



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, January 22, 2020

Member Attendees	Absent		Visitors
Rebecca Adamson, APRN (attended remotely for portion of meeting) Carrie Akin Kayzy Bigler Stephanie Coleman Dennis Cooley, MD, FAAP Stephen Fawcett, PhD Gino Fernandez Phil Griffin Kari Harris, MD, FAAP Charles Hunt Jamie Kim, MPH Scott Latimer, MD, MPH Kelli Mark Jennifer Marsh Patricia McNamar, DNP, ARNP, NP-C Elisa Nehrbass Lawrence Panas Cherie Sage Christy Schunn, LSCSW Cari Schmidt, PhD Sookyung Shin Brooke Sisson Rachel Sisson Kasey Sorell David Thomason, MPH Kelsee Torrez Alice Weingartner	Brenda Bandy, IBCLC Kourtney Bettinger, MD, MPH Joseph Caldwell Lisa Chaney Julia Connellis Greg Crawford Denise Cyzman Mary Delgado, ARPN Beth Fisher, MSN, RN Terrie Garrison, RN, BSN Deanna Gaumer Cory Gibson Sara Hortenstine Elaine Johannes, PhD Kimberly Kasitz Peggy Kelly Steve Lauer, MD, PhD Brian Pate, MD, FAAP	Susan Pence, MD, FAAP Melody McCray-Miller Katie Schoenhoff Pam Shaw, MD, FAAP Heather Smith Lori Steelman Juliet Swedlund Lisa Williams John Wilson Taryn Zweygardt Stephanie Wolf, RN, BSN Donna Yadrich	Jessica Grubbs Warren Hays Shane Hudson, guest speaker (attended remotely) KSKidsMAP guest speakers (attended remotely) Brandi Markert Chris Tilden
Staff			
Mel Hudelson Connie Satzler			

Agenda Items	Discussion	Action Items
<p>Welcome & Recognize New Members/Guest</p>	<p>Dr. Harris welcomed everyone to the meeting and introduced new members and guests. Dr. Fawcett moved to approve the July meeting minutes, and Cherie Sage seconded the motion. All approved.</p>	
<p>Action Alerts by Domain: Group Presentations + Next Steps Connie Satzler and group leads</p>	<p>Each group shared their final action alert with the council. The action alerts are all on the website under Meeting Information.</p> <p>Women and Maternal Health Group: created images to share during Women's Health Month that encourage mothers to educate their daughters on the importance of the well-woman visit. They have four infographics that will go out each week in the month of May. The images will be distributed via social media and partner networks.</p> <p>Perinatal/Infant Group: used PRAMS data to help identify gaps, particularly that parents don't know to keep baby in the same room. This group wrote a letter that will be sent to family physicians, OBGYN, and pediatricians looking for safe sleep champions. The call to action is to connect safe sleep instructors with practices to provide training. If there is not already an instructor in the area, then the letter will provide information on becoming a safe sleep instructor.</p> <p>Child Group: focused on physical activity and the 2018 Physical Activity Guidelines for Americans, which recommends that children should have one hour of activity each day, and in Kansas most children are not getting that. The Kansas State Department of Education's School Wellness Policy Model Guidelines include modeling policies related to physical activity. Schools are working on their policies for physical activity, so the group wrote a letter to superintendents to support modeling-level physical activity policies. The group is also sending local data to health departments and having them encourage families to know what the local school policy is. Recommendations for policies include not using physical activity as punishment, the importance of elementary recess, and finding ways to have physical</p>	<p>Communications plan and timeline for disseminating action alerts.</p>

	<p>activity breaks. Letters to school districts will direct them to the tools created by Children's Mercy for healthy schools.</p> <p>Adolescent Group: focused on suicide prevention, which is the second leading cause of death for ages 14-24. They created an action alert for suicide prevention focusing on the protective factor of relationships, utilizing the "BeThe1To" framework with five steps: to ask, keep them safe, be there, help them connect, and follow up. The action alerts will go out in May, Mental Health month, and September, Suicide Awareness Month. Each infographic has the National Suicide Lifeline phone number on them.</p> <p>Special Health Care Needs Group: compiled key information and infographics about having a medical home to help medical providers understand the seven aspects of a medical home. Each infographic will focus on one aspect that will link to tool kits with more information using AAP resources on creating a medical home. The group is starting with cultural effectiveness, including providing self-assessment tools. The website also links to AAP's "Building Your Medical Home" roadmap. The goal is to educate and simplify steps to becoming an effective medical home. The infographics and resources will be shared with partners, and they want them to visit the website for this information.</p> <p>Discussion: Put the infographic/resources in a more public place like "Action Alerts" under resources on the website so they are easily accessible once they are finalized.</p> <p>KDHE staff and Connie will work on a communications plan and timeline for each action item and alert. The plan will be shared with the council in April.</p>	
<p>Behavioral Health Spotlight: Maternal and Pediatric Investments</p>	<p>Kelsee shared information about projects that focus on behavioral health.</p> <p>Kansas Connecting Communities – focused on Southeast Kansas in the first three years with the goal of improving behavioral health screening and</p>	

Kelsee Torrez, KDHE and partners

services. A tool kit for screening for substance use screening is available now. The screening tool covers 10 different substances. They have completed the first training, and planning the second training and the second project ECHO series – focused on navigating DCF, impact on child development when maternal mental health issues during pregnancy.

They are working on connecting local grantees and mental health resources. Southeast Kansas was targeted because of the connections already made through IRIS in the region.

Rebecca Adamson, APRN-C, Crawford County Health Officer, Health Department Director – has implemented screenings during their visits with mothers and pregnant women at the health department.

Shane Hudson, President CKF Addiction Treatment, the group providing telehealth services and working with providers to screen, then assessed with telehealth and connect with treatment. CKF will provide telehealth within a physical setting in SE Kansas, and will coordinate referrals when needed and close that loop. The staff taking the calls and providing the telehealth has training specifically in perinatal behavioral health.

KSKidsMAP to Mental Wellness:

Goal is to establish a pediatric mental health care access team through training and providing support to primary care physicians and other medical providers. Includes a mini-fellowship through REACH Foundation with two groups that participated including almost 60 medical providers and physicians.

Dr. Harris, MD, FAAP shared that this project was born by the need for more pediatric mental health support for pediatricians and other primary care providers. Access is limited to psychiatrists for children and adolescents throughout the state.

Rachel Brown, M.D., child and adolescent psychiatrist told the council that she has never been in a place with adequate providers for the need. This grant is to enhance the ability of primary care providers to provide mental

health care. They are increasing availability of telehealth services where a clinician and patient can be connected remotely to provide care to those kids/adolescents who need it.

Polly Freeman, LBSW, MSW, talked about the warm line. She will coordinate with patient and provider to connect with mental health resources. Can consult with one or all three of their team. Did a soft launch in December. As of today, 30 providers enrolled in KansasMAP program and have done 20 consultations already.

Those who have participated in the REACH training can handle non-complex cases, but this resource makes available child and adolescent expert team members.

Dr. Nicole Klaus, Ph.D., Child and Adolescent Psychologist shared about the telehealth ECHO clinic. They will use technology, Zoom, to continue child and adolescent mental health mentoring. This project helps build skills in primary care clinics to help increase capacity. It provides a case-based learning experience, and gives participants the opportunity to think critically.

Physician Wellness Component: primary care physicians, when asking them to bring increased mental health into their practice, need to be aware of the toll it takes on them. It is important to have a physician wellness component.

Amanda Aguila, MA, Program Manager/Evaluator: Process evaluation and outcome evaluation. Process: Track progress on how they are moving towards goals to understand what is working what isn't. Determine strengths and weaknesses to build off of that. Outcome: increase access to diagnostics, build network of providers. The two evaluation pieces go together.

Discussion: Local providers want to recruit and keep their own staff. Locating professional expertise from telehealth, could this make securing of professionals who have expertise in communities more difficult?

	<p>Kelsee: we are emphasizing community linkages and supports first. Telehealth is filling in the gaps, and is not intended to take away from what exists.</p> <p>Dr. Harris: There are not C&A psychiatrists in Kansas. Only in KC and Wichita, and not enough there. We build community THROUGH the ECHO model, which will allow us to build community support.</p>	
<p>Introduction of new Chair (Kari Harris, MD) and Recognition of past Chair (Dennis Cooley, MD) Mel Hudelson, KAAP</p>	<p>Mel Hudelson introduced Dr. Kari Harris as the chair of KMCHC, and thanked Dr. Cooley for his leadership of the council since 2005.</p>	
<p>12:00 Break & Lunch</p>		
<p>Small Group Discussion by Domain & Focus Area</p>	<p>Behavioral Health Needs & Plan for Response</p> <ul style="list-style-type: none"> • Small Groups: Women/Maternal, Perinatal/Infant, Child, Adolescent • Discussion Questions (address all parts of each question and record) <ul style="list-style-type: none"> ○ What are you currently seeing/experiencing in your community related to Pediatric AND Maternal Behavioral Health? ○ What do you see as your <i>organization's</i> role, your <i>individual</i> role, and your <i>community's</i> role for connecting to/contributing to/gaining from the projects? ○ What can YOU do now? 	
<p>1:45 Break</p>		
<p>Small Group Report Out</p>	<p><u>Women/Maternal and Perinatal/Infant</u></p> <ul style="list-style-type: none"> ○ What resonated: Utilize primary care providers to increase capacity is great; it is a challenge in rural areas to find providers willing to take on mental health and get access to care. The group would like to see other counties replicate Crawford County Health Department model across WIC. Could add WIC referrals, and release form for WIC so they are part of the larger care team. Question on billing and reimbursement of primary care providers for these services. 	

- **Organizational/individual/community roles:** Promote at organizational level. Medicaid – ensure coverage & reimbursement of services at PCP level. Incorporate into WIC. Add mental health and substance use resources to PRAMS and BRFSS surveys. KPCC-BaM engagement – present on models at conference this year. Embed into CHIP process.
- **Promotion/Implementation:** Equity lens, equity metric. Expand to broader audiences for ECHO, expand “out”, not just “up” (e.g., expand to school nurses and school counselors). Screenings in ERs. Expand links to supports that don’t require funding. Promote as billable service. Coding issues.
- **Special health care needs considerations:** Maternal anxiety/guilt for moms of a child with SHCN compounds mental health issues. Women with SHCN may be getting taken advantage of; inform providers.
- **Behavioral health/mental wellness gaps remaining:** Infrastructure gap - universal home visiting available across the state, access to perinatal education, “best baby zones”, perinatal mental health as component of baby shower, engaging women of childbearing age in junior college and university setting.

Child

- **What resonated:** Filling gaps is necessary and good. Would like to target schools to have support or liaisons for psychiatric care to get access to more kids.
- **Organization/individual/community role:** Important to get the word out – important to make sure that families know that services are available. Aligning systems across agencies, hospitals, MCOs to get the word out. Medicaid Expansion, when that happens more people will have access to services. Work with medical schools, introduce students to this.
- **Promotion/implementation:** Covered in other questions.
- **Special health care needs considerations:** Discussed getting information of services out to families, Medicaid expansion, embedding therapists in family practices.
- **Behavioral health/mental wellness gaps remaining:**

Action steps: Mapping for schools in concentrated disadvantaged areas to know who to focus on. Add a table for behavioral health to community baby showers. WIC – add forms, etc. to incorporate.

Action steps: Kelsee will contact Sunflower and set up ECHO. Continue to disseminate this information. Consider sharing this information at poverty conference in Topeka July 15-17.

- Sustainability: how to continue the work after the grant ends. Make sure that families know to advocate for services. Language services – are translation services available with telemedicine and rural and frontier areas? Make sure that information is getting out to the correct people. Insurance is now allowing schools to a location as a billing code; disseminate this information. Support network for kids, trauma-informed services in schools.

Adolescent

- **What resonated:** Several issues were discussed, including FQHC clinics, teens, insufficient post-partum coverage, need more social workers within clinics/practices, sustainability concerns, amendments of telehealth bill, CPT coding issues related to care coordination. Recommend pulling telehealth law to share with the Council.
- **Organization/individual/community roles:** Discussed FQHCs, community mental health centers, and that CPT codes are not open to reimbursement.
- **Promotion/implementation:** Consider grants to help fill gaps, find applicable CPT codes and educate providers on using CPT codes in billing. Confidentiality issues, discussed that consent does not equal confidentiality.

Action steps:

Engage MCO representatives on this. [Note: MCOs are KMCHC members and Sunflower Health was very engaged in the Child health discussion at this meeting.]

Pull telehealth law to share with the council.

One pager on adolescents' consents and confidentiality.

Materials for kids can be developed by extension (similar to adolescent idea above).

How to get health insurance - It is important to work on empowering adolescents and their families to understand insurance and laws so they can get the help that they need.

KAAP and KMCH meet with Medicaid on CPT codes.

<p>Immunizations: Support Needed to Protect Public Health Gains</p> <p><i>Phil Griffin, KDHE</i></p>	<p>There is a rapid and alarming increase in syphilis in Kansas that we need to be aware of. It was recommended to share this with family med and OBGYN residency programs, as well as the MCOs.</p> <p>Related to this, it was suggested that we see 3 or 4 "sentinel" indicators each time we meet, particularly ones that are moving, either advancing or getting worse. Monitor, understand implications, and construct actions. Kansans for Health Freedom is advocating to have immunizations for school be part of statute, which is not the best way for it to be done.</p> <p>Immunize Kansas Coalition is looking for help to find positive parent voices, they would like names of parent champions so they can get their stories out there. IKC legislative reception on January 29th, invite your legislators to attend.</p> <p>Emails will be created that will be easy for KMCHC, KAAP, and KAFP members to share with their legislators.</p> <p>Staff and leadership will work with Phil and IKC to determine how KMCHC can best support their work. Action alerts from each domain would be helpful to push out information.</p>	<p>Action Item: Share new data on increase in syphilis cases.</p> <p>Action Item: Send any resources to IKC for positive parent voices for immunizations.</p> <p>Action Item: Create emails that can be shared by KMCHC, KAAP and KAFP to promote immunizations.</p>
<p>Announcements & October Meeting Agenda</p> <p><i>KDHE Staff & KMCHC Members</i></p>	<p>Newborn screening legislation and child care initiative HB228 information will be sent out to the council.</p> <p>Brandi reminded everyone to turn in the PRAMS ranking, and submit those to Brandi Markert or Kelli Mark.</p>	
<p>Closing Remarks</p> <p><i>Kari Harris, MD, FAAP</i></p>	<p>Dr. Harris thanked the speakers and KMCHC members for their work at the meeting. The meeting was adjourned at 3:15.</p>	
<p>Future Meetings</p>	<p>The following dates are for meetings coming up:</p> <ul style="list-style-type: none"> • April 8, 2020 • October 7, 2020 	