Welcome
Recognize New Members
Approval of Minutes

DENNIS COOLEY, MD, CHAIR
MCH Block Grant Updates

Comprehensive Needs Assessment Documents
Final 2017 Application & 2015 Annual Report
Final 2016-2020 MCH State Plan
Health Status – Progress & Gaps

RACHEL SISSON, KDHE
Published Links/Documents

http://www.kdheks.gov/bfh
MCH 2020: KANSAS MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT
PRIORITIES AND ACTION PLAN, 2016-2020

The 2016-2020 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course. The Bureau of Family Health's mission is to provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.

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Prepared in partnership with:
Center for Public Partnerships and Research
University of Kansas
1617 St. Andrews
Lawrence, Kansas 66047

Mission:
To protect and improve the health and environment of all Kansans.
EXECUTIVE SUMMARY

Guiding Principles of Positive Youth Development:
Adolescents are an important developmental stage filled with health opportunities, as well as health risks. During this stage, health behaviors are established that pave the way for adult health, productivity, and longevity. Adolescents who have access to caring adults that foster healthy development, and are offered meaningful opportunities to belong and build their competencies and abilities, are less likely to be problem to manage, when adolescents are assets to their communities. Consequently, Kansas shares a positive youth development approach through the five-year needs assessment for the 2015-2020 Title V Maternal and Child Health Services Block Grant for the Kansas Department of Health and Environment. The assessment was conducted by Kansas State University’s Kansas Adolescent Health Project, consisting of: a) a review of existing health data, b) an online community input survey, c) community focus groups, and d) interviews with key individuals and leaders.

Identifying Needs and Issues among Kansas Adolescents:

More than 859 respondents* of an online survey, which was open from August to September 2014, resulted in the following findings:

Top health issues affecting adolescents in their area were:

- 56% (585) Mental Health
- 30% (326) Substance abuse
- 22% (229) Suicide
- 15% (159) Depression
- 10% (107) Fishing

Top barriers that youth faced in accessing health care services were:

- 75% (818) Affordability
- 66% (699) Availability
- 64% (678) Accessibility
- 46% (488) Awareness

A total of 418, 418 (499) respondents were 16-18, medium to lower income 94.1% (941) surveyed represented. A Spanish version of the survey was offered, but no Spanish survey was returned.

More than 40 Kansas counties shared that perspectives through 26 focus groups conducted in Chautauqua, Dodge City, Great Bend, Hays, and Kansas City. Many commonalities exist between rural and urban focus groups participants.

The focus groups resulted in the following findings relating to issues, barriers and challenges expressed by youth and/or adults (in order of prominence of youth focus group data):

Top health issues included:
- School lunch portions too small or of limited choice
- Substance use
- Physical activity
- Mental health (including depression and suicide)
- Violence
- Overall stress
- Bullying
- Recess leading to the use of technology
- Wanting more services/activities
- Wanting to connect with adults and mentors.

Top barriers and challenges included:
- Lack of information
- Access to services
- Costs too high
- Lack of parental support/knowledge
- Embarrassment/shame
- Lack of mentors.

Recommendations and Strategies to Address Adolescent Health:

The overall goal is to increase the health of adolescents and young adults (ages 12 to 22) across the state:

RECOMMENDATION 1: Address the highest priority adolescent health issues. Thus, some of these recommendations are redundant by intent. Each of these health issues is related and should be addressed as such. Measures...
Handout

Kansas Title V Maternal & Child Health
5-Year State Action Plan
FY 2016

Priority 1
Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.

Priority 2
Services and supports to promote healthy family functioning.

Priority 3
Developmentally appropriate care and services are provided across the lifespan.

Priority 4
Families are empowered to make educated choices about infant health and well-being.

Priority 5
Communities and providers support physical, social and emotional health.

Priority 6
Professionals have the knowledge and skills to address the needs of maternal and child health populations.

Priority 7
Services are comprehensive and coordinated across systems and providers.

Priority 8
Information is available to support informed health decisions and choices.

Objective 3.1
Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually.

Objective 3.2
Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.

Objective 3.3
Increase by 10% the number of children through age 8 residing in age and size appropriate car seats per best practice recommendations by 2020.

Objective 3.4
Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020.

Objective 3.5
Increase the percent of home-based child care facilities implementing daily routines involving at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.

Objective 3.6
Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.

Developmental screening (Percent of children, ages 10 through 31 months, receiving a developmental screening using a parent/completed screening tool):

- NPM: Percent of parents of child program participants that received education on child development and developmental screening.
- ESM: Percent of parents of child program participants receiving education on child development.
- Child injury (rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 19 and adolescents ages 15 through 19):
- NPM: Percent of program participants receiving car seat and/or booster seat safety education during an MCH visit.

Handout
### How is Kansas Doing?

#### Title V Outcome Measures and Performance Measures

**Kansas Maternal and Child Health Services Block Grant**

2017 Application/2015 Annual Report

<table>
<thead>
<tr>
<th>NOM#</th>
<th>National Outcome Measures</th>
<th>Medicaid Measures</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Trend</th>
<th>HP2020</th>
<th>Sources</th>
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<td>Sleep-related sudden unexpected infant death (SUID) rate per 100,000 live births (R95, R96, W75)</td>
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<td>-</td>
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<td>Percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy (PRAMS)</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
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<td>The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations</td>
<td>3.4</td>
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<td>4.7</td>
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<td>Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screenings who are followed up in a timely manner. (DEVELOPMENTAL)</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>100.0%</td>
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<td>Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)</td>
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<td>-</td>
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<td>14</td>
<td>Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months</td>
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<td>-</td>
<td>18.1%</td>
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<td>16.1</td>
<td>Rate of death in adolescents age 10-19 per 100,000</td>
<td>38.0</td>
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<td>32.8</td>
<td>31.9</td>
<td>34.7</td>
<td>+</td>
<td>-</td>
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<td>16.2</td>
<td>Adolescent motor vehicle mortality rate ages 15 through 19 per 100,000 (3 year rolling average)</td>
<td>22.7</td>
<td>20.0</td>
<td>18.1</td>
<td>14.0</td>
<td>14.8</td>
<td>+</td>
<td>-</td>
<td>12.4</td>
<td>3.8</td>
</tr>
</tbody>
</table>
MCH Plan Next Steps

- Share, Share, Share! Identify how our work aligns.
- MCH Council prioritization results utilized as a starting point
- Present plan to MCH Local Agencies and identify what’s happening, where we are strong vs. where we need to build
- Discuss the plan and same as above as part of ongoing monthly KDHE internal MCH coordination meetings
- Continue providing updates and collecting information to inform decisions, targeted areas, new partnerships, through KMCHC meetings
- Address emerging issues and stakeholder/member (consumer, family, parent, provider) questions/needs through the KMCHC meetings

Families and partners drive the agenda!
Reminders...

• The State MCH team’s ongoing and evolving work IS the state action plan (in partnership with local agencies, communities, and families).

• Existing programs and affiliated projects are underway, aligned with and targeted to the current priorities and measures.
  o Maternal & Child Health & Home Visiting
    • Becoming a Mom
    • Baby & Me Tobacco Free
    • Safe Sleep Expansion Project & Community Baby Showers
  o Special Health Care Needs
    • Care Coordination
    • Caregiver Health
    • Family & Consumer Engagement

• Needs of MCH populations will change and emerging issues will arise.

• The State MCH team relies on guidance and input from the Council to ensure the plan is reflective of current systems, practices, and protocols.

• Cross-cutting objectives and strategies will be addressed ongoing.
The mission of Kansas Maternal and Child Health is to 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.

For the federal Title V program, each state conducts a 5-year needs assessment to identify maternal and child health (MCH) priorities. The 2016-2020 MCH priorities for Kansas are:

1. Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.
2. Services and supports promote healthy family functioning.
3. Developmentally appropriate care and services are provided across the lifespan.
4. Families are empowered to make educated choices about nutrition and physical activity.
5. Communities and providers/systems of care support physical, social, and emotional health.
6. Professionals have the knowledge and skills to address the needs of maternal and child health populations.
7. Services are comprehensive and coordinated across systems and providers.
8. Information is available to support health decisions and choices.

http://www.kansasmch.org
Kansas MCH Facebook Page

http://www.facebook.com/kansasmch
Help Me Grow
Kansas Implementation

KAYZY BIGLER
KDHE SPECIAL HEALTH CARE NEEDS PROGRAM
Help Me Grow
Maternal and Child Health Council
October 2016
State Implementation Grant to Enhance Systems Integration for CYSHCN

**AIM:** By October 2017, 50% of families and medical home providers of CYSHCN contacting a shared resource for a needed specialist, support or service, will obtain a needed specialist, support, or service.

- Initially made changes to KRG
- Identified a resource and referral system that would improve systems in Kansas – Help Me Grow
- More robust than the Kansas Resource Guide
- Able to provide linkages and follow up to make sure children are getting the services they need
- Grant funding allowed for the consideration of a Help Me Grow system
Help Me Grow

“Help me grow is a unique, comprehensive, and integrated statewide system designed to address the need for early identification of children at risk for developmental and/or behavioral problems, and then linkage to developmental and behavioral services and supports for children and their families.”

Help Me Grow National Center
How Does “Help Me Grow” Work?

*Help Me Grow* is a system that builds collaboration across sectors, including child health care, early care and education, and family support.

Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services. Ongoing data collection and analysis helps identify gaps in and barriers to the system.
Help Me Grow

“Help Me Grow Orange County California”

WWW.HelpMeGrowNational.org

“The services offered by Help Me Grow equip parents with the means to help their child acquire the early building blocks necessary for long term success.”
Help Me Grow

Benefits:

- Improve access to services for children at risk
- Encourages collaboration across sectors
- Lower societal costs
- Successful linkages
- Statewide system that is integrated, comprehensive, and effective
- Quick assistance for families
- Strengthen early childhood systems
- Stronger partnerships/silo reduction

“The Help Me Grow program is designed to ensure children receive a healthy birth and the resources to warrant a healthy and productive start in life.”

Help Me Grow National Center
Building a “Help Me Grow” System

The System

Core Components

- Centralized Telephone Access
- Physician Outreach
- Community Outreach
- Data Collection & Analysis

Develop Continuous Quality Improvement

Establish Sustainable Funding

Develop Plan for Expansion and Growth
Integrated Referral and Information System (IRIS)

- In order for a state to become a Help Me Grow affiliate, a data collection system needs to be identified.
- The University of Kansas is developing a communication tool that can be used as a back and forth referral process for communication among various systems.
  - Web based system
  - 2 levels of users
  - Gathers information on the client
  - Sends an electronic referral to provider – provider can accept or decline a referral – information is sent back to referring HMG person.
Our Vision for Connected Communities

- Empower and encourage others to seek AND see the difference they are making in the lives of at-risk children, youth, and families

- Inspire improved coordination of family services at the local level to “close the referral loop” and encourage warm handoffs among community partners

- Position communication to be a part of the solution, not a part of the problem - easy to use tools that support best practices and connect families to services

- Shift mindset and lead change efforts – with families at the center, focus is on relationship building and true collaboration efforts in communities
• Communication tool to support best practices in social service referral and coordination among community partners

• Consistent referral and acceptance protocol to facilitate family outreach and enrollment

• Easy to use web application and email notification system to connect partners within a community to better serve families no matter which ‘door’ they enter

• A tool that closes the communication loop of engagement, intake, referral, and service acceptance among partners

• A tool that facilitates a warm handoff of a family to a partner agency for additional services

• Focused and lean function and purpose-driven
What Success Looks Like

Clear Communication
- Improved communication among partners
  - Referral loops are completed
  - Partners are informed of what happens to families

Coordinated Services
- More families are successfully connected to the right services
  - Warm handoffs and family empowerment
  - Families are engaged in services

Community Capacity
- Connected communities that have the capacity to better serve families
  - Communities have clear, data-driven picture of service capacity and partnership
  - Resources are mobilized based on community need
THE LIFE CYCLE OF A REFERRAL

SENT ➔ ACCEPTED ➔ COMPLETED

REJECTED
Welcome back, Nathan

YOU HAVE 2 INCOMING REFERRALS THAT REQUIRE ACTION.

Referrals

NEWEST FIRST

Matt Mark
referred by Head Start
about 2 hours ago

Destany Armstrong
referred by Head Start
14 days ago

*We have adequate capacity to accept new referrals.*
Create a new Family Profile

Complete the form below to create a new Family Profile.

Client consent

I verify that the individual below has given me their consent for their name, date of birth, email and phone number to be shared within the IRIS system.

First name

Last name

Email

Phone

Birth date

October 4 2016

Save

© 2016 IRIS. Center for Public Partnerships and Research | University of Kansas | 1617 St. Andrews Dr. | Lawrence, KS 66047
Where do you want to refer Mary Jones?
Select a Partner to continue the referral.

- Toy Group
- Healthy Families
- Family Services
- Parents as Teachers
- Head Start
- Kids First
- Success for Students
<table>
<thead>
<tr>
<th>Name</th>
<th>From</th>
<th>To</th>
<th>Sent Date</th>
<th>Status</th>
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Mary Brown

referred by Head Start
about 1 month ago

Referred by Test Person at Head Start on August 31, 2016 at 10:19AM

Referral Details

Phone
888-888-8888

Email
mary@email.com

Birthday
08/19/1999

Primary Language
English

Is the client currently pregnant?
Yes

Expected Due Date
12-30-2016
Building a “Help Me Grow” System

The Infrastructure

- Organizing Entity - KDHE
- Designate Program Manager - WSU
- Identify & Recruit Leadership Team
- Create Core leadership Team
- Help Me Grow National Site Visits
Roles & Responsibility of Leadership Team Members

- The Leadership Team’s task include, but are not limited to, the following:
  - Attend Leadership Team meetings and Work Group meetings
  - Understand the Help Me Grow System and the state's strengths and challenges in planning and implementation
  - Convene a Help Me Grow meeting to introduce the system to the broader community
  - Create a strategic plan for the implementation of the Help Me Grow system, including statewide expansion
  - Facilitate the building of the Help Me Grow system
  - Secure sustainable funding for Help Me Grow
  - Monitor progress of Leadership Team’s work
Becoming a Help Me Grow Affiliate

“Affiliation with the Help Me Grow National Network provides states with the guidance and technical assistance needed to seamlessly implement a system reform that promotes both early detection of, and services delivery for, children at risk of developmental and behavioral problems.”

<table>
<thead>
<tr>
<th>Federal/State advocacy support – Including policy briefs</th>
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<tbody>
<tr>
<td>National website affiliates-only resources</td>
</tr>
<tr>
<td>Systems Manual, e-newsletter, research &amp; webinars</td>
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<tr>
<td>Annual National Forums, regional peer-to-peer activities &amp; summits</td>
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<td>Common indicator reports</td>
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<tr>
<td>Name, logo &amp; tagline</td>
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<tr>
<td>Quarterly TA calls</td>
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Help Me Grow National Center
Help Me Grow

“Help Me Grow” Affiliation Requirements

- Annual membership fee
- Contract with HMG National for on-going TA
- Designation of a project lead to serve as a local convener/facilitator
- Creation of a leadership team
- Participate in webinars, learning collaborative & quarterly calls
- Funding for 2 participants to attend the annual HMG forums
- Share marketing materials, data, documents, & common indicators
- Follow core components and structural requirements
## Help Me Grow

**Advantages**
- Quick assistance for families
- Early identification
- Strengthen early childhood systems
- Centralized statewide system
- Data tracking for QI/QA – NPM/SPM
- Reduced cost for medical/education
- Stronger partnerships/silo reduction
- Central hub for BFH & other state/local partners

**Disadvantages**
- Initial cost and annual membership fee
- Partnership building time and effort
- Program lead staff
- Time intensive project due to grant timetable
- Only designed for up to age 8
Help Me Grow

Our “ASK” of you!

- If you are an agency: Designate one staff person to answer your specific program questions and provide assistance where needed (ex: completing WIC application, using the childcare facility webpage, signing up for KanCare, etc.)
- Share information about Help Me Grow with families and providers
- Sign up to be a community provider partner
- Financial assistance
- Volunteers to participate on the leadership team
Help Me Grow

Completed Steps:
- Commitment of BFH partners
- Contract with Help Me Grow National TA Center
- Identified WSU as partners to assist with HMG development and Implementation phases (Contract)
- Identified possible referral system – IRIS

Next Steps:
- Gain support and commitment of involvement from MCH council members - Today
- Set up community partner meetings
- Develop partner agreements/contracts
- Work with Help Me Grow National TA Center for Phase 1 development
- Identify members for the leadership team
Help Me Grow (HMG) Discussion Questions

- What barriers have you experienced in linking children and families to the services they need?
- Does the HMG model make sense as a promising solution to improving linkages in our state?
- When you reflect on the “ask” from the presentation, what do you see as your role moving forward?
- Do you have any questions or concerns on the role of a community provider?
- Is there anyone not already represented on the KMCHC that should be closely involved with the HMG implementation?
- Would anyone like to volunteer today to help with the HMG implementation?
Consumer/Parent/Family Membership

REVISED REIMBURSEMENT POLICY

CONSUMER/FAMILY RECRUITMENT & APPLICATION
Family Engagement in Title V

Family/consumer partnership is the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course.

Family engagement reflects a belief in the value of the family leadership at all levels form an individual, community, and policy level.

-2016 Title V Block Application Guidance
Family Engagement in Title V

AMCHP Fact Sheet

• Nihil de nobis, sine nobis = Nothing about us, without us
  ◦ Concept: Policies should not be created/implemented without the “full and direct participation of those affected”

• Families engaged at all stages (design, planning, implementation, evaluation) in an ongoing, continuous way → NOT a point-in-time approach

• Diversity is critical
  ◦ Geographically
  ◦ Socioeconomically
  ◦ Culturally

AMCHP Family Engagement Resource
http://www.amchp.org/programsandtopics/family-engagement/ToolsandResources/Documents/FamilyEngagementinTitleV.pdf
Reimbursement Policy – Rev.

The Kansas Maternal and Child Health Council (KMCHC) group is to advise and monitor progress addressing membership includes professional partners including members. Due to varied KMCHC contributing part distinctions are described below.

All Members are eligible for the following reimbursement:
- Members traveling more than 150 miles (one-way) from home/workplace to the in-person meeting:
  - Mileage reimbursement based on the actual cost of fuel and mileage for automobiles and the most direct route to meeting location, which is map service (Kansas Department of Transportation, etc.). Reimbursement requires a receipt.
  - Lodging reimbursement is based on the cost of one (1) overnight stay for one member and requires a lodging receipt.

Consumer/Family Members are eligible for the following reimbursement:
- Professional partners such as consumers/family representatives whose attendance is not compensated within an MCH-related employment/consultative capacity are eligible for a participation stipend and limited out-of-pocket costs.

**Participation Stipend:** $75 for an in-person meeting lasting less than 3 hours
- Stipend will be pro-rated based upon the time the consumer/family member is physically present in the meeting (e.g., member is only physically present for 75% of the meeting; the individual will receive 75% of the stipend).
- Stipend represents the total amount per family member, if more than one family member is present, the stipend only is paid to one individual representing the attending family.

**Out-of-Pocket Costs:** (Any distance—no minimum miles required to be traveled)
- Mileage: Reimbursement in accordance with the policy for “All Members”.
- Lodging: Reimbursement in accordance with the policy for “All Members”.

**Child Care Stipend:** Child care stipend of no more than $50 per day for a scheduled meeting if the child(ren) is/are not in school and if child care is only needed to support meeting attendance. Child care stipends must be requested in advance and may be provided based on availability of funding.

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*Terms: The U.S. General Services Administration (GSA) maintains the Lodging rates for travel locations. Lodging reimbursement is based on the allowable rates for Topeka, Kansas by month and city.*

[https://www.gsa.gov/portal/download/101477]
Thank you for your interest in the Kansas Maternal & Child Health Council!

The mission of Kansas Maternal and Child Health (MCH) is to improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs (SHCN), and their families. We envision a state where all are healthy and thriving.

The Kansas Maternal and Child Health Council (KMCCHC) was formed as a state-level group to advise and monitor progress addressing specific MCH population needs. The Council encourages the exchange of information about women, infants, children, and adolescents, and helps focus efforts among partners which include consumers/families and recommends collaborative initiatives. For additional information regarding the KMCCHC, please refer to the guiding documents: Code of Ethics and Professional Conduct, Bylaws, and Reimbursement Policy available on the website: www.kansasmch.org.

**Name**

**Preferred Phone**

**Address**

**City, State, Zip**

**Email Address**

**Primary Expertise/Role**
- Consumer/Parent
- Parent
- Family Member

**If Parent, # of children/ages**

**Do any children have SHCN?**
- Yes
- No

**MCH Population Domain**
- Women/Maternal
- Perinatal/Infant
- Child
- Adolescent

*All domain groups are responsible for addressing Children & Youth with Special Health Care Needs and Chronicity priorities and issues.

Please check the public health program(s) from which you have received services.
- Newborn Screening (NBS-FU)
- Infant-Toddler Services (ITS)
- Maternal & Child Health (MCH)
- Women, Infants and Children (WIC)
- Newborn Hearing Screening (DHLD)
- Special Health Care Needs (SHCN)
- Home Visiting
- Other ________

How are you related to an individual receiving these services?
- Self
- Parent
- Sibling
- Grandparent
- Other: ________

Please briefly respond to the following questions in the spaces provided.

**Why are you interested in participating on the Kansas MCH Council?**

**In what ways have you shown leadership/been involved in your community?**

**How do you best communicate with other team members?**

The Kansas MCH Council is not designed to be very time intensive (one meeting every 2-3 months with minimal review of documents outside of meetings); however, a commitment to active participation is necessary. Please provide any reason that you may have a difficult time participating in meetings.

- I do not anticipate having difficulties in participating in meetings or activities.
- I do not anticipate having difficulties in participating in meetings or activities with accommodations. (Please describe below).

Please provide any additional information that may be helpful to us in our selection process.

Thank you for taking the time to complete this application to participate as a member of the Kansas Maternal & Child Health Council. All information on this form is considered confidential and is intended for use by the KDHIE Administrative Staff for selection purposes only. We will contact you by email to inform you of our decision.

Please submit the application by email or mail. Questions can be referred to Rachel Sisson at 785.756.1316 or rachel.sisson@ks.gov.

**Email:** rachel.sisson@ks.gov

**Mail:**
Rachel Sisson, Kansas MCH Director
Kansas Department of Health & Environment
Bureau of Family Health
1005 SW Jackson Ave., Suite 220
Topeka, KS 66612
Lunch & Networking
Ground Rules

CONNIE SATZLER
Suggested Ground Rules

1. Stay present (phones on silent/vibrate, limit side conversations).
2. Invite everyone into the conversation. Take turns talking.
3. ALL feedback is valid. There are no right or wrong answers.
4. Value and respect different perspectives (providers, families, agencies, etc.)
5. Be relevant. Stay on topic.
6. Allow facilitator to move through priority topics.
7. Avoid repeating previous remarks.
8. Disagree with ideas, not people. Build on each other’s ideas.
9. Capture “side” topics and concerns; set aside for discussion and resolution at a later time.
10. Reach closure on each item and summarize conclusions or action steps.
MCH Domains Groups: Special Presentations

WOMEN & MATERNAL: PRAMS/BIRTH OUTCOMES

CHILD & ADOLESCENT: SCHOOL HEALTH
Domain Group Plans

**Women & Maternal**
- PRAMS
  *Facilitators:* Lisa Williams & Julia Soap

**Child & Adolescent**
- School Health
  *Facilitator:* Connie Satzler

**KDHE STAFF SUPPORT BY DOMAIN GROUP**

**Women/Maternal:** Stephanie Wolf & Diane Daldrup

**Perinatal/Infant:** Carrie Akin & Kay White

**Child:** Kayzy Bigler & Debbie Richardson

**Adolescent:** Traci Reed & Tamara Thomas
Group Report Out

SUMMARY RESULTS & KEY INSIGHTS
Member Announcements

KMCHC MEMBERSHIP
Closing Remarks

DENNIS COOLEY, MD, CHAIR