Welcome
New Members
Approval of Minutes

DENNIS COOLEY, MD, CHAIR
100% of the January meeting survey respondents either “agreed” or “strongly agreed” with this statement:

“I have identified actions that I will apply these concepts to the work in my own organization.”

• How many of you have been able to do that?
• What are some examples of what you have tried?
• What are some challenges you have faced?
Discussion Questions

“What is one thing your organization can do in the next six months to move towards becoming more trauma informed?”

Several individual response cards were received to the question. We are about half-way through that 6-month period.

- Would anyone like to speak to progress on their response?
- Do any of these responses give you other ideas for what your organization could do?
- Have there been any significant developments in ACEs or TIC in Kansas since the January meeting?
- What can or should the Kansas MCH Council do to move this issue forward in Kansas?
PRAMS Update: Year 1 Launch

LISA WILLIAMS & JULIA SOAP, KDHE
Kansas PRAMS Questionnaires

Share Your Story

Thank you for completing the survey. If you have questions, please call Kansas PRAMS (toll free) at 1-844-353-9249

Comparta su historia

Gracias por completar la encuesta. Si tiene preguntas, por favor llame al Programa de Kansas PRAMS (gratuito) al 1-844-353-9249

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)
IMPROVING THE HEALTH OF BABIES AND MOTHERS IN KANSAS

PROGRAMA DE EVALUACIÓN DEL RIESGO EN EL EMBARAZO
PRAMS. PARA SUS SIGLAS EN INGLÉS

ESTADO DE LA SALUD DE LOS BEBÉS Y LAS MADRES EN KANSAS
- Preletter: Kansas is unique in that we send an English/Spanish (front/back) version to everyone, informing them both languages are available.

- Mail 1 Questionnaire Packet* and a reusable bag, includes opt-out language.

- Tickler

- Mail 2 Questionnaire Packet*

- Mail 3 Questionnaire Packet*

- Reward: Kansas sends a $15 Visa Gift Card for mailing back the survey (follow-up call if <75% complete)

*Includes a KS Resource List, FAQ Brochure, Copy of Informed Consent, and Calendar. If Hispanic is indicated on the birth certificate, the mother will receive both English and Spanish versions of the questionnaire (for now!)
Kansas PRAMS – when do we start collecting data?

- Batch 1 will begin on Friday, April 7!
- Each subsequent batch will begin on the first Friday of the month.
- Mailing schedule:
  - Preletter – Day 1
  - Mail 1 – Day 4
  - Tickler – Day 11
  - Mail 2 – Day 25
  - Mail 3 – Day 39
  - Initiate phone survey – Day 53
  - End data collection – Day 88
PRAMS Steering Committee
Accomplishments

- Determined Our Stratification Variable: Low Birthweight vs. Normal Birthweight
- Selected Kansas PRAMS Questions:
  - 52 Core Questions
  - 28 Standard Questions
  - 12 Zika Supplement Questions
- Determined our incentives and rewards
- Helped with the IRB Approval Process, provided input on the wording to be used in letters
- Branding and Design
  - Scrapbook design
  - Completing the survey = Sharing your story
What needs to be done?

• Provide awareness of KS PRAMS name, logo, and website
• Monitoring Response Rates
• Data Analysis Plan
• Data Dissemination Plan – in conjunction with PRAMS Steering Committee (to be discussed July 2017)
  • Reports, Articles, and Presentations
  • Advocacy
• Conduct Focus Groups on PRAMS Incentives/Rewards
• Evaluate year 1 questions/gaps, etc. and start the process over again!
To contact Kansas PRAMS staff:

Lisa Williams, Project Coordinator, lisa.williams@ks.gov, 296-8156

Julia Soap, Epidemiologist, Julia.soap@ks.gov, 296-8427

http://www.kdheks.gov/prams
Lived Experience: Creating Change

KAYZY BIGLER, KDHE

- WITH SPECIAL GUESTS
Incorporating the perspectives of family and people with lived experiences is important to families and you, as well as the state of individual and population health.
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 from an individual, community, and policy level.

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

• 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
Approaches/Frameworks

- Kansas Early Childhood Family Engagement Standards (developed 2014-2015)
  [http://www.kcefe.net/](http://www.kcefe.net/)

  ...family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders...

Many family engagement projects/activities are centered around involving families in the education of their children.
Focus on Lived Experience...

- Mutually beneficial partnership
- Better understanding of family perspective and needs
- Increased responsiveness to patient/family/child needs
- Improved services (targeted to needs, quality) and collaboration
- Increased communication and trust
- Improved health literacy and outcomes
- Improved policies and procedures

The family voice is powerful!
Be creative and partner with families to make positive changes and improve the services you offer and those within the whole health care system!
Valuing Individuals & Families

• Understand that they ALWAYS have first-hand knowledge of the issue because they live it 24/7

• Be an active listener

• Be respectful

• Implement ideas and suggestions offered by the families

• Involve them and ask what they would like to do to help

• Encourage them to share their ideas (“no idea is a bad idea” philosophy)

• Ask open-ended questions to assist them with actively participating in their/their child’s care and overall health
Assuring Individuals & Families Feel Valued

• Give them a role that involves more than just reviewing something
  — Let patients and families assist with resource and material development.
  — Let patients and families assist with process flows (operations/experiences).
  — Let patients and families help with program or practice evaluation.
  — Let patients and families tell you what would be helpful to them.

• Provide resources, support and assistance to them when needed

• Approach family engagement with a “team mentality”; they are the experts

• Let them know they are a valued member of the team

• Be thankful for their presence and hard work

• Be open minded to different thoughts and ideas
Deanna’s Story
Reflection & Challenge

1. What does incorporating experiences of families and people with lived experience (Family Engagement) mean to you?

2. What are you currently doing to engage individuals and families with lived experience?

3. What outcome(s) has your program experienced due to valuing “lived experience” and implementing family engagement efforts?

What will you do next to improve Patient and Family Engagement in your program?

Commit and include a timeframe for completion.
Lunch & Networking
Domain Group Work

SPECIAL PRESENTATIONS W/REFLECTION
Domain Group Plans

**Women & Maternal Health**
- Presentation #1: Neonatal Abstinence Syndrome (NAS)
- Presentation #2: Sisters United
  *Facilitators: Stephanie & Diane*

**Perinatal & Infant Health**
- Presentation #1: Neonatal Abstinence Syndrome (NAS)
- Presentation #2: Safe Sleep Expansion
  *Facilitators: Carrie & Connie*

**Child Health**
- Presentation #1: Developmental Screening
- Presentation #2: Behavioral & Social/Emotional Health
  *Facilitators: Debbie & Kayzy*

**Adolescent Health**
- Presentation #1: Family & Consumer Sciences & School Health Partnership Opportunities
- Presentation #2: Behavioral & Social/Emotional Health
  *Facilitators: Traci & Tamara*
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.
Small Group Reflections

All Domain Groups

• Have your domain action plan (and the full plan, if needed) available for easy reference during discussion and reflection.

• The staff Recorder will take notes during the session on the reflection sheet, flip chart, or on your computer.

• Use the small group worksheet to guide questions and discussion after the presentation and document group reflections.

• Finalize one worksheet for the entire group.

• Be prepared to report out one highlight/takeaway for the presentations (we will only report out if time allows).

• Give the group’s worksheet to Connie at the end of the day (handwritten) or email notes to csatzler@kansas.net by April 12.
Future Meeting Dates

KMCHC
Announcements

KDHE MCH TEAM
KMCHC MEMBERSHIP
Maternal Mortality Review

• Maternal Mortality Defined
  - The death of a woman while pregnant or within 42 days of termination of pregnancy...from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes

• Maternal Mortality Rate Defined*
  - Death from obstetric causes within 42 days postpartum/100,000 live births

• Planning for Kansas Launch Underway
  - May 19 planning meeting (KDHE, KS Section of ACOG, March of Dimes)
  - CDC resources presently under review (www.reviewtoaction.org)
  - Including Pregnancy Associated Death (within one calendar year)

• Data/Targets
  • HP 2020 Target: 11.4 maternal deaths/100,000 live births
  • KS Baseline: 12.7 maternal deaths/100,000 live births (2007) (5-10 cases/year)
  • KS Trend: increased by 3.4%/year (2006-2015, not statistically significant)

*Numerator: Number of deaths related to or aggravated by pregnancy and occurring within 42 days of the end of a pregnancy; Denominator: Number of live births
39+ Weeks Banner Recognition

Our Hospital is committed to improving the quality of care for moms and babies
39+ weeks: Healthy babies are worth the wait


*Title V MCH National Outcome Measure #7 (Target: 4%; Kansas: 2% [Source: 2015 CMS Hospital Compare]*)
2018 MCH Block Grant App.

• Application/annual report writing kicks off in April

• Public input period
  • ~June 1 (2 weeks)

• Submission due July 15

• Block Grant Review August 10

• Revisions August – September

• Final Submission September

• Publication/release by October

• Access: www.kdheks.gov/bfh or www.kansasmch.org
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.

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:

- Access to and receive comprehensive care and care during and after pregnancy.
- Supports promote healthy parenting.
- Appropriately appropriate care and provided across the lifespan.
- Empowering to make choices about nutrition and activity.
- Empower parents and providers/systems of care and support the social, and emotional needs of maternal and child populations.

Having the knowledge and skills you can support the needs of maternal and child populations.

Services are comprehensive and coordinated across systems and providers.

Information is available to support health decisions and choices.

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

http://www.facebook.com/kansasmch
Member Applications

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 (KMCHC) 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 KMCHC, please refer to the guiding documents: Code of Ethics and Professional Conduct, Bylaws, and Reimbursement Policy available on the website: www.kansasmch.org.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Phone</td>
<td>City, State, Zip</td>
</tr>
</tbody>
</table>

Email Address

Primary Expertise/Role

- [ ] Consumer/Patient
- [ ] Parent
- [ ] Family Member

If Parent, # of children/ages

Do any children have SHCN?

- [ ] Yes
- [ ] No

MCH Population Domain* most interested in advising

- [ ] Women/Maternal
- [ ] Perinatal/Infant
- [ ] Child
- [ ] Adolescent

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

Please check the public health programs from which you have received services.

- [ ] Newborn Screening (NBS-FL)
- [ ] Newborn Hearing Screening (DHCD)
- [ ] Infant-Toddler Services (ITS)
- [ ] Special Health Care Needs (SHCN)
- [ ] Maternal & Child Health (MCH)
- [ ] Home Visiting
- [ ] Women, Infants, and Children (WIC)
- [ ] 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 KDHE 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 785.296.1316 or rachelsisson@ks.gov.

Email: rachelsisson@hsa.gov
Mail: Rachel Sisson, Kansas MCH Director
Kansas Department of Health & Environment
Division of Family Health
1006 SW Jackson Ave., Suite 220
Topeka, KS 66612
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 4 hours or longer; $50 for an in-person meeting lasting less than 3 hours

- Stipend will be pro-rated based upon the time the consumer/family expert is physically present in the meeting (e.g. member is only physically present for 75% of the meeting; the individual will only receive 75% of the participation stipend).

- Stipend represents the total amount per family unit, 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.
Adolescent Health Initiative

**Goal:** Increase access to preventive health services and comprehensive well-visits for adolescents.

**Why:** Increase the percent of children 12-17 years who had a well visit in the past 12 months (NPM #10)

**How:** Partner with schools, medical providers, and community partners to evaluate the capacity and infrastructure to provide school-based services. Develop a scalable model for the establishment of school-based health centers.

**What:** The Title V MCH program is leading development and piloting of the model and providing guidance and resources to partners to support expansion.
**Adolescent Well Visit: Kansas**

Adolescence is an important period of physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for their health habits. Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease.

<table>
<thead>
<tr>
<th>Medicaid Measure</th>
<th>Title V** MCH Measure</th>
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<tbody>
<tr>
<td>The percentage of enrolled members 12 to 21 years of age who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year.</td>
<td>Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.</td>
</tr>
</tbody>
</table>

In 2014, were lower than national averages for all adolescent preventive care visits: 87% for visits with a primary care provider and 84% for visits with an OB/GYN practitioner. Between 2014-2015, approximately 1 in 4 Kansas adolescents (12 to 17 years old) had a preventive medical visit in the previous 12 months.

**Policy & Service Notes**

Kansas Medicaid has adopted the Bright Futures/AAP Periodic Schedule as a standard for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends adolescents receive yearly physical examination, depression screening as well as anticipatory guidance.

*The Medicaid measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. The data represent administrative claims for a comprehensive well-care visit which included a preventive care visit in the past year with a primary physician or OB/GYN that had evidence of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.

**The Title V measure is a national performance measure. The data are from a parent-completed survey, where preventive medical visit is defined as a visit with a primary physician or OB/GYN in the past 12 months.

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**Developmental Screening: Kansas**

Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends developmental screening starting at nine months.

<table>
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<th>Medicaid Measure</th>
<th>Title V** MCH Measure</th>
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<tbody>
<tr>
<td>The percentage of children screened for the risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.</td>
<td>The percentage of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool.</td>
</tr>
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In 2014, only 4.6% of Kansas children ages 1 to 3 years, insured by Medicaid had a developmental screening.

**Policy and Service Notes**

Kansas Medicaid has adopted the Bright Futures/AAP Periodic Schedule as a standard for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends developmental screening at 9, 18, and 30 months.

*The Medicaid measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. Medicaid data represents the percentage of children who turned 1 to 3 years old in 2014 who had a claim submitted for developmental screening.

**The Title V measure is a national performance measure. Title V data represents the percentage of children aged 10 months through 71 months who had a visit with a healthcare provider and their parent reported completing a developmental screening in the past year.
“Snapshot” for each MCH Population Domain

At-a-glance that provides the following:

- State MCH Priority (2016-2020)
- State and National Measures
- Key objectives/strategies
- Significant/noteworthy data, including charts for visuals
Closing Remarks

DENNIS COOLEY, MD, CHAIR

NEXT MEETING: JULY 19, 2017