



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, January 12, 2022

Member Attendees		Absent	Visitors
Jennifer Adhima Carrie Akin Brenda Bandy, IBCLC Kourtney Bettinger, MD, MPH Kayzy Bigler Lisa Chaney Stephanie Coleman Stephen Fawcett, PhD Geno Fernandez Holly Frye Kari Harris, MD, FAAP Elaine Johannes, PhD Jamie Kim, MPH Steve Lauer, MD, FAAP Jennifer Marsh Brandi Markert Patricia McNamar, DNP, ARNP, NP-C Jill Nelson Brittney Nichols Kate Roggenbaum	Cherie Sage Katie Schoenhoff Cari Schmidt, PhD Pam Shaw, MD, FAAP Sookyung Shin Cassandra Sines Heather Smith Kasey Sorell Kelsee Torrez Cora Ungerer Stephanie Wolf	Rebecca Adamson, APRN Taylor Atwood Heather Braum Julia Connellis Deanna Cummings Mary Sunshine Delgado, APRN Cory Gibson, EdD Phil Griffin Sara Hortenstine Rhonda Hutchinson Scott Latimer Elizabeth Lewis, MPA, MSN, WHNP-BC00 Susan Pence, MD, FAAP Christy Schunn, LSCSW Juliet Swedlund David Thomason Alice Weingartner Taryn Zwegardt Donna Yadrach Daina Zolck	Jennie Toland Sarah Roberg Ivonne Rivera-Newberry Patricia Corillo Kleiner Adelaide Klutse Maria Torres Elizabeth Ablah (special session)
Staff			
Mel Hudelson Connie Satzler Paige Lewis			

Agenda Items	Discussion	Action Items
Community Spotlight	Cherie Sage shared the new Safe Kids Kansas four-year strategic plan. The organizational mission is to keep all kids (0-19 years) safe from preventable injuries. The Safe Kids Kansas has a wealth of resources about child injuries. http://www.safekidskansas.org/	
Welcome & Recognize New Members/Guest	Dr. Harris welcomed everyone to the meeting. New members and guests introduced themselves.	
Mental Health and Substance Use Screenings Kelsee Torrez, KDHE and Dr. Kari Harris, KU Pediatric	<p>Kelsee Torrez introduced mental health definitions and set the stage for discussing mental health screening with the AAP declaration of a “mental health emergency” statement. Mental health conditions are very common, with as many as 40% of middle school and high school students showing signs of depression.</p> <p>Title V uses the Screening, Brief Intervention, Referral to Treatment (SBIRT) model to address mental health across the lifespan. Ms. Torrez discussed some of the reasons for the recommendation to implement universal screening in diverse settings. While screening is not diagnosis, it is an opportunity to normalize and have important conversations about mental health.</p> <p>Steps for implementing screening include selecting the screening tools that will be used, preparing the agency by training staff, identifying organizations for referrals, and have a process for capturing data for payment and follow up.</p> <p>A list of resources was provided to members including available tool kits and referral networks.</p> <p>Dr. Harris highlighted the issues she is seeing including trying to get pediatric patients caught up on screenings and the long wait for referrals.</p>	Action Item: Members should review the resource list provided and determine if they could implement some mental health or substance use screening into their organizations.
Small Group Discussion by Domain & Focus Area		
<p>Small Group Objective: Discuss opportunities to promote screening implementation, enhance current activities, and inform future Title V efforts.</p> <ul style="list-style-type: none"> ○ <u>Screening Implementation:</u> How is screening currently being implemented in your organization (e.g., direct screening, referral for screening, promotion of screening)? <ul style="list-style-type: none"> ▪ <i>Screening:</i> What screening is currently being done? Who are you screening? What tool(s) are being used? How often is this being done? Is there a screening policy? Is this a reimbursable service? How is data tracked? ▪ <i>Referring for screening:</i> What screening do you refer to? What does the referral/follow-up process look like? Why refer vs. screen? ▪ <i>Not screening or referring:</i> Why not? What opportunities might there be in your agency/organization to initiate a screening, or refer for a screening? How can Title V assist you with this effort? ○ <u>Screening Promotion:</u> How are you promoting behavioral health screenings with your network? How are you supporting providers who want to implement screenings and/or improve current screening practices? ○ <u>Increasing screening rates and provider utilization:</u> What would you like to do that you’re currently not doing to increase screening rates and provider screening practices? What do you need (e.g., resources, education, workflows, training) to make this change? 		

OPTIONAL <i>Beyond Screening</i> : How are we supporting individuals before/after screening, besides referral for intervention/treatment? How are we promoting resilience? What “upstream” approaches could we consider (e.g., prevention, wellness)? What role does Title V play in this?		
	Key takeaways for each group are listed below	
Women/Maternal	Increase education/recommendations across a broad spectrum of providers (primary care, emergency department, urgent care, etc. - beyond just MCH providers) and work to ensure comprehensive screenings are eligible for reimbursement.	
Perinatal/Infant	How to develop a comprehensive plan for promoting universal screening and access to resources for those experiencing mental health issues. Make screening easier, more wide spread, and engage a "citizen" workforce, and settings in access to screening and services. What are the intermediate steps for those who may not necessarily need treatment or that could be taken as opposed to treatment? Universal blood pressure screening as an example.	
Child	Address insurance, billing, and telemedicine. Billing codes need to be universal and mental health codes need to be able to be used by other providers that are not psychiatrists or psychologists. There is also a need for a resource list and who can see kids. Commercial insurances companies seem to be fairly unregulated when it comes to what they need to pay for.	
Adolescent	Title V could see if a program staff person could be trained in Youth MHFA and then train Title V sub-recipients. Similar training has been available for home visitors in the past. Train a parent in MHFA. Include a MHFA search feature on the KDHE website that helps people locate training.	

Member Announcements	
<i>Kari Harris, MD, FAAP KMCHC Chair</i>	<p>Heather Smith announced that since the October meeting Rachel Sisson left KDHE and members are encouraged to send her a message on the KUDO board. https://www.kudoboard.com/boards/bmflwbdj</p> <p>There have been several staff changes and some restructuring of the BFH. An email was shared outlining these on December 1st. Primary shifts included Kelli Mark as the new Interim Bureau Director, Heather Smith as the new Title V MCH Director, and Kayzy Bigler as the new Title V CSHCN Director.</p> <p>The “Navigate EC” platform is in the process of being created and they are putting together focus groups to guide the next steps in designing the website and resources. If you are interested in participating, contact Heather Smith at heather.smith@ks.gov</p> <p>KSKidsMap has an open position for an evaluator and program management. Contact Dr. Harris if you know of someone that might be interested. https://kumc.wd5.myworkdayjobs.com/en-US/kumc-jobs/job/Wichita-KS/KSKidsMAP-Program-Coordinator_JR002883</p> <p>Heartland EMS for Kids has a training series coming up this month, register here or contact Brittany Nichols at Brittney.nichols@ks.gov for more information. Register for the first training here: https://us06web.zoom.us/webinar/register/WN_GuAXbX5GRk-DSC6VxsEhfQ</p>

	The KIDS network has safe sleep training coming up May 19 and 20 in Wichita.
<i>Future Meetings</i>	2022 Meeting dates: April 13, July 13*, October 12 <i>*Subject to change</i>
Optional Session	
<p>OPTIONAL: WorkWell Kansas <i>Dr. Elizabeth Ablah and Allison Honn</i> <i>Join us to learn about WorkWell Kansas, a statewide worksite initiative that provides leadership and resources for businesses and organizations to support worksite health.</i></p>	<p>WorkWell Kansas is a free service for organizations that is grant funded. The idea is to make healthy the default, easy lifestyle through implementation of policy, systems, and environmental best practices.</p> <p>WorkWell Kansas addresses problems like stress, depression and anxiety and the absence of well-being. 66% of Americans say work is the main source of stress and reasons for that include unclear job expectations and lack of support from supervisors and co-workers.</p> <p>Interventions through WorkWell Kansas include behavior, environment and policy changes that make it easier to be healthy in the workplace. They start with organizational and individual staff assessments, then they introduce evidence-based strategies to implement and finally provide ongoing support.</p> <p>To learn more about WorkWell Kansas visit their website at www.Workwellks.com</p>