as [intimate partner violence](#) or domestic violence. Abuse can get worse during pregnancy. If you need help, call the 24-hour, toll-free National Domestic Violence Hotline: 800-799-SAFE (7233) and 800-787-3224 (TTY). Or you can text LOVEIS to 22522 or use the live chat option at www.thehotline.org.^v

References and Resources:

- [Toolkit for Pregnant People and New Parents](#) by the Centers for Disease Control (CDC)
- Information on [COVID-19 if You are Pregnant, Breastfeeding, or Caring for Young Children](#) by CDC
- [Clinical Guidance on COVID-19](#) by the American College of Obstetricians and Gynecologists (ACOG)
- [Vaccination Considerations for People who are Pregnant or Breastfeeding](#) by CDC
- Clinical Guidance on [Vaccinating Pregnant and Lactating Patients Against COVID-19](#), by ACOG
- [When You've Been Fully Vaccinated](#), by CDC
- [When Vaccine is Limited, Who Gets Vaccinated First](#), by CDC
- [Kansas COVID-19 Vaccine Information](#)
- Patient Resources – [Frequently Asked Questions \(FAQs\)](#) - by ACOG
- [FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19](#), by the American Academy of Pediatrics (AAP)
- [COVID-19 Resource Center](#) provided by the Kansas Department of Health and Environment (KDHE)
 - [Information for Families](#)
 - [Caring for Yourself and Others](#)
- [6 FAQs about COVID-19, Pregnancy, and Adjusting at Home](#) by UT Southwestern Medical Center

- [Breastfeeding During COVID-19 Pandemic](#) by the American Academy of Pediatrics (AAP)
- [Question and Answer \(Q&A\) on COVID-19 and Breastfeeding](#) by the World Health Organization
- [Handout on Handwashing](#) by CDC
- [Managing Anxiety and Stress related to COVID-19](#) by CDC
- [Taking Care of Your Emotional Health during an Emergency](#) by CDC
- [Tips for Social Distancing, Quarantine, and Isolation during an Infectious Disease Outbreak](#) - includes Helpful Resources and Hotlines – by SAMHSA
- [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#) by CDC
- [Use of Cloth Face Coverings with Children](#) by Nationwide Children's Organization
- [Mask Guidance](#) by KDHE

COVID-19 Hotlines

- For questions or more information about COVID-19 in Kansas, visit the [Kansas Department of Health and Environment's COVID-19 Resource Center](#) or call the KDHE Hotline at 866-534-3463 (866-KDHEINF) Monday through Friday from 8:30 to 5:30, Saturday from 10:00 to 2:00, and Sunday from 1:00 to 5:00.
- [SAMHSA's Disaster Distress Hotline](#) provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters, including infectious disease outbreaks. Call 1-800-985-5990 or text TalkWithUs to 66746. For Spanish speakers, call 1-800-985-5990 and press 2 or text Hablanos to 66746.

Crisis Helplines

- [National Suicide Prevention Lifeline](#) provides 24/7, free and confidential support for people in distress, prevention, and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-273-8255 or 1-888-628-9454 for Spanish.
- [Crisis Text Line](#) is a free, 24/7, confidential text message service for people in crisis. To reach a crisis counselor, text Kansas to 741741.
- [Kansas Community Mental Health Centers](#) (CMHCs) offer crisis services 24/7. Contact the CMHC for the county you are currently in for crisis services.
- [Veterans Crisis Line](#) offers 24/7, confidential support to veterans, service members, National Guard and Reserve members, and their family member and friends. Call 1-800-273-8255 and Press 1 or text 838255.
- [Kansas Crisis Hotline](#), 1-888-END-ABUSE, provides confidential support 24/7 to victims of domestic violence, sexual assault and stalking.
- [National Domestic Violence Hotline](#) advocates are available 24/7 to talk confidentially with anyone experiencing domestic violence, seeking resource or information, or questioning unhealthy aspects of their relationship. Call 1-800-

799-7233. If you are unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522.

- [National Sexual Assault Hotline](https://www.nationalsexualassaulthotline.org) offers confidential, anonymous support 24/7 to individuals who are experiencing or have experienced sexual assault. Call 800-656-HOPE or chat online at online.rainn.org.
- [KSReady](https://ksready.org) is an outreach program working with multiple state, Tribal, local, and voluntary agency partners to provide crisis counseling via remote services and educational material and online support for overall mental health and wellness.

Other Support Lines

- The [Parent Helpline](https://parenthelpline.org), 1-800-CHILDREN, is a free, anonymous information and referral service for Kansans. Helpline staff can provide support with parenting skills, child development, behavior management, mental health, legal concerns, and provide information about available programs and services for free.
- [United Way's 2-1-1 of Kansas](https://unitedwayks.org) can help residents locate local resources they need. You can use their searchable database available on their website or call 2-1-1 or 888-413-4327. The most common searches include food assistance, utility assistance, rent assistance, health insurance information/counseling, and homeless shelters.
- If you or someone you know has a gambling problem, help is available. Contact the [Problem Gambling Helpline](https://problemgamblinghelpline.org) at 800-522-4700. Professionals are available 24 hours a day to take your call. Help is available at no-cost.
- If you or someone you know is struggling with addiction, contact the [Kansas Substance Use Treatment Referral Line](https://kansas.substanceuse.org) at 1-866-645-8216 and select option 2. Referral Line staff can help identify substance use treatment providers in your area as well as complete assessments for treatment.
- If you suspect a child is being abused or neglected or if you suspect an adult in the community is being abused, neglected, or exploited, call the [Kansas Protection Report Center](https://kansas.protectionreportcenter.org) at 1-800-922-5330. In the event of an emergency, please contact your local law enforcement or call 911.

ⁱ *New England Journal of Medicine*, April 21, 2021; Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons; retrieved from <https://www.nejm.org/doi/full/10.1056/NEJMoa2104983>

ⁱⁱ Centers for Disease Control and Prevention; COVID-19; Information about COVID-19 Vaccines for People Who are Pregnant or Breastfeeding; updated May 14, 2021; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

ⁱⁱⁱ The American College of Obstetricians and Gynecologists; Clinical Guidance; Practice Advisory; Vaccinating Pregnant and Lactating Patients Against COVID-19; updated April 28, 2021; retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>

^{iv} Centers for Disease Control and Prevention; Coronavirus Disease 2019 (COVID-19); Pregnancy, Breastfeeding, and Caring for Newborns; updated May 13, 2021; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

^v Centers for Disease Control and Prevention; Coronavirus Disease 2019 (COVID-19); Pregnancy Data; updated November 13, 2020; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html>

^{vi} The American College of Obstetricians and Gynecologists; Clinical Guidance; Practice Advisory; Novel Coronavirus 2019 (COVID-19); updated July 1, 2020 with summary of key updates made November 6, 2020 retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>

^{vii} Centers for Disease Control and Prevention; COVID-19; Pregnant People; updated May13, 2021; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html#ref2>

^{viii} Centers for Disease Control and Prevention; Coronavirus Disease 2019 (COVID-19); Caring for Pregnant Women; revised May 20, 2020; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>

^{ix} Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), Caring for Newborns; updated May 20,2020; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html>

^xCenters for Disease Control and Prevention; COVID-19; Breastfeeding and Caring for Newborns; updated May 13· 2021; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

^{xi}Centers for Disease Control and Prevention; What to Do If You Are Sick; updated March 17, 2021; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Interim Guidance for Home Visiting Services



Guidance provided to guide local maternal and child health programs and home visiting programs on 1) assessing the safety before starting a home visit; and 2) preventing the spread of COVID-19 among individuals, families, and communities.

Interim Guidance for Home Visiting Services by the Kansas Department of Health and Environment (KDHE)

May 7, 2021

This guidance is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). The purpose is to guide local maternal and child health programs and home visiting programs on 1) assessing the safety before starting a home visit; and 2) preventing the spread of COVID-19 among individuals, families, and communities. KDHE will provide updated guidance as necessary based on the changing situation. Please check the [CDC website](#) and the [KDHE website](#) (COVID-19 Resource Center) periodically for updated information and guidance for a variety of settings as well as public health and health care professionals. Other information and help are available on the Governor's [Kansas COVID-19 Response and Recovery website](#).

Planning and Preparedness Recommendations for Home Visiting Programs

Home visitors partner with parents to support the healthy growth and development of children. Services provided through home visiting programs are critical to ensuring the ongoing health and safety of children and families. **Therefore, it's important to public health and families that programs continue operations, as long as it is deemed safe to do so by state and local health officials.**

As the state and jurisdictions decide to slowly integrate back to face-to-face home visits, programs may identify a need to visit a family to provide ongoing support or deliver necessary supplies. In these cases, prior to making home visits, home visitors and staff should first make sure they are following the prevention basics provided in the COVID-19 resource, [Guidance for Workers Who Visit Homes](#).

All local agency staff entering homes should determine their requirements for families/individuals receiving services in the home. Requirements should be based on organization/agency guidelines and guidance from local public health officials.

Home visitors are well positioned to assess, promote, and model good hygiene as well as provide guidance to clients and their families on how to stay safe, monitor their own symptoms, and when to seek medical care. Home visiting programs operating during the outbreak should:

- **First and foremost**, follow the guidance, policies, and procedures of your home agency and local county health department/local health officer. The most current information always resides at the community level.
- Stay informed and know where to go for the most current information. Sources of accurate information include the CDC, KDHE, and your local county health department/local health officer.
- Develop or update emergency preparedness and continuity of operations plans to address possible disruptions in program operations that include the following:

- Critical functions and positions and plan for alternative coverage in the event of staff absences or closure;
- Methods to communicate with staff and parents in the event of closure; and
- Flexible sick leave policies that encourage staff to stay home when sick or when caring for sick family members.

In addition to the prevention basics, Home Visiting programs should contact the families prior to the home visit and screen for the following:

1. Signs or symptoms of a respiratory infection, cough, fever (100.4 or greater), chills, muscle pain, sore throat, congestion, nausea, diarrhea, new loss of taste or smell, shortness of breath or difficulty breathing, sudden confusion, being unable to respond to others, or blue lips or face. NOTE: The CDC and KDHE websites have updated lists of signs and symptoms of COVID-19 along with guidance on when to seek medical attention. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>; <https://www.coronavirus.kdheks.gov/224/What-to-do-if-you-think-youre-sick>
2. Contact within the last 14 days with: a confirmed COVID-19 case, someone under investigation for COVID-19, or someone exhibiting symptoms of COVID-19 or other respiratory illness.
3. The immune status/risk of household members: those who have a weakened immune system, over the age of 60 years, have chronic health conditions (e.g., heart disease, lung disease, diabetes), or other COVID-19 risk factors.
4. Travel and/or exposure events: those who have traveled to the locations included on the KDHE COVID-19 Resource Microsite [Travel and Exposure Related Isolation / Quarantine page](#) need to quarantine upon arrival in Kansas. The [length of quarantine](#) varies depending on whether you have been tested for COVID-19.

NOTE: When local staff arrive at the home, reassess risk by asking the same questions at the time of arrival and before entering the home/clinic/location for the visit.

If the answer to any of these questions is yes OR the family prefers not to have an in-person visit, the visit should be rescheduled for a later date or conducted virtually.

- As a general rule, reschedule the visit no earlier than at least 14 days. The 14-day recommendation is based on current guidance for isolation and self-quarantine related to COVID-19. Refer to KDHE guidance here: [What to do if You Think You're Sick | KDHE COVID-19 \(kdheks.gov\)](#)
- KDHE supports the use of telehealth (telephone, text, secure phone line and secure virtual/video conferencing through platforms such as Zoom) rather than in-person home visits, when possible and appropriate, to keep families connected with the home visitors while practicing social distancing and managing community risks. Telehealth can/should to be used in lieu of in-person visits in cases where the client, anyone in the household, or the home visitor shows signs of illness noted above.

Always consult the guidance of your local health department or model before changing the method of home visiting delivery. If the local health agency supports the decision

that going into the home is within the best interest of the family, then home visitors and staff should continue to take precautions to prevent the spread of COVID-19. These precautions include:

- Frequently wash hands with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizer when handwashing is unavailable.
- Clean commonly used surfaces (e.g., countertops, tables, doorknobs) regularly with disinfectant (pregnant women should wear gloves or use green products with disinfectant agent, or ideally have another household member clean the surface when possible).
- Avoid contact with sick people.
- Cover your coughs (coughing into your elbow).
- Get vaccinated for Influenza now, if you haven't already.
- Practice social distancing – avoid gathering in groups if possible; keep a distance of at least 6 ft.
- Wear a mask. Masks should be worn in public settings by people over the age of 2 years in addition to staying 6 feet apart, especially when indoors and around people who don't live with you.
 - KDHE recommends wearing a mask that fits snugly around the nose, mouth and chin with multiple layers of fabric. Alternatively, a thinner disposable mask may be worn under a cloth face mask to improve the fit.
 - Masks should NOT be worn by children under age 2 or anyone who has trouble breathing.
 - If possible, local agency staff should carry a few extra disposable masks to provide to families/individuals without masks. That way the visit may proceed without having to be rescheduled.
 - **IF** the local agency providing services has a policy requiring individuals receiving services to wear a mask, it needs to be communicated **BEFORE** the visit takes place. Discuss the requirement when making the appointment for the visit and when the family/individual is being screened for in-person visit requirements (i.e. prescreening for symptoms, travel, and exposure).
 - Find KDHE Mask Guidance for adults and children [here](#).

Here are some additional considerations for home visiting staff and supervisors:

- Any home visitor with signs and symptoms of a respiratory illness or other related illness should not report to work.
- Staff at high risk of severe complications (those who are older or have underlying health conditions) should not conduct in-person home visits with sick clients.
- If a home visitor develops signs and symptoms of illness while on the job, they should stop working immediately, notify their supervisor, follow state and local health department protocols, and self-isolate at home immediately.
- If after delivering a home visit, a home visitor is identified as being positive for COVID-19, they should notify their supervisor and follow current CDC, local and state health department guidance.
- Emotional reactions to stressful situations such as this public health emergency are expected. Home visitors and other program staff should take self-care

measures and be proactive in stress management.

More Information

Mental Health Resources

- [Taking Care of Yourself](#)
- [Maintaining Positive Mental Health](#)
- [Talking with Children and Adolescents about COVID-19](#)
- [SAMHSA's Disaster Distress Hotline](#)
- [Reducing Stigma and Promoting Resilience](#)

KDHE Resources

- [COVID-19 Resource Microsite](#)
- [Mask Guidance](#) (Updated 5-1-2021)
- [How to Protect Yourself & Others](#)
- [COVID-19 Guidance for Vaccinated Kansans](#)
- Information Line -866-534-3463 (1-866-KDHEINF) Monday – Friday 8 am to 5pm

CDC Resources

- [Coronavirus Disease 2019 General Website](#)
- [About Coronavirus Disease 2019 \(COVID-19\)](#)
- [What to Do If You Are Sick](#)
- [Use Masks to Slow the Spread](#)
- [Potential COVID-19 Exposure Associated with Travel](#)
- [Prevent Getting Sick](#)
- [Communities, Schools, Workplaces, and Events](#)
- [Information on COVID-19: Pregnant Women and Children](#)
- [Guidance for People at Higher Risk for COVID-19](#)

Federal Maternal & Child Health Bureau (HRSA, MCHB)

- [Coronavirus FAQs](#)



Guidance for Newborn Screening Services



Guidance on the re-collection of newborn screening specimens during the COVID-19 pandemic and reduce barriers for families and primary care physicians. Contents include.

SECTION CONTENTS

- *Guidance on Recollection of NBS Specimens: For Physicians..... 165*
- *Guidance on Recollection of NBS Specimens: For Facilities..... 168*
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KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT (KDHE) GUIDANCE ON RE-COLLECTION OF NEWBORN SCREENING SPECIMENS DURING COVID-19

FOR PHYSICIANS

The purpose of this document is to provide guidance on the re-collection of newborn screening specimens during the COVID-19 pandemic and reduce barriers for families and primary care physicians.

What is Newborn Screening?

Newborn screening is an essential public health service and is required for all infants born in the state. [Newborn screening in Kansas](#) includes testing for hearing loss, pulse oximetry screening for critical congenital heart defects, and a blood screening for 30 genetic/metabolic disorders (also known as the “heel stick”).

Upon completion of the screening process, laboratory results are provided to the primary care physician (PCP) to communicate with families. If a screen has been determined to be invalid or unsatisfactory, the screen must be repeated until a successful/complete screen is received. If a screen has been determined to be abnormal, the PCP will be notified of the values and will either assure a repeat screen is collected or make a referral to a specialist.

Who is Responsible for the Newborn Screen?

This crucial public health service requires collaboration among many stakeholders.

HOSPITALS/BIRTHING FACILITIES & MIDWIVES

- Timely collection of specimens
- Dependable transport of specimens to the screening laboratory

KDHE - LABORATORY AND FOLLOW-UP TEAMS

- Prompt processing and analysis of specimens
- Timely reporting of results to primary care physicians

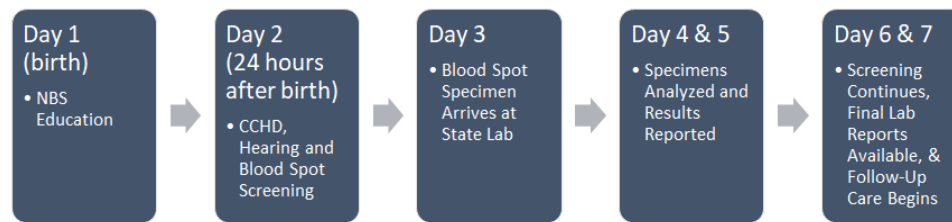
PRIMARY CARE PHYSICIANS

- Respond quickly to inform families
- Educate families on needed actions
- Assure recollection of specimen or referral to subspecialty physicians
- Adhere to agency follow-up guidelines

FAMILIES

- Prompt action following notification from your doctor that a repeat screen is needed

Per [Kansas Administrative Regulation \(K.A.R.\) 28-4-502](#), the responsibility of obtaining the initial specimen is on the birthing facility or birth attendant on record. Repeat screenings are the responsibility of the PCP. As a reminder, the newborn screening process is as follows:



Why is this Important During COVID-19?

The following concerns have been reported by physicians regarding the ability to complete the repeat screen during the COVID-19 pandemic:

- Families do not want to return to the hospital/birthing facility to get specimens collected
- Many PCP offices do not currently collect repeat NBS specimens during well-baby checks
- PCP's that want to assist with collecting the repeat screen may not have the resources (materials, training, or staffing)
- While newborn screening is an essential health service, some hospitals/birthing facilities have been practicing social distancing and turning away "non-essential patients"
- Some outpatient laboratories may still be closed based upon county guidance

KDHE Guidance

The Kansas Newborn Screening Program is issuing the following guidance on the collection and re-collection of newborn screening specimens.

- Collection of the specimen and discharge prior to 24 hours of age is not recommended as the screen will be considered invalid if collected prior to 24 hours after birth. If immediate discharge is necessary, the first screen should be completed before discharge and the family should be informed they will be required to return for an outpatient screen.
- Hospitals/birthing facilities and PCPs should stress the importance of the screen and encourage families to stay in the birthing facility until just after the 24-hour timeframe to allow for the proper collections.
- Communication with families is the most important tool for alleviating concerns about follow-up care. Remind families that obtaining necessary health care services, such as those related to delivery/birth and well child visits is permitted and encouraged in the [Kansas Ad Astra Reopening Guidance](#).

The Kansas Newborn Screening Program recommends the following options for completing repeat newborn screenings:

Maintain normal referral protocols for your practice. Continue referring families to the hospital/birthing facility or other outpatient lab your office typically refers to. Stay in regular communication with these facilities about special accommodations or practices they have implemented to reduce family/infant exposure during the COVID-19 pandemic. Clearly

communicate this information to families to help reduce their fears and anxiety about completing a repeat screening at these facilities.

Collect the repeat NBS specimen. If families are concerned about returning to the hospital/birthing facility or another outpatient laboratory, the Kansas Newborn Screening Program recommends collecting the repeat screen in-office during the one to two-week infant visit. To collect dried blood spot (DBS) specimens, follow the steps below:

1. Complete the [Laboratory Report Delivery form](#) to ensure that final reports are correctly delivered.
2. Request DBS collection kits from the Kansas Health and Environmental Laboratory with the [Supply Requisition form](#).
3. Review the following collection technique training materials or attend a collection technique training Webinar.
 - a. [Kansas Newborn Screening Physician Toolkit](#)
 - b. [Kansas Health & Environment Laboratory's DBS Collection Instructions](#)
 - c. For live webinar training, contact Kinsey Anderson, the Education and Outreach Coordinator, at kinsey.anderson@ks.gov.

There are several facility practices that can help families feel safe during COVID-19, including:

- Use scheduled appointments as opposed to walk-ins and have families wait in their car until the appointment time
- Ask patients to complete the demographic, insurance, and other information via phone or online before the appointment
- Perform after-hour laboratory draws for newborns
- Establish certain days or blocks of time dedicated to newborns
- Designate specific personnel who have not had direct contact with COVID-19 positive/confirmed patients to complete newborn screens
- Designate specific rooms, wings, or spaces as “clean” zones, that remain free from COVID-19 exposure for the collection of newborn screens

Additional Resources

KDHE has previously issued COVID-19 preparedness and precautions guidance for facilities and pregnant and perinatal populations. These resources are available on the [COVID-19 Resource Center](#) at <https://www.coronavirus.kdheks.gov/> and through the links below.

- [KAAP Messaging Toolkit for Pediatricians](#)
- [KAAP COVID-19 Pediatric Clinic Key Strategies](#)
- [FAQ's for Moms to be and Infants during COVID-19](#)
- [Getting the clinic ready for handling COVID-19 patients](#)
- [Infection Prevention and Control](#)
- [Cleaning Guidance](#)

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT (KDHE) GUIDANCE ON RE-COLLECTION OF NEWBORN SCREENING SPECIMENS DURING COVID-19

FOR FACILITIES

The purpose of this document is to provide guidance on the re-collection of newborn screening specimens during the COVID-19 pandemic and reduce barriers for families and primary care physicians.

What is Newborn Screening?

Newborn screening is an essential public health service and is required for all infants born in the state. [Newborn screening in Kansas](#) includes testing for hearing loss, pulse oximetry screening for critical congenital heart defects, and a blood screening for 30 genetic/metabolic disorders (also known as the “heel stick”).

Upon completion of the screening process, laboratory results are provided to the primary care physician (PCP) to communicate with families. If a screen has been determined to be invalid or unsatisfactory, the screen must be repeated until a successful/complete screen is received. If a screen has been determined to be abnormal, the PCP will be notified of the values and will either assure a repeat screen is collected or make a referral to a specialist.

Who is Responsible for the Newborn Screen?

This crucial public health service requires collaboration among many stakeholders.

HOSPITALS/BIRTHING FACILITIES & MIDWIVES

- Timely collection of specimens
- Dependable transport of specimens to the screening laboratory

KDHE - LABORATORY AND FOLLOW-UP TEAMS

- Prompt processing and analysis of specimens
- Timely reporting of results to primary care physicians

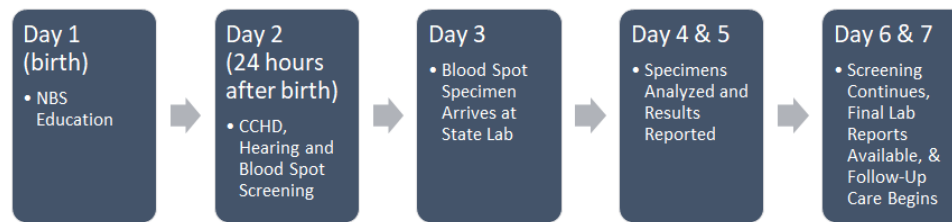
PRIMARY CARE PHYSICIANS

- Respond quickly to inform families
- Educate families on needed actions
- Assure recollection of specimen or referral to subspecialty physicians
- Adhere to agency follow-up guidelines

FAMILIES

- Prompt action following notification from your doctor that a repeat screen is needed

Per [Kansas Administrative Regulation \(K.A.R.\) 28-4-502](#), the responsibility of obtaining the initial specimen is on the birthing facility or birth attendant on record. Repeat screenings are the responsibility of the PCP. As a reminder, the newborn screening process is as follows:



Why is this Important During COVID-19?

The following concerns have been reported by physicians regarding the ability to complete the repeat screen during the COVID-19 pandemic:

- Families do not want to return to the hospital/birthing facility to get specimens collected
- Many PCP offices do not currently collect repeat NBS specimens during well-baby checks
- PCP's that want to assist with collecting the repeat screen may not have the resources (materials, training, or staffing)
- While newborn screening is an essential health service, some hospitals/birthing facilities have been practicing social distancing and turning away "non-essential patients"
- Some outpatient laboratories may still be closed based upon county guidance

KDHE Guidance

The Kansas Newborn Screening Program is issuing the following guidance on the collection and re-collection of newborn screening specimens.

- Collection of the specimen and discharge prior to 24 hours of age is not recommended as the screen will be considered invalid if collected prior to 24 hours after birth. If immediate discharge is necessary, the first screen should be completed before discharge and the family should be informed they will be required to return for an outpatient screen.
- Hospitals/birthing facilities and PCPs should stress the importance of the screen and encourage families to stay in the birthing facility until just after the 24-hour timeframe to allow for the proper collections.
- Communication with families is the most important tool for alleviating concerns about follow-up care. Remind families that obtaining necessary health care services, such as those related to delivery/birth and well child visits is permitted and encouraged in the [Kansas Ad Astra Reopening Guidance](#).
- Hospitals/birthing facilities can support this effort by informing local PCP offices about their special efforts to support the re-collection of newborn screens and providing them with resources in the event that a hospital is unable to conduct a repeat screen.

There are several facility practices that can help families feel safe during COVID-19, including:

- Use scheduled appointments as opposed to walk-ins and have families wait in their car until the appointment time

- Ask patients to complete the demographic, insurance, and other information via phone or online before the appointment
- Perform after-hour laboratory draws for newborns
- Establish certain days or blocks of time dedicated to newborns
- Designate specific personnel who have not had direct contact with COVID-19 positive/confirmed patients to complete newborn screens
- Designate specific rooms, wings, or spaces as “clean” zones, that remain free from COVID-19 exposure for the collection of newborn screens

Additional Resources

KDHE has previously issued COVID-19 preparedness and precautions guidance for facilities and pregnant and perinatal populations. These resources are available on the [COVID-19 Resource Center](https://www.coronavirus.kdheks.gov/) at <https://www.coronavirus.kdheks.gov/> and through the links below.

- [Getting the clinic ready for handling COVID-19 patients](#)
- [Infection prevention and control](#)
- [Facility cleaning and disinfecting guidance](#)
- [FAQ's for Moms to be and Infants during COVID-19](#)

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT (KDHE) GUIDANCE ON RE-COLLECTION OF NEWBORN SCREENING SPECIMENS DURING COVID-19

Most babies are born healthy. Some, however, are born with rare but serious medical conditions that may not be visible at birth. Newborn screening is an essential public health service that allows health professionals to identify and treat rare conditions. [Newborn screening in Kansas](#) consists of three types of tests:

- Hearing screen to detect hearing loss
- Pulse oximetry screening to detect critical congenital heart defects
- Heel stick to collect a small blood sample to detect 30 genetic or metabolic conditions

The best time to conduct these screens is between 24 and 48 hours after birth.

Leaving the Hospital Early

Leaving the hospital early (prior to 24 hours after birth) results in the screening being done before the optimal timeframe. Early newborn screening increases the chance that these conditions go undetected or not identified. This will also require you to return to the hospital or another laboratory or outpatient clinic for a repeat screening after you go home, and sometimes before you are scheduled to see your baby's doctor. Additionally, these screening practices are timely to help ensure the best possible health for your baby.

If Your Baby Needs a Repeat Screening

Leaving your home for essential health care services, such as postpartum and well child visits, is safe, allowed, and encouraged.

It is important to complete repeat screenings as soon as possible. Delays increase the chance of health complications and developmental delays if your baby does have a rare condition. Many facilities and clinics are taking extra steps to minimize your exposure to coronavirus during the current pandemic. Talk to the facility staff and your baby's doctor about the extra steps they are taking and follow their directions on how to prepare for a safe visit.

Additional Resources

KDHE has previously issued guidance for mothers and infants as well as guidance on personal practices for preventing the spread of disease. Guidance and FAQs are available on the [COVID-19 Resource Center](#) at <https://www.coronavirus.kdheks.gov/> and through the links below.

- [KDHE FAQ's for Moms-to-be and Infants](#)
- [KDHE COVID-19 Information for Individuals and Families](#)

More information about newborn screening is available through the links below.

- The Kansas Newborn Screening Brochure – [English](#) and [Spanish](#)
- [Conditions Screened for in Kansas and General Program Information \(babysfirsttest.org\)](#)
- [ExpectingHealth.org – Navigate Newborn Screening](#)