



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, April 18, 2018

Member Attendees		Absent	Visitors
Rebecca Adamson Carrie Akin Brenda Bandy, IBCLC Kourtney Bettinger, MD, MPH Kayzy Bigler Ellie Brent, MPH Joseph Caldwell Lisa Chaney Stephanie Coleman Julia Connellis Dennis Cooley, MD FAAP Diane Daldrup Mary Delgado, APRN Stephen Fawcett, PhD Sarah Fischer, MPA Beth Fisher, MSN, RN Lisa Gabel, RN BSN CCM Terrie Garrison, RN BSN Kari Harris, MD FAAP Sara Hortenstine Charles Hunt, MPH Elaine Johannes, PhD Tamara Jones, MPH Cari Schmidt, PhD	Katie Schoenhoff Pam Shaw, MD FAAP Sookyung Shin Rachel Sisson, MS Heather Smith, MPH Kasey Sorell, BSN RN Jenny Taylor David Thomason, MPA Annie Wallace, BSN RN Lisa Williams	Stephanie Baines, CHES Lind Blasi Greg Crawford Deanna Gaumer Beth Greene Lori Haskett Jamie Kim, MPH Peggy Kelly Patricia Kinnaird Steve Lauer, PhD, MD Melody McCray-Miller Annie McKay Patricia McNamar, DNP ARNP NP-C Elisa Nehrbass, Med Brian Pate, MD FAAP Susan Pence, MD Mohamed Radhi, MD Cherie Sage Christy Schunn, LSCSW Sharla Smith, PhD MPH Lori Steelman Na'shell Williams Stephanie Wolf, RN BSN Donna Yadrich	Jessica Looze, PhD - Speaker Jason Wesco - Speaker

Staff
Mel Hudelson Connie Satzler Chris Steege



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Agenda Items	Discussion	Action Items
<p>Welcome & Recognize Special Guests <i>Dennis Cooley, MD, Chair</i></p>	<p>Members were welcomed, and new staff and new KMCHC members were introduced.</p>	
<p>Review & Approve 1/17/18 Minutes</p>	<p>It was moved by Steve Fawcett, MD and seconded by Diane Daldrup to approve the January 17, 2018 minutes. All approved.</p>	
<p>Help Me Grow Kansas Implementation Update <i>Jessica Looze, PhD</i></p>	<p>Dr. Looze gave an update on the Help Me Grow Kansas (HMG-KS) project. <u>Highlight Items:</u> (Attachment – HMG – How it Works)</p> <ul style="list-style-type: none"> - Builds on existing resources to enhance early childhood, including the Early Childhood Comprehensive Systems initiative (KIDOS). Learn more about KIDOS at screenearlystartstrong.org. - HMG-KS & IRIS is community driven. - Explanation of IRIS – Integrated Referral & Intake System - Reviewed specific tools (Attachment - postcard sample) on developmental milestones by specific age. - These postcards have information on community specific resources for child development in their area. - Screening Passports (Attachment – passport sample) – a parent developmental screening tracker. - Reviewed the HMG-KS Core Components. - Reviewed the three community initiatives of Help Me Grow-KS. - Tracking referrals in the initial communities. - Outreach to child healthcare providers and how they can be connected to child development services. - How to close the feedback loop of follow up of all referrals. <p><u>Dr. Looze answered questions on:</u></p> <ul style="list-style-type: none"> - Data that has been collected. Look at billing codes for developmental screening (ASQ), however when not being paid those ASQs are not being coded. Also, the number of referrals to Infant/Toddler can be checked. KDHE is tracking MCH local agencies/clinics that are incorporating developmental screening. Rachel reported that 17 practices have added developmental screening in the last 2 quarters according to data reported by MCH local agencies. - Can KHIN get involved and be connected to HMG? 	<p><u>Done</u> - Chris will email Dr. Looze and ask her to send preliminary numbers from the HMG referrals for the developmental screening data to Rachel.</p>



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	<ul style="list-style-type: none"> - How is HMG going to target providers? Still researching and asked for any suggestions. - Possibly talking about IRIS in the residency programs. - How is data shared in IRIS to providers and other child health services. - HMG can help implement developmental screening across the state. Additional education on developmental screening and coding is needed. There needs to be policy change so both Medicaid and Insurance pay providers. Rachel reported that KDHE staff (Medicaid and MCH) hope to break down the coding issues. - Developmental Screening is an intervention. Are these services affordable and available? Parents value developmental screening if referrals are easily accessible and affordable. - The parent piece is essential and HMG helps this connection and promotion. - What is the barrier to not getting referrals – access to care, educating pediatric providers. 	
<p>School Partnerships for Improved Child & Adolescent Health Jason Wesco</p>	<p>Mr. Wesco gave a history and an update on the school partnerships in the Pittsburg area.</p> <p><u>Highlight Items:</u></p> <ul style="list-style-type: none"> - Looking at kids in SE Kansas who were not ready to learn. They needed to address child health outcomes and other issues that prevent children to succeed. - Family Resource Center developed that gives direction and specific services; medical, dental, behavioral health, pharmacy, education/outreach, and school health. - Has grown from 3,000 children to 42,000 children. - Started outreach in schools. - Decrease in infant mortality. - Presented information on all the school health services provided to children. - Majority of those served are under 200% poverty. - One big challenge is workforce issues. - Discussion on population health. - Model of care includes data of what works and what doesn't work. - Provides healthcare for all people. - Started with teen pregnancy. - Coffeyville – best early learning center in Kansas. School nurse and two NP that are in the elementary school because no pediatrician in Coffeyville. - The Coffeyville school has a clinic in the school. - KidCare Connection Bus travels to areas of need. - Lessons Learned: Takes a long time to combine healthcare and schools; many 	



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	<p>conversations with medical groups, school superintendent, school board, etc. These relationships were started 15 years ago. They looked at everything that kids needed to be healthy.</p> <ul style="list-style-type: none"> - Had to provide both behavioral health and health care and these services needed to be provided in the schools due to lack of providers. - Results: Immunization rates up 65%, no teen pregnancies as of 4/15/18, dental caries down, teeth sealants have increased, and behavioral health is a real need that has been addressed. <p><u>Mr. Wesco answered questions on:</u></p> <ul style="list-style-type: none"> - Are there any thoughts about a partnerships with CMH to provide specialists in this area? - Addressed the issue of no services during the summer months. The Coffeyville center is open 12 months a year. The other school based health centers are closed during the summer. Behavioral health suffers without 12 month monitoring. - Talked on the community partnerships (physicians, school superintendent, school board members, etc. These partnerships took 15 years to develop. 	<p>Rachel will send Chris information from KDHE Legal on the parental consent of minors (14 years old and older) issue and Chris will email to the KMCHC members.</p>
<p>Title V MCH Block Grant Guidance & Appl. Updates <i>Rachel Sisson & Heather Smith</i></p>	<p>Rachel and Heather gave information and dates on the Title V MCH Block Grant Guidance Revisions & Application. The federal guidance was revised effective January 2018—the changes impact the measurement framework which will have an impact on the KS State Action Plan. The MCH team is currently working on the FFY2019 application for funding and FFY2017 report (<i>Attachment - Overview of Updates-Block Grant</i>)</p>	<p>Chris will send an email to KMCHC members in early June reminding them to review the draft MCH Block Grant and provide input/comments.</p>
<p>MCH Population Domain Small Group Discussion</p>	<p>The small groups met and worked on MCH-MCO Partnership Progress & Next Steps. The small groups also worked on reviewing the Title V priorities and the State Action Plan. Reporters briefly shared their discussion topics and changes that will be shared with KDHE staff.</p>	<p>Each small group will determine if an additional meeting is needed prior to the July 25 meeting and contact Connie.</p>



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2018 KS Legislative Session & Federal Update <i>Dennis Cooley, MD, Chair</i>	Dr. Cooley gave a legislative update on the following: <ul style="list-style-type: none"> - Federal reauthorization of CHIP for 10 years. - Federal spending bill has a big deficit. - April – AAP brought 400 pediatricians to DC to advocate for gun safety. - AAP has set up a \$500,000 grant funds for gun violence research. - Executive Order requiring programs providing benefits for 200% and lower is required to provide a report to the president. - Farm Bill draft – involves SNAP, school lunches, etc. - 1115 & 1332 waivers on the Medicaid program. Rather than increasing benefits, they are looking at working requirements and limited time to receive benefits. - SB300 prohibits KanCare 2.0 of going into effect. 	
	Rachel highlighted State bills still in process: <ul style="list-style-type: none"> - Telehealth bill - Human Trafficking - Palliative Care - Maternal Mortality – strengthen the process for maternal deaths which are on the rise. KDHE Updates: <ul style="list-style-type: none"> - Trainings on NAS (opioids) to hospitals (37 out of 65 hospitals participating). - Working on spreading the Edinburgh screening (postpartum depression) - Substance use and abuse universal screening and training. - “Delivering Change” programs (core curriculum of Becoming a Mom®) - SCRIPT – evidence-based tobacco cessation program for pregnant women was provided to 25 local communities. The train the trainer supports expanded reach across the state. - Critical Congenital Heart Defect Screening is now a part of the Kansas panel of the NBS series approved by the Secretary of KDHE. 	
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 at 3:00pm	
Future Meetings	Future 2018 meetings are July 25 th , and October 10 th .	

WHY HELP ME GROW MATTERS

Experts agree: Early detection and connection to services lead to the best outcomes for children with developmental or behavioral challenges.

Early detection is critical for the 12 to 16 percent of all American children who experience developmental or behavioral problems. Families and providers need support in navigating the complex array of community-based services and supports available to promote children's optimal health and wellness.

HOW HELP ME GROW WORKS

The Help Me Grow system builds on existing resources to ensure communities identify vulnerable children and link families to community-based programs and services through the implementation of four Core Components:

- **Child Health Care Provider Outreach**, providing office-based training to support early detection and intervention, and use of the HMG call center.
- **Family and Community Outreach** promotes HMG, facilitates provider networking, and bolsters children's healthy development through families.
- **A Centralized Access Point** serves as the hub to link children and their families to community based services and supports, while providing seamless care coordination.
- **Ongoing Data Collection and Analysis** helps identify gaps in and barriers to the system, and continuous quality improvement processes refine all aspects of the system.



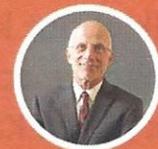
THE HELP ME GROW SYSTEM SUPPORTS CHILDREN, FAMILIES, PROVIDERS AND COMMUNITIES IN VITAL WAYS.

Providers and families have the information, resources, and support they need to help their children succeed.

Child health care, early care & education, and human service providers can identify vulnerable children and partner with families to support them.

Public officials and other stakeholders can address gaps in available services and build adequate capacity to meet the needs of children and families.

Communities can see a high rate of return for investments in quality early childhood systems through improved short- and long-term outcomes.



"One of the most attractive characteristics of Help Me Grow is that it is elegant in its simplicity."

-Dr. Paul Dworkin, Founder, Help Me Grow

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 **Help Me Grow**
KANSAS

AN AFFILIATE OF THE NATIONAL ORGANIZATION



Core Component Work Groups

Get Involved...

You are invited to join quarterly virtual work group meetings focusing on each of the four core components.

These groups will be working towards connecting, coordinating, and implementing an effective system at the state and community levels that aligns with the Help Me Grow framework.

Together we will explore materials from the Help Me Grow National Center, talk about key activities, and discuss what the core components might look like in Kansas communities and across the state.

This will be an opportunity to connect with others across the state and engage in this exciting initiative.

Upcoming Virtual Meetings

Data Collection & Analysis

Apr 19, 2018 12:00 PM Central Time

Join from PC, Mac, Linux, iOS or Android:
<https://kansas.zoom.us/j/689860771>

Centralized Access Point

Apr 23, 2018 12:00 PM Central Time

Join from PC, Mac, Linux, iOS or Android:
<https://kansas.zoom.us/j/566508380>

Family & Community Outreach

Apr 24, 2018 12:00 PM Central Time

Join from PC, Mac, Linux, iOS or Android:
<https://kansas.zoom.us/j/433799818>

Child Health Provider Outreach

Apr 25, 2018 12:00 PM Central Time

Join from PC, Mac, Linux, iOS or Android:
<https://kansas.zoom.us/j/199841590>

How Exciting!

is

4
months old!

What Most Babies Do at this Age...

SOCIAL / EMOTIONAL

Copies some movements and
FACIAL EXPRESSIONS
like smiling or frowning

LANGUAGE / COMMUNICATION

Cries in different ways to show
hunger, pain, or being tired
Begins to **BABBLE**



COGNITIVE (LEARNING, THINKING)

Uses hands and eyes together,
such as seeing a toy and reaching
for it

RESPONDS TO AFFECTION

MOVEMENT / PHYSICAL DEVELOPMENT

Brings hands to mouth

When lying on stomach,

PUSHES UP to elbows

Just for you:



Don't Miss a Milestone Moment!

CDC - Learn the Signs. Act Early:

<http://bit.ly/2j0CCAq>

For services such as early identification, screening, and assessment, find your local tiny-k:

<http://www.ksits.org>

Fun Family Activities provided by: joinvroom.org



**If you have questions or concerns about your child's development, please contact your medical provider.*



This project is supported by the Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS) under H25MC00234 Kansas Early Childhood Comprehensive Systems Impact Project, \$2,068,699. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

What is Developmental Screening



A way to check your child's development. It can show if your child is on track or if he or she might benefit from extra support.



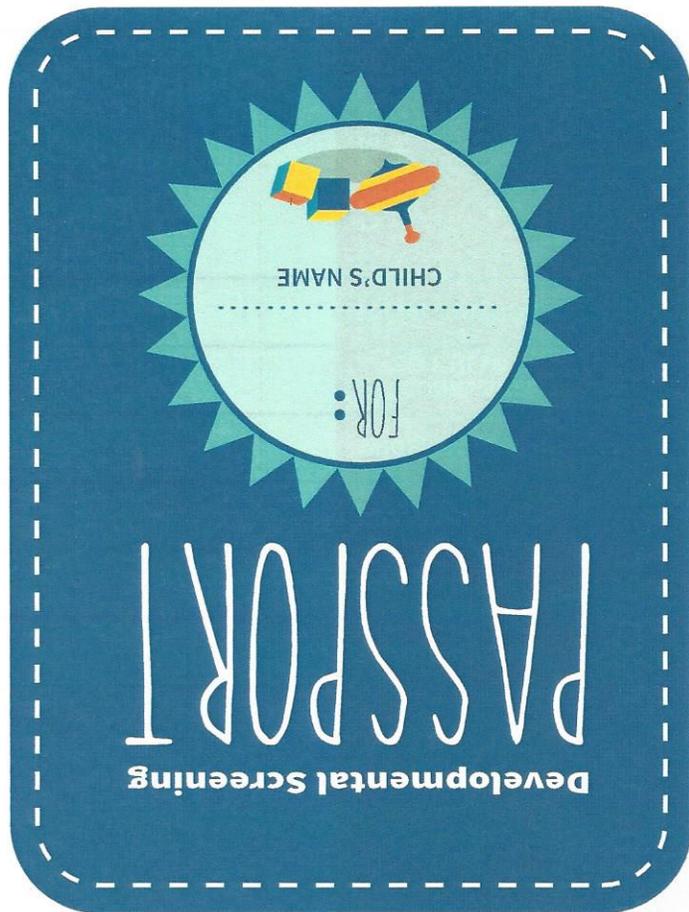
Recommended for all young children.



Administered by a doctor, teacher, child care provider, home visitor or other professional.



Uses a research-based questionnaire about how your child plays, learns, speaks, acts and moves.



Don't Miss a Milestone Moment!

www.ksits.org



Find more information about screening tools and resources at:



Milestones in Action

Free photos and videos of developmental milestones

cdc.gov/MilestonesInAction



www.hhs.gov/WatchMeThrive



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Developmental Screening Tracker

DATE	CHILD'S AGE	SCREENING TOOL USED	WHO ADMINISTERED TOOL*	NO REFERRAL	MONITORING	REFERRAL	COMMUNICATION	GROSS MOTOR	FINE MOTOR	PROBLEM SOLVING	PERSONAL-SOCIAL SELF HELP	SOCIAL-EMOTIONAL	OTHER COMMENTS

*Doctor, child care, teacher, or other

My child's care providers

Child's Name: _____
 Birth Date: _____
 Parent's Name: _____

Health Care Provider/Doctor: _____ (Phone) _____
 Child Care/Education Provider: _____ (Phone) _____
 Home Visitation Program: _____ (Phone) _____
 Other Provider: _____ (Phone) _____
 Other Provider: _____ (Phone) _____

Overview of Updates to the MCH Block Grant Guidance

2015 Application/Annual Report Guidance	2018 Application/Annual Report Guidance
<p>Performance Measure Framework:</p> <p>States select 8 of 15 NPMs (one NPM for 6 domains).</p> <p>States establish 3-5 SPMs to address MCH priority needs not addressed by the selected NPMs.</p> <p>Each of the state-identified 7-10 priority needs, as determined through a comprehensive Five-Year Needs Assessment, is addressed by either a NPM or SPM (no change).</p> <p>NPM 6 related to developmental screening includes the age range of 10-71 months.</p>	<p>Performance Measure Framework:</p> <p>States select 5 of 15 NPMs (one NPM for 5 domains). States have the option to retire 3 with rationale.</p> <p>States are not required to establish a minimum or maximum number of SPMs.</p> <p>Each of the state-identified 7-10 priority needs, as determined through a comprehensive Five-Year Needs Assessment, is addressed by either a NPM or SPM (no change).</p> <p>NPM 6 related to developmental screening includes the modified age range of 9-35 months.</p>
<p>MCH Population Domains:</p> <p>15 NPMs across 6 domains (five MCH population domains and one Cross-Cutting/Life Course Domain).</p>	<p>MCH Population Domains:</p> <p>15 NPMs across 5 domains (Cross-Cutting/Life course Domain eliminated). Measures previously tied to this domain were moved into 1 or more the 5 domains (W/M, P/I, Child, Adolescent, CSHCN).</p> <p>Addition of optional 6th domain (Cross-Cutting/Systems Building) to reflect state priority needs around infrastructure/systems building.</p>
<p>State Action Plan:</p> <p>Focus on implementation of evidence-based and informed strategies/measures.</p> <p>Narrative discussion organized by the 6 MCH domains, with an added section for discussing other programmatic activities (e.g., MCH workforce and family/consumer partnership).</p>	<p>State Action Plan:</p> <p>Continued focus on implementation of evidence-based and informed strategies/measures, with addition of enhanced definition of “evidence-base” and state examples. Checklists, tools, and resources available.</p> <p>Narrative discussion organized by 5 MCH population domains and a 6th optional domain, with an added introductory section for states to describe the Title V framework and overarching program strategies.</p>
<p>Increased emphasis on the importance of family/consumer partnership (narrative discussions primarily included in CSHCN domain and in the “Other Programmatic Activities” sections).</p> <p>Dedicated section for narrative discussion of States’ systems of care to address the needs of CSHCN.</p> <p>Reduced burden for States in applying for MCH Block Grant funds and in submitting the legislatively required Annual Report.</p>	<p>Clearer reporting expectations outlined for State Title V reporting on family-centered care and partnership (e.g., specific program activities; impact of family partnerships on all sectors of the MCH population; and demonstrated value in improving MCH outcomes).</p> <p>Narrative discussion for CSHCN strengthened to include added specificity about components of a State’s system of services and the impacts achieved.</p> <p>Continued reductions in State Application/Annual Report burden through streamlined narrative reporting, clearer descriptions of expected content, refined instructions for completing data reporting forms and improved functionality (e.g., Word Upload capability) in the data entry component of the TVIS.</p>