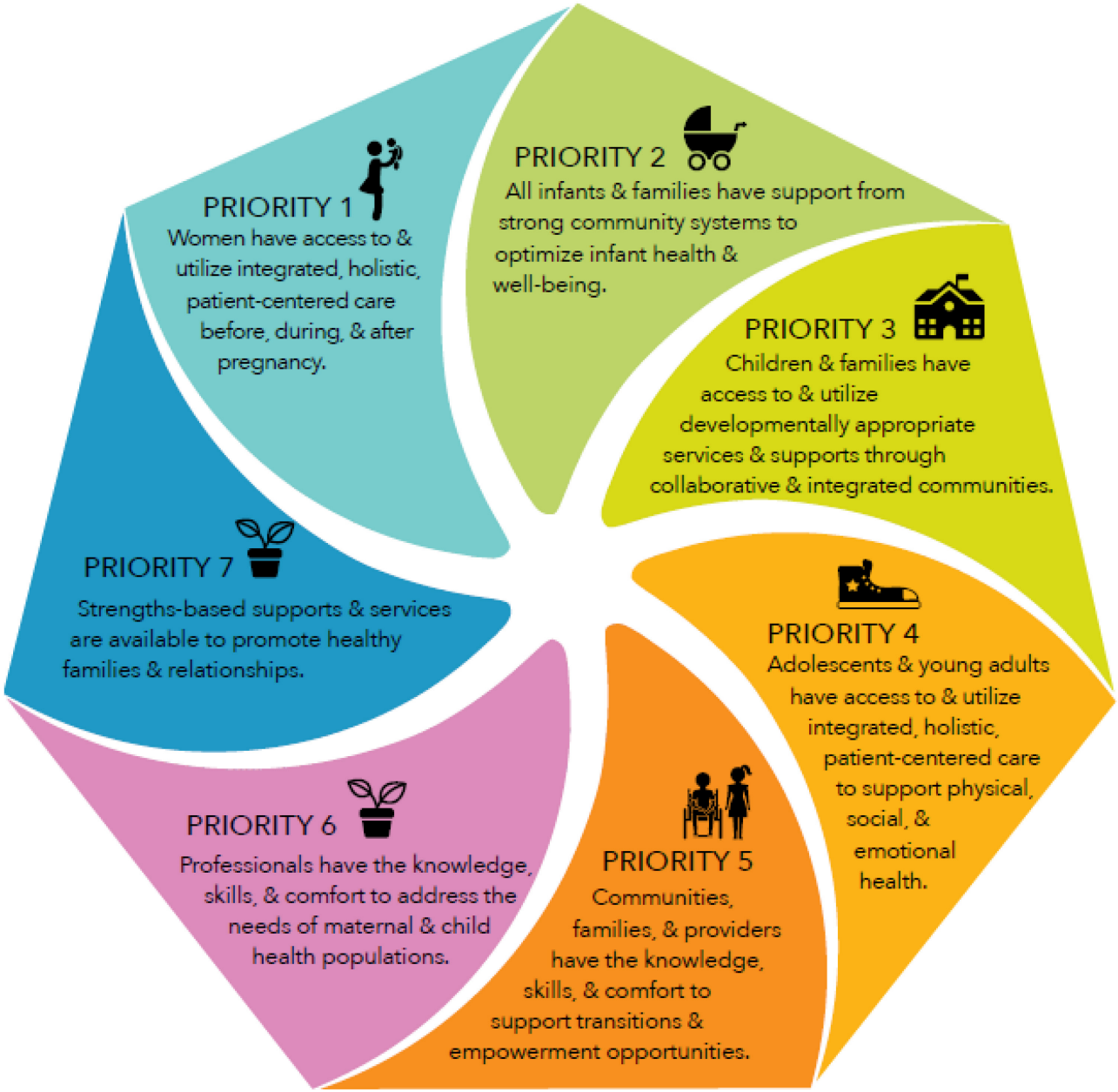
TITLE V MATERNAL & CHILD HEALTH

5-YEAR STATE ACTION PLAN

2021–2025



MCH DOMAINS

Women & Maternal | **Perinatal & Infant** | **Child** | **Adolescent** | **CSHCN** | **Cross-Cutting/ Systems Building**

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What is Title V Maternal and Child Health?

It's a Federal Law…

- Title V of the Social Security Act
  - Longest standing public health legislation
  - Federal-State Partnership
  - Unique to KANSAS needs
  - Wide variety of services…

Enacted in 1935!!

KANSAS MATERNAL & CHILD HEALTH

Title V – National

The Comprehensive Family Health Approach

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

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

Title V's Reach: All 50 States, DC, and 9 Jurisdictions

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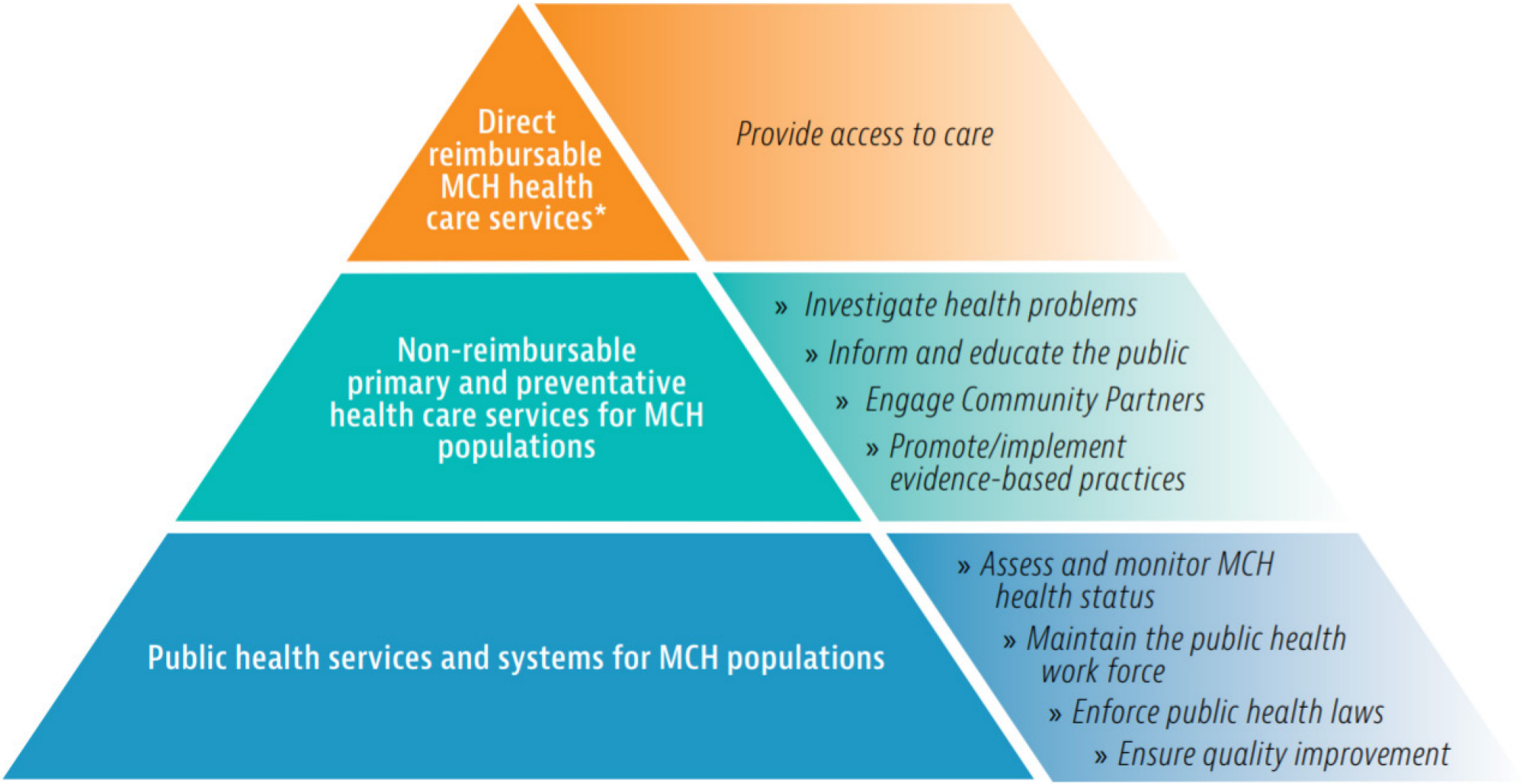
THE TITLE V MCH SERVICES BLOCK GRANT



** Payment for direct services not covered by public or private insurance*

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Why It's Important

- Critical support
- Assure the health of mothers, infants, children, including CSHCN, and their families
- Compliment expanded health insurance coverage
- Serve as a safety-net provider
- Provide gap-filling services
- Provide essential public health services

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Kansas Title V MCH, Needs Assessment & State Plan

PRIORITIES & MEASURES (2021-2025)

Priority Populations

- Women of Reproductive Age (18-44)
- Pregnant Women/Mothers
- Infants (< 1 year)
- Children (1-11 years)
- Adolescents (12-22)
- Children with Special Health Care Needs* (0-22)
- Fathers/Support Persons

**CSHCN are those who have, or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.*

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Kansas MCH Core Values

Prevention and wellness

Organized activities and system interventions that are directed at improving general well-being, protection from disease, identifying modifiable health risks, and influencing health behavior changes.

Life Course Perspective

The awareness of the long-term impact of events throughout life (e.g., fetal development, childhood, adolescence, adulthood) have on one's health in later stages of life.

Social Determinants of Health

The conditions in which people are born, grow, live, work and age. These circumstances are influenced by policy, shaped by distribution of money and power, and are often the root cause for health inequities.

Health Equity

The differences in population health that can be traced to unequal conditions and are systemic and unavoidable - and thus inherently unjust and unfair. When societal resources are distributed unequally by class, race, or disability, population health will be distributed unequally along those lines as well.

Kansas MCH Guiding Principles

Collaboration

Creating systems change that reduces barriers to women, infants, children, children with special health care needs, and adolescents getting the services that they need – both within and across agencies.

Consumer Engagement

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.

Relationships

Collective partners at the individual and organizational level that provide a foundation for service delivery, continuous quality improvement, and positive community change.

Community Norms

Recognizing community values, beliefs, attitudes and behaviors and promoting positive community norms by addressing barriers to accessing services.

MCH 2025 TITLE V NEEDS ASSESSMENT

PRIORITIES AND ACTION PLAN 2021-2025

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KU THE UNIVERSITY OF KANSAS

Kansas MCH Client Population Demographics

TOTAL NUMBER OF MCH CLIENTS IN KANSAS (2018)

34,157

WOMEN	INFANTS	YOUTH	CSHCN
34%	11%	53%	6%

of those served, 53% were pregnant or postpartum

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TITLE V MATERNAL & CHILD HEALTH

5-YEAR STATE ACTION PLAN

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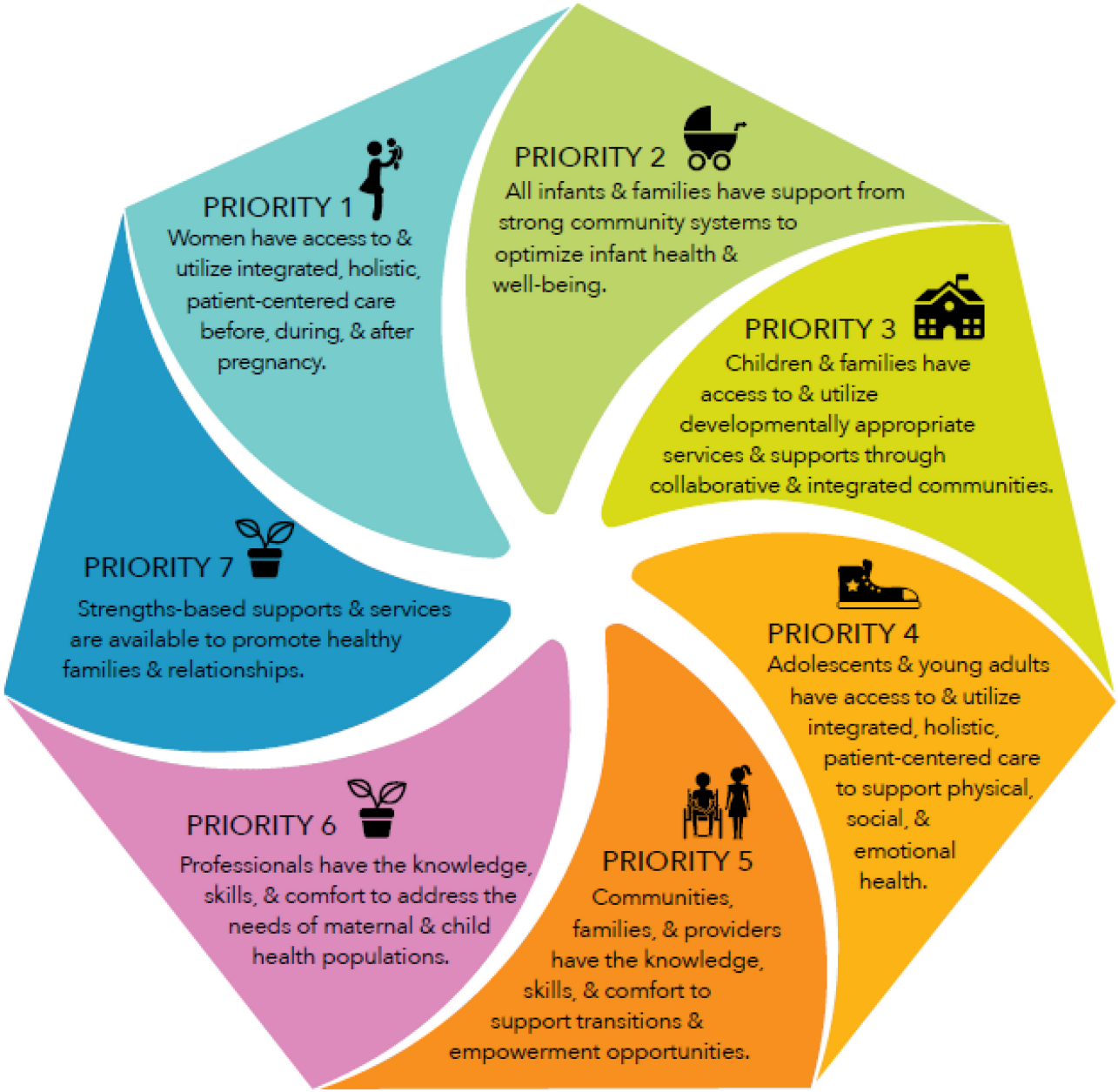

MCH DOMAINS

Women & Maternal | **Perinatal & Infant** | **Child** | **Adolescent** | **CSHCN** | **Cross-Cutting/ Systems Building**

PRIORITY 1

Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.

NPM 1: *Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year)*

SPM 1: *Postpartum Depression (Percent of women who have recently given birth who reported experiencing postpartum depression following a live birth)*

WOMEN & MATERNAL

OBJECTIVE 1.1

Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit by 5% by 2025.

OBJECTIVE 1.2

Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period by 5% annually through 2025.

OBJECTIVE 1.3

Increase the proportion of high-risk pregnant and postpartum women receiving prenatal education and support services through perinatal community collaboratives by 10% annually by 2025.

OBJECTIVE 1.4

Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10% by 2025.

PRIORITY 2

All infants and families have support from strong community systems to optimize infant health and well-being.

PERINATAL & INFANT

OBJECTIVE 2.1

Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5% annually through 2025.

OBJECTIVE 2.2

Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10% by 2025.

OBJECTIVE 2.3

Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.

OBJECTIVE 2.4

Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025.

NPM 5: *Safe Sleep (Percent of infants placed to sleep (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding)*

SPM 2: *Breastfeeding (Percent of infants breastfed exclusively through 6 months)*

PRIORITY 3

Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.

CHILD

OBJECTIVE 3.1

Increase the proportion of children age 1 month to kindergarten entry who receive a parent-completed developmental screening by 5% annually through 2025.

OBJECTIVE 3.2

Increase the proportion of children, 6 through 11 years, with access to activities and programs that support their interests, healthy development, and learning by 10% by 2025.

OBJECTIVE 3.3

Increase the proportion of MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10% annually through 2025.

NPM 6: *Developmental screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year)*

PRIORITY 4

Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.

ADOLESCENT

OBJECTIVE 4.1

Increase the proportion MCH program participants, 12 through 17 years, receiving quality, comprehensive annual preventive services by 5% annually through 2025.

OBJECTIVE 4.2

Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and supports from peers and caring adults by 10% by 2025.

OBJECTIVE 4.3

Increase the number of local health agencies and providers serving adolescents and young adults that screen, provide brief intervention and refer to treatment for those at risk for behavioral health conditions by 5% by 2025.

NPM 10: *Adolescent well-visit (Percent of adolescents, 12 through 17,with a preventive medical visit in the past year)*

PRIORITY 5

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

OBJECTIVE 5.1

Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.

OBJECTIVE 5.2

Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.

OBJECTIVE 5.3

Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.

NPM 12: *Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care*

PRIORITY 6

Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.

CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 6.1

Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

OBJECTIVE 6.2

Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

OBJECTIVE 6.3

Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

SPM 3: *Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored work- force development event.*

PRIORITY 7

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

CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 7.1
Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

OBJECTIVE 7.2
Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

OBJECTIVE 7.3
Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

OBJECTIVE 7.4
Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

SPM 4: *Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems*

PRIORITY 5

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

NPM 12: *Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care*

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

OBJECTIVE 5.1

Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.

OBJECTIVE 5.2

Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.

OBJECTIVE 5.3

Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.

Children with Special Health Care Needs

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

Objective 5.1 –Transition

Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.

Proposed Strategies:

- Transition readiness education and resources for youth ages 12 and older
- Transition from pediatric to adult health systems
- Support adequate reimbursement for transition care services

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Children with Special Health Care Needs

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

Objective 5.2 – Systems of Care for CSHCN

Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.

Proposed Strategies:

- Advance the KS State Plan for Systems of Care for CSHCN
- Strengthen services and supports for CSHCN in MC and HCBS programs
- Assess gaps in insurance coverage, adequacy, and affordability for families of CSHCN
- Advance and increase access and coverage of necessary medical and social services
- Partner in policy to allow family caregivers as nursing caregivers under HCBS waivers
- Assess barriers to accessing care for families of CSHCN

KANSAS MATERNAL & CHILD HEALTH

Children with Special Health Care Needs

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

Objective 5.3 – Care Coordination

Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.

Proposed Strategies:

- Improve coordination across systems and align services for CSHCN in foster care
- Expand KS-SHCN Care Coordination eligibility
  - Pilot Program for families transitioning out of EI services begins in 2021!!!
- Systems Navigation Trainings for parents of CSHCN

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PRIORITY 7

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

SPM 4: *Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems*

CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 7.1
Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

OBJECTIVE 7.2
Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

OBJECTIVE 7.3
Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

OBJECTIVE 7.4
Increase the number of MCH-affiliated programs providing holistic care coordination through cross-system collaboration by three through 2025.

Family Strengthening and Supports

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

Objective 7.1 – Family and Consumer Partnership

Increase the proportion of MCH-led activities with a defined program plan for family and consumer partnership (FCP) to 75% by 2025.

Proposed Strategies:

- Family and Consumer Partnership (FCP) resource toolkit
- Trainings on importance of family-centered services and supports
- Standards for Quality for Family Strengthening and Support

KANSAS MATERNAL & CHILD HEALTH

Family Strengthening and Supports

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

Objective 7.2 – Peer to Peer Supports

Increase the number of individuals receiving peer supports through Title V-sponsored programs by 5% annually through 2025.

Proposed Strategies:

- Expand the Supporting You Network
- Identify and implement evidence-based peer support models
- Outreach/Awareness Campaigns

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Family Strengthening and Supports

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

Objective 7.3 – Family and Consumer Leadership

Increase the number of families and consumers engaging as leadership partners with the MCH workforce through the FCP Program by 5% annually through 2025.

Proposed Strategies:

- Family Delegate Program – progressive leadership program
- Create MCH learning pathways
- Engage families and consumers with lived experiences in program activities
- Expand the Family Advisory Council

KANSAS MATERNAL & CHILD HEALTH

Family Strengthening and Supports

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

Objective 7.4 – Holistic Care Coordination

Increase the number of MCH-affiliated programs providing holistic care coordination through cross-systems collaboration.

Proposed Strategies:

- Implementation Toolkit
- Expanding cross-system partnerships for stronger public, private, and behavioral health integration/collaboration
- Continuing education curriculum for case managers, care coordinators, and community health workers on HCC services

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Needs Assessment Results

http://www.kdheks.gov/bfh

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State Action Plan / MCH Core Work

Public comment opportunity! The Kansas Council on Developmental Disabilities
is seeking feedback on their draft five-year state plan.

http://www.kansasmch.org

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Action Alerts

Title V MCH State Action Plan 2021-2025

Home | Domains | KMCH Council | Family Advisory Council | Perinatal Behavioral Health | Resources

MCH Integration Toolkits

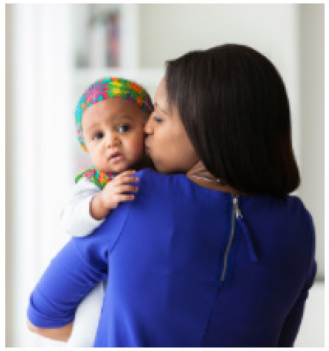
Just Released! 2019 Kansas PRAMS Report

COVID-19 Interim Guidance and Resources
related to Maternal and Child Health

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.

We envision a state where all are healthy and thriving.



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Family and Consumer Partnership Program

Family & Consumer Partnership (FCP) Program

Peer Supports

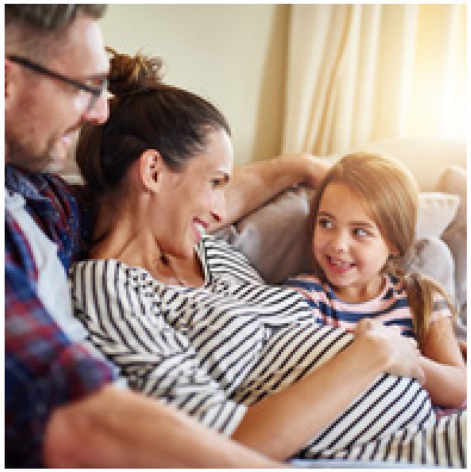
- Supporting You
- Caregiver Resource Website
  (partnership with LEND)

Leadership

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

KANSAS MATERNAL & CHILD HEALTH

Family & Consumer Partnership (FCP) Program



Advisory

- Expanded FAC
- PDG Family Leadership Team

Technical Assistance

- Family & Consumer Engagement Toolkit
- MCH Change Academy

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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)*

Caregiver Resources

Self-Care

- Tips, Tricks, Resources

Support Forum

- Discussion boards/blogs

System Navigation & Resources

- General, but also specific to navigating systems of care for CSHCN – expanding from the “Building a Life” website

LEND trainees are working to create a website for caregiver supports. They would like to partner on this and tie to the Title V FCP efforts.

Peer Supports

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

Title V Delegate

4 year term

- Delegate-Elect (Y1), Delegate (Y2&3), Past-Delegate (Y4)

Personal Leadership Development

- MCH Competencies (Self-Assessment)
- Personal Development Plan
- Delegate Community Change “Project”

Peer Mentorship

- Past-Delegate > Delegate (Y1)
- Delegate (Y2) > Delegate-Elect

Leadership

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

Title V Delegate, continued

Advocacy Training

- Legislative Process
- AMCHP Conference & Hill Visit Supports

Progressive Leadership

- Delegate-Elect (Executive Committee Chair)
- Delegate (KMCHC/Early Childhood Recommendations Panel)
- Past-Delegate (AMP Chair)

Annual BG Review Participation

Leadership

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

Leadership Program

Alumni Group

- Ongoing engagement and support opportunities
- Biannual Alumni “events”

Mentorship Program

- Mentorship training (aligned with Supporting You efforts)
- FAC New Member Orientation

Family/Consumer Policy Team

- Trainings: Advocacy, Quality Improvement, Systems Improvement

Leadership

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

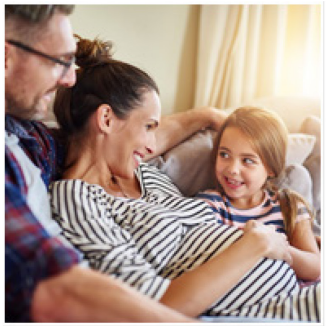
Expanded FAC

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)



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- Expanded FAC
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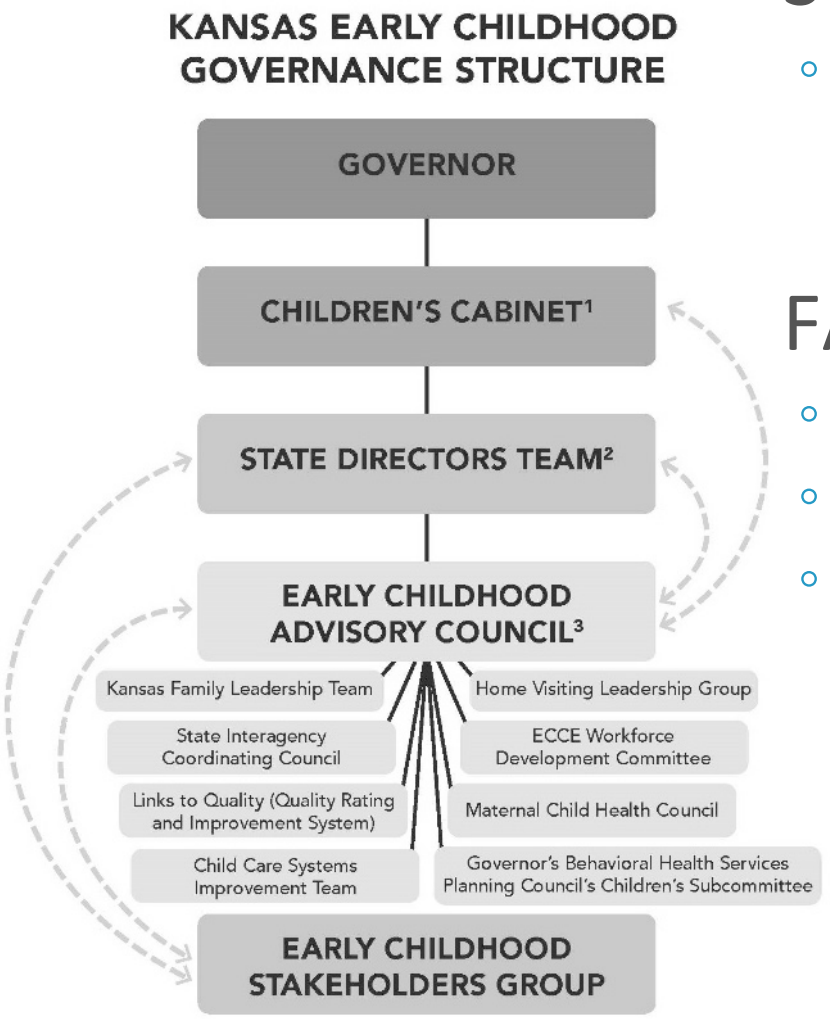
PDG Family Leadership Team



Statewide Governance Structure

- Direct line to Early Childhood Recommendations Panel then to State Directors Team and Children's Cabinet

FAC Executive Committee

- One in the same!
- FAC brings issues/needs to the EC
- EC discusses and moves up the "chain"

Advisory

- Expanded FAC
- PDG Family Leadership 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

State 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

Change Academy

Shared Learning

- Family/consumers & MCH providers learning together
- Collaborative teaching models
- Learning forum and discussion opportunities

Workforce Development

- MCH competency assessments
- Training and skill-building

Sets stage for Family Leader Credentialing model

Technical Assistance

- Family & Consumer Engagement Toolkit
- MCH Change Academy

KANSAS MATERNAL & CHILD HEALTH

THANK YOU!

Heather Smith, MPH
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Title V Children with Special Health Care Needs

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