Appendix J.1

Capacity Needs Worksheet: Pregnant Women and Infants Workgroup

Note: Blue text denotes summarizes of Capacity Needs Worksheet comments submitted by the Pregnant Women and Infants group at meeting #3.

Capacity Need	Have	Need	Instrumental Stakeholders
Structural Resources			
1) Authority and funding sufficient for functioning at the desired level of performance • Statutory change to allow data monitoring system (e.g. PRAMS [Pregnancy Risk Assessment Monitoring System]) • Secure private funding sources • Secure funding to provide prenatal care to undocumented clients		X	Biostatisticians, Legislators
2) Routine, two-way communication channels or mechanisms with relevant constituencies • Improve communication with business, marketing, private providers		X	Providers, Business/Chamber, KS Nutrition Network, Media
3) Access to up-to-date science, policy, and programmatic information • Continue to improve link to academics	X	X	University/Colleges/Tech, Perinatal Association of Kansas
4) Partnership mechanisms (e.g., collaborative planning processes and community advisory structures) • Continue to build/ strengthen coalitions	X	X	La Leche, March of Dimes , KALHD (Kansas Association of Local Health Departments), Kansas Commission on Disability Concerns
5) Workforce capacity institutionalized through job descriptions, contract language about skills and credentials, training programs, and routine assessments of capacity and training plans • Promote board certified registered lactation consultant at state level		X	KALHD , Consumers, Hospitals
6) Mechanisms for accountability and quality improvement • Improve data monitoring systems • Improve analysis, interpretation and dissemination • Formalize accountability and quality improvement		X	Health Care Data Governing Board
7) Formal protocols and guidance for all aspects of assessment, planning, and evaluation cycle • Formalize plans to disseminate: Blue Book (guidelines for perinatal care put out by American Academy of Pediatrics and American College of Obstetricians), Baby Friendly Hospital Initiative, Rep. Tech.		X	
Data/Information Systems			
8) Access to timely program and population data from relevant public and private sources		X	
9) Supportive environment for data sharing		X	
10) Adequate data infrastructure		X	
Organizational Relationships			
11) State *health* department/agencies/programs • Need access-FIMR (Fetal and Infant Mortality Review)		X	Kansas Perinatal Council
12) Other relevant state agencies • Incorporate breastfeeding initiative into Hunger Plan & Physical Activity/Obesity Plan • Continue to work with SRS to insure access for all (i.e. some counties don't have office for transportation issues)		X	

Capacity Need	Have	Need	Instrumental Stakeholders
13) Insurers and insurance oversight stakeholders • Increase HealthWave participants by raising coverage and outreach and eligibility		X	
14) Local providers of health and other services • Train the Trainer Model (breast feeding comprehensive care) • Use new technology more	X	X	
15) Superstructure of local health operations and state-local linkages • Strengthen accountability to document measure/outcome from local to state		X	
16) State and national entities enhancing analytical and programmatic capacity • Support accreditation for local health dept. (MCH programs)		X	
17) National governmental sources of data • Need help with interpretation and application of data • Need to understand work force capacity R/T MCH providers (state level)	X	X	
18) State and local policymakers • State is excellent • Local is inconsistent	X		KALHD
19) Non-governmental advocates, funders, and resources for state and local public health activities • Cultivate more funding and other resources	X	X	
20) Businesses • Work with K.H.O. • Work with insurers and providers to cover prenatal, health promotion, breastfeeding, prematurity		X	
Competencies/Skills			
21) Communication and data translation skills • Increase capacity and skills with non-English speaking and health literacy	X	X	
22) Ability to work effectively with public and private organizations/agencies and constituencies	X		
23) Ability to influence the policymaking process • Present at coalition level • Work with Business Health Policy Committee (MCH must be at the table)	X	X	
24) Experience and expertise in working with and in communities • Utilize experience with bioterrorism in public health to build MCH programs		X	
25) Management and organizational development skills		X	
26) Knowledge and understanding of the state context			
27) Data and analytic skills • Analyze, interpret, and disseminate data at local and all levels		X	
28) Knowledge of MCH and related content areas			

Appendix J.2

Capacity Needs Worksheet: Children and Adolescents

Note: Blue text denotes summarizes of Capacity Needs Worksheet comments submitted by the Children and Adolescents group at meeting #3.

Capacity Need	Have	Need	Importance (low, med, high)	First Steps
1) Authority and funding sufficient for functioning at the desired level of performance • Insufficient resources, shrinking federal money due to shrinking proportion of population • Federal programs want to fund community-based rather than state • Better collect, utilize data to justify funding requests		✓	High	• Identify resources we do have • Look for funding sources other than federal grants
2) Routine, two-way communication channels or mechanisms with relevant constituencies • Good: newsletters, listserves • Need: communication between consumers and high-level policy makers	✓	✓	High	• Maintain lists to improve communication between consumers and high-level policy makers, know who constituents are and who is doing what • Use TRAIN Kansas
3) Access to up-to-date science, policy, and programmatic information • Certain issues have, others don't • Need implementation, utilization; lack of resources		✓	High	• Contact outside organizations (e.g., American Lung Association, American Diabetes Association) and ask them to help inform agency on up-to-date science and policy
4) Partnership mechanisms (e.g., collaborative planning processes and community advisory structures) • Not a single structure, but this isn't necessarily a weakness	✓			
5) Workforce capacity institutionalized through job descriptions, contract language about skills and credentials, training programs, and routine assessments of capacity and training plans • Do we have too much bureaucracy? • Low capacity at local levels		✓	Medium+	• Particular to each agency or group • Position/salary survey provided to local level; help local agencies share data about how they organize and staff positions
6) Mechanisms for accountability and quality improvement • Improving, is a need, but is already being addressed	✓			
7) Formal protocols and guidance for all aspects of assessment, planning, and evaluation cycle • There for the most part	✓			
8) Access to timely program and population data from relevant public and private sources • We need **timely** data and cost data		✓	High	• Pursue more ways to obtain private insurance data • Pursue ways to use preliminary data within a program to make decisions; need data faster • Ask universities, other agencies for ideas and assistance
9) Supportive environment for data sharing • Varies. Several examples of specific problems were given.		✓	High	• Better inform data users and data resources on HIPAA • Consider changing internal KDHE policies for improved data sharing • Build infrastructure so data can be accessed online
10) Adequate data infrastructure • Some antiquated systems		✓	High	• See above • Get ideas from other agencies and associations
11) Organizational relationship with state *health* department/agencies/programs • Do pretty well on this	✓			

Capacity Need	Have	Need	Importance (low, med, high)	First Steps
12) Organizational relationships with other relevant state agencies • May be MOU on file, but sometimes hard to find the right contact person • Early childhood is working well • Some one-on-one relationships are working well, but entire agency may not be working well together		✓	Low	
13) Organizational relationships with insurers and insurance oversight stakeholders • FirstGuard (Medicaid Managed Care) – good working relationship • Commercial, commercial managed care is a need		✓	Medium (data piece)	• Keep pursuing insurance data • Work with Office of Health Care Information to use data • Work with Kansas American Academy of Pediatrics Council (advocates for data sharing, dissemination)
14) Organizational relationships with local providers of health and other services • Needs to improve • Private agencies need to take initiative		✓	Medium	• Empower local agencies to seek assistance/network with state.
15) Superstructure of local health operations and state-local linkages • KALHD	✓			
16) State and national entities enhancing analytical and programmatic capacity • Resource opportunities that are not tapped		✓	Medium+	
17) National governmental sources of data • We do pretty well here	✓			
18) State and local policymakers • Some do well; others can do better	✓	✓	Medium	
19) Non-governmental advocates, funders, and resources for state and local public health activities • Need to do better	✓	✓	Low	
20) Businesses • Not doing much here; potential funding resource		✓	Medium	
21) Communication and data translation skills • Need more on the local level • As rapidly as technology changes, this is a continuous need	✓	✓	High	• Remain diligent. • Spend more time educating local agencies how to access data.
22) Ability to work effectively with public and private organizations/agencies and constituencies	✓			
23) Ability to influence the policymaking process • Need awareness of process of communicating to legislature • Make sure information from these three meetings is acted on	✓	✓	High	• Make local communities aware of issues and process • Widely disseminate results of this process
24) Experience and expertise in working with and in communities	✓+			
25) Management and organizational development skills • Cross-training, educating state and local staff, funding issues		✓	High	• Assign staff members to develop certain areas of expertise. • Improve continuing education and awareness of *all* staff (not just high level).
26) Knowledge and understanding of the state context	✓	✓	High	• Maintain diligence
27) Data and analytic skills • Have, but is a high need	✓	✓	High	• Common MCH database: look at what is collected now, common elements, future options
28) Knowledge of MCH and related content areas • Have some at state level, need in other areas	✓	✓	High	• Comprehensive MCH database: think of local and constituent needs as it is developed

Appendix J.3

Capacity Needs Worksheet: Children with Special Health Care Needs

Note: Blue text denotes summarizes of Capacity Needs Worksheet comments submitted by the CSHCN group at meeting #3.

Capacity Need	Have	Need	Importance (low, med, high)	Instrumental Stakeholders	First Steps
Structural Resources					
1) Authority and funding sufficient for functioning at the desired level of performance • Funding for communications coordinator	✓	✓	High	Federal, SRS (Social and Rehabilitation Services), KDHE, Providers	• Search for available grants • Prioritize grant opportunities • Submit grants
2) Routine, two-way communication channels or mechanisms with relevant constituencies • Position hired	✓	✓	High	Federal, KDHE, SRS, Providers, Clients, Public	• Quarterly meetings with stakeholders • Identify contact in each agency who reports to a central primary agency within KDHE to coordinate (e.g., a new position of community coordinator)
3) Access to up-to-date science, policy, and programmatic information • Process of pulling team members together to begin clearinghouse services		✓	High	All of the above	• Coordinator of communications
4) Partnership mechanisms (e.g., collaborative planning processes and community advisory structures) • Implement services		✓	High	All of the above	• Identify key players & what
5) Workforce capacity institutionalized through job descriptions, contract language about skills and credentials, training programs, and routine assessments of capacity and training plans • Establish quality assurance and follow through	✓	✓	High	Federal, KDHE, SRS, Providers	• All data from same source • Identify and develop key terms to be used across the board (e.g., Medical Home) • Coordinator of Communication could be the clearinghouse for what services are available where
6) Mechanisms for accountability and quality improvement					
7) Formal protocols and guidance for all aspects of assessment, planning, and evaluation cycle					
Data/Information Systems					
8) Access to timely program and population data from relevant public and private sources • Establish quality assurance and follow through		✓	High	KDHE and/or contractor, Information Systems, Department of Education, SRS, Infant Toddler	• Evaluate Computer Data Systems evaluation • Develop new web-based data system • Look at putting resources on KDHE website
9) Supportive environment for data sharing		✓	High	Parents, Medical Providers, Education, Insurance companies, Mental Health, Legal	• Begin discussion with Kansas Department of Education regarding what data is available • Look at available data
10) Adequate data infrastructure		✓	High	Human staff support, KDHE Information Systems, Software upgrades	• Evaluate web-based data system • Put information on web page

Capacity Need	Have	Need	Importance (low, med, high)	Instrumental Stakeholders	First Steps
Organizational Relationships					
11) State *health* department/agencies/programs • Needs to be stronger	✓	✓		Office of Local and Rural Health, BCYF (Bureau for Children, Youth, and Families)	
12) Other relevant state agencies • For example, Kansas Department of Transportation and Area Agency on Aging • Let others look at issues to offer support					
13) Insurers and insurance oversight stakeholders • Develop stronger relationships and training capacity for consistency • Lack of capacity for flexibility of resource use • Lack of equal access to resources • May not have preferred provider in area		✓		Use CCM (Certified Case Management) standards to develop training protocol	• Modify contract language to allow neutral or cost saving use of funds • Use funds saved direct to indirect support
14) Local providers of health and other services • Need referral acceptance to appropriate level of care		✓		American Academy of Pediatrics, Family Practice providers, Hospitals, Office of Local and Rural Health	• Telemedicine hookup for expanded specialty access and consultation
15) Superstructure of local health operations and state-local linkages • Communication occurs but not sure if they know MCH goals • Expand the superstructure				Board of Healing Arts, Board of Nursing, KDHE, Kansas Health Institute, Kansas Hospital Association	• Fill positions and/or delegate authority to support locals
16) State and national entities enhancing analytical and programmatic capacity • Develop to reduce fragmentation		✓			• Use grad students for development program • Software data sharing • Utilize present national technical support and university information services
17) National governmental sources of data	✓				
18) State and local policymakers					• Community leaders at the table to increase awareness, become more educated on the issues and educational opportunities
19) Non-governmental advocates, funders, and resources for state and local public health activities • Strengthen	✓				• One-on-one contact • Share data • Discover common interests
20) Businesses • Insurance policies • Employment opportunities for family and CSHCN • Economic support to sustain service delivery					• Market economic impact on the community as related to academics, high school and college graduation, decreased juvenile delinquency

Capacity Need	Have	Need	Importance (low, med, high)	Instrumental Stakeholders	First Steps
Competencies/Skills					
21) Communication and data translation skills 27) Data and analytic skills					1. State web site that reports research/data information – also post grant opportunities 2. More epidemiologists – someone you can call and request data for grants, etc. Perhaps attach a fee to this service. 3. Use telehealth system to consult/educate local areas about data development and interpretation.
22) Ability to work effectively with public and private organizations/agencies and constituencies					
23) Ability to influence the policymaking process					
24) Experience and expertise in working with and in communities					
25) Management and organizational development skills					1. Identify strengths of university and corporations and incorporate more trainings, educational experiences into MCH program development 2. Plan several (2) day trainings that include education on issues related to management and organization development.
26) Knowledge and understanding of the state context					
28) Knowledge of MCH and related content areas					