Workforce Development Work Group Packet

Priority Overview Page: This includes the priority, a list of the objectives, and the selected performance measures (NPM = National Performance Measure / SPM = State Performance Measure).

Priority State Action Plan (SAP) Table: This outlines the key strategies within each objective. This also outlines another level of measurement (ESM = Evidence-based/-informed Strategy Measure).

Priority Resources: This outlines key initiatives, partners, websites, and other resources that you might want to look at or dig into related to your priority. These include a reference of where it might align in the SAP…but may or may not be directly called out in the table.

Priority Key Acronyms and Data: A compilation of acronyms that you might come across in conversations with your priority work. The key data outlines National Outcome Measures (NOMs) that are related to your priority population. This is in addition to the NPMs, SPMs, and ESMs noted elsewhere. Another resource is the NPM-NOM_Measures Table – this is where you can find the data trends for all of the measures associated with our work.

Priority Data Summaries: These are the data summaries that will be included in the 2023 MCH Services Block Grant Application that will be submitted with our plan in August 2022.

PRIORITY 6

Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.

CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 6.1
Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

OBJECTIVE 6.2
Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

OBJECTIVE 6.3
Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

SPM 3: *Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event.*

PRIORITY 6: Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.

Domain: Cross Cutting - Workforce Development

SPM 3: Workforce Development (Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event)

> **ESM: Percent of participants reporting increased knowledge after attending a state sponsored workforce development event**

OBJECTIVE 6.1: Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

Strategy	Description
6.1.1	Provide skills-building training and case consultation opportunities for the MCH workforce to increase knowledge, skill, and comfort to identify behavioral health conditions and risks, facilitate effective brief interventions, and complete referrals to treatment/further assessment following best practice guidelines.
6.1.2	Partner with organizations interested in reducing the number of children exposed to adverse childhood experience to assure knowledge, skills, and comfort among MCH programs to support parental and child resilience through the strengthening families approach.
6.1.3	Develop guidance on developing effective community partnerships to identify and address behavioral health needs within the community using a streamlined, collaborative approach.

OBJECTIVE 6.2: Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

Strategy	Description
6.2.1	Incorporate state and local MCH agency training to build efficacy in translating knowledge into practice for trauma-informed and hope-infused approaches.
6.2.2	Provide technical assistance and resources to support MCH local agencies in becoming trauma-informed organizations following national standards focused on safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; respect for cultural, historical, and gender issues.
6.2.3	Partner with MCH local agencies to conduct a self-assessment to help them find improvement opportunities, clarify current practices, and develop a work plan to provide services through trauma informed approaches.

OBJECTIVE 6.3: Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

Strategy	Description
6.3.1	Develop guidance and trainings for local health agencies and providers to ensure that providers can promote and address diversity and inclusion, integrate supports in the provision of services for high-risk populations in Kansas, and reduce health disparities through responsive policy change initiatives.
6.3.2	Integrate chronic disease education and prevention activities into existing community collaboratives to engage in system and environmental changes to address locally identified disparities.
6.3.3	Implement annual community awareness campaign for the prevention of birth defects, targeting messages to address disparities due to social determinants of health in local communities.

WFD Resources

Obj	Description	Website
6.1.1	**Perinatal Mental Health Integration Plan:** Plan with associated toolkit to provide coordinated and comprehensive mental health services to women before, during and after pregnancy; developed for use by the KPCC's utilizing the March of Dimes Becoming a Mom® (BaM) curriculum in a group setting.	www.kdhe.ks.gov/DocumentCenter/View/2864/BAM-Perinatal-Mental-Health-Integration-PDF
6.1.1	**Kansas Connecting Communitites:** Grant to improve the mental health and well-being of pregnant/postpartum women through increased screening, timely assessment, effective referrals and reducing barriers to accessing treatment; Focused on provider capacity to treat/refer through access to psychiatric consultations, telehealth, peer support referrals, and training opportunities	www.kansasmch.org/connecting-communities.asp
6.1.1	**KSKidsMAP:** Kansas' pediatric mental health care access program for primary care physicians and clinicians. KSKidsMAP is developing a Pediatric Mental Health Toolkit for providers that will cover the SBIRT process for several mental health conditions.	https://www.kumc.edu/school-of-medicine/campuses/wichita/academics/psychiatry-and-behavioral-sciences-wichita/research/kskidsmap.html
6.1.1	**Maternal Depresssion Screening Medicaid Policy Guidance:** Medicaid billing guidance for individuals conducting maternal depression screening.	www.kdhe.ks.gov/DocumentCenter/View/2861/Medicaid-Policy-Guidance-PDF
6.1.1	**Postpartum Depression Screening in Well Child Checks:** Clinical guidelines for screening for postpartum depression during well child checks.	www.kdhe.ks.gov/DocumentCenter/View/2867/KAAP-Screening-in-Well-Child-Visit-Guidance-PDF
6.2.1	**Lemonade for Life:** Training for those serving children with adverse childhood experiences (ACEs) to build hope and reslience.	https://lemonadeforlife.com/
6.3.1	**Perinatal Mental Health Integration Plan:** Plan with associated toolkit to provide coordinated and comprehensive mental health services to women before, during and after pregnancy; developed for use by the KPCC's utilizing the March of Dimes Becoming a Mom® (BaM) curriculum in a group setting.	www.kdhe.ks.gov/DocumentCenter/View/2864/BAM-Perinatal-Mental-Health-Integration-PDF
6.3.1	**Behavioral Health Integration Toolkit:** Resources for KS providers screening pregnant/postpartum women for perinatal mood and anxiety disorders (PMADs). Resources to support maternal depression, paternal postpartum depression, PMAD screening, screening algorithms, and implementation templates for local use.	www.kdhe.ks.gov/520/Mental-Health
6.3.1	**Paternal Postpartum Depression Brochure:** Brochure to raise awareness of postpartum depression among fathers.	www.kdhe.ks.gov/DocumentCenter/View/2885/Brochure-for-Families-Online-Version-PDF
6.3.1	**MCH Screening in MCH Programs Guidance:** Guidance to local MCH grantees with resources and information on implementing screening for perinatal mood and anxiety disorders (PMADs).	www.kdhe.ks.gov/DocumentCenter/View/2860/MCH-Screening-in-MCH-Programs-Guidance-PDF
6.3.3	**Birth Defects Surveillance:** Surveillance program to collect information about congenital anomalies, stillbirths and abnormal conditions of newborns and children up to the age of 5 in the state of Kansas.	https://www.kdhe.ks.gov/678/Birth-Defects-Program
6.3.3	**MCH Action Alerts:** Repository of social media infographics and action alerts related to maternal and child health populations. January is about Folic Acid and integrated in as part of the Birth Defects Awareness efforts.	https://www.kdhe.ks.gov/467/Action-Alerts-Infographics
6.3.3	**World Birth Defects Day (National Birth Defects Prevention Network/NBDPN):** National coordinated efforts to raise awareness for all birth defects and improve care and treatment. Includes a "World Birth Defects Day Toolkit" to help with awareness activities.	https://www.nbdpn.org/wbd.php

Table 3. Evidence-based/informed National Performance and Outcome Measure Linkages*

National Outcome Measure #	Short Title	1 Well-woman visit	2 Low-risk cesarean delivery	3 Risk-appropriate perinatal care	4 Breastfeeding	5 Safe sleep	6 Developmental screening	7 Injury hospitalization	8 Physical activity	9 Bullying	10 Adolescent well-visit	11 Medical home	12 Transition	13 Preventive dental visit	14 Smoking	15 Adequate insurance
1	Early prenatal care															
2	Severe maternal morbidity	X	X												X	
3	Maternal mortality	X	X												X	
4	Low birth weight	X													X	
5	Preterm birth	X													X	
6	Early term birth	X													X	
7	Early elective delivery															
8	Perinatal mortality	X		X											X	
9.1	Infant mortality	X		X	X	X									X	
9.2	Neonatal mortality	X		X											X	
9.3	Postneonatal mortality	X			X	X									X	
9.4	Preterm-related mortality	X		X											X	
9.5	SUID mortality				X	X									X	
10	Drinking during pregnancy	X														
11	Neonatal abstinence syndrome	X														
12	Newborn screening timely follow-up															
13	School readiness						X									
14	Tooth decay/cavities													X		
15	Child mortality							X								
16.1	Adolescent mortality							X		X	X					
16.2	Adolescent motor vehicle death							X			X					
16.3	Adolescent suicide							X		X	X					
17.1	CSHCN															
17.2	CSHCN systems of care										X	X	X	X		X
17.3	Autism															
17.4	ADD/ADHD															
18	Mental health treatment										X	X				X
19	Overall health status						X		X		X	X		X	X	X
20	Obesity								X		X					
21	Uninsured															
22.1	Child vaccination															X
22.2	Flu vaccination										X					X
22.3	HPV vaccination										X					X
22.4	Tdap vaccination										X					X
22.5	Meningitis vaccination										X					X
23	Teen births	X									X					
24	Postpartum depression	X														
25	Forgone health care											X				X

* Includes linkages based on expert opinion or theory in the absence of empirical scientific evidence. Associations with available empirical scientific evidence that is mixed or inconclusive are not included. This table is subject to revision as new scientific evidence becomes available. By definition, NPMs must be linked to at least one NOM; however, not all NOMs must have linked NPMs, as they may be important to monitor as sentinel health indicators regardless.

SMP3: Workforce Development (Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event)

The goal for this SPM is to increase the number of MCH grantees, families and partners who report increased self-efficacy in translating knowledge into practice. For providers, families, and stakeholders, it is critical that new information be incorporated and applied to gain the most benefit. Knowledge translation (translating education and knowledge into practice) is therefore an important element of training and education to improve care provision and healthcare outcomes for the maternal and child health population.

This measure is to be collected as part of MCH Sponsored Workforce Post-Event Surveys.