



**Kansas Maternal & Child Health Council (KMCHC)**  
**Wednesday, October 5, 2016**  
**Minutes**

**Kansas Maternal & Child Health Website: [www.kansasmch.org](http://www.kansasmch.org)**

<p><b><u>Attendees</u></b>  Dennis Cooley, MD, FAAP - Chair  Rebecca Adamson, APRN-C, FNP  Stefanie Baines, CHES  Kayzy Bigler  Greg Crawford  Diane Daldrup  Steve Fawcett, PhD  Beth Fisher, MSN, RN  Terrie Garrison, RN, BSN  Kari Harris, MD, FAAP  Sara Hortenstine  Elaine Johannes, PhD  Danielle Jones  Jamie Kim, MPH  Patricia Kinnaird  Steve Lauer, PhD, MD, FAAP</p>	<p>Phyllis Marmon. BSW, CCAP  Melody McCray-Miller  Patty McNamar, DNP,APRN, NP-C  Susan Pence, MD  Traci Reed  Cari Schmidt, MD  Christy Schunn, LSCSW  Fran Seymour-Hunter  Pam Shaw, MD, FAAP  Rachel Sisson, MS  Lori Steelman  Tamara Thomas, MPH  David Thomason, MPA  Annie Wallace  Stephanie Wolf, RN, BSN  Donna Yadrich  Phyllis Young</p>	<p><b><u>Absent</u></b>  Carrie Akin  Kami Cohorst  Julia Connellis  Lisa Gabel, RN, BSN, CCM  Lori Hasket  Wes Jones, PhD  Peggy Kelly  Annie McKay  Randall Morgan, MD  Brian Pate, MD, FAAP  Susan Mosier, MD  Gianfranco Pezzino, MD, MPH  Debbie Richardson, PhD  Cherie Sage  Heather Smith, MPH  Sharla Smith, PhD, MPH  Michele Spainhower</p>	<p>Kari Teigen, MPH  Zachary Kuhlmann, DO  Vicki Collie-Akers, PhD, MPH  Kay White</p>
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<p><b><u>Staff</u></b>  Connie Satzler  Chris Steege</p>	<p><b><u>Visitors</u></b>  J’Vonnah Maryman – PRAMS  Julia Soap – PRAMS  Lisa Williams – PRAMS  Nashell Williams - PRAMS</p>	
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Agenda Items	Discussion	Action Items
<b>Welcome &amp; Introductions</b> <i>Dennis Cooley, MD, Chair</i>	Dr. Cooley welcomed the KMCHC members. All new members and guests were introduced.	
<b>Review &amp; Approval of June 22, 2016 Minutes</b> <i>Dennis Cooley, MD, Chair</i>	It was moved by Ms. Schunn and seconded by Ms. Daldrup to approve the 6/22/16 minutes. All approved.	
<b>Title V MCH Application/Plan Update</b> <i>Rachel Sisson</i>	<p>Ms. Sisson presented an update on the MCH Block Grant. The final plan was submitted last Friday. She reviewed the 5-year needs assessment document and is available on the Bureau of Family Health website, <a href="http://www.kdheks.gov/bfh">www.kdheks.gov/bfh</a>. All the links to the documents are new under the web address above. The following was reviewed:</p> <ul style="list-style-type: none"> <li>- The Kansas Plan handout with the 6 priorities, population Domains and Objectives for each priority.</li> <li>- Statistics Handout – Outcomes and Performance Measures. This is high level data.</li> <li>- (Stephen) question on statistics drilled down?</li> <li>- (Donna) SHCN children that are on Medicaid get better care than children on private insurance. Essential Health Care Benefits for all children would address the difference in care for Medicaid children and those under private insurance.</li> <li>- Fact Sheets provided by KDHE – Rachel would email out to members between meetings.</li> <li>- MCH Plan Next Steps – Share the plan, KMCHC members guide the state program, strategies and objectives will be organized by KDHE- Bureau of Health and give updates in future KMCHC meetings.</li> <li>- Regular MCH coordination meetings with other entities have been set to monitor the MCH Plan.</li> <li>- Ms. Sisson asked members to submit questions, needs, request, thoughts that affect them in their day-to-day work.</li> <li>- KDHE will review the measures with the KMCHC annually.</li> </ul>	<p><b><u>Done</u></b> - Connie will place the plan link on the Kansas MCH website.</p> <p><b><u>Done</u></b> - Chris will email a copy of the revised roster with the 10/5/2016 KMCHC minutes.</p>
<b>Help Me Grow: KS Implementation</b> <i>Kazyzy Bigler &amp; Debbie Kern</i>	<p>Ms. Bigler reported on the Help Me Grow (HMG) program.</p> <p><u>Presentation Highlights:</u></p> <ul style="list-style-type: none"> <li>- See attached Handouts about HMG.</li> <li>- The initial focus was on shared resources.</li> <li>- Help Me Grow is a statewide system designed to address the need for early developmental identification of children ages 0-8 years and provide links – creating a “one stop shop” for good positive outcomes.</li> </ul>	

- This is used by parents and providers. This is replicated in 26 states. A system that builds on collaboration across all sectors across the state.
- Connecting children and families to available developmental services across a state. HMG is the hub for services.
- Care coordination is provided with follow-up and referrals.
- Track outcomes of services used/not used.
- Orange County, CA set up a STAR system for tracking and follow-up. (IRIS would be Kansas)
- HMG focuses on the entire family along with the child.
- Kansas has a goal to expand beyond 8 years old.
- Reviewed the Benefits of the program.
- Integrated Referral and Information System (IRIS) system with KU for data collection.
- Reviewed the structure of the system. The KDHE Bureau will be the lead organizations along with WSU. The program will have a designated manager.
- Quality Improvement will be included in the system.
- Reviewed the Roles and Responsibility of the Leadership Team Members and who are all the members.
- Sustainable funding is needed.
- An opportunity to be an Affiliate state with HMG.
- Reviewed the Advantages and Disadvantages

Needs:

- Share information about HMG.
- A one designated staff person to answer specific questions.
- Sign up to be a community provider partner
- Financial assistance
- Volunteers to participate on the leadership team.

Discussion Questions:

- How many providers/users would be interested in utilizing a referral system, etc.?
- Questions about the specifics of the data collection program.
- What are the minimum data sets?
- Physician questions on the referral back process and how does the evaluation, consult and patient information get back to the medical home.
- Travel issues, telehealth be used, lack of local services. Flows of communication needs to be determined no matter who contacts HMG.
- Access to quality affordable care. Data captured in the system to establish a baseline that is specific to Kansas.
- Support for Advocacy efforts – cost savings.

	<ul style="list-style-type: none"> <li>- Many providers; pediatricians, family physicians, public health, FQHCs.</li> <li>- Military One Source system in Kansas (Elaine). Karen Hutchinson, from Kansas, for the National Military One Source. How do they successfully refer.</li> <li>- Services require a physician’s order – how does that work.</li> <li>- The one line KRG portal will be discontinued July 1, 2017 however, the 1-800 line and the e-mail for KRG will still be available for Kansans to access for help in locating resources in the state.</li> <li>- Wyandotte County has Connections that is a referral system, triage system and meets the high risk needs. Leslie Worland, MIEHV lead in Wyandotte, will be part of the pilot program.</li> <li>- Information on the time waits for the referrals – how is that handled. Does HMG call back the family to follow-up.</li> <li>- This is not duplication – compliment other systems to meet all children.</li> <li>- How to Pilot? Certain areas – Wyandotte (MIECV), and Western Kansas, and SE Kansas (Patty McNamar)</li> <li>- Looking at universal connections in Kansas to help develop the HMG in Kansas.</li> <li>- Reviewed which HMG address different priorities.</li> <li>- The issue of how many ‘moving parts’ to building the HMG system in Kansas. What programs and what type of services.</li> <li>- Cover prenatal care.</li> <li>- How do you see sustainability – beyond the grant period? Looking at merging, other state departments funding, outside funding – need to prove it is worthwhile and beneficial.</li> </ul> <p><u>IRIS system from KU</u> Ms. Sisson briefly reviewed the IRIS referral slides from KU. These slides will be added to the Kansas MCH website. KDHE will handle all the aggregate data.</p> <ul style="list-style-type: none"> <li>- Sorting by geographical area</li> <li>- How to filter to drill down with a small number on the specific list.</li> <li>- How does the referral system communicate with an EHR?</li> </ul>	<p><b><u>Done</u></b> - Connie will add the IRIS slides to the Kansas MCH website for KMCHC members to review.</p>
<p><b>MCH Population Domains: Small Group Discussions</b></p> <p><b>Women &amp; Maternal Health Perinatal &amp; Infant Health Pregnancy Risk Assessment &amp;</b></p>	<p>Overview - PRAMS (Pregnancy Risk Assessment &amp; Monitoring System) Ms. Soap and Ms. Williams gave an overview about the 1<sup>st</sup> year of the PRAMS program and information on the Questionnaire. The Women &amp; Maternal Health and the Perinatal &amp; Infant Health Domains participated in ranking and prioritizing each question.</p> <p><u>Presentation Highlights</u></p> <ul style="list-style-type: none"> <li>- Kansas occurrence births.</li> </ul>	<p><b><u>Done</u></b> - Chris will email out PRAMS information to the Women &amp; Maternal Health and Perinatal &amp; Infant Health</p>

<p><i>Monitoring System (PRAMS)</i></p> <p>-Facilitated by: Julia Soap &amp; Lisa Williams, KDHE Bureau of Epidemiology &amp; Public Health Informatics</p>	<ul style="list-style-type: none"> <li>- Review program operations.</li> <li>- Questionnaire and follow up phone calls</li> <li>- Members reviewed and prioritized the Core questions and discussed any additional questions to the Standard list</li> <li>- Members used green and red dots indicating priority and what information is already being collected.</li> <li>- Discussion on Child Care questions</li> <li>- The Core needs more attention</li> <li>- All questions or their answer lists cannot be modified.</li> <li>- There was a discussion on the priority areas and what questions should be at the top.</li> <li>- “Parking Lot” - questions that need revised and possibly used in future years.</li> <li>- Members voted on possible incentives.</li> </ul>	<p><b><u>Done</u></b> - Domains that needs to have input by Friday, Oct. 7. Email to <a href="mailto:PRAMS@kdheks.gov">PRAMS@kdheks.gov</a></p>
<p><b>Child Health</b> <b>Adolescent Health</b> <i>School Health Partnerships &amp; Opportunities</i></p> <p>-Facilitated by: Connie Satzler, Envisage Consulting</p>	<p>Ms. Satzler facilitate a session with the Child Health and Adolescent Domain groups.</p> <p>The Child and Adolescent Domain Group focused on schools and reviewed objectives and strategies related to schools.</p> <p><u>Discussion and Next Step Highlights</u></p> <ul style="list-style-type: none"> <li>- Objective 8.3 was somewhat confusing to the group (too broad).</li> <li>- Strategic 8.3.2: Elaine Johannes will forward materials on CIS (Communities in Schools), and Elaine will check with Mark Thompson on the status of school health councils and school health plans. Overall recommendation was to develop a repository of evidence-based practices, materials, and websites. Identify opportunities to incorporate healthy choices into what schools are already doing.</li> <li>- Strategy 8.3.4: Orientation is not the best time to distribute material. Consider distributing through IEP meetings, at vision/hearing screenings, on school website, and other avenues. First step: Develop talking points about why this is important. Identify pilot school/district.</li> <li>- Strategy 5.1.1: Follow-up with Kent Reed from KSDE on list of what has already been done.</li> <li>- Strategy 5.1.2: Check with Kent Reed from KSDE on current status, any model policies.</li> <li>- Strategy 5.1.3: Annie Wallace will recommend ACES as topic for the next school nurse conference. Consider initial survey of school nurses or counselors on bullying. Again, check with Kent Reed to see if he has data, and ask him to be a small group presenter at the next meeting.</li> <li>- Strategy 5.1.4: Members gave a couple example ways schools were</li> </ul>	<p>Rachel will ask Kent Reed from KSDE to be a small group presenter at the next KMCHC meeting.</p>

	<p>allowing behavioral health. Everyone should come up with a list of access to behavioral health connected with schools.</p> <ul style="list-style-type: none"> <li>- Strategy 5.1.5: Look into Netsmartz curriculum, who already has it and how to disseminate.</li> <li>- Strategies 5.3.3-5.3.5: These are important issues, but there are challenges. Check with Kent Reed on the state law, what is happening with suicide task force, and examples of Kansas schools doing screenings well and how they address privacy laws.</li> <li>- Strategy 5.4.2: The group didn't like the way this strategy was written. They didn't think that the school nurse was the gap or that engaging the school nurse or focusing on IHP was the answer. The focus should be on increasing well child visits. Work with KSDE to promote well-visit form, work with schools to share with parents.</li> <li>- Strategy 5.4.3: Minimal time for discussion of this one. Group members thought all schools were doing something differently.</li> <li>- Strategies 3.6.1-3.6.2: Did not have time to discuss.</li> </ul>	
<p><b>Closing Remarks</b> <i>Dennis Cooley, MD, Chair</i></p>	<p>Dr. Cooley thanked the Speakers and the KMCHC members for their work at the meeting today.</p>	
<p><b>Future Meetings</b> <del>December 14, 2016 – Topeka</del> January 11, 2017 – Topeka  April 5, 2017 - Topeka</p>	<p>Dec. 14 KMCHC meeting has been <b><u>canceled</u></b> and rescheduled for Jan. 11, 2017. *Rescheduled date for KMCHC meeting in Topeka  Mark Your Calendar. <b>Ramada Convention Ctr Downtown Topeka</b> <b>420 SE 6<sup>th</sup> St</b> <b>Topeka, KS 66607</b> <b>9:30am – 3:00pm</b></p>	