



## *Appendix G.1*

# **Pregnant Women and Infants Top Three Priority Results from August 16<sup>th</sup> Meeting**

### **Top Three Priorities:**

- 1) Increase early and comprehensive health care before, during, and after pregnancy.
- 2) Reduce premature births and low birthweight
- 3) Increase breastfeeding

Note: Priority and strategy wording has been refined as suggested by Bureau for Children, Youth, and Families staff.

**Identified Priority #1: Increase early and comprehensive health care before, during, and after pregnancy.**

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Provide the "Centering Pregnancy Program" model.</li> <li>2. Provide enabling services such as case management to assess individual needs and set up a goal plan.</li> <li>3. Develop system to help undocumented women access perinatal care.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Ensure referral resources for dental treatment, mental health, substance abuse treatment, and educational services as needed.</li> <li>2. Facilitate referrals to food assistance and nutrition programs such as WIC.</li> <li>3. Provide interpreters for linguistically isolated as needed.</li> <li>4. Develop coalitions in disparate populations to advise programs on access/links.</li> <li>5. Provide genetic counseling.</li> </ol>
Regulate the activity – Specific activities	<ol style="list-style-type: none"> <li>1. Change statute to allow PRAMS<sup>1</sup>.</li> </ol>
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Teach preconceptional and interconceptual health through school based programs and public/private health care providers.</li> <li>2. Educate public/private providers in nutrition, abuse screening, cultural sensitivity care (models available at National Perinatal Association Web site).</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Streamline Medicaid application &amp; verification.</li> <li>2. Educate public related to access to services and health issues in populations with disparities.</li> <li>3. Adopt and promote The American College of Obstetricians and Gynecologists (ACOG)'s standards of care before, during, and after pregnancy.</li> <li>4. Increase HealthWave eligibility to 200% of poverty level.</li> <li>5. Increase Medicaid and HealthWave eligibility to undocumented pregnant women.</li> </ol>

**Identified Priority #1: Increase early and comprehensive health care before, during, and after pregnancy.**

Type of Action	Strategies
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Monitor the physical, economic, and social health of Kansas mothers and newborns with PRAMS<sup>1</sup>.</li> <li>2. Expand BRFSS (Behavioral Risk Factor Surveillance System) to sample at the county level.</li> <li>3. Unify data collection in the Maternal Child Health programs with a model similar to PedNESS<sup>2</sup> and PNSS<sup>2</sup>.</li> <li>4. Implement Birth Defects Registry through CDC resources.</li> </ol>

**Notes:**

1. PRAMS: The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project that collects state-specific, population-based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy.

2. PedNESS: The Pediatric Nutrition Surveillance System (PedNSS) is a program-based surveillance system developed to monitor the nutritional status of infants and children in high-risk population groups. It is established on data collected through the Special Supplemental Food Program for Women, Infants, and Children (WIC).

3. PNSS: The Pregnancy Nutrition Surveillance System (PNSS) is a program-based surveillance system developed to assist health professionals in identifying and reducing pregnancy-related health risks that contribute to adverse pregnancy outcomes. It is established on data collected through the Special Supplemental Food Program for Women, Infants, and Children (WIC).

**Identified Priority #2: Reduce the premature births and low birthweight.**

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Provide easy to use preconception health tools for the health care community.</li> <li>2. Ensure that all pregnant women have access to early and comprehensive care.</li> <li>3. Provide prenatal smoking cessation programs.</li> <li>4. Assure smoking cessation and substance abuse services are available before conception.</li> </ol>

**Identified Priority #2: Reduce the premature births and low birthweight.**

Type of Action	Strategies
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Create partnerships to provide service and support for all women in their reproductive years.</li> <li>2. Contract with dentists to provide prenatal screening and pay for the care that is needed.</li> <li>3. Refer to WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) for nutritional screening (using USDA new nutritional interviewing strategy).</li> <li>4. Incorporate prenatal smoking cessation in clinical visits.</li> <li>5. Identify pregnancies where there was a previous preterm birth, provide a case manager.</li> <li>6. Develop coalitions in disparate populations to advise programs on access/links.</li> </ol>
Regulate the activity – Specific activities	
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Encourage providers to review signs and symptoms of labor at or around 20th week of gestation.</li> <li>2. Encourage public and providers to provide "Tender Loving Care" in 20-30 week window of pregnancy.</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Reinvigorate regionalization of Neonatal Intensive Care Units (NICUs) (maternal transfer of high risk pregnancies), particularly to smaller hospitals.</li> <li>2. Insurance coverage for maternal transfer for high risk pregnancies and "back" transfers.</li> <li>3. Encourage providers to use national standards (national guidelines for reproductive technology).</li> </ol>
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Monitor the physical, economic, and social health of Kansas mothers and newborns with PRAMS<sup>1</sup>.</li> </ol>

**Notes:**

1. PRAMS: The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project that collects state-specific, population-based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy.

### Identified Priority #3: Increase breastfeeding.

Type of Action	Strategies
Provide Services Directly	<ol style="list-style-type: none"> <li>1. Provide certified breast feeding education in every health department.</li> <li>2. Assure support service for breast feeding moms and families.</li> <li>3. Encourage and involve public and private employers in creating “breastfeeding friendly” workplaces.</li> </ol>
Contract With Others to Provide Service	<ol style="list-style-type: none"> <li>1. Encourage all hospitals to adopt "Baby-Friendly Hospital Initiative" created by World Health Organization.</li> <li>2. Formalize a working relationship with the La Leche League for consultation to MCH programs.</li> <li>3. Create toll free number for breast feeding consultation.</li> </ol>
Regulate the Activity	<ol style="list-style-type: none"> <li>1. Lobby to ensure a women's right to breastfeed at work (Security Benefit and the Insurance Commissioner’s office have good programs to support breastfeeding in the workplace.)</li> <li>2. Provide tax incentives to employers.</li> <li>3. Promote nursing niches in public facilities.</li> </ol>
Educate Public, Providers, etc.	<ol style="list-style-type: none"> <li>1. Lobby to ensure a women's right to breastfeed at work especially when infant is 6 months to one year of age.</li> <li>2. Develop standards of care to support breastfeeding.</li> <li>3. Certify very Healthy Start home visitor to be a breast feeding educator.</li> <li>4. Educate employers about benefits of breastfeeding.</li> <li>5. Target identified minorities with education/support to foster breastfeeding.</li> </ol>
Systems Development	<ol style="list-style-type: none"> <li>1. Hire certified breast feeding educator at the state level to coordinate health department educators.</li> <li>2. Website development for breastfeeding resources.</li> </ol>
Data Systems Improvement	<ol style="list-style-type: none"> <li>1. Monitor the physical, economic, and social health of Kansas mothers and newborns with PRAMS<sup>1</sup>.</li> </ol>

**Notes:**

1. PRAMS: The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project that collects state-specific, population-based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy.



## *Appendix G.2*

# **Children and Adolescents Top Priority Results from August 16<sup>th</sup> Meeting**

### **Top Priorities:**

- 1) Improve behavioral/mental health.
  - 2) Reduce overweight.
  - 3) Reduce injury and death.
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- 4) Reduce teen pregnancy and sexually transmitted diseases (STDs).
- 5) Improve oral health.
- 6) Improve asthma treatment.

Note: Priority and strategy wording has been refined as suggested by Bureau for Children, Youth, and Families staff.

## Identified Priority #1: Improve behavioral/mental health.

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Linkages with The Consortium, Inc.<sup>1</sup>: Better linkages and information to Local Health Departments on how to refer to services.</li> <li>2. Early detection/screening: More focused screening for behavioral health, mental health, and high-risk indicators/behaviors.</li> <li>3. Physician extender reimbursement for behavioral health/mental health screening: Provide reimbursement to physician extenders (e.g., nurse, medical assistant) for this type of focused screening.</li> <li>4. Family preservation intervention.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Contract with agencies for identification of high-risk behaviors and proper screening. For example, contract with The Consortium, Inc.<sup>1</sup> to train physician extenders, Infant Toddler program staff, Parents As Teachers staff, and others, on how to properly screen for behavioral/mental health issues.</li> </ol>
Regulate the activity – Specific activities	<ol style="list-style-type: none"> <li>1. Consider a Kansas Department of Health and Environment (KDHE) screening policy for mental health issues in perinatal programs and child &amp; adolescent (e.g., Kan Be Healthy) services. Perhaps use stronger language or other incentives to be sure this occurs.</li> </ol>
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Educate the public on normal child &amp; adolescent developmental milestones so parents and others know what to expect.</li> <li>2. Encourage provider refocus on family and social history (Bright Futures<sup>2</sup>).</li> <li>3. Identify family literacy issues for both national and foreign-born clients.</li> <li>4. Family preservation interventions.</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Better use and application of screening tools for risk behaviors (depression, drugs, violence, etc.). The American Academy of Pediatrics (AAP) has good screening tools available.</li> <li>2. Use clinic information systems to help incorporate screening tools.</li> <li>3. Better utilization of age-appropriate handouts for parents on developmental milestones and expectations. (AAP and Bright Futures<sup>2</sup> are resources.)</li> <li>4. Address cultural competency issues related to behavioral/mental health. (Not just language or literacy, but also what cultural norms related to behaviors.)</li> </ol>

## Identified Priority #1: Improve behavioral/mental health.

Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Identify incidence of evidence-based behavioral health diagnosis.</li> <li>2. Evaluate proper testing/screening prior to diagnosis. (How many children were properly evaluated before they were diagnosed?)</li> </ol>
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### Notes:

1. The Consortium, Inc. is a private not-for-profit behavioral healthcare provider sponsored organization (PSO) that provides a variety of Administrative Services Organization (ASO) products and functions for public and commercial purchasers. The Consortium, Inc. was created by the 29 Community Mental Health Centers of Kansas. For more information, see [www.ksmhc.org](http://www.ksmhc.org).

2. Bright Futures, initiated by the Maternal and Child Health Bureau (MCHB) over a decade ago, is a philosophy and approach that is dedicated to the principle that every child deserves to be healthy, and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community. The American Academy of Pediatrics is currently working with MCHB to revise Bright Futures guidelines and accompanying materials, to develop new materials, and to promote implementation efforts among health care professionals, public/private partners with key child health constituencies, and communities and families. For more information, see [brightfutures.aap.org](http://brightfutures.aap.org).

## Identified Priority #2: Reduce overweight.

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Provide health education. Partner with K-State Extension, Kansas Action for Healthy Kids.</li> <li>2. Reimbursement for at-risk and overweight management and counseling.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Reimbursement of dieticians for BMI<sup>1</sup> (body mass index) screening, evaluation, and management. Reimburse schools for BMI collection. (Who is responsible?)</li> <li>2. Work with state and local parks and recreation departments to come up with safe indoor and outdoor arenas for activities for children.</li> </ol>



## Identified Priority #2: Reduce overweight.

Type of Action	Strategies
Regulate the activity – Specific activities	<ol style="list-style-type: none"> <li>1. Institute a policy for reimbursement for screening of obesity, which, in turn, will result in better data.</li> <li>2. Mandate nutrition and physical education classes back in schools.</li> <li>3. Increase intramural sports. (Evaluate trend towards pay to play; this may decrease the number of children actively involved in sports.)</li> <li>4. Mandate better screening for nutrition in day cares.</li> <li>5. Turn off vending machines until after lunch in schools.</li> <li>6. Fund schools adequately so vending machines are not necessary to raise revenue.</li> </ol>
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Collaborate with Bright Futures<sup>2</sup>, school nurses, physical education programs, school health education programs, K-State Extension, Kansas Action for Healthy Kids, WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), and others on education efforts.</li> <li>2. Educate parents and providers on expected growth curves, proper development, and intervention strategies.</li> <li>3. Educate public of consequences of overweight children.</li> <li>4. Encourage women to breastfeed.</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Structure systems and medical claims processing so BMI can be recorded and processed in data systems.</li> <li>2. Establish a formal multi-disciplinary program. Collaboration with private practice, public health insurance, schools, day cares, etc. statewide.</li> </ol>
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Institute a statewide policy to begin collecting BMI<sup>1</sup>. Identify potential sources of BMI data (schools, Medicaid, KAN Be Healthy, etc.) Collaborate to collect BMI<sup>1</sup> data.</li> <li>2. Add modifier to KAN Be Healthy for BMI<sup>1</sup> so it can be collected.</li> </ol>

### Notes:

1. BMI: Body mass index is defined as weight in kilograms divided by height in meters squared. BMI is commonly used to classify overweight and obesity among adults and is recommended for identifying children who are overweight or at risk for becoming overweight.

## Identified Priority #2: Reduce overweight.

### Type of Action

### Strategies

2. Bright Futures, initiated by the Maternal and Child Health Bureau (MCHB) over a decade ago, is a philosophy and approach that is dedicated to the principle that every child deserves to be healthy, and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community. The American Academy of Pediatrics is currently working with MCHB to revise Bright Futures guidelines and accompanying materials, to develop new materials, and to promote implementation efforts among health care professionals, public/private partners with key child health constituencies, and communities and families. For more information, see [brightfutures.aap.org](http://brightfutures.aap.org).

## Identified Priority #3: Reduce injury and death.

### Type of Action

### Strategies

Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Discussed link between mental health and behaviors. Provide adolescent mental health services. Provide school-based mental health.</li> <li>2. Provide interventions through healthy start/home visitor (e.g. make sure parents have smoke detectors).</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Provide incentives to parents to make sure they have proper intervention (e.g., booster seats, fence around swimming pool, smoke detectors, etc.).</li> <li>2. Collaborate with pediatricians, poison control centers, burn centers, and others.</li> <li>3. Provide flexible funds to local communities.</li> </ol>
Regulate the activity – Specific activities	<ol style="list-style-type: none"> <li>1. Child passenger safety legislation (booster seats for children age 4 to 8 years, primary enforcement for kids under 18 years).</li> <li>2. Local bike helmet ordinances.</li> <li>3. Child access to firearms (injury and suicide prevention; youth suicide success rate).</li> <li>4. Graduated drivers' licenses.</li> <li>5. Alcohol-related legislation.</li> <li>6. Child endangerment legislation.</li> </ol>

### Identified Priority #3: Reduce injury and death.

Type of Action	Strategies
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Public engagement campaign (not just awareness). Possible issues: playground safety, booster seat safety targeting kids, access to firearms, overweight, kids in cars, safe routes to school. Target groups: teens, teens - alcohol, child care centers.</li> <li>2. Problem with using aquatic facilities as day care.</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Incentives to local health departments to incorporate injury prevention into WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), Healthy Start Home Visitor, and school-based health programs. (Examples: Discuss booster seats at the time of immunizations; discuss smoke detectors and other home safety issues through Health Start Home Visitor program.)</li> <li>2. Provide flexible funding for communities.</li> <li>3. Help with coalition building at community level.</li> <li>4. Work with car safety for special needs children (physicians, reimbursements).</li> </ol>
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Better collection of cost data - what does it cost hospitals and insurance companies for injury and death? If we could show the real cost of injuries, this could provide incentive for better injury prevention.</li> <li>2. Increase accurate E-coding on hospital data.</li> <li>3. Ongoing surveillance; continue strong support for child death review board.</li> <li>4. Encouragement/incentives for hospitals to report cost data to the KS Trauma Registry (currently mandated but not enforced).</li> </ol>

**Note:** Causes of injuries and deaths for targeted strategies includes motor vehicle accidents, suicides, falls, and burns.

## Identified Priority #4: Reduce teen pregnancy and sexually transmitted diseases (STDs).

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Kansas Department of Health and Environment (KDHE) provide education to direct service providers. Train-the-trainer approach.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Contract with agencies like the YWCA to provide comprehensive sexual education in all middle schools &amp; high schools. Providing access to contraception on a wider scale (e.g., longer hours, more in schools).</li> <li>2. Provide access to contraceptives on a wider scale (e.g., longer hours, greater access in schools).</li> </ol>
Regulate the activity – Specific activities	<ol style="list-style-type: none"> <li>1. Require all students to take a health class.</li> <li>2. Report adults having sex with underage teens.</li> </ol>
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Media campaign to change what is acceptable for teen sexual behavior and change attitudes about teen sexual behavior and sexual coercion.</li> <li>2. Educate service providers on cultural norms of the Hispanic population.</li> <li>3. Educate parents on how to talk to kids about sexual issues and what services are available for them.</li> <li>4. Educate to discourage repeat teen pregnancies.</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Connection and coordination of teen services (drug &amp; alcohol, mental health, contraception, STDs, etc.)</li> </ol>
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Report repeat teen pregnancy rates. “Repeat teen pregnancies” are adolescents with two or more pregnancies.</li> </ol>

## Identified Priority #5: Improve oral health.

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Screenings &amp; referrals.</li> <li>2. Pilot school-based program: Registered dental hygienists perform screenings, fluoride varnishes, and cleanings in schools.</li> <li>3. United Methodist Health Ministry Fund ToolKit grant starts September 1. Puts registered dental hygienists in alternative practice sites and venues such as Local Health Departments, Head Start, schools, home health, and Community Health Clinics. Continue working with hygienists and those agencies as this is implemented.</li> <li>4. DIAGNodent (laser fluorescent device): Work with school and public health nurses to screen and refer to dentists.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Contract with dentists and hygienists to provide direct services after they do basic screening survey.</li> <li>2. Secure pool of money to follow-up on needs after Kansas Mission of Mercy.</li> </ol>
Regulate the activity – Specific activities	<ol style="list-style-type: none"> <li>1. No soda and vending machines in schools (unless water and fruit).</li> <li>2. Provide direct Medicaid reimbursement for dental hygienists (as in 17 other states) so they can receive payment for services providing in schools. (SRS change required.)</li> <li>3. Community water fluoride.</li> </ol>
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. KS Action for Children media campaign on how oral health is part of total health.</li> <li>2. Educate OB/Gyn physicians on how important oral health is to perinatal health.</li> <li>3. Educate pediatrician offices, ARNPs, public health nurses, and school nurses about oral health, normal and abnormal structures of the mouth.</li> <li>4. Educate parents on wiping baby's mouth after feeding, don't put to bed with bottle, etc.</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Pediatricians, ARNPs, and RNs apply fluoride varnish in private practice &amp; receive reimbursement.</li> <li>2. Anticipatory Guidance (wipe baby's mouth after feeding; don't put to bed with bottle; I sit up - I use a cup; no sugary liquids; reverse pressure seal; no grazing/constant carbohydrates).</li> </ol>

## Identified Priority #5: Improve oral health.

Type of Action	Strategies
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Perform open mouth survey every other year or every three years.</li> <li>2. Determine prevalence of sealants, caries. Collect data on access to services (how often dentist is seen).</li> <li>3. Trend analysis on sealants, caries, access to services.</li> <li>4. Why no Medicaid providers?</li> </ol>

## Identified Priority #6: Improve asthma treatment.

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Probably not a lot that Kansas Department of Health and Environment (KDHE) can do regarding direct patient services, but KDHE could be huge player in asthma media campaign involving IAQ (indoor air quality).</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Contract with Local Health Departments and others (American Lung Association/Kansas and Kansas Asthma Coalition) to improve diagnosis and evidence-based treatment of asthma.</li> <li>2. Specifically, work with American Lung Association of Kansas and the Kansas Asthma Coalition to provide the following Asthma Management programs:               <ol style="list-style-type: none"> <li>a. Open Airways for Schools (asthma education and management program)</li> <li>b. Tools for Schools (indoor air quality program for schools and other public buildings)</li> <li>c. Counting on You (indoor air quality program for day care centers and in-home day care providers)</li> <li>d. Living with Asthma (public asthma education programs for adults, teens and children)</li> <li>e. Asthma Educator Workshops (professional education with approved CE credit for healthcare professionals)</li> </ol> </li> </ol>

**Identified Priority #6: Improve asthma treatment.**

Type of Action	Strategies
Regulate the activity – Specific activities	<ol style="list-style-type: none"> <li>1. Regulate third party reimbursement - reimburse asthma educators certified through approved providers. For example, reimburse physician assistances, pharmacists, etc. who have passed national exam. (American Lung Association/Kansas staff can provide this ongoing education.)</li> <li>2. This legislative session, a bill was passed to allow 6th-12th to self-administer inhaler. This should be all children with approval of physician and school nurse. Important to make sure child has been educated to administer properly.</li> </ol>
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Educate providers on evidence-based National Heart, Lung, and Blood Institute (NHLBI) guidelines already in place for asthma.</li> </ol>
Systems development – Specific activities	<ol style="list-style-type: none"> <li>1. Centers for Disease Control and Prevention's (CDC's) priorities in their "Steps to a Healthier US" initiative are obesity, asthma, mental health. Recommend that MCH Children &amp; Adolescent priorities match these. Also, KDHE has applied for CDC capacity-building grant. If awarded, this would provide an asthma coordinator for the state.</li> </ol>
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Continue to collect BRFSS (Behavioral Risk Factor Surveillance System) data related to asthma.</li> </ol>



## Appendix G.3

# Children with Special Health Care Needs (CSHCN) Top Three Priority Results from August 16<sup>th</sup> Meeting

### Top Three Priorities and Suggested Strategies:

- 1) Improved Access to Mental Health, **Medical and Transitional Services.**
  - Advocate at Kansas legislature for improved insurance coverage for CSHCN.  
\*Insurance/financial issues.
  - Expand provider network.
  - Improved access to healthcare through telemedicine.
  - Outreach clinics.
  - Training in medical home.
  - Educate federally qualified health centers on caring for CSHCN.
  - Pre-certification of providers for caring for CSHCN while they're in school.
  - Develop and coordinate case manager to connect to support services.
  - Implement transportation/reimbursement mileage to specialists/PCP.
  - Interpreter services to cultural competency training to address language barriers.
  
- 2) Improve capacity for data of Kansas-CSHCN. (**This priority has been incorporated into action/strategy.**)
  - Identify demographics of CSHCN.
  - Insurance coverage.
  - Data about children with specific medical conditions.
  - Identify alternative resources.
  - Determine measurable outcomes.
  - Address barriers to information sharing.
  - Develop a new data tool for developing and reporting of data.
  
- 3) Develop interventions to improve child's health condition and **financial impact on family.**
  - Provide specialty clinic services.
  - Access available insurance.
  - Case management to help coordinate care and services.
  - Family not working.
  - Access additional resources.
  - Web site development.

**Note: The language of the selected priorities and action/strategy steps on the following pages have been refined by the KDHE CSHCN staff.**



**Identified Priority #1: Increase care within a medical home.**

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Provide outreach clinics in underserved areas of Kansas.</li> <li>2. Interpreter services and cultural competency training to address language barriers.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Contract with primary care providers.</li> <li>2. Case management to help coordinate care and wrap around services.</li> </ol>
Regulate the activity – Specific activities	
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Training in medical home.               <ol style="list-style-type: none"> <li>a. Professional (MD, nurse, social worker) level of education.</li> <li>b. Parent to parent.</li> <li>c. Part C and B, school nurses, health departments.</li> </ol> </li> <li>2. Develop a mentoring program available to primary care providers via American Academy of Pediatrics.</li> <li>3. Add parent or adult role model to physician office and clinics and as a client-to-client resource.</li> <li>4. Promote the ability of local programs to serve high-risk populations, including CSHCN by providing education, technical assistance and resources.</li> </ol>
Systems development – specific activities	<ol style="list-style-type: none"> <li>1. Increase knowledge of providers for caring for CSHCN while they're in school.</li> <li>2. Update current provider list.</li> <li>3. Identify areas lacking specialty providers</li> <li>4. Add out of state providers to providers list.</li> <li>5. Support American Academy of Pediatrics medical home initiative.</li> </ol>

**Identified Priority #1: Increase care within a medical home.**

Type of Action	Strategies
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Develop capacity for data linkages between CSHCN and other data bases such as Department of Education, Injury Prevention, WIC, and Insurance.</li> <li>2. Identify demographics of CSHCN by county or SRS regions.</li> <li>3. Develop data capacity for children with specific medical conditions.</li> <li>4. Develop easy access resource database for providers.</li> <li>5. Data collection to determine outcomes identified.</li> <li>6. Address barriers to information sharing.</li> <li>7. Insure data capacity for collecting and reporting primary language and foreign-born.</li> </ol>

**Identified Priority #2: Improve transitional service systems for CSHCN.**

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Refer to appropriate resources (e.g., Part C, vocational rehabilitation program, etc.).</li> <li>2. Refer to Social Security Supplemental Income, Medicaid, and Insurance providers.</li> <li>3. Involve adolescents in SHS application process. Review health care plan with them.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Promote services as a part of medical home services.</li> <li>2. Support workshops like “Youth Leadership Forum” or “Families Together Weekends” focused on transition.</li> <li>3. Any contracts will specify agreed upon outcomes.</li> </ol>
Regulate the activity – Specific activities	

**Identified Priority #2: Improve transitional service systems for CSHCN.**

Type of Action	Strategies
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Develop partnership with resource center for independent living to enhance public and child knowledge.</li> <li>2. Continue to work with Department of Education in planning annual KANTRANS conference to incorporate medical transition.</li> <li>3. Educate families, CSHCN, and providers about learn the essentials of self-care and self-determination to enhance their health status.</li> <li>4. Provide training for hospital discharge planners and office nurses to promote self-care and determination options to families.</li> <li>5. Use school nurse and public/private nurse’s newsletters to educate on self-care and self-determination models</li> </ol>
Systems development – specific activities	<ol style="list-style-type: none"> <li>1. Suggest magazines such as “Exceptional Parent” add a feature addressing transition.</li> <li>2. Assure that transition councils incorporate medical components in transition planning.</li> </ol>
Data systems improvement – Specific activities	<ol style="list-style-type: none"> <li>1. Establish data linkage capacity with Kansas Department of Education.</li> <li>2. Develop and implement exit survey for all children exiting the CSHCN program to assess transitional supports.</li> <li>3. Data collection to assure adequate participation via resource center.</li> <li>4. Monitor number of IEPs (Individual Education Plans) that have action plans for transition.</li> </ol>

**Identified Priority #3: Decrease financial impact on CSHCN and their families.**

Type of Action	Strategies
Provide services directly – Specific activities	<ol style="list-style-type: none"> <li>1. Utilize telemedicine at local providers office instead of family having to travel for consult.</li> <li>2. Better utilization of email and phone consults in lieu of office visit.</li> <li>3. Promote “Youth of Kansas Equipment Exchange Program”.</li> <li>4. Design and fund a pilot project for management of cystic fibrosis, spina bifida, or seizure disorders.</li> <li>5. Maintain direct services.</li> </ol>
Contract with others to provide service – Specific activities	<ol style="list-style-type: none"> <li>1. Increase case management capabilities by contracting with agencies working with CSHCN families.</li> <li>2. Contract with providers to increase outreach clinics in rural Kansas.</li> <li>3. Continue to support “Parent Advisory Group” to assure input and dissemination of Best Practices.</li> </ol>
Regulate the activity – Specific activities	
Educate public, providers, etc. – Specific activities	<ol style="list-style-type: none"> <li>1. Provide education about the importance of inclusion in day care centers.</li> <li>2. Educate parents about availability of local resources through Part C, Early Head Start, Head Start, Friendly Visitors Program.</li> <li>3. Educate families regarding services availability</li> <li>4. Educate families about getting maximum benefits from insurance.</li> <li>5. Provide training for day care providers and urge SRS to provide financial incentive to providers to accept stable CSHCN.</li> </ol>
Systems development – specific activities	<ol style="list-style-type: none"> <li>1. Collaborate with Child Care Licensing and Kansas Child Care Resource and Referral Association to maintain an updated list of day care providers trained to care for CSHCN.</li> <li>2. Develop a program model between provider and parent for urgent messaging contact.</li> <li>3. Support a reimbursement policy change in Medicaid reimbursement to allow payment of both specialist and primary provider (MD, school, therapist) for services provided same visit.</li> <li>4. Support coverage of email and phone consults by insurance, Medicaid, etc.</li> <li>5. Work with insurance commission to ensure Durable Medical Equipment coverage etc.</li> </ol>

**Identified Priority #3: Decrease financial impact on CSHCN and their families.**

<b>Type of Action</b>	<b>Strategies</b>
Data systems improvement – Specific activities	<ol style="list-style-type: none"><li>1. Conduct a study to determine increase in CSHCN access to health services due to SRS data linkage.</li><li>2. Develop and implement a web-based data system linking the state office with outreach clinics.</li><li>3. Evaluate SHS policy for yearly evaluations with a specialist for eligibility criteria.</li><li>4. Collaborate with Child Care Licensing to track child care slots for CSHCN.</li></ol>