



KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council

OCTOBER 4, 2017 MEETING



Welcome

Approval of Minutes

DENNIS COOLEY, MD, CHAIR



KANSAS
MATERNAL &
CHILD HEALTH

MCH Block Grant Application/Report

UPDATES

2018 MCH Block Grant

- Public input period: June 16-July 7
- 2018 Application/2016 Annual Report Submitted: July 14
- Federal Title V Block Grant Review: August 10
- ***Application & Annual Report Re-submit: September 26***
- Final publications and resources available by October 2017
- Access to application and/or MCH State Action Plan:
www.kdheks.gov/bfh or www.kansasmch.org

NOTE: Federal Title V Guidance is undergoing Revision. Changes will impact NPMs, Cross-cutting domain, and more.

Published Links/Documents



http://www.kdheks.gov/bfh

Kansas
Department of Health and Environment

Sam Brownback, Governor
Susan Mosier, MD, Secretary

Home Public Health Environment Health Care Finance Laboratories News

Bureau of Family Health (BFH)

Family Health

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

- Maternal and Child Health Block Grant
- Perinatal Community Collaboratives
- Child and Adolescent Health Services
- School Health Resources
- Reproductive Health and Family Planning

Links

- 2020 MCH Statewide Needs Assessment
- Adolescent Health Needs Assessment
- 2018 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

A to Z Topic Listing



KANSAS
MATERNAL &
CHILD HEALTH

Special Presentations: MCO MCH Investments

AMERIGROUP

SUNFLOWER HEALTH PLAN

UNITED HEALTHCARE



Maternal & Child Health Programs

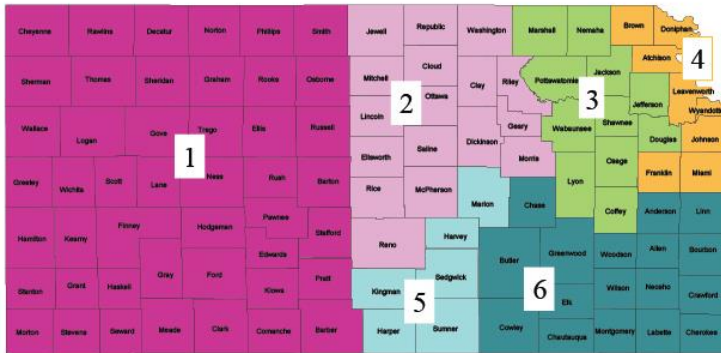
Presented by Janette Spear, RN, BSN, CCM



Pregnant Women & Children

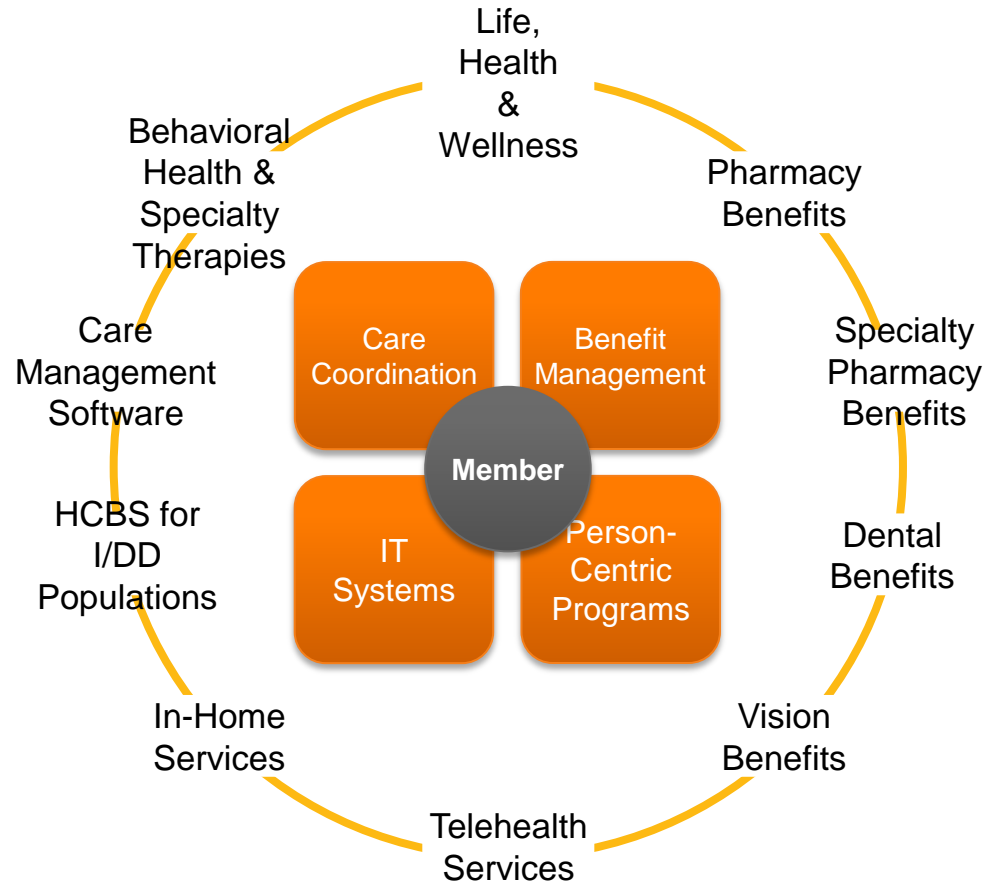


Medical Management Territory Map



Total Solution Integration

- Physical Health
- Behavioral Health
- Pharmacy Services
- Ancillary Services



Identifying At-Risk Pregnancies



- NOP – Notification of Pregnancy Forms
 - Member
 - Provider
 - Health Plan Staff
- Claims
 - NOP Report
 - No NOP Report
- Enrollment File



“It’s everyone’s responsibility to identify pregnant members”

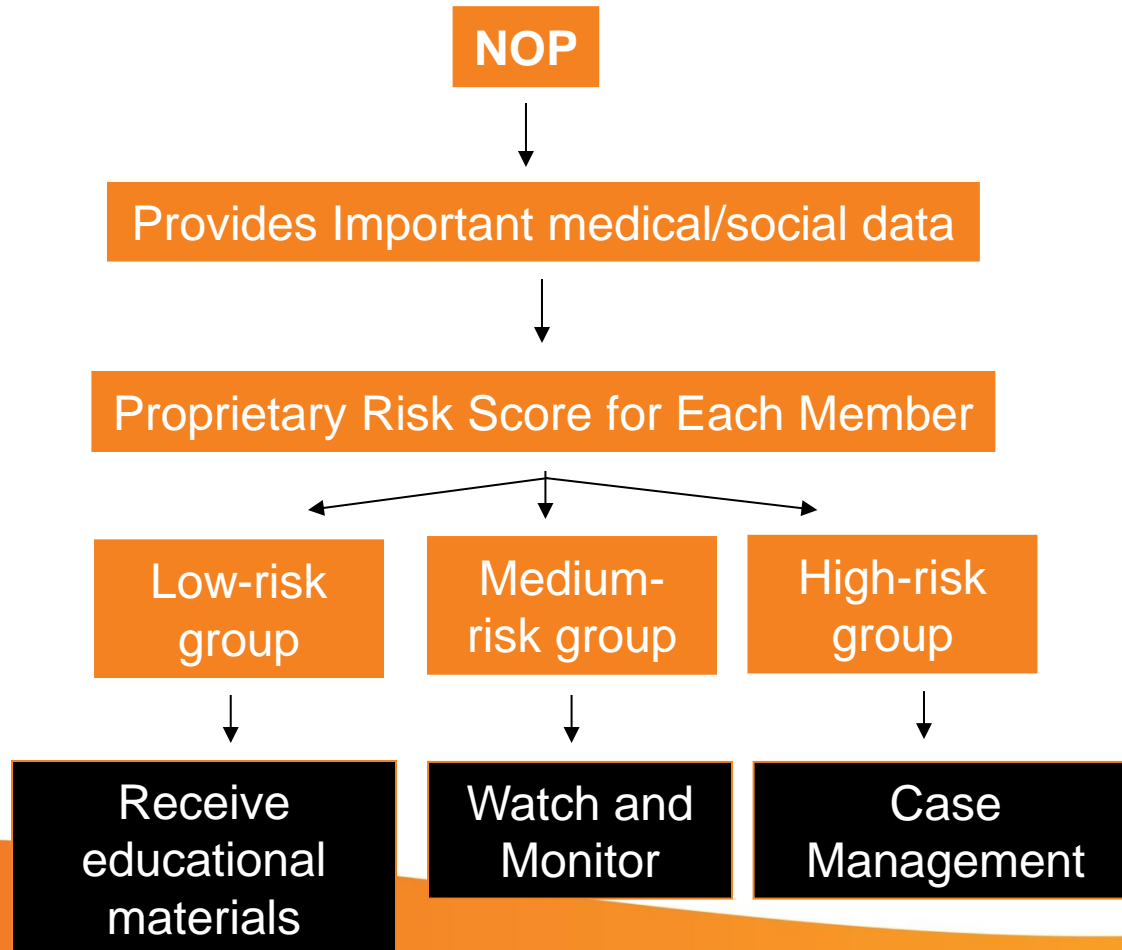


A key goal is to maximize “Notification of Pregnancy” intake:

- Standardized form
- Multiple intake sources
- Education program
 - Providers
 - Employees
 - Members
- Incentives
 - Providers
 - Employees
 - Members



The NOP Starts the Process of Care Management and Appropriate Involvement



Start Smart for Your Baby® (SSFB)



- Promotes education and communication to ensure a healthy pregnancy for our members and first year of life for their babies
- Objective is to *decrease* preterm deliveries, low birth weight, and poor health outcomes – by *increasing* prenatal, postpartum and pediatric care
- How does a member become enrolled in Start Smart? A: NOP Form

Pregnancy Packets, Incentives, Breast Pump Program, Newborn Packets



Focus on Prenatal and Postnatal Care



- Case Management
 - Nurses
 - Social Workers
 - Program Coordinators
- Behavioral Health Services
 - Substance Abuse
 - Depression
- MemberConnections®
 - Prenatal Initiative
 - Community Baby Showers
 - NICU Kits
- Pharmacy
 - 17P



Baby Showers



- Start Smart for Your Baby ® Baby Showers
- Other Community Baby Showers in Partnership with Social Service Agencies



Our SSFB **Baby Showers**

- Games
- Healthy Food
- EPSDT Coord. & RN
 - L&D
 - Breastfeeding
 - Postpartum care
 - Finding a pediatrician
 - Vaccination schedule





PREGNANT?

Early prenatal care is important for BOTH of you.

It helps ensure **you** have a healthy pregnancy and childbirth by finding and treating problems early. It helps **your baby** by lowering the chances of low birth weight or preterm birth — things that can have lifelong effects on baby's health.

When mom is healthy, the chances are better that baby will be healthy, too!

And if that's not enough, Sunflower members may also receive money for baby items, groceries and more. Earn up to \$45 for going to your prenatal doctor visits!



877-644-4623

www.SunflowerHealthPlan.com

For Your Baby's Health and Yours

Babies born to moms who had no prenatal care are **3x** more likely to have low birth weight, which can lead to health and behavior problems. Prenatal care also monitors you for life-threatening, pregnancy-related health problems so you can have a healthy pregnancy and childbirth.

Can't afford to see a doctor? Call us or visit the Kansas Medicaid website, www.kancare.ks.gov.



877-644-4623 • www.SunflowerHealthPlan.com

Ask us how
you can earn \$\$\$ for
doctor visits

*Nosotros hablamos español. ¡Llámanos!
Asimismo, consulte la información español en el reverso de la tarjeta anterior.*

Value-Added Benefits

- Boys & Girls Clubs
- Adopt-a-School
- Puff Free Pregnancy
- Farmers' Markets Vouchers
- Mosquito Repellant
- CentAccount[®] Rewards

CentAccount[®] REWARDS



Related to Prenatal and Postnatal Care

- \$15 - When you notify us you are pregnant by submitting a completed Notification of Pregnancy (NOP) form within your first trimester.**

For a member to be eligible for these specific rewards, she must notify us of her pregnancy by submitting a completed NOP form.

- \$15 - For every 3rd prenatal doctor visit (\$45 Max.)**
 - \$10 - For a postpartum doctor visit. Must be completed between 21-56 days after you deliver your baby.**
-
- \$10 - For each infant well care visit up to 15 months old. (\$60 max.). These visits are recommended before 30 days old, and at 2, 4, 6, 9, 12, and 15 months old.**



Community Engagement



- FIMR Community Action Teams

(Fetal and Infant Mortality Review)

- KCK
- Topeka
- Wichita



- Sponsorships

- Becoming a Mom prenatal education series
- Safe Sleep Task Force

- Envolve Center for Health Behavior Change™

- Collaboration with Envolve PeopleCare, Washington University St. Louis, and Duke University



Safe Sleep Sponsor



- Safe Sleep Taskforce Wyandotte County
- Goal: Reduce infant deaths by helping families who cannot afford a safe-sleep environment for their infant
 - 100 Graco® Pack 'n Play portable cribs
 - 100 Halo® Infant Sleepsacks
 - 100 Graco® fitted sheets
- Partner agencies carrying out the Assessment, Education & Distribution to eligible clients: **USD 500 Parents as Teachers, WYCO Infant Toddler Services, Turner House Clinic, The Family Conservancy, KUMC Project Eagle, USD 200 Parents as Teachers**



Engolve Center for Health Behavior Change™



- *Peer Coaching with a Pediatric Obesity Program*
 - Can the support of peers as health coaches improve outcomes in a lifestyle change intervention for families with obese children?
 - Face-to-face interactions with a trained peer coach enhancing telephonic coaching
 - Assessing weight and measurements; fruits, vegetables, and sugary drinks consumed; activity levels
 - Focus on home environment before and after



Healthy First Steps

10/04/2017

Mary Sunshine Delgado MSN, RN, APRN – HFS MCH-PC
John Esslinger MD, MMM- CMO, UHC- Kansas

“Helping people live healthier lives”



Healthy First Steps

HFS is a program aimed to improving the health and well-being of pregnant women and children participating in our managed Medicaid health plans.

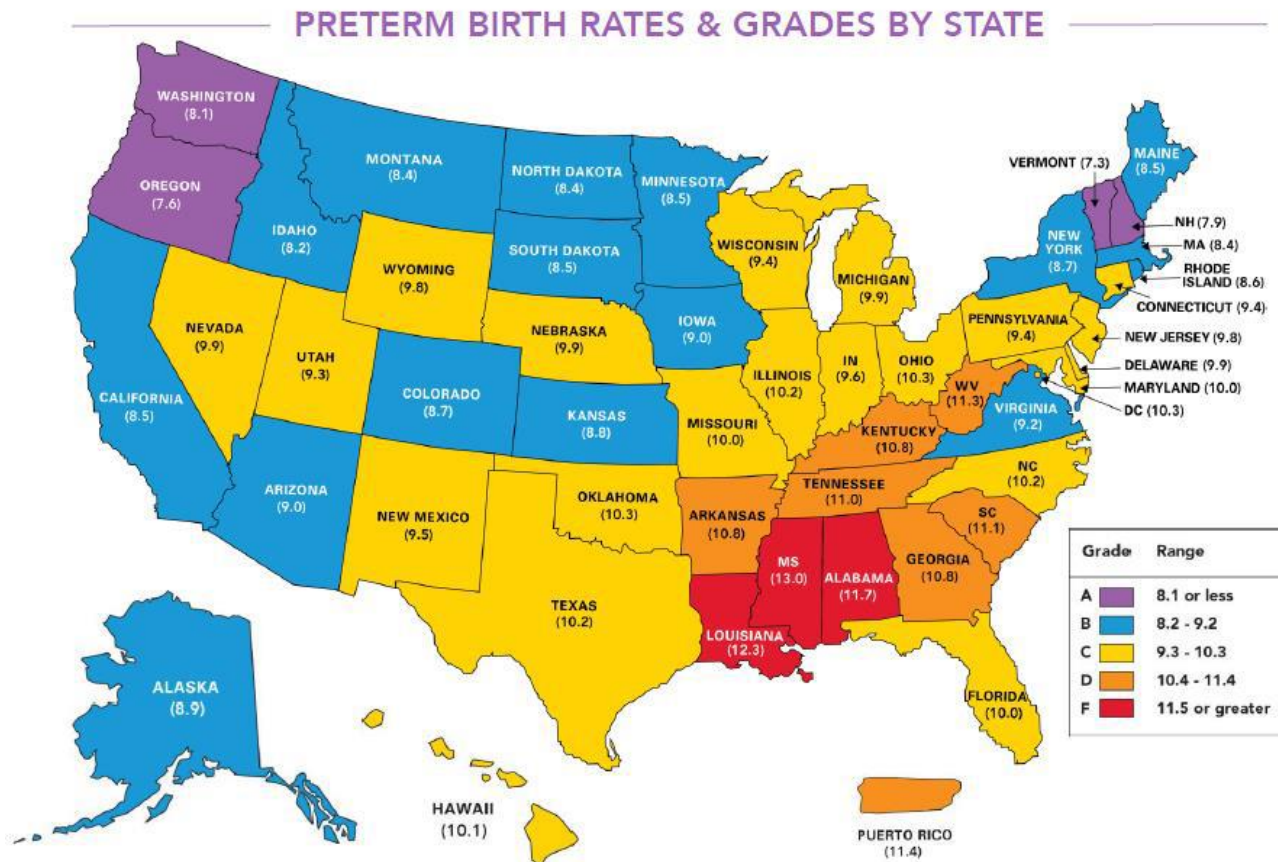
The HFS program focuses on the importance of prenatal and postpartum care in addition to the social determinants of health.

The goal of the program is to achieve the best health outcomes for women and infants. This program gives pregnant mothers the information, education and support they need for a healthy birth outcome.

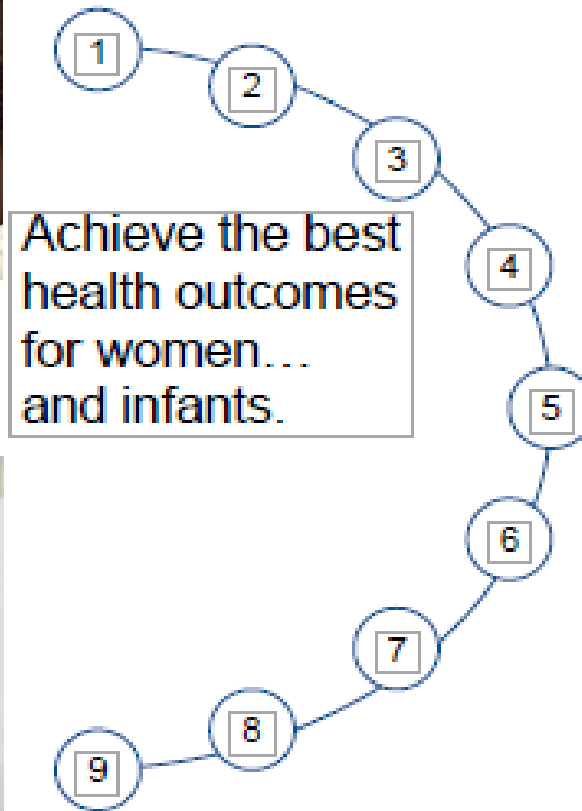
State Premature Birth Rates

Current US Preterm Birth Rate = 9.6%

March of Dimes goal = 8.1% by 2020



HFS Program Goals



Goals

- Increase member and provider engagement;
- Increase prenatal and postpartum visits/care;
- Decrease pre-term births and NICU admissions;
- Enhance relationships and support to network providers and practitioners;
- Improve access to obstetrical care and reduce health disparities and barriers to care.
- This program will address the needs of pregnant member and infants across medical, behavioral health, and social services.
- Improve overall maternal and infant health and well being.

HFS Program Objectives



Earlier identification and engagement



Enhance relationships with providers



Improve experiences through optimized touch-points

Population Identification

Data sources include:

Member eligibility files (State 834 file indicators)

Presumptive eligibility information (where applicable)

Notification by state partners, such as Medicaid case workers

Claims data

Blended Census Reporting Tool (BCRT)

Admission, Discharges and Transfers (ADT) files

Provider Referrals and Obstetrical Risk Assessment Forms (OBRAF)

Member self-identification or caregiver referrals

Internal staff referrals

Health Risk Assessment (HRA) data

Data from Electronic Medical Record feeds when available

Risk Level Determinants



Stratification process: High Risk or Healthy?



- Alcohol use
- Autoimmune disorder
- Diabetes
- Domestic violence
- Eating disorder
- Heart failure
- High blood pressure
- Smoking
- Short interconception interval
- Human Immunodeficiency Virus (HIV)
- Homelessness
- Kidney disease
- Methadone treatment
- Multiple gestation
- Polycystic Ovary Syndrome
- Sickle cell

Cont'd next slide

Stratification process: High Risk or Healthy?



- Previous preterm deliveries (under 37 weeks)
- Emergency room utilization in the prior 6 months (2 or more visits)
- Previous delivery resulting in a neonatal intensive care unit admission
- Current antepartum inpatient admission
- Body Mass Index of less than 18.5 or greater than 40
- Serious Mental Illness
- Maternal age under 18 years old or age 35 years or older

Coordination of care

HFS program works closely with other areas of the health plan to coordinate member care needs.

United Healthcare's HFS program offers a multi-faceted approach to engagement and service delivery

Through provider incentives, partnerships, point-of-service coordination, technology, and innovative programming we are able to quickly and effectively address the needs of our pregnant members and infants.

Support for Women and Infants

Maternal Child Health Program

Provides education, monitoring, and intervention for high-risk members

Neonatal Intensive Care

Optum program that manages inpatient stays and discharge planning

Whole Person Care

Optum program providing local community-based, telephonic, and F2F outreach

HARC Outreach

Provides telephonic outreach to low risk individuals who are **not** engaging in routine prenatal care

17 P (Progesterone)

Optum program providing case management, education, and coordination of treatment

Services and Supports

Text4baby

Baby blocks

Transportation

Myhealthline

Smoking Cessation

Kids health

24 hour nurse line

Wellness calendar

Makena /17P

Healthify



Community Resources

Community clinics

Kansas Breastfeeding Coalition

La Leche League

March of dimes

Nurse Family Partnership

WIC



Health Education for all members



Consistent with the HFS program's commitment to addressing health disparities, member education and materials will also address psychosocial issues such as cultural or religious beliefs concerning pregnancy and delivery, perceived barriers to meeting treatment requirements and access, transportation, and financial barriers to obtaining treatment.



Measurements of Success

Metrics include:

- Timeliness of Prenatal Care (HEDIS)
- Postpartum Care (HEDIS)
- Frequency of Ongoing Prenatal Care (HEDIS)
- Rate of Pre-term Deliveries (deliveries <37 weeks)
- Rate of neonatal intensive care unit admissions and average length of stay
- Infant mortality rates
- Net Promoter Scores





MCH 2020: Women & Maternal Health

State Priority

Women (ages 15-44 years) have access to and receive coordinated, comprehensive services before, during and after pregnancy

Performance Measures

- Percent of women with a past year preventive medical visit
- Percent of women served by a Title V program that received education on the importance of a preventive medical visit in the past year
- Percent of preterm births (<37 weeks gestation)
- Percent of women who smoke during pregnancy

Data Highlights

- In 2014, 63.7% of Kansas women (18-44 years) had a preventive medical visit.¹
- In 2015, the Kansas preterm birth rate (8.8%) was higher than the March of Dimes goal of 8.1% by 2020.²
- Kansas mothers who smoked anytime during pregnancy were almost two times more likely to have a baby die than mothers who did not smoke. In 2015, 11.0% (4,294 out of 39,050) of mothers reported smoking during pregnancy.²
- Opportunity for Improvement: Disparities persist in women/maternal health based on racial, ethnic, socioeconomic and geographic factors.

Contacts

Mary Sunshine Delgado MSN, RN , APRN HFS MCH-PC
UHC Maternal Child Health Program Coordinator

Email: mary_delgado@uhc.com

John Esslinger, MD UHC Chief Medical Officer

Email: john.esslinger@uhc.com



KANSAS
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Q&A with the MCOs

CONNIE SATZLER, ENVISAGE



Lunch & Networking



KanCare Updates

KASEY SORELL, KDHE DIVISION OF HEALTH CARE
FINANCE



KANSAS
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Domain Group Work

SPECIAL PRESENTATIONS W/REFLECTION


Domain Group Plan

1. Brainstorming: Start with a quick round of big ideas from members of the group—what did you hear as far as areas of alignment and opportunity for the population domain?
 - Consider the community-based Medicaid services/supports and initiatives currently underway.
 - Identify specific areas of alignment with the MCH state plan by domain.
 - Determine next steps for collaboration/action to expand and/or advance efforts in partnership with Managed Care Organizations.

Reminder: All groups must consider cross-cutting/life course and special health care needs.

2. Starting with the high-level list developed by your group, begin discussing each topic—address each column on the small group discussion tool.
3. Report out to the larger group!

Domain Group Worksheet


Domain: _____ **Recorder** _____

MCH Topic (identify 3-5 most strongly aligned with the MCH Plan)	Related MCH Plan Item(s) (identify the objective, measure, etc.)	Gaps and Challenges Around Alignment Opportunities	Action Items for Collaboration and/or Improvements	Next Step Responsibility: Who? By when?

Domain Group Assignments

Women & Maternal Health

- Priority 1 (WM)
- Priority 6 (CC)

Facilitators: Stephanie & Diane

Child Health

- Priority 3 (C)
- Priority 7 (CSHCN)

Facilitators: Kayzy & Debbie

Perinatal & Infant Health

- Priority 4 (PI)
- Priority 2 (CC)

Facilitators: Carrie & Tamara

Adolescent Health

- Priority 5 (A)
- Priority 8 (CC)

Facilitators: Connie & Aarion

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.



PRAMS Update: Year 1

LISA WILLIAMS & JULIA SOAP, KDHE BUREAU OF
EPIDEMIOLOGY & PUBLIC HEALTH INFORMATICS



Mental Health First Aid

UPDATE: CARRIE AKIN, KDHE & PAT KINNAIRD,
CENTRAL KS MENTAL HEALTH CENTER

Kansas MCH Website Info



Title V MCH State
Action Plan 2016-2020

<http://www.kansasmch.org/mhfa.asp>

Home Domains KMCH Council Resources Contact Us

Mental Health First Aid Training

Mental Health First Aid is an 8-hour course that teaches you how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of addictions and mental illnesses.

[Visit the website](#)

[Find a course near you!](#)

How Training Furthers the Kansas MCH 5-Year Action Plan

Many of MCH's Priorities and Objectives could be furthered with Mental Health First Aid training.

- Priority 3: Developmentally appropriate care and services are provided across the lifespan
- Priority 5: Communities and providers support physical, social and emotional health
- Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations
- Priority 7: Services are comprehensive and coordinated across systems and providers
- Priority 8: Information is available to support informed health decisions and choices



Getting trained in **Mental Health First Aid** can help further MCH's 5-Year State Action Plan! 

- Priority 3:** Developmentally appropriate care and services are provided across the lifespan
- Priority 5:** Communities and providers support physical, social and emotional health
- Priority 6:** Professionals have the knowledge and skills to address the needs of maternal and child health populations
- Priority 7:** Services are comprehensive and coordinated across systems and providers
- Priority 8:** Information is available to support informed health decisions and choices



Get trained in
Mental Health First Aid

Find a course at:
www.mentalhealthfirstaid.org



What You Learn

Just as CPR helps you assist an individual having a heart attack, Mental Health First Aid helps you assist someone experiencing a mental health or substance use-related crisis. In the Mental Health First Aid course, you learn risk factors and warning signs for mental health problems.

Home Visitor Trainings

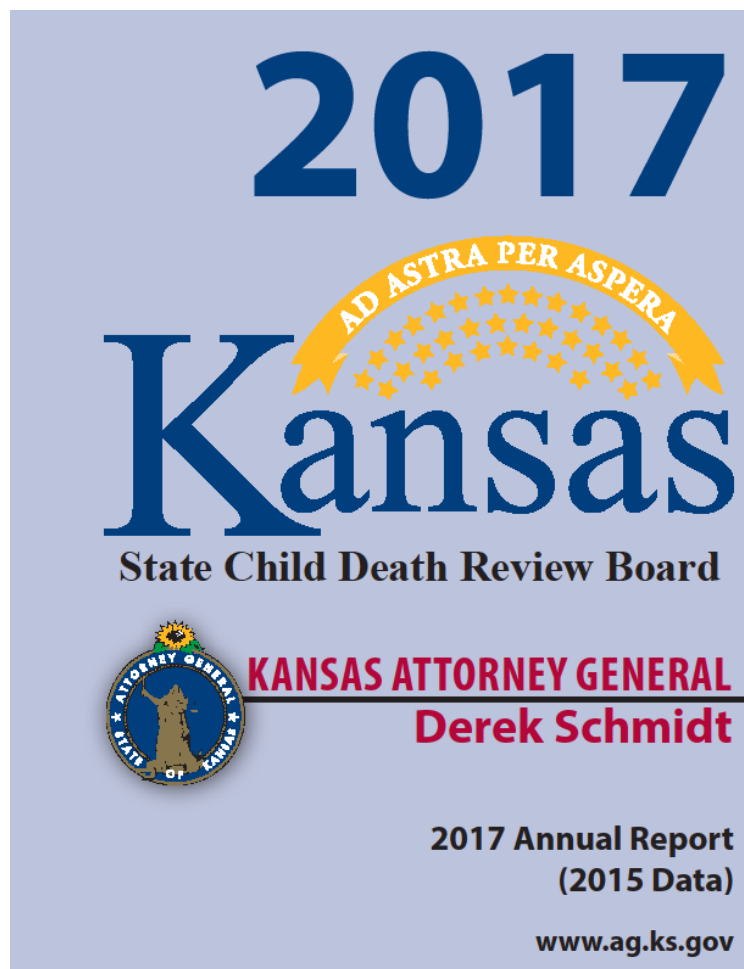
10/17/17	SW Region - Garden City
10/18/17	NW Region - Hays
10/19/17	NC Region - Beloit
10/23/17	SE Region - Chanute
10/24/17	NE Region - Whiting
10/25/17	SC Region - Hutchinson



State Child Death Review Board

2017 ANNUAL REPORT (2015 DATA)

SCDRB Annual Report




2017

AD ASTRA PER ASPERA

Kansas

State Child Death Review Board



KANSAS ATTORNEY GENERAL
Derek Schmidt

2017 Annual Report
(2015 Data)

www.ag.ks.gov



Home Visiting

WEBSITE, STORIES, AND RESOURCES

New! Home Visiting Landscape

KANSAS HOME VISITING STRONG FAMILIES

HOW DOES HOME VISITING MAINTAIN STRONG FAMILY ENVIRONMENTS?

Even with the best intentions, raising a child often feels like a journey into uncharted territory, during which it's hard to see beyond the next bend in the road. The stresses of new parenthood can make it difficult to sustain a nurturing home environment - especially for caregivers who grew up without positive parenting role models.

Home visiting programs offer the flexibility to meet a family on its own terms. There are no financial or logistical barriers to participation, and home visitors are trained to be sensitive to differences in cultural and personal backgrounds. By educating parents to identify the risk factors that can lead to injury or maltreatment, and connecting them with helpful community resources, home visitors assist in preventing harmful situations and building safe and stable families.

FAMILY SUCCESS STORY
A father-to-be was very skeptical of the home visiting program and urged his partner not to participate. The home visitor encouraged the mother to keep making him to participate. Finally, he said yes. He went from skeptic to believer, and jumped into fatherhood with both feet. Now, he takes part in each visit and attends play groups and parent meetings. To this day, he is very involved.

STABLE FAMILIES

78% of families receive information on injury prevention.

ONLY 16 out of 1000 children served.

EDUCATE - PREVENT - IDENTIFY - CONNECT

Home visitors work to help families stay substance-free and, when they are ready, connect them to available services.

83% screened

70% of substance use services

KANSAS HOME VISITING MATERNAL & CHILD HEALTH

HOW DOES HOME VISITING SUPPORT MATERNAL AND CHILD HEALTH?

The first months of life lay the groundwork for a child's entire future - physically, cognitively, and emotionally. Research in early childhood has established pathways to watch for during this crucial phase of development, as well as potential obstacles to keeping kids on the right track. Home visitors help parents map progress and give them the tools to nurture healthy growth and cope with any delays. Parental health is also taken into consideration, with screenings and referrals to ensure that caregivers are ready for the journey of raising a child.

FAMILY SUCCESS STORY
When I learned I was pregnant, I did not know anything about raising a child, and my home visitor gave me a lot of information that helped me. Anytime I need to know something, she finds the information for me and brings it. It has helped me with being more confident as a mother.

MATERNAL DEPRESSION OUTLOOK
When maternal depression is treated, mothers are better able to function effectively at home, at work, and in their relationships. Children receive the care and attention needed for healthy social and emotional development.

75% of mothers who screened positive for depression received a referral for treatment.

INTERBIRTH EDUCATION
Adequate birth spacing improves neonatal outcomes (birth weight, full term births). 70% of families were given information/provided education about interbirth spacing.

ACCESS TO HEALTHCARE
65% - 86% of mothers are insured

BREASTFEEDING
Breastfeeding promotes infant health and well-being. The CDC aims to have 6% of infants breastfed at 6 months, and home visiting helps bring Kansas closer to that target.

Information on this report is based on NCHQ and other statewide home visiting data for the 12-month period ending 12/31/2016. © 2017 KANSAS HOME VISITING



KANSAS HOME VISITING

ABOUT

REACH

MATERNAL & CHILD HEALTH

STRONG FAMILIES

SCHOOL READINESS

KANSAS HOME VISITING LANDSCAPE

EXPANDING HORIZONS FOR ALL FAMILIES

HOME VISITING PROGRAMS

<http://kshomevisiting.org> <http://kshvlandscape.org>

PRENATAL 5 YEARS



KANSAS
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KMCHC Member Announcements



Future Meeting Dates

JANUARY 17, 2018

APRIL 18, 2018

SET 2018-2019 MEETINGS



Closing Remarks

DENNIS COOLEY, MD, CHAIR