

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
NOTICE OF GRANT AWARD AMOUNT & SUMMARY OF PROGRAM OBJECTIVES

PROGRAM NAME: Maternal & Child Health (#17)
LOCAL AGENCY NAME: Sedgwick County Health Department
PROGRAM PERIOD: July 1, 2023 - June 30, 2024
AMOUNT THIS PERIOD: \$ 520,115

This document is incorporated by reference into Contract Attachment No. 17. Acceptance of the first payment constitutes Local Agency's agreement to the amount of the grant, the program objectives set out below, and the terms of Contract Attachment No. 17. In addition to the general program provisions and objectives set forth in Contract Attachment No. 17, Local Agency agrees to the following Fiscal Year/Local Agency-specific requirements:

1. Target efforts, coordination, and resources as necessary to address the priorities identified in the 5-year statewide needs assessment, *MCH 2025*, as well as community needs.

Provide services within one or more of the following domains as indicated and detailed in the application for funding:

- a. Women/Maternal Health
- b. Perinatal/Infant Health
- c. Child Health
- d. Adolescent Health
- e. Children and Youth with Special Health Care Needs

2. Serve the estimated number of MCH participants as indicated by domain in the application for funding:

Services will be provided for:

- | | |
|-----|---|
| 103 | Prenatal/Pregnant Women |
| 0 | Perinatal Community Collaborative Prenatal Education (BaM) |
| 78 | Post-Partum Women (up to 60 days after delivery) |
| 88 | Women (22 through 44 years, not counted in Prenatal/Pregnant and Postpartum categories) |
| 136 | Infants (<1 year, not counted in CSHCN category) |
| 193 | Children (1 through 11 years, not counted in CSHCN category) |
| 137 | Adolescents (12 through 21 years, not counted in CSHCN or Prenatal/Pregnant categories) |
| 12 | Children and Youth with Special Health Care Needs |

3. Breakdown by Program of Award Amounts (*if applicable):

\$329226	Maternal and Child Health (MCH)
\$190889	Home Visiting*
\$	SHCN - Satellite Office*
\$520115	TOTAL Award Amount

4. Submit to the State Agency in the Kansas Grants Management System (KGMS) the reports listed in the [KDHE Grant Application Guidance and Grant Reporting Instructions](#). The State Agency reserves the right to modify in its sole discretion, the reporting requirements during the term of this agreement to meet applicable federal or state reporting requirements.

- a. Submit the Financial Status Report (FSR) by the 15th of the month following the end of each quarter. The source and amount of funds received during the reporting period that support activities within the scope of the grantee's approved application/plan shall be identified on the FSR.

Quarter	Reporting Period	Due Date
1	July 1 st - September 30 th	October 15 th
2	October 1 st - December 31 st	January 15 th
3	January 1 st - March 31 st	April 15 th
4	April 1 st - June 30 th	July 15 th

- b. Submit detailed Semi-Annual Progress Reports by the 15th of January and July.
 - c. The entire amount of Program Revenue reported on FSRs during the contract period MUST be spent as Revenue Expense by the end of the contract period (June 30th). Program Revenue cannot be carried over from one contract period to the next.
 - d. A 5% penalty of total grant award amount will be assessed for delinquent year-end (final) report beyond August 15th.
5. Track real-time client demographics and service/encounter data as required and in accordance with the guidelines provided by the State Agency.
- a. Utilize the Data Application and Integration Solutions for the Early Years (DAISEY) system to report client-encounter data. Data must be entered by the 10th of every month for services provided through the end of the preceding month. All encounter data shall be current and available to the State Agency within fifteen (15) days of the end of the calendar year and state fiscal year. This data will be the source for required reports. KDHE must be notified of plans to use an alternative system such as an Electronic Health Record (EHR) to collect client-level data. Entry in DAISEY will still be required. Additional information will be provided as applicable.
 - b. Provide a signed DAISEY Terms of Use Agreement and comply with the terms outlined in the agreement.
6. No more than 25% of the total grant award shall be advanced/made available to the Local Grantee Agency for the period July 1 through September 30. Therefore, any expenses exceeding 25% of the total grant award should not be reported on the 1st quarter affidavit. Additional expenses must be reflected in the Match section.
7. Create annual staff development plans that identify education needs of staff and plans for providing or obtaining the needed training. An Individual Professional Development Plan or other system of documenting educational updates will be maintained for each staff member.
8. KDHE *Maternal Warning Signs* Initiative Integration Requirements:
 All current MCH staff are **required** to complete the POST-BIRTH Warning Signs and Postpartum Discharge Education course through the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) **by September 1, 2023**.
- a. **If all your MCH staff have already completed this training**, then you have met the requirement and do not need to complete the training again.
 - b. **If some MCH staff have already completed the training**, but there are additional staff that have not yet completed the training, please log into the AWHONN account that your organization set up originally, to access the current training seat that your organization has already activated, using the username and password that you created for this account.
 - i. After logging in, if you receive a message that your seat has expired, you will need to move through all the steps in the attached instructions to purchase a new seat, using the **same** Unique Group Coupon Code that is provided in the instructions. Only one additional seat will be assigned to your organization, so it is important to coordinate efforts for use of this seat for all remaining staff that need trained. *Please make every effort to access your previously activated account and seat, and to ensure no one else in your organization has already accessed a new seat. There is a cost associated with every single seat, so we want to ensure we are not using additional seats unnecessarily.

- c. **If no MCH staff have completed the training**, please see the attached copy of the original messaging and instructions that was sent out to all grantees – **Follow the instructions that are included in this messaging.**
- d. Please notify KDHE of all staff trained by completion of the attached Sign-In sheet and email to kpcc@ks.gov. *Note, if you have already submitted this form, and no additional staff are being trained, there is no reason to resubmit the form again.

Following September 1, 2023, all new staff funded by Title V MCH dollars are **required** to view the **Webinar for Providers - Maternal Warning Signs Initiative Kick-Off** - located in the Maternal Warning Signs Integration Toolkit <https://www.kdhe.ks.gov/1847/Provider-Resources>

9. Meet KDHE MCH orientation, initial, and ongoing training requirements as outlined in the most current [Kansas Maternal & Child Health Services Manual](#), as follows: (Note: Quarterly payment(s) may be withheld if the State Agency determines the Local Agency does not meet requirements.)
 - a. All MCH program staff and supervisors must complete MCH training via the online MCH Navigator (<http://mchnavigator.org/trainings/topics.php>). One course from [MCH101](#) and [MCH Orientation](#) is required to be completed within the first three (3) months of grant award or hire, whichever applies (complete the module that best fits each person’s role in the agency/program). Documentation of training completion must be maintained in the personnel file. (*orientation/initial*)
 - b. Kansas Tobacco Cessation Help (KaTCH) Training-This free tobacco cessation training is a self-paced course that guides participants through seven modules each ranging from 15-30 minutes. After each module the participant will have the option to print a certificate of completion. The training also offers CME, CNE and CPE credits for professionals. To review a summary of each module or register for the training, visit <https://quitlogixeducation.org/kansas/>. (*orientation/initial*)
 - c. At least one staff member of the local agency MCH Program will participate in/attend technical assistance or training sessions as provided throughout the grant period. Sessions may be via telephone, webinar, or face to face. Webinars or trainings may be held to address emerging issues and/or provide “just-in-time” training, in which case program staff are strongly encouraged to attend and participate to support successful program implementation. (*ongoing*)
 - d. At least one member of the local agency MCH Program will attend the MCH Pre-Conference of the Governor’s Public Health Conference and provide a summary of key information gained to other grant personnel that did not attend the pre-conference. (*ongoing*)
 - e. MCH Home Visiting staff must complete the Kansas Basic Home Visitation training. The training includes two parts:
 - i. Part 1: Online training (KS-Train course ID #1043474) Required for home visitors and supervisors within 30 days of hire and prior to providing services (regardless of profession/credential). (*orientation/initial*)
 - ii. Part 2: In-person training hosted by KDHE, home visitors only (prerequisites include review of HIPAA for Professionals from the U.S. Department of Health and Human Services and A Guide for Reporting Child Abuse and Neglect in Kansas from the Kansas Department for Children and Families). This does not need to be completed prior to conducting home visits. (*ongoing, annually*)
 - f. MCH Home Visiting staff must also complete the required trainings from the [Institute for the Advancement of Family Support Professionals](#) listed on the MCH ATL Orientation and Training Checklist: Home Visiting 101, 102, and 103, and Virtual Home Visiting 101, 102, 103, 104, 105, and 106. (*orientation/initial*)

*Additional recommendations for training and professional development are outlined in the Kansas Maternal & Child Health Services Manual.

10. Local Agency is responsible to keep agency/program contact information updated in 1-800-CHILDREN. Visit <https://1800childrenks.org>, create a log-in to update and add to the agencies information.
11. Requirements for Special Health Care Needs (SHCN) Satellite Office grantees only.
 - a. Assist in efforts to expand KS-SHCN community-based services within the assigned region by:
 - i. Monitoring client status and communicate needs to families, as applicable
 - ii. Inputting client notes into web-based data system regarding interactions and communications made with KS-SHCN families
 - iii. Running update reports monthly to identify families that require updated applications, information, or follow-up
 - iv. Participating in one virtual training. This training will cover basic satellite office work for SO staff to have the support they need to provide quality services to the children and families of the SHCN program.
 - v. Participating in 1-hour long webinar/Brain Trust virtual meetings every other month.
 - vi. Providing Care Coordination services for clients in your area as assigned by the Lead Care Coordinator
 - b. Assist families with the application process who are interested in or needing KS-SHCN services by:
 - i. Assisting families in compiling necessary medical and financial information for KS-SHCN and other state and federal financial assistance programs; and
 - ii. Follow-up with families regarding referrals made to ensure support, collaboration and integrated service delivery across systems.
 - c. Maintain proficiency in using the KS-SHCN web-based client monitoring system by:
 - i. Entering client applications and determining financial eligibility;
 - ii. Monitoring client status and communicate needs to families, as applicable; Inputting client notes into SHCN data system regarding interactions and communications made with SHCN families;
 - iii. Running update and reminder reports monthly to identify families that require updated applications, information or follow up;
 - iv. Developing and updating Action Plans for clients.
 - d. Host KDHE for two (2) on-site visits for new satellite offices and one (1) on-site visit for existing offices during the contract period.
 - e. Share information about the SHCN program with all agency staff to increase referral rates to the program.
 - f. Make sure Decision Schemas and brochures are displayed throughout the agency for consumer viewing.
 - g. Do outreach with partner agencies to let them know about the KS-SHCN program.
 - h. Assist with promotion of the System Navigation Trainings for Families when offered locally.
 - i. Provide matching funds equal to or greater than 40% of grant funds expended per quarter

Dear Maternal Health Champion,

During 2016-2018, in Kansas, approximately one in four deaths of women during or within one year of pregnancy were determined to be pregnancy-related (13 deaths, 22.8%). This translated to a pregnancy-related mortality ratio (PRMR) of 11 deaths per every 100,000 live births that occurred in Kansas. 12 (92.3%) of the 13 deaths were preventable.

The *Maternal Warning Signs Initiative* is one component of a multi-pronged, multi-partner approach we are taking to reduce maternal mortality in the state of Kansas. As part of this statewide initiative, KDHE has recently purchased the POST-BIRTH Warning Signs (PBWS) and Postpartum Discharge Education course through the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), which is being provided to you at **NO COST**.

Your organization has **1 AWHONN training seat** to utilize. A clinical staff person is ideally the staff member to be the "registered" individual for your agency/entity as they can receive 1 CEU credit. That said, we *highly encourage* viewing of the training in a group setting where all staff can "audit" the training. Clear and consistent, repeat messaging, across all sectors is vital to reducing maternal morbidity and mortality and improving maternal health. Please share the below access information with the appropriate staff person(s).

Please complete this 1-hour training, by September 1, 2023.

To get started, each learner will need to create an AWHONN account and purchase the course from the AWHONN store. Here are some instructions on how to get started:

1. Go to PBWS Store Link: https://my.awhonn.org/nc_store?category=a0L2E00000bc9iUAQ&filter=All, locate the POST-BIRTH Warning Signs and Postpartum Discharge Education course, and click the Add to Cart button.
2. Log into the AWHONN system.
 - a. If you do not have an AWHONN account, you will need to create one by following the instructions under the Don't Have an Account hyperlink on the login page.
 - b. If you have an account and forgot your password, please click the Forgot Password link on the login page.
3. Click the Add to Cart button (again?...yes, again)
4. Click the Checkout button after adding the course to your cart.
5. Enter your unique group coupon code listed below in the COUPON CODE section and click Apply. This will ensure you do not pay for the course.
6. After the coupon is applied, click the Submit button. You will receive an email confirmation of your purchase.
7. After you receive your confirmation email, you can log into the new Learning Management Center (<http://learning.awhonn.org>) and start your education.
 - a. Please note, your course might take up to 10 minutes before you can access it in the new LMS.

Unique Group Coupon Code: **KansasMCH-PBWS**

While the CEU and registration are attached to you as the Organization Champion and/or Clinical Staff, *we highly encourage viewing of the training in a group setting, so that ALL staff receive the PBWS training.* Clear and consistent, repeat messaging, across all sectors is vital to reducing maternal morbidity and mortality and improving maternal health.

To assist KDHE track the total number of individuals who "audit" the POST-BIRTH Warning Signs training, a Sign In Sheet is attached. **Please submit the completed Sign In Sheet to kpcc@ks.gov upon completion of the training.**

Thank you for all you do on behalf of all Kansas families! Please let us know if you have any questions.



AWHONN POST-BIRTH Warning Signs Training

Organization Name:

Date:

Name	Title/Program