AMCHP Title V Five-Year Needs Assessment Training
Part 4: Identifying State Priority Needs

For Assistance: Please contact Jessica Teel at Jteel@amchp.org
Overview of Technology

Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

Asking a Question

You can type your questions into the chat box (shown right)

Raise your hand. Using the icon at the top of your screen (example shown right)

Active Participation = 😊

For technical problems, please contact Jessica Teel at Jteel@amchp.org

April 16, 2015
Overview of Technology

Downloading Files

1. Name
   Participant Homework.docx  1019 KB

2. Chat (Everyone)

3. Save to My Computer
   Participant Homework...
   Click to Download

4. Save to My Computer
   Participant Homework...
   Click to Download
Overview of Technology

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at www.amchp.org

• Please complete the survey to be shared and emailed at the conclusion of the webinar
Objectives

• Determine the elements necessary in developing priorities.

• Identify the challenges and barriers states face in developing priorities.

• Refine strategies in how to select state priorities.
Featuring

Moderator: Jessica Teel, MS, CHES, AMCHP

- New Mexico Department of Health
  - Susan Chacon, MSW, LISW, CSHCN Director
  - Garry Kelley, MCH Epidemiologist

- Kansas Department of Health and Environment
  - Rachel Sisson, MS, Director, Bureau of Family Health
  - Heather Smith, MPH, Director, Special Health Services
Series Recap

• March 2014 Needs Assessment Overview
• May 2014 Nuts and Bolts of Using Data
• January 2015 Stakeholder Engagement

http://www.amchp.org/AboutTitleV/Resources/Pages/NeedsAssessmentResources.aspx
Strengthen Partnerships
Improved Outcomes

State Title V
MCH Programs

Services
Direct Services

Community
Pregnant Women,
Women, Infants,
CSHCN, Fathers,
Adolescents,
Families, Children

Population-Based
Services

Infrastructure
Building Services

1. Engage Stakeholders
2. Assess Needs, Desired Outcomes & Identify Mandates
3. Examine Strengths & Capacity
4. Select Priorities
5. Seek Resources
6. Set Performance Objectives
7. Develop an Action Plan
8. Allocate Resources
9. Monitor Progress for Impact on Outcomes
10. Report Back to Stakeholders


April 16, 2015
Selecting State Priorities

• Identify 7-10 Priorities
• Select 8 National Performance Measures
• Select 3-5 State Performance Measures
• Identify Rationale
Title V Needs Assessment New Mexico

Susan Chacon CYSHCN Director
Garry Kelley MCH Epidemiology
Welcome to New Mexico!!!
State Statistics
Identifying special populations

Population facts 2014 Title V Block Grant
45% Hispanic
41% White, Non-Hispanic
10% Native American

26% under 18 live below the poverty level

Border MCH health issues related to communities in Southern NM and proximity to Northern Border of Mexico.

19 Pueblos and 3 Reservations
Identifying Stakeholders

- Internal stakeholders—meet quarterly. Includes Title V staff, Title X staff, department epidemiologists, tribal epidemiologist, office of school health personnel, injury prevention, oral health

- External stakeholders—meet as needed, some meet monthly. Includes service providers for border communities, service providers for native communities, MCH stakeholders, families with children who have special needs, disability advocates, medical providers, early childhood advocates.
Collection of Data-6 areas of focus using a Systems Capacity Approach

National State  County  Community level  Program/ client level

- 1. Existing datasets
- 2. Existing Assessments
- 3. SWOT Analyses
- 4. Existing Capacity evaluations
- 5. Identify stakeholders
- 6. Identify National Performance Measure crosswalk
MCH needs assessment quick overview. Collection of missing information and ACA related information with direct service providers

- Border health survey and focus groups
- Native American service provider survey
- MCH survey and focus groups
Focus on CYSHCN

- Data sets-compilation of data on CYSHCN from multiple sources such as:
  - NSCH
  - NSCHSN
  - IDEA-Part B and Part C
  - EPSDT
  - NM specific data sets

- 1st prioritization meeting with CYSHCN expert stakeholders.
- Family input
Prioritization meeting with Stakeholders

- October 2014

- Data was presented to CYSHCN expert stakeholders including partners such as Family Voices, LEND, Parents Reaching Out, Native American Parent Training Center, Disability advocates, AAP

- 3 priorities selected: Medical Home, Youth Transition, Behavioral Health
Prioritization - Family Input

<table>
<thead>
<tr>
<th>Areas Needing Improvement</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Home: is where a medical professional organizes, coordinates, and delivers health services based on the child’s health needs that respects the family’s views and is easily accessible to families. This medical professional is a trusted partner who the family regular sees for well and sick care.</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health: is a structure that delivers, coordinates, and supports the child’s emotional, developmental, and/or behavioral health needs with other health providers and services.</td>
<td></td>
</tr>
<tr>
<td>Transitions: is a pre-planned process that helps young adult children to be independent, as much as possible, in the management of their health and the achievement of their goals in their change from child health medical providers (pediatric) to adult providers/services.</td>
<td></td>
</tr>
</tbody>
</table>
Unmet needs - ACA related questions

- What type of health insurance coverage, if any, does your child currently have?
  Public (Medicaid, SCHIP, IHS, or Medicare)  Private  Currently Without Health Insurance

- Does your child’s health insurance allow your child to see the health care providers that he or she needs?
  Never  Sometimes  Usually  Always

- Not including health insurance premiums or costs that are covered by insurance, do you pay any money for your child’s health care? Please include money spent on medications or health care services that are not covered by your child’s health insurance.
  Yes  No

- In the past 12 months did your family have problems paying or were unable to pay any of child’s medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, or home care.
  Yes  No

- During the past 12 months, was there any time when your child needed healthcare but it was delayed or not received? Such as medical care, dental care, mental health services, etc.
  No Unmet Needs  Yes, one unmet need  Yes, 2 unmet needs  Yes, 3 or more unmet needs

- Please list any health services that your child NEEDED BUT DID NOT RECEIVE.
Alignment with National and State performance measures

- How well do we and our partners address this priority area?
- How urgent is this priority area in New Mexico?
- What are the resources we can leverage around this priority area?
- How actionable is this priority area?
- Can our state staff and primary care or preventive care partners work together to improve this area of health?
Lessons Learned

- It is a long process and you need to start early
- Initial filtering of data sets assists with organizing approach
- Don’t “reinvent the wheel”—capitalize on your partnerships i.e. try to add MCH related questions onto surveys already in process such as community health profiles
- Use your already existing experts to help with prioritizing to make the process more manageable when you present to other stakeholder group.
- Utilize your F2F and other Parent Organizations to reach families in your state
- Graduate interns and fellows can be that extra hand you might need
Thank you! The New Mexico Team

- For more information: 505-467-8860
- Eirian Coronado-MCH Epidemiology
eirian.coronado@state.nm.us
- Chris Whiteside Title V Epidemiology
  christopher.whiteside@state.nm.us
- Garry Kelley CYSHCN Epidemiology
garry.kelley@state.nm.us
- Katie Avery-MCH and Border Health Assessment
catherine.avery@state.nm.us
- Susan Chacon CYSHCN Assessment susan.chacon@state.nm.us
Kansas Title V Needs Assessment:
Defining the Process & Developing Priorities
AMCHP Webinar – April 16, 2015
Presenters

Title V MCH Director

Rachel Sisson, Director
Bureau of Family Health
Division of Public Health
785.296.1310
rsisson@kdheks.gov

Title V SHCN Director

Heather Smith, Director
Special Health Services
Bureau of Family Health
785.296.4747
hsmith@kdheks.gov
Discussion

• Kansas Process/Approach
• Identifying & Developing Priorities
  o Alignment of Key Frameworks
  o Data analysis
  o Public Input
• Selecting State Priorities & Performance Measures
• Challenges/Lessons Learned
• Next Steps
Our Mission: To protect and improve the health and environment of all Kansans.

OVERALL PROCESS

- Identify Needs related to preventive and primary care services
- Select State Priorities
- Inform Kansas programming, funding, partnerships, etc.
- Select 8 (of 15) National Performance Measures
Methodology/Approach

• Ongoing process: Constantly assessing needs and collecting input, identifying emerging issues/adjusting priorities
• More concentrated over two years to engage partners and collect input for the Needs Assessment
• Drew upon input collected over time, through other processes
• Statewide, purposeful, and intentional at the community level to inform work beyond the needs assessment
  o Modeling Collective Impact approach
  o Forging new partnerships; expanding/strengthening referral networks
  o Promoting and investing in cross-sector/systems initiatives
    • HBWW/Becoming a Mom
    • Communities Supporting Breastfeeding
    • Care Coordination
    • Oral Health (Child Care, MCH, WIC…)

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

Components/Partnerships

- Three-pronged approach to ensure comprehensive input and focus on MCH population domains
  1. University of Kansas Center for Public Partnerships & Research
     - Overall responsibility for collection, analysis, and compilation w/KDHE
     - Co-facilitated regional meetings and council meetings
  2. KDHE Special Health Services
     - SHCN strategic planning process
     - Priority and objective setting
     - Communities for Kids tour
  3. Kansas State University
     - Adolescent health statewide input survey
     - Local meetings (parents, adolescents, community)
     - Adolescent Health Needs Assessment/Plan
Developing Priorities

- **Alignment of key frameworks and existing efforts** in relationship to the six MCH population domains
  - Building on bright spots, limiting new “work”
  - Focusing on existing infrastructure, replication
  - Working with critical partners/universities
- **Data analysis** (MCH NOMs, NPMs, disparities)
- **Public Input**
  - Surveys (ongoing, block grant, norms)
  - Stakeholder/partner meetings
  - Community conversations
- **Capitalizing** on all needs across the lifespan, across the state
  - Partners
  - Providers
  - Parents
  - Community members

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## Alignment of Key Frameworks

<table>
<thead>
<tr>
<th>MCH Population Health Domains</th>
<th>Maternal/ Women’s Health</th>
<th>Prenatal &amp; Infants</th>
<th>CYSHCN</th>
<th>Child</th>
<th>Adolescents</th>
<th>Life Course</th>
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<tbody>
<tr>
<td>AMCHP Recommendations</td>
<td>X</td>
<td>X</td>
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<td>Governor’s Road Map for Kansas</td>
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<td>Kansas Blue Ribbon Panel on Infant Mortality</td>
<td>X</td>
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<td>Infant Mortality CoIIIN</td>
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<td>Life Course Indicators (AMCHP)</td>
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<td>Title V MCH National Performance Measures (NPMs)</td>
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<td>(from Block Grant Transformation Document)</td>
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<td>National Standards for Systems of Care for CYSHCN</td>
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<td>Healthy Kansans 2020 State Health Assessment and</td>
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<td>X</td>
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<tr>
<td>Healthy Improvement Plan</td>
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</table>

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**Data Analysis**

**Proposed National Outcome Measures and National Performance Measures**

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</td>
<td>Perinatal/Infant Health</td>
<td>73.1%</td>
<td>74.1%</td>
<td>75.1%</td>
<td>77.3%</td>
<td>78.3%</td>
<td>79.4%</td>
<td>77.3%</td>
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</tr>
<tr>
<td>2</td>
<td>Percent of delivery or postpartum hospitalizations with an indication of severe morbidity (exact ICD 10 codes TED)</td>
<td>Woman/Maternal Health</td>
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<tr>
<td>3</td>
<td>Maternal mortality rate per 100,000 live births (5 year rolling average)</td>
<td>Woman/Maternal Health</td>
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<td></td>
<td>11.4</td>
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<tr>
<td>4.1</td>
<td>Percent of low birth weight deliveries (&lt;2,500 grams)</td>
<td>Perinatal/Infant Health</td>
<td>7.2%</td>
<td>7.3%</td>
<td>7.1%</td>
<td>7.2%</td>
<td>7.2%</td>
<td>7.0%</td>
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<td>7.8%</td>
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<tr>
<td>4.2</td>
<td>Percent of very low birth weight deliveries (&lt;1,500 grams)</td>
<td>Perinatal/Infant Health</td>
<td>1.4%</td>
<td>1.4%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.4%</td>
<td>1.3%</td>
<td></td>
<td>1.4%</td>
</tr>
<tr>
<td>4.3</td>
<td>Percent of moderately low birth weight deliveries (1,500-2,499 grams)</td>
<td>Perinatal/Infant Health</td>
<td>5.0%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>5.6%</td>
<td>5.6%</td>
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</tr>
<tr>
<td>5.1</td>
<td>Percent of preterm birth (&lt;37 weeks)</td>
<td>Perinatal/Infant Health</td>
<td>9.3%</td>
<td>9.2%</td>
<td>8.8%</td>
<td>9.1%</td>
<td>9.0%</td>
<td>8.9%</td>
<td></td>
<td>11.4%</td>
</tr>
<tr>
<td>5.2</td>
<td>Percent of early preterm births (&lt;34 weeks)</td>
<td>Perinatal/Infant Health</td>
<td>2.6%</td>
<td>2.6%</td>
<td>2.5%</td>
<td>2.6%</td>
<td>2.7%</td>
<td>2.7%</td>
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<tr>
<td>5.3</td>
<td>Percent of late preterm births (34-36 weeks)</td>
<td>Perinatal/Infant Health</td>
<td>6.7%</td>
<td>6.6%</td>
<td>6.3%</td>
<td>6.5%</td>
<td>6.3%</td>
<td>6.2%</td>
<td></td>
<td>8.1%</td>
</tr>
<tr>
<td>6</td>
<td>Percent of early term births (27, 28 weeks)</td>
<td>Perinatal/Infant Health</td>
<td>27.7%</td>
<td>26.0%</td>
<td>25.7%</td>
<td>25.4%</td>
<td>24.6%</td>
<td>23.0%</td>
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<tr>
<td>7</td>
<td>Percent of non-medically indicated (NMI) early term deliveries (27, 36 weeks) among singleton term deliveries (27-41 weeks)</td>
<td>Perinatal/Infant Health</td>
<td>12.0%</td>
<td>10.8%</td>
<td>9.7%</td>
<td>9.0%</td>
<td>7.8%</td>
<td>6.4%</td>
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<tr>
<td>8</td>
<td>Perinatal mortality rate per 1,000 live birth plus fetal deaths</td>
<td>Perinatal/Infant Health</td>
<td>6.6</td>
<td>6.6</td>
<td>6.2</td>
<td>5.9</td>
<td>6.9</td>
<td>6.5</td>
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<td>5.9</td>
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</tbody>
</table>

**Key and Definitions**

An "-" indicates the data were not available at the time of reporting.

The arrow indicates the direction of the trend, if any, and the color indicates if the direction is positive (green) or negative (red); A yellow dot indicates no definite trend is apparent.

**HP2020 - Healthy People 2020 goal**

<table>
<thead>
<tr>
<th>NOM #</th>
<th>National Outcome Measure</th>
<th>Population Health Domain</th>
<th>1.51</th>
<th>1.15</th>
<th>1.04</th>
<th>1.05</th>
<th>0.97</th>
<th>1.51</th>
<th>Trend</th>
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<tr>
<td>10</td>
<td>The rate of infants born with fetal alcohol syndrome per 10,000 delivery hospitalizations</td>
<td>Perinatal/Infant Health</td>
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<tr>
<td>11</td>
<td>The rate of infants born with neonatal abstinence syndrome per 10,000 delivery hospitalizations</td>
<td>Perinatal/Infant Health</td>
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</tbody>
</table>

**Our Mission:** To protect and improve the health and environment of all Kansans.
Public Input

• Stakeholder groups
  o Kansas MCH Council
  o Family Advisory Council
  o Blue Ribbon Panel on Infant Mortality
  o Infant Mortality CoIIN Team

• Public meetings
  o SHCN Strategic Planning Meetings
  o AMCHP Compendium Regional Meetings
  o Communities for Kids Meetings
  o Child Care Town Hall Meetings

• Surveys
  o Ongoing MCH Input
  o Block grant feedback
  o Community norms survey (Closed 2/10/15 with 540 responses)
<table>
<thead>
<tr>
<th>Professionals/Providers (State)</th>
<th>Maternal/Women</th>
<th>Perinatal/Infant</th>
<th>Children &amp; Youth with Special Health Care Needs (SHCN)</th>
<th>Children</th>
<th>Adolescents</th>
<th>Life Course</th>
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</thead>
<tbody>
<tr>
<td>KDHE Title V MCH Team</td>
<td>Blue Ribbon Panel on IM</td>
<td>KDHE</td>
<td>MCH Council</td>
<td>MCH Council</td>
<td>Adolescent survey and community meetings</td>
<td>MCH Services Input Survey</td>
</tr>
<tr>
<td>Becoming a Mom</td>
<td>MCH Council</td>
<td>KDADS</td>
<td>Communities for Kids tour</td>
<td>Communities for Kids tour</td>
<td>MCH Services Input Survey</td>
<td>Communities for Kids tour</td>
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<td>Domestic violence</td>
<td>Tiny k (Part C Network)</td>
<td>DCF</td>
<td>Communities for Kids tour</td>
<td>Child Care Town Halls</td>
<td>MCH Services Input Survey</td>
<td>Child Care Town Halls</td>
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<td>Pregnancy crisis centers</td>
<td>Communities for Kids tour</td>
<td>KAMU</td>
<td>Community Norms Survey</td>
<td>Community Norms Survey</td>
<td>Community Norms Survey</td>
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<td>Communities for Kids tour</td>
<td>MCH Services Input Survey</td>
<td>MCH Council</td>
<td>MCH Services Input Survey</td>
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<td>MCH Services Input Survey</td>
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<tr>
<td>Community Norms Survey (540 responses)</td>
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<thead>
<tr>
<th>Community</th>
<th>Maternal/Women</th>
<th>Perinatal/Infant</th>
<th>Children &amp; Youth with Special Health Care Needs (SHCN)</th>
<th>Children</th>
<th>Adolescents</th>
<th>Life Course</th>
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<tbody>
<tr>
<td>AMCHP Regional Meetings</td>
<td>Safety net clinics</td>
<td>Community Organizations</td>
<td>Foster care: placing agencies and foster parents, associations</td>
<td>Adolescent survey and community meetings</td>
<td>Adolescent survey and community meetings</td>
<td>Adolescent survey and community meetings</td>
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<td>Local Health Departments</td>
<td>Home visiting programs</td>
<td>Wesley Medical</td>
<td>Child Care Town Halls</td>
<td>MCH Services Input Survey</td>
<td>MCH Services Input Survey</td>
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<td>Public Health Partners</td>
<td>Communities for Kids tour</td>
<td>National Alliance of Mental Illness</td>
<td>Community Norms Survey</td>
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<td>Hospitals</td>
<td>Child Care Town Halls</td>
<td>Cerebral Palsy Research Foundation</td>
<td>Foster care: placing agencies and foster parents, associations</td>
<td>MCH Services Input Survey</td>
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<td>Early Intervention</td>
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<tr>
<td>Private Sector/Practice</td>
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<td>Making Positivity, LLC</td>
<td>Community Norms Survey</td>
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<tr>
<td>Community-based organizations</td>
<td></td>
<td>Wichita Field Office</td>
<td>Adolescent survey and community meetings</td>
<td>MCH Services Input Survey</td>
<td>MCH Services Input Survey</td>
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<td>Communities for Kids tour</td>
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<td>Kansas City Field Office</td>
<td>Communities for Kids tour</td>
<td>MCH Services Input Survey</td>
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<td>Child Care Town Halls</td>
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<td>MCH Services Input Survey</td>
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<td>EnVisage Consulting</td>
<td>Child Care Town Halls</td>
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<tr>
<th>Individuals/Consumers</th>
<th>Maternal/Women</th>
<th>Perinatal/Infant</th>
<th>Children &amp; Youth with Special Health Care Needs (SHCN)</th>
<th>Children</th>
<th>Adolescents</th>
<th>Life Course</th>
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<td>Parent Leadership Conference</td>
<td>Safety net clinics</td>
<td>Community Organizations</td>
<td>Foster care: placing agencies and foster parents, associations</td>
<td>Adolescent survey and community meetings</td>
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<td>Home visiting programs</td>
<td>Wesley Medical</td>
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Our Mission: To protect and improve the health and environment of all Kansans.
Regional Meetings

- Cross-sector/system conversation focused on improving birth outcomes and reducing infant mortality
- AMCHP Compendium guiding document/resource
- AMCHP support/participation
- Included March of Dimes special presentation on Healthy Babies are Worth the Wait (HBWW) and Kansas Becoming a Mom Program model
Communities for Kids

assessing the health needs of Kansas children, adolescents and families

KDHE wants to hear from:
- families and consumers
- community partners and providers
- health providers
- school professionals
- ANY community member interested in the health of children in Kansas

Join the Bureau of Family Health to discuss the needs of Kansas children, adolescents, and families (including those with special health care needs and/or disabilities).

12/10/14—Roeland Park
12/16/14—Great Bend
12/17/14—Concordia

1/12/15—Colby
1/14/15—Garden City
1/21/15—Topeka

2/10/15—Junction City
2/19/15—Wichita
2/26/15—Parsons

2 meetings in each location—2 pm and 6 pm, details available on website below

RSVP at [www.kdheks.gov/shcn/meetings](http://www.kdheks.gov/shcn/meetings).

For more information, contact 1-800-332-6262 or ksresourceguide@kdheks.gov.
Child Care Licensing
Town Hall Tour

“Reducing the risk of predictable harm to children while in out of home settings.”

Please join Child Care Licensing/Bureau of Family Health and Agency Partners to learn about initiatives and available services. Discussion with providers, parents and the community regarding progress and perceived barriers in the licensing system will guide our state to continued quality improvement for Kansas children.

KDHE wants to hear from:
- Families and consumers
- Licensed child care providers
- Community partners and providers
- ANY community member interested in the health of children in Kansas

Meeting Time:
6:30 pm to 8 pm

Location and other details are available on the website below.

2/10/15—Sabetha
2/12/15—Salina
2/17/15—Manhattan
2/23/15—Topeka
2/24/15—Olathe
3/2/15—Colby
3/3/15—Hayes
3/4/15—Beloit
3/10/15—Hutchinson
3/23/15—Garden City
3/24/15—Dodge City
3/30/15—El Dorado
3/31/15—Chanute
4/7/15—Kansas City

RSVP registration:
http://ks.train.org

For more information, contact
785-296-1270 or cclr@kdheks.gov
Our Mission: To protect and improve the health and environment of all Kansans.
Strategic Planning Components

- **Stakeholder input**
  - Four meetings
  - MCH block grant input
  - Family Advisory Council Planning Sessions
  - Communities for Kids Tour (December-February)

- **Needs Assessment**
  - New priorities
  - SWOT & gap analysis
  - Stakeholder engagement
  - Collect data
  - Examine state capacity and infrastructure
  - Address population needs
Components cont...

• Clinic Review
  o Clinic surveys
  o Cost analyses and return on investment
  o Review of billing practices and protocols

• Service Delivery
  o Crosswalk of services and eligible conditions, including KanCare (Medicaid) benefits
  o Review of services
  o Review of conditions
  o New care coordination program
New SHCN Priorities

- Cross-System Care Coordination
- Behavioral Health Integration
- Addressing Family Caregiver Health
- Direct Health Services and Supports
- Training & Education

Our Mission: To protect and improve the health and environment of all Kansans.
Selecting Priorities & Measures

• Special Health Care Needs Strategic Planning
  o Identified priorities
  o Drafted objectives and strategies

• Maternal & Child Health Council
  o December 2014 and February 2015
  o Priority and objective setting process
  o Drafted priorities and objectives

• Internal Meeting (March 24)
  o Reviewed final analysis from input/data
  o Identified priorities across the domains
  o Priority and objective setting process

• Partner Meeting (April 20)
  o Finalize priorities, objectives, strategies
  o Identify areas for coordination/collaboration/align efforts
MCH Population Domain Profiles

MCH 2020: Perinatal/Infant Health
Reduce infant mortality and the incidence of preventable diseases (pregnancy through 1 year)

**Emerging Themes, Trends, or Selected Priorities**
- Prenatal Care & Education
- Breastfeeding (exclusivity & duration)
- Safe Sleep Practices
- Behavioral/Mental Health
- Developmental Screening
- Parent Education & Support
- Healthy Weight

**Public Input/Guiding Plans**
- Infant Mortality ColIN* Blueprint for Change
- Blue Ribbon Panel on Infant Mortality
- Kansas MCH Council
- MCH Services Input Survey
- Health Departments, Clinics, Hospitals

**Next Steps**
- Finalize the Infant Mortality ColIN strategy areas for Kansas
- Complete the Title V regional public health meetings and community forums
- Identify health priorities, objectives, key strategies
- Integrate the results into the comprehensive, statewide 5-year needs assessment (MCH2020)

*Collaborative Improvement & Innovation Network

**Vision:** Title V envisions a nation where all mothers, children, and youth, including CSHCN, and their families are healthy and thriving.

**Mission:** To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.
Profiles will be updated with final results and made available as part of the dissemination of the final needs assessment/5-year plan.
Challenges...Opportunities!

- Staff capacity, vacancies, time, including epidemiology
- Competing priorities including MCH 3.0, IM CoIN
- Access/distance to communities across the state
- Lack of strong partnerships and collaboration in place at the local level
- Provider engagement/involvement
- Lack of aligned/coordinated efforts, uniform messages
  - Smoking Cessation
  - Safe Sleep
  - Breastfeeding
- Varying needs/differences (frontier, rural, urban)
Next steps

- Finalize state priorities
- Finalize 5-year action plan
- Select 8 National Measures
- Consider Process Measures
- Consider State Measures
- Finalize Needs Assessment Doc
  - Comprehensive
  - Executive Summary
- Disseminate Document/Action Plan
- Submit w/2016 MCH BG Application
Discussion & Questions
Additional Resources

• Colorado
• Louisiana
Webinar Evaluation

Please take a few moments to provide feedback:

https://www.surveymonkey.com/s/J7GLCY2
Thank you!