



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, January 17, 2018

Member Attendees		Absent	Visitors
Carrie Akin Stephanie Baines, CHES Brenda Bandy, IBCLC Kayzy Bigler Ellie Brent, MPH Dennis Cooley, MD FAAP Diane Daldrup Mary Delgado, APRN Stephen Fawcett, PhD Sarah Fischer, MPA Lisa Gabel, RN BSN CCM Terrie Garrison, RN BSN Kari Harris, MD Elaine Johannes, PhD Patricia Kinnaird Steve Lauer, PhD MD Elisa Nehrbass, MEd Susan Pence, MD Mohamed Radhi, MD Debbie Richardson, PhD Katie Schoenhoff Christy Schunn, LSCSW Pam Shaw, MD FAAP	Sookyung Shin Rachel Sisson, MS Heather Smith, MPH Kasey Sorell, BSN RN Lori Steelman Jenny Taylor Tamara Jones, MPH David Thomason, MPA Annie Wallace, BSN RN Na'shell Williams Stephanie Wolf, RN BSN Donna Yadrich Phyllis Young	Joseph Caldwell Julia Connellis Lori Haskett Sara Hortenstine Charles Hunt, MPH Jamie Kim, MPH Annie McKay Patricia McNamar, DNP ARNP NP-C Sharla Smith, PhD MPH Lisa Williams	Stephanie Coleman Annie Gile, CHES Maria Torres Abby Phillips Kaylee Seyfreth Julia Soap

Staff
Mel Hudelson Connie Satzler



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Agenda Items	Discussion	Action Items
Welcome & Recognize Special Guests	Members were welcomed, and new staff and new KMCHC members were introduced.	
Review & Approve 10/4/17 Minutes	It was moved by Christy Schunn and seconded by Katie Schoenhoff to approve minutes. All approved.	
Care Coordination Model & Birth Defects Program <i>Kayzy Bigler and Annie Gile, KDHE Special Health Services</i>	<p>Kayzy Bigler gave an overview and update of Care Coordination services, and Annie Gile provided an overview of the Birth Defects Program. See slides posted on the KMCHC website page for additional detail: http://www.kansasmch.org/pastmeetings.asp</p> <p>Care Coordination Q&A and discussion:</p> <ul style="list-style-type: none"> • How are you assessing? This is in-process. Families have an action plan, and we are tracking level of care and developing a family survey. • Goal is to offer this to anyone who meets the medical criteria regardless of plan or insurance status. • Core functions include education, navigation, and advocacy. • Working with MCO care coordinators, then filling in the gaps. First step is to connect those in KanCare with their care coordinator (at least 60-70% do not realize they have one). Gap-filling care coordination may include school or social aspects, for example, that Medicaid does not do. • Families have expressed appreciation. • Is this making a difference or is it too soon? • Differential rates of denials for those in/out of the care coordination program? Would be interested in seeing the data. • Sustainability? Hoping to build a strong enough system and build support that this could be implemented in other entities like infant/toddler. Seeing a decrease in medical costs because not going to ER as quickly. <p>Birth Defects Q&A and discussion:</p> <ul style="list-style-type: none"> • Hot spots? There are not really any hot spots to show at this time because the numbers are so small. Comments by Council members on possibly linking with agriculture and/or extension and their data. • Discussion on viewing data with equity lens and looking at differential rates. It would be helpful to identify different types of exposures or vectors, including 	<p>Kayzy will provide preliminary data on Care Coordination pilot, if available.</p>

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	<p>a map by case and by types of exposures and vulnerabilities, related to a prevention and promotion perspective. Can we link to PRAMS data or collaborate with PRAMS program?</p> <ul style="list-style-type: none"> • Potential resource: Mike Fox, a former Kansan, Director of National Center on Birth Defects • Brenda Bandy: Children with Birth Defects have better outcomes when they have breast milk, so hopefully that is included in the follow-up and interventions. • Would like to see Kansas looking forward, what are the risks of regulating/de-regulating related to environment, substance abuse, social determinants, chronic stress, etc.? 	
<p>Perinatal Quality Collaborative/NAS & Maternal Mortality Review Launch <i>Sarah Fischer, KDHE Children & Families</i></p>	<p>Sarah Fisher gave an overview of Neonatal Abstinence Syndrome (NAS) in Kansas, the Kansas Perinatal Quality Collaborative (KPQC), and the Kansas Maternal Mortality Review Committee. See slides posted on the KMCHC website page for additional detail: http://www.kansasmch.org/pastmeetings.asp</p> <p>Q&A and discussion:</p> <ul style="list-style-type: none"> • Opioid crisis: community resources and community planning. Recommend inviting extension. The KPQC is open to anyone who wants to be involved. • Rachel has maps reflecting KS NAS incidence that can be posted. • Integration of contributing and critical factors along with political will. Is there alignment across these “buckets” of activity? Is there a way to look for patterns across all three (maternal mortality, birth defects, perinatal quality collaborative) to help increase political will? Discussion on this, as well as related items of health equity and access to care. • For how long does the maternal mortality review (MMR) activity belong as a separate group versus integrated? MMR is integrated into this group; it is a committee and will report results. However, the work itself is very technical. • Related to many of these comments, the Title V program will be repurposing a position to be a data manager, someone who will be programmatically reassigned to look at Title V data and across issues. • The community at large needs to be educated on all of the work this group is doing, very comprehensive work with limited budgets. We have a branding issue. Recommend getting together a smaller group or PR campaign. 	<p>Connie will post maps from Rachel on kansasmch.org website with January 2018 meeting materials.</p> <p>Create a subcommittee to make recommendations on promoting the community at large about KS MCH and specifically the Council’s work.</p>

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<p>Behavioral Health Data: The Connection to MCH Priorities <i>Sarah Fischer, KDHE Children & Families and Lisa Chaney, Greenbush</i></p>	<p>Sarah Fischer introduced Lisa Chaney from Greenbush. Lisa gave an overview of the Kansas Communities That Care (KCTC) student and young adult surveys. See slides posted on the KMCHC website page for additional detail: http://www.kansasmch.org/pastmeetings.asp KCTC data is available at http://kctcdata.org/ Lisa shared this video: https://www.youtube.com/watch?v=VjICbUVaLIA</p> <p>Q&A and discussion:</p> <ul style="list-style-type: none"> • KCTC is funded through SAMHSA. • Used for local level planning and evaluation of prevention strategies. 102,000 participating students in 2014. • CTC participation dropped in 2015 due to Senate Bill that switched from opt-out to opt-in student participation. Now schools need consent forms in the enrollment packets so students can participate. Participation is coming back up; up to 56,000 this year. • KSDE: addressing social/emotional learning, social emotional character development • KS Young Adult Survey is new. There is only one data point now. Next survey in 2019. • Alignment among CTC, YRBS, and BRFSS? Have advocated for more alignment, but there are some challenges. Note that for youth, depression and suicide questions are aligned fairly well with the YRBS. • How can this Council be used to review leading indicators and provide feedback? In April, we will look at the data again. Every meeting, we could look at process measures and state performance measures. Some data sources are updated only every few years. MCH data is updated and posted on the website. There will be further discussion and review of data and bringing data full circle in the future. • Discussion on alignment with KDADS, alignment with DCF. • Kansas Behavioral Health Indicators Dashboard: http://kbhid.org/ • Historical perspective: with Connect Kansas, looked through the lens of essential services. What is each sector contributing? Is there an interest in doing this again? • How are community health assessments and environmental health assessments shared? 	<p>Suggestions were made for Lisa to join the Council – she brings a good child/adolescent health perspective along with data, understanding the data, use related to MCH, etc.</p>



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<p>MCO Partnership: Updates & Next Steps <i>Rachel Sisson, KDHE & Connie Satzler, EnVisage</i></p>	<p>Rachel Sisson gave an update on the collaborative work with the MCOs, the KanCare RFP and related efforts:</p> <ul style="list-style-type: none"> • KanCare 2.0 is more in line with MCH priorities than previous generations. The alignment with measures and the big picture issues will not change. What you are doing here is relevant. Nothing new to report on RFP at this time. • KS MCH is promoting implementation and expansion of five evidence-based interventions to advance the public health-Medicaid partnership. WSU is working with KDHE on these: <ol style="list-style-type: none"> 1. Utilization of progesterone to prevent preterm birth, access to all mothers through public health and primary care settings. 2. Prenatal education: Seeing positive behavior change. There is not reimbursement for prenatal education at this point, so MCH is funding. If we can cover education, we address the issue with transportation (women not being able to get to class). 3. Maternal depression universal screening: Learning maternal depression screening is not separated out as payment. Maternal depression screening should be reimbursed for multiple encounters, not just once. 4. LARC (long acting reversible contraception). Primary prevention/intervention for some of the issues. Payment is not separate from the delivery fee if inserted right after delivery, so it is not reimbursed. Working on this. 5. Substance use universal screening. • Q: Related to prenatal education, how many counties or areas are offering for free? Thinking sustainability-wise. A: What we are proposing is that not any prenatal education works. It is far beyond childbirth and preparing for childbirth. If Title V has to cover this, we can't cover other important priorities. • Good conversation with new Secretary. New Medical Officer will help with work across Medicaid and Public Health. • Comment: Would like to see more family engagement with KanCare RFP. <p>Connie Satzler explained the small group activity, and attendees broke into their respective domain groups.</p>	<p>Request presence from Medicaid Director or designee to provide an update on the state Medicaid program.</p> <p>Rachel will provide a written update on progress with the five interventions at the April meeting.</p>



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MCH Population Domain Small Group Discussion	The small groups met and identified priority opportunities to advance forward. Reporters briefly shared priorities, and full results will be shared with staff.	Each small group will determine if a discussion is needed prior to the next meeting to advance the goal identified.
Closing Remarks <i>Dennis Cooley, MD, Chair</i>	Dr. Cooley thanked the speakers and the KMCHC members for their work at the meeting. Meeting was adjourned.	
Future Meetings	Future 2018 meetings are April 18 th , July 25 th , and October 10 th .	