



Kansas Maternal & Child Health Council

OCTOBER 5, 2016 MEETING



Welcome

Recognize New Members

Approval of Minutes

DENNIS COOLEY, MD, CHAIR



MCH Block Grant Updates

*Comprehensive Needs Assessment Documents
Final 2017 Application & 2015 Annual Report
Final 2016-2020 MCH State Plan
Health Status – Progress & Gaps*

RACHEL SISSON, KDHE

Published Links/Documents



Kansas
Department of Health and Environment

AD ASTRA PER ASPERA

Sam Brownback, Governor
Susan Mosier, MD, Secretary

Home Public Health Environment Health Care Finance Laboratories News

Bureau of Family Health (BFH)

Family Health

A to Z Topic Listing

Rachel Sisson, Director
Phone: (785) 291-3368 Toll Free: 1-800-332-6262

1000 SW Jackson, Suite 220
Topeka, Kansas 66612-1274

Mission: Provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.

Child Care Licensing

- Child Care Licensing Paper Applications and Forms
- Child Care Licensing Regulation Books
- Search for Licensed Child Care Program Inspection Results
- Submit a Child Care Licensing Application Online

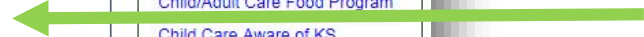
Children & Families

- Child and Adolescent Health Services
- Kansas Initiative for Developmental Ongoing Screenings (KIDOS)
- Maternal and Child Health Block Grant
- School Health Resources
- Women's Health Care and Family Planning Services

Links

- 2020 MCH Statewide Needs Assessment
- Adolescent Health Needs Assessment
- 2016 Maternal Child Health (MCH) Block Grant Application
- 2014 MCH Biennial Summary
- Life Course Indicators Report
- Preconception Health Report
- Bureau of Family Health Staff Directory
- Child/Adult Care Food Program
- Child Care Aware of KS
- Child Care Licensing County Contacts

<http://www.kdheks.gov/bfh>





MCH 2020: KANSAS MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT

PRIORITIES AND ACTION PLAN, 2016-2020

MCH 2020: KANSAS MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT

PRIORITIES AND ACTION PLAN, 2016-2020

The 2016-2020 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course. The Bureau of Family Health's mission is to provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.



Bureau of Family Health
Kansas Department of Health and Environment
Division of Public Health
1000 SW Jackson, Suite 220
Topeka, Kansas 66612-1274
785.291.3368
www.kdheks.gov

Prepared in partnership with:

Center for Public Partnerships and Research
University of Kansas
1617 St. Andrews
Lawrence, Kansas 66047



Mission:
To protect and improve the health
and environment of all Kansans.

<http://www.kdheks.gov/bfh>



K-STATE
Research and Extension

EXECUTIVE SUMMARY

Guiding Principles of Positive Youth Development

Adolescence is an important developmental stage filled with health opportunities, as well as health risks. During this stage, health behaviors are established that pave the way for adult health, productivity and longevity. Adolescents who thrive have access to caring adults that foster healthy development, and are offered meaningful opportunities to belong and build their competencies and abilities (Lerner, 2008). Instead of being problems to be managed, adolescents are assets to their communities. Consequently, Kansas chose a positive youth development approach for its five-year needs assessment for the 2016-2020 Title V Maternal and Child Health Services Block Grant for the Bureau of Family Health, Kansas Department of Health and Environment. The assessment was conducted by Kansas State University's Kansas Adolescent Health Project, consisted of: a) a review of existing health data, b) an online community input survey, c) community focus groups, and d) interviews with key individuals and leaders.

Identifying Needs and Issues among Kansas Adolescents

More than 850 respondents* of an online survey, which was open from August to September, 2014, resulted in the following findings:

Top health issues affecting adolescents in their area were:



Top barriers that youth faced to accessing health services were:



(* - 854 respondents were 86.4% female average age of 49; 60% rural and small town; 22.7% upper middle income; 85 counties represented. A Spanish version of survey was offered, but no Spanish version surveys were received.)

More than 400 Kansans** shared their perspectives through 26 focus groups conducted in Chanute, Dodge City, Great Bend, Hottington, and Kansas City. Many commonalities exist between youth and adult focus group participants:

(* - 324 of the 401 participants were high school students: 60% female, 63% white, 17% Latino/Hispanic, 7% African American; 2% multi-racial, <1% Asian, American Indian, etc. Focus groups were conducted with high school FCS/adulting/study hall classes, local coalitions, Kansas Partnerships for Health conferences, health departments, Young Women on the Move after-school members, 4-H councils, ESL mothers group, Wyandotte High Health Science III class members.)

The focus group data resulted in the following findings relating to issues, barriers and challenges expressed by youth and by adults (in order of prominence of youth focus group data):

Top health issues included:

- School lunch (portions too small or distasteful food)
- Substance abuse
- Sexuality and reproductive health
- Mental health (including depression and self-injury)
- Obesity
- Overall stress
- Bullying
- Boredom leading to the use of technology
- Wanting real services and information
- Wanting to confide in adults and mentors.

Top barriers and challenges included:

- Lack of information
- Access to services
- Costs too high
- Lack of parental support/skills and awareness
- Embarrassment/shame
- Lack of mentors.

Recommendations and Strategies to Address Adolescent Health

The overall goal is to enhance the health of adolescents and young adults (ages 12 to 22) across the lifespan.

RECOMMENDATION 1: Address the highest priority adolescent health issues. Thus, some of these recommendations are redundant by intent. Each of these health issues is related and should be addressed as such. Men-



KANSAS TITLE V MATERNAL & CHILD HEALTH 5-YEAR STATE ACTION PLAN

FY 2016



MCH DOMAINS

WOMEN MATERNAL

PERINATAL INFANT

CHILD HEALTH

ADOLESCENT HEALTH

CYSHCN

CROSS-CUTTING LIFE COURSE

Handout



KANSAS TITLE V MATERNAL & CHILD HEALTH 5-YEAR STATE ACTION PLAN

FY 2016

PRIORITY 3
CHILD HEALTH

Developmentally appropriate care and services are provided across the lifespan

- OBJECTIVE 3.1** **CYSHCN** Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually.
- OBJECTIVE 3.2** **CYSHCN** Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.
- OBJECTIVE 3.3** Increase by 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020.
- OBJECTIVE 3.4** Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020.
- OBJECTIVE 3.5** Increase the percent of home-based child care facilities implementing daily routines involving at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.
- OBJECTIVE 3.6** **Adolescent Health** Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.

NPM Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)	SPM Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day
ESM Percent of parents of child program participants that received education on child development and developmental screening	
NPM Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)	
ESM Percent of program participants receiving car seat and/or booster seat safety education during an MCH visit	

How is Kansas Doing?



Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report



NOM#	National Outcome Measures	Medicaid Measures	2010	2011	2012	2013	2014	Trend	HP2020	Sources
7	Percent of non-medically indicated early elective deliveries		-	-	-	8.0%	4.0%	↓	-	4
8	Perinatal mortality rate per 1,000 live births plus fetal deaths		6.2	5.9	6.9	6.5	6.2	↓	5.0	1,2,5
9.1	Infant mortality rate per 1,000 live births									
	All		6.3	6.2	6.3	6.4				
	Medicaid		7.3	7.3	9.7	7.2	8.5	↑		
	Non-Medicaid		5.5	5.5	4.4	5.8	5.0	↓		
9.2	Neonatal mortality rate per 1,000 live births		4.2	4.0	4.3	4.3	4.5	↑	4.1	1,3
9.3	Postneonatal mortality rate per 1,000 live births		2.3	2.3	2.0	2.1	1.8	↓*	2.0	1,3
9.4	Preterm-related mortality rate per 100,000 live births									1,6
	All		202.8	206.9	208.4	211.3	211.8	↑*	-	
	Medicaid		258.4	232.4	294.4	167.4	305.3	●		
	Non-Medicaid		174.6	195.6	167.6	226.1	160.0	●		
9.5	Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (R95, R99, W75)		103.9	106.0	99.2	131.4	94.4	●	84.0	1,3
10	Percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy (PRAMS)		-	-	-	-	-	-	-	-
11	The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations		3.4	4.2	4.7	5.9	-	↑*	-	2
12	Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)		-	-	-	-	-	-	100.0%	-
13	Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)		-	-	-	-	-	-	-	-
14	Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months		-	-	18.1%	-	-	●	-	7
15	Child mortality rate ages 1 through 9 per 100,000		26.7	22.2	19.4	23.8	15.7	↓	-	3,8
16.1	Rate of death in adolescents age 10-19 per 100,000		38.0	32.4	32.3	31.9	34.7	↓	-	3,8
16.2	Adolescent motor vehicle mortality rate ages 15 through 19 per 100,000 (3 year rolling average)		22.7	20.0	18.1	14.0	14.8	↓*	12.4	3,8

Handout

MCH Plan Next Steps

- Share, Share, Share! Identify how our work aligns.
- MCH Council prioritization results utilized as a starting point
- Present plan to MCH Local Agencies and identify what's happening, where we are strong vs. where we need to build
- Discuss the plan and same as above as part of ongoing monthly KDHE internal MCH coordination meetings
- Continue providing updates and collecting information to inform decisions, targeted areas, new partnerships, through KMCHC meetings
- Address emerging issues and stakeholder/member (consumer, family, parent, provider) questions/needs through the KMCHC

Families and partners drive the agenda!

Reminders...

- The State MCH team's ongoing and evolving work IS the state action plan (in partnership with local agencies, communities, and families).
- Existing programs and affiliated projects are underway, aligned with and targeted to the current priorities and measures.
 - Maternal & Child Health & Home Visiting
 - Becoming a Mom
 - Baby & Me Tobacco Free
 - Safe Sleep Expansion Project & Community Baby Showers
 - Special Health Care Needs
 - Care Coordination
 - Caregiver Health
 - Family & Consumer Engagement
- Needs of MCH populations will change and emerging issues will arise.
- The State MCH team relies on guidance and input from the Council to ensure the plan is reflective of current systems, practices, and protocols.
- Cross-cutting objectives and strategies will be addressed ongoing.

Kansas MCH Website



KANSAS
MATERNAL &
CHILD HEALTH

Home Domains KMCH Council Resources Contact Us

KMCHC Meetings:

December 16, 2015

March 30, 2016

June 13-14, 2016

September 21, 2016



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.

For the federal 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:

1. Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.
2. Services and supports promote healthy family functioning.
3. Developmentally appropriate care and services are provided across the lifespan.
4. Families are empowered to make educated choices about nutrition and physical activity.
5. Communities and providers/systems of care support physical, social, and emotional health.
6. Professionals have the knowledge and skills to address the needs of maternal and child health populations.
7. Services are comprehensive and coordinated across systems and providers.
8. Information is available to support health decisions and choices.



<http://www.kansasmch.org>

Kansas MCH Facebook Page



The screenshot shows the Facebook profile for Kansas Maternal & Child Health. The cover photo features a collage of images: a woman holding a crying baby, a woman kissing a baby on the cheek, a child riding a bicycle, a young boy in a wheelchair, and a group of people walking in a hallway. The profile picture is the organization's logo, which consists of stylized human figures in blue, green, and orange. The name 'Kansas Maternal & Child Health' is displayed in white on a teal background, with 'Organization' below it. Navigation tabs for 'Timeline', 'About', 'Photos', 'Likes', and 'Videos' are visible. On the left, there are options to 'Like' (10 people), 'Open Always', and 'Invite friends'. The main content area shows a post from the organization, dated 6 hours ago, with the text 'Priority #7 of the 8 Priorities for Kansas Maternal and Child Health. For the'. A blue box at the bottom right of the page indicates '2016 - 2020 Priorities'.

<http://www.facebook.com/kansasmch>



KANSAS
MATERNAL &
CHILD HEALTH

Help Me Grow Kansas Implementation

KAYZY BIGLER


KDHE SPECIAL HEALTH CARE NEEDS PROGRAM



Help Me Grow

Maternal and Child Health Council

October 2016



State Implementation Grant to Enhance Systems Integration for CYSHCN

AIM: By October 2017, 50% of families and medical home providers of CYSHCN contacting a shared resource for a needed specialist, support or service, will obtain a needed specialist, support, or service.

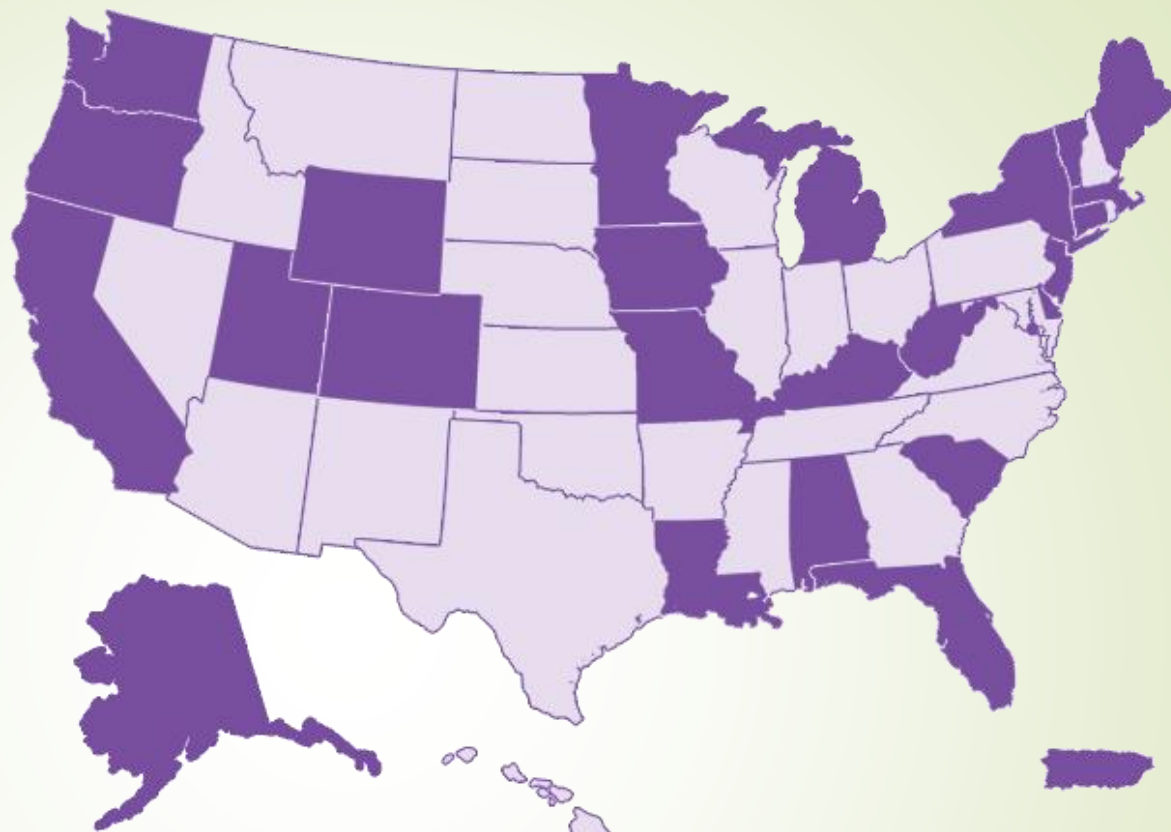
- Initially made changes to KRG
- Identified a resource and referral system that would improve systems in Kansas – Help Me Grow
- More robust than the Kansas Resource Guide
- Able to provide linkages and follow up to make sure children are getting the services they need
- Grant funding allowed for the consideration of a Help Me Grow system



Help Me Grow

“Help me grow is a unique, comprehensive, and integrated statewide system designed to address the need for early identification of children at risk for developmental and/or behavioral problems, and then linkage to developmental and behavioral services and supports for children and their families.”

Help Me Grow National Center



Alabama
Alaska
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Iowa

Kentucky
Louisiana
Maine
Massachusetts
Michigan
Minnesota
Missouri
New Jersey
New York

Oregon
Puerto Rico
South Carolina
Utah
Vermont
Washington
West Virginia
Wyoming





How Does “Help Me Grow” Work?

Help Me Grow is a system that builds collaboration across sectors, including child health care, early care and education, and family support.

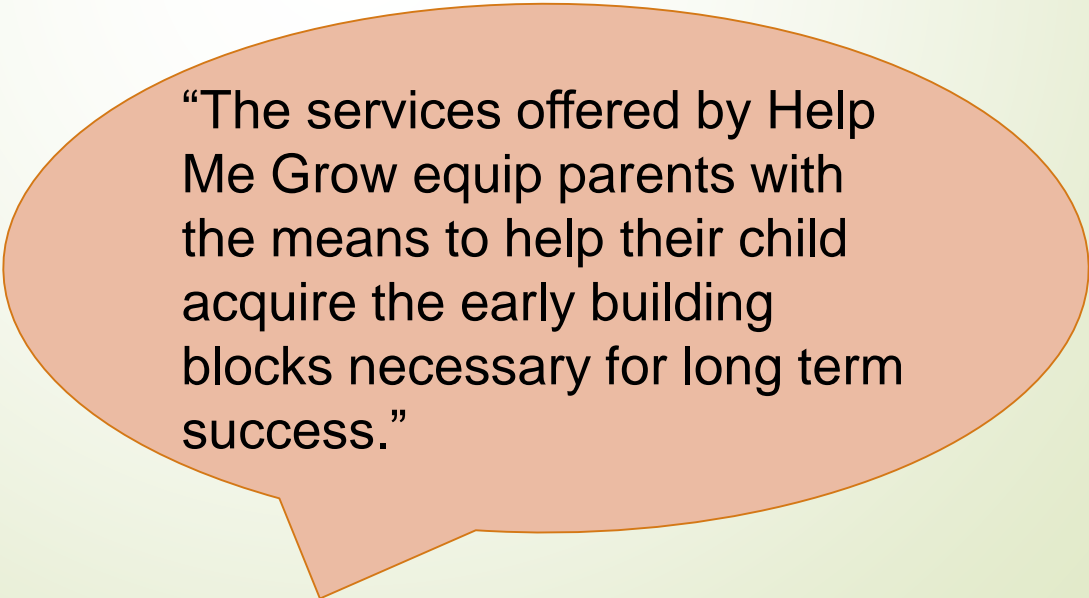
Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services. Ongoing data collection and analysis helps identify gaps in and barriers to the system.



Help Me Grow

“Help Me Grow Orange County California”

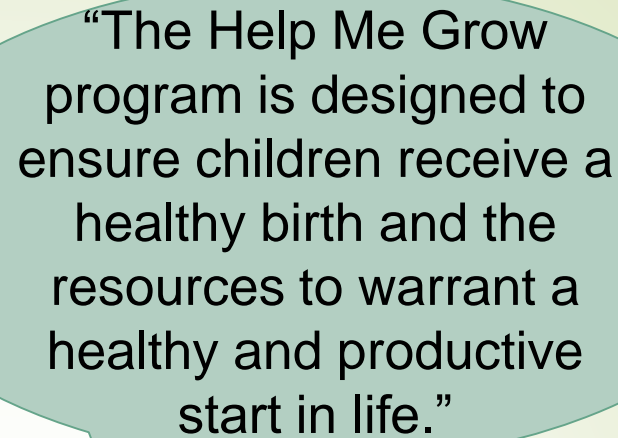
WWW.HelpMeGrowNational.org



“The services offered by Help Me Grow equip parents with the means to help their child acquire the early building blocks necessary for long term success.”



Help Me Grow



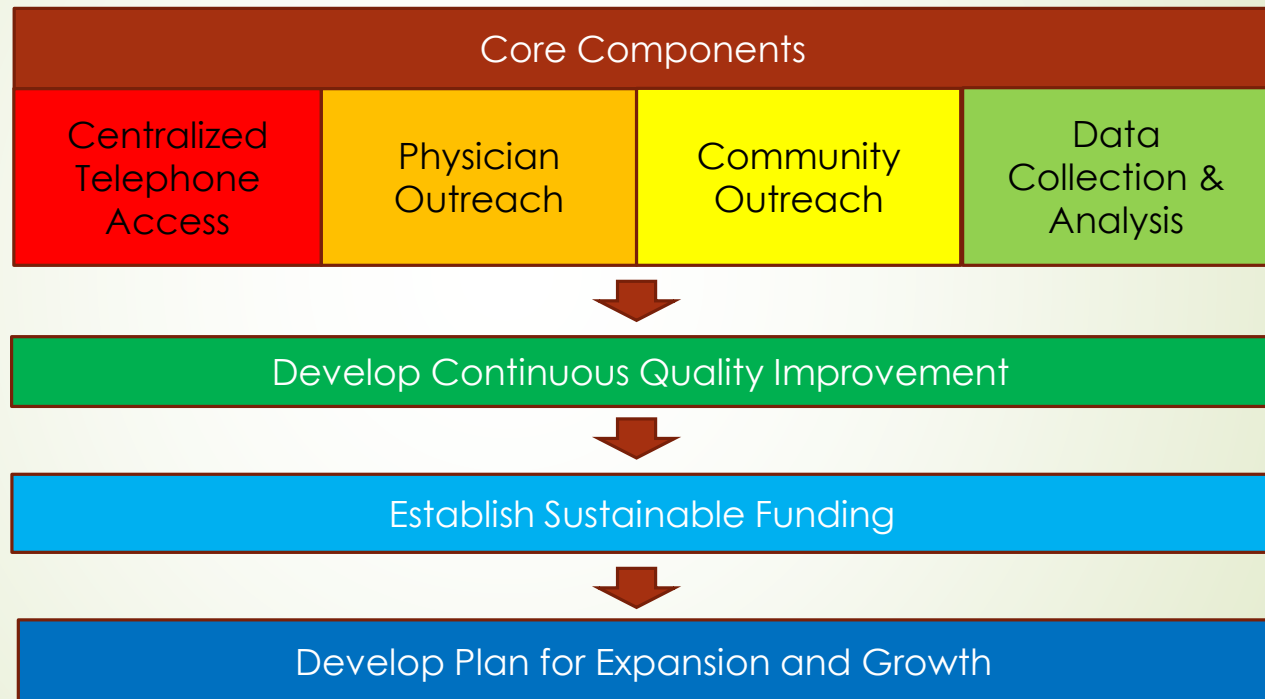
“The Help Me Grow program is designed to ensure children receive a healthy birth and the resources to warrant a healthy and productive start in life.”

Benefits:

- Improve access to services for children at risk
- Encourages collaboration across sectors
- Lower societal costs
- Successful linkages
- Statewide system that is integrated, comprehensive, and effective
- Quick assistance for families
- Strengthen early childhood systems
- Stronger partnerships/silo reduction

Building a “Help Me Grow” System

The System





Integrated Referral and Information System (IRIS)

- ▶ In order for a state to become a Help Me Grow affiliate a data collection system needs to be identified
- ▶ The University of Kansas is developing a communication tool that can be used as a back and forth referral process for communication among various systems
 - ▶ Web based system
 - ▶ 2 levels of users
 - ▶ Gathers information on the client
 - ▶ Sends an electronic referral to provider – provider can accept or decline a referral – information is sent back to referring HMG person



IRIS

helping families thrive through connected communities

Integrated Referral and Intake System

KU CENTER FOR
PUBLIC PARTNERSHIPS
& RESEARCH
The University of Kansas



Our Vision for Connected Communities



- Empower and encourage others to seek AND see the difference they are making in the lives of at-risk children, youth, and families
- Inspire improved coordination of family services at the local level to “close the referral loop” and encourage warm handoffs among community partners
- Position communication to be a part of the solution, not a part of the problem - easy to use tools that support best practices and connect families to services
- Shift mindset and lead change efforts – with families at the center, focus is on relationship building and true collaboration efforts in communities

IRIS



- **Communication tool to support best practices in social service referral and coordination among community partners**
- **Consistent referral and acceptance protocol to facilitate family outreach and enrollment**
- **Easy to use web application and email notification system to connect partners within a community to better serve families no matter which 'door' they enter**
- **A tool that closes the communication loop of engagement, intake, referral, and service acceptance among partners**
- **A tool that facilitates a warm handoff of a family to a partner agency for additional services**
- **Focused and lean function and purpose-driven**

What Success Looks Like



Clear Communication

Improved
communication
among partners

Referral loops are
completed

Partners are
informed of what
happens to families

Coordinated Services

More families are
successfully
connected to the
right services

Warm handoffs and
family
empowerment

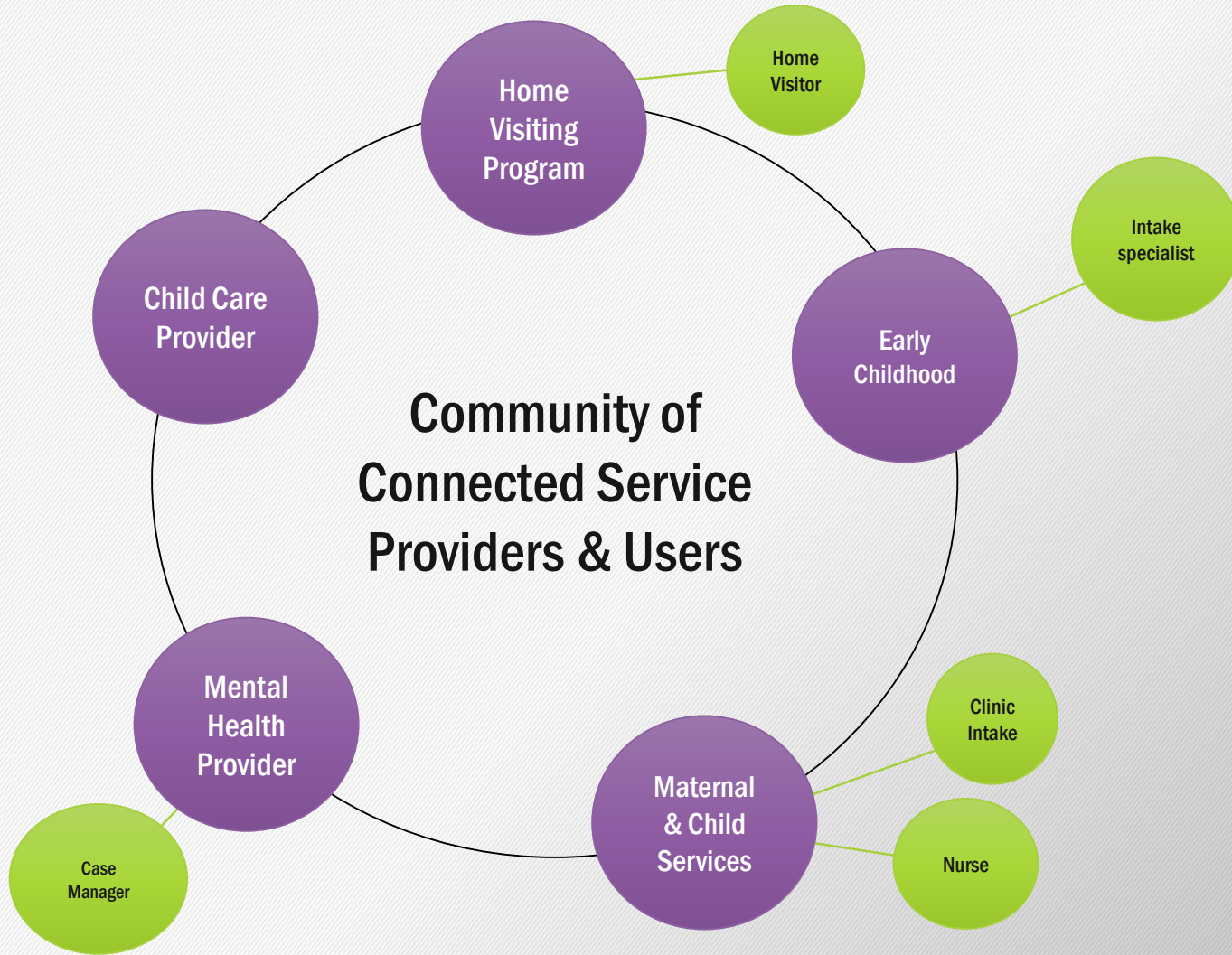
Families are
engaged in services

Community Capacity

Connected
communities that
have the capacity to
better serve families

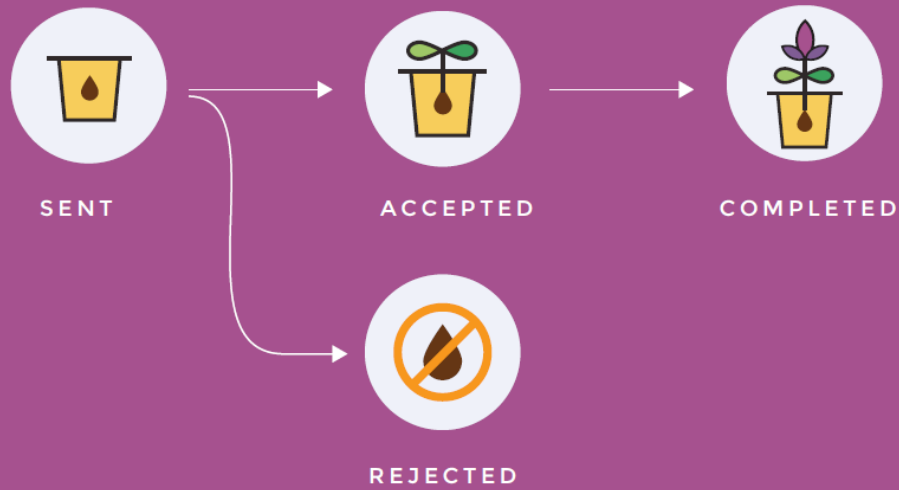
Communities have
clear, data-driven
picture of service
capacity and
partnership

Resources are
mobilized based on
community need





THE LIFE CYCLE OF A REFERRAL





Welcome back, Nathan

YOU HAVE 2 INCOMING REFERRALS THAT REQUIRE ACTION.

Your Organization's capacity as of about 2 hours ago



"We have adequate capacity to accept new referrals."

- My Home
- My Profile
- My Organization
- All Families
- All Referrals
- New Referral
- Team Members
- Log Out
- Help

Referrals

2 Incoming

46 Outgoing

1 Recently Complete

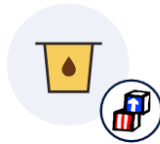
Make a New Referral

NEWEST FIRST



Matt Mark

referred by Head Start
about 2 hours ago



Destany Armstrong

referred by Head Start
14 days ago



IRIS

helping families thrive through connected communities





My Home

My Profile

My Organization

All Families

All Referrals

New Referral

Team Members

Log Out

Help



Create a new Family Profile

Complete the form below to create a new Family Profile.

Client consent

I verify that the individual below has given me their consent for their name, date of birth, email and phone number to be shared within the IRIS system.

First name

Last name

Email

Phone

Birth date

Save





- My Home
- My Profile
- My Organization
- All Families
- All Referrals
- New Referral
- Team Members
- Log Out
- Help



Make a New Referral > Family > Partners > Details > Send

Where do you want to refer Mary Jones?

Select a Partner to continue the referral.

 Toy Group <input type="checkbox"/>	 Healthy Families <input checked="" type="checkbox"/>	 Family Services <input type="checkbox"/>	 Parents as Teachers <input checked="" type="checkbox"/>
 Head Start <input checked="" type="checkbox"/>	 Kids First <input type="checkbox"/>	 Success for Students <input type="checkbox"/>	





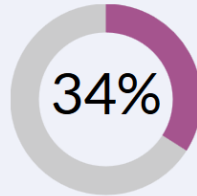
- My Home
- My Profile
- My Organization
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All Referrals

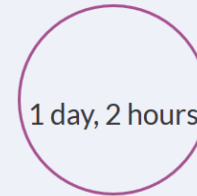
View details for all referrals in your organization.



referrals this week



% accepted



avg response time

Name	From	To	Sent Date ▼	Status
Destany Armstrong	Brand New Box	Toy Group	September 25, 2016	sent
Oliver Smith	Head Start	Brand New Box	August 31, 2016	sent
Mary Brown	Head Start	Brand New Box	August 31, 2016	sent
Valentin Kling	Brand New Box	Head Start	August 31, 2016	rejected
Oliver Smith	Head Start	Brand New Box	August 31, 2016	sent
Brain McDermott	Brand New Box	Head Start	August 22, 2016	completed
Valentin Kling	Head Start	Brand New Box	August 17, 2016	completed
Arnoldo Gutmann	Head Start	Brand New Box	August 17, 2016	rejected
Jevon Hirthe	Head Start	Brand New Box	August 17, 2016	rejected

Search

Referred by

Referred to

Status

Search





IRIS

My Home

My Profile

My Organization

All Families

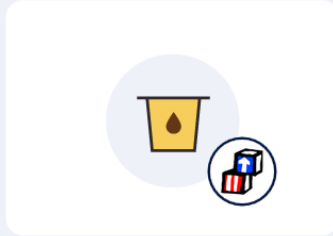
All Referrals

New Referral

Team Members

Log Out

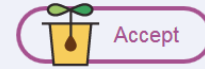
Help



Mary Brown

referred by Head Start
about 1 month ago

Referred by Test Person at Head Start on August 31, 2016 at 10:19AM



Referral Details

Phone
888-888-8888

Email
mary@email.com

Birthday
08/19/1999

Primary Language
English

Is the client currently pregnant?
Yes

Expected Due Date
12-30-2016



Building a “Help Me Grow” System

The Infrastructure



Roles & Responsibility of Leadership Team Members

- ▶ The Leadership Team's tasks include, but are not limited to, the following:
 - ▶ Attend Leadership Team meetings and Work Group meetings
 - ▶ Understand the Help Me Grow System and the state's strengths and challenges in planning and implementation
 - ▶ Convene a Help Me Grow meeting to introduce the system to the broader community
 - ▶ Create a strategic plan for the implementation of the Help Me Grow system, including statewide expansion
 - ▶ Facilitate the building of the Help Me Grow system
 - ▶ Secure sustainable funding for Help Me Grow
 - ▶ Monitor progress of Leadership Team's work

Help Me Grow

Becoming a Help Me Grow Affiliate

“Affiliation with the Help Me Grow National Network provides states with the guidance and technical assistance needed to seamlessly implement a system reform that promotes both early detection of, and services delivery for, children at risk of developmental and behavioral problems.”

Federal/State advocacy support – Including policy briefs

National website affiliates-only resources

Systems Manual, e-newsletter, research & webinars

Annual National Forums, regional peer-to-peer activities & summits

Common indicator reports

Name, logo & tagline

Quarterly TA calls

Help Me Grow National Center

Help Me Grow

“Help Me Grow” Affiliation Requirements

- Annual membership fee
- Contract with HMG National for on-going TA
- Designation of a project lead to serve as a local convener/facilitator
- Creation of a leadership team
- Participate in webinars, learning collaborative & quarterly calls
- Funding for 2 participants to attend the annual HMG forums
- Share marketing materials, data, documents, & common indicators
- Follow core components and structural requirements

Help Me Grow

Advantages

- ▶ Quick assistance for families
- ▶ Early identification
- ▶ Strengthen early childhood systems
- ▶ Centralized statewide system
- ▶ Data tracking for QI/QA – NPM/SPM
- ▶ Reduced cost for medical/education
- ▶ Stronger partnerships/silo reduction
- ▶ Central hub for BFH & other state/local partners

Disadvantages

- ▶ Initial cost and annual membership fee
- ▶ Partnership building time and effort
- ▶ Program lead staff
- ▶ Time intensive project due to grant timetable
- ▶ Only designed for up to age 8



Help Me Grow

Our **“ASK”** of you!

- If you are an agency: Designate one staff person to answer your specific program questions and provide assistance where needed (ex: completing WIC application, using the childcare facility webpage, signing up for KanCare, etc.)
- Share information about Help Me Grow with families and providers
- Sign up to be a community provider partner
- Financial assistance
- Volunteers to participate on the leadership team




Help Me Grow

Completed Steps:

- Commitment of BFH partners
- Contract with Help Me Grow National TA Center
- Identified WSU as partners to assist with HMG development and Implementation phases (Contract)
- Identified possible referral system – IRIS

Next Steps:

- Gain support and commitment of involvement from MCH council members - **Today**
- Set up community partner meetings
- Develop partner agreements/contracts
- Work with Help Me Grow National TA Center for Phase 1 development
- Identify members for the leadership team



Help Me Grow (HMG) Discussion Questions

- What barriers have you experienced in linking children and families to the services they need?
- Does the HMG model make sense as a promising solution to improving linkages in our state?
- When you reflect on the “ask” from the presentation, what do you see as your role moving forward?
- Do you have any questions or concerns on the role of a community provider?
- Is there anyone not already represented on the KMCHC that should be closely involved with the HMG implementation?
- Would anyone like to volunteer today to help with the HMG implementation?



Consumer/Parent/Family Membership

REVISED REIMBURSEMENT POLICY

CONSUMER/FAMILY RECRUITMENT & APPLICATION

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

AMCHP Fact Sheet

- 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>

Reimbursement Policy – Rev.



Kansas Maternal & Child Health Council (KMCHC) Reimbursement Policy

Effective Date: July 1, 2015
Revision Date: July 1, 2016

The Kansas Maternal and Child Health Council (KMCHC) is a group to advise and monitor progress addressing membership. Membership includes professional partners including members. Due to varied KMCHC contributing partner distinctions are described below.

All Members are eligible for the following reimbursement:

- o Members traveling more than 150 miles (or home/workplace to the in-person meeting)
 - Mileage reimbursement based on the mile for automobiles and the most direct location to meeting location, which is a map service (Kansas Department of Transportation Maps, etc.). Reimbursement requires a receipt.
 - Lodging reimbursement* based on the one (1) overnight stay for one-day meetings requires a lodging receipt.

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 are eligible for a participation stipend and limited out-of-pocket costs.

Participation Stipend: \$75 for an in-person meeting 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)

- o Mileage: Reimbursement in accordance with the policy for “All Members”.
- o 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.**

*NOTE: The U.S. General Services Administration (GSA) maintains the lodging rates for travel locations. Lodging reimbursement is based on the allowable rate for Topeka, Kansas by month and city.
<http://www.gsa.gov/portal/content/104877>

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)

- o Mileage: Reimbursement in accordance with the policy for “All Members”.
- o 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.**

Consumer/Family Application



Kansas Maternal & Child Health Council (KMCHC)
Consumer/Family Member Application

Effective Date: July 1, 2016

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.

Name	Address		
Preferred Phone	City, State Zip:		
Email Address			
Primary Expertise/Role	<input type="checkbox"/> Consumer/Patient <input type="checkbox"/> Parent <input type="checkbox"/> Family Member		
If Parent, # of children/ages	Do any children have SHCN?		<input type="checkbox"/> Yes <input type="checkbox"/> No
MCH Population Domain* most interested in advising	<input type="checkbox"/> Women/Maternal <input type="checkbox"/> Perinatal/Infant <input type="checkbox"/> Child <input type="checkbox"/> Adolescent <small>*All domain groups are responsible for addressing Children & Youth with Special Health Care Needs and Cross-cutting priorities and issues.</small>		

Please check the public health program(s) from which you have received services.
(NOTE: It is okay if you have not received services!)

- | | |
|--|---|
| <input type="checkbox"/> Newborn Screening (NBS-FU) | <input type="checkbox"/> Newborn Hearing Screening (EHDI) |
| <input type="checkbox"/> Infant-Toddler Services (ITS) | <input type="checkbox"/> Special Health Care Needs (SHCN) |
| <input type="checkbox"/> Maternal & Child Health (MCH) | <input type="checkbox"/> Home Visiting |
| <input type="checkbox"/> Women, Infants and Children (WIC) | <input type="checkbox"/> Other _____ |

How you are related to an individual receiving these services?

- Self
 Parent
 Sibling
 Grandparent
 Other: _____



Kansas Maternal & Child Health Council (KMCHC)
Consumer/Family Member Application

Effective Date: July 1, 2016

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.
<input type="checkbox"/> I do not anticipate having difficulties in participating in meetings or activities. <input type="checkbox"/> 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 785.296.1310 or rachel.sisson@ks.gov.

Email: rachel.sisson@ks.gov
 Mail: Rachel Sisson, Kansas MCH Director
 Kansas Department of Health & Environment
 Bureau of Family Health
 1000 SW Jackson Ave., Suite 220
 Topeka, KS 66612



Lunch & Networking



Ground Rules

CONNIE SATZLER

Suggested 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.



MCH Domains Groups: Special Presentations

WOMEN & MATERNAL: PRAMS/BIRTH OUTCOMES

CHILD & ADOLESCENT: SCHOOL HEALTH

Domain Group Plans

Women & Maternal

- PRAMS

Facilitators:

Lisa Williams & Julia Soap

Child & Adolescent

- School Health

Facilitator:

Connie Satzler

KDHE STAFF SUPPORT BY DOMAIN GROUP

Women/Maternal: Stephanie Wolf & Diane Daldrup

Perinatal/Infant: Carrie Akin & Kay White

Child: Kayzy Bigler & Debbie Richardson

Adolescent: Traci Reed & Tamara Thomas



Group Report Out

SUMMARY RESULTS & KEY INSIGHTS



Member Announcements

KMCHC MEMBERSHIP



Closing Remarks

DENNIS COOLEY, MD, CHAIR