

Children's Mercy Kansas City Community Health Needs Assessment Implementation Strategy 2016-2019

Introduction

The State of Children's Health: 2016 Community Health Needs Assessment of the Kansas City Region (CHNA) is a report based on epidemiological, qualitative and comparative methods that assesses children's health issues and access to services in Children's Mercy's leading services area—Clay and Jackson counties in Missouri and Johnson and Wyandotte counties in Kansas. The implementation strategy outlines the goals and strategies that demonstrate how Children's Mercy will address the CHNA-identified priority health needs adopted by the Children's Mercy Board of Directors on June 14, 2016. The three priority health needs for the next three fiscal years from December 2016 through June 2019 are:

- Access to Health Services
- Infant Mortality
- Mental and Behavioral Health

Priority Health Strategies

Children's Mercy is committed to addressing the priority health needs identified in the CHNA through programs, resources, and collaborations. The following presents a high-level overview of the strategies for each of the priority health areas:

Priority Health Area: Access to Health Services

Goal: Improve access to primary care and specialty care services for families across the region.

Over the next three years, Children's Mercy will focus on more targeted approaches in high-need geographic areas.

Strategy :

1. Sustain and enhance programs meant to address social determinants of health that may deter access to care (e.g., Center for Community Connections, Home Visiting Programs and Promise 1000, Community Health Workers)
2. Connect children to a primary care provider/PCMH (e.g., Urgent Care high-utilizer challenges, the Northland, Integrated Care Solutions, Nurse Advice Line).
3. Develop place-based approaches to provide services and support to geographic areas with limited services and high needs (e.g., Hawthorne Place, virtual and telemedicine expansion).
4. Sustain and support efforts to expand availability of specialty care and primary care services (e.g., extended hour clinics, Project Clinic Access, Patient Care Medical Home development).

5. Sustain and enhance current community-based programs and services that improve access to care (e.g., Operation Breakthrough, University Academy, Synergy Services, health fairs and education programs, patient care medical home development).
6. Train the next generation of health care providers, especially specialty and sub-specialty providers.

Priority Health Area: Infant Mortality

Goal: Increase the number of infants in the Kansas City region that reach their first birthday.¹

Over the next three years, Children's Mercy will focus on targeted approaches across the region, but specifically targeting efforts in Wyandotte and Jackson counties.

Strategy:

1. Expand efforts to support safe sleep practices across the region.
2. Provide support and consultation to the Fetal Infant Mortality Review and Community Action teams throughout the region.
3. Sustain and enhance programs meant to support healthy infant development and parenting support (e.g., Home Visiting Programs, Promise 1000, Pediatric Care Center, Operation Breakthrough, Period of Purple Crying).
4. Sustain and expand the work of the Fetal Health Center.
5. Work with existing community initiatives to improve infant health outcomes (e.g., Black Health Care Coalition, Wyandotte County Health Department, Mother and Child Health Coalition).

Priority Health Area: Mental/Behavioral Health

Goal: Increase availability of mental/behavioral health support to children across the region.

Strategy:

1. Build the capacity of primary care physician to assume more care for children with mental health issues, in particular those patients with lower acuity (e.g., Behavioral Health Master Class).
2. Adopt model to enhance the integration of behavioral health in primary care across Children's Mercy clinics.
3. Sustain, enhance, leverage mental health support programs to reach children and families where they live and learn.
4. Provide advisory support and consultation to area mental health programs (e.g., Cornerstones of Care, Niles Home for Children, Kids TLC, Wyandotte, Inc., Department of Developmental and Behavioral Medicine phone consultation).
5. Participate in regional suicide prevention efforts and expand CMH initiated efforts (e.g., Johnson County Mental Health Coalition, Tri-County Mental Health, suicide risk screening through clinics, ED/Urgent Care and sports medicine).

¹ Children's Mercy does not provide care services for pregnant women, other than those whose babies have been diagnosed before birth or prenatally with a condition or disease that is served by the Fetal Health Center. Therefore, we will not be able to impact the serve area's rate of infants born at low birth weights or very low birth weights (other than caring for them after birth), the rate of preterm births (other than those mothers and babies being followed by the Fetal Health Center) or the rate of births to women who smoke.

6. Sustain and enhance programs meant to support healthy infant development and parenting support (e.g., Home Visiting Programs, Promise 1000, 2GenThrive, Parent-Child Interaction Therapy, Head Start mental health support).

Implementation Plan Development and Monitoring

Implementation teams will be convened for each of the priority health areas. The teams will be charged with the development of a detailed action plan around each of the areas. The resulting action plans will detail tactics to address each strategy and identify:

- target geographic areas;
- target populations;
- community partners²;
- policy levers³;
- resources;
- intended outcomes, detailing indicators; and
- evaluation approach.

Development of the action plans will be guided by a review of internal programs that may address each area and in the identification of key gaps and needs.

Each team is accountable for the plan implementation and will meet no less than quarterly to review and monitor the progress of the action plans. The teams will provide quarterly reports to the Children's Mercy Community Health Improvement Steering Committee.

Outcomes and Evaluation of Implementation Plans

Implementation teams will develop evaluation plans that detail: outcomes; measurement methods; data collection plans; and outline timelines and responsible parties. Metrics used to evaluate whether programs are successful in achieving the desired impacts will be developed based on the population and community needs. Two types of outcomes will be identified for each tactic:

1. Process Outcomes indicate efforts Children's Mercy can undertake to increase the delivery of a service designed to change a health outcome indicator. These involve increases (or better targeting) in programming, outreach, or related efforts. Process outcomes can be measured by increases in investment (dollars or personnel), outreach (media messages), service units delivered (classes, screenings, new programs, clinics), people attending or completing programs, and number of sites for delivery of programs.
2. Health Outcomes are changes in population health related to a broad array of factors of which Children's Mercy and community partner efforts are only one contributing parts. These outcomes include reductions in the prevalence of disease, risk factors, and health behaviors associated with

² See 2016 Community Health Needs Assessment, the State of Children's Health: 2016 Community Health Needs Assessment for the Kansas City Region for additional information on the prioritization process.
http://www.childrensmercy.org/About_Us/Community_Benefit/Community_Health_Needs_Assessment/

³ Children's Mercy will continuously work to support local, state, and federal policy advocacy efforts aimed at improving child health. As policy opportunities arise, Children's Mercy may also launch or lead new policy efforts within one or more of the priority areas.

the conditions. Benchmarks for indicators are available from the CHNA, *Healthy People 2020* and other local, state and national sources.

Significant Health Needs Not Addressed

No entity can address all of the health needs present in a community. Children’s Mercy is committed to improving children’s health across the Kansas City region by sharing its skills, capabilities and knowledge with Kansas City area agencies. Most importantly, we will share the CHNA data to help strengthen community-based efforts. During the CHNA process, the community identified 10 issues as important to supporting children’s health.⁴ As addressed earlier, Children’s Mercy will address three of the issues over the 2016-2019 timespan. For the remaining health issues, Children’s Mercy does not anticipate implementing additional initiatives but remains committed to current efforts and in providing expertise, guidance, data and facilitation to community efforts. The following table lists the seven significant health issues and Children’s Mercy’s on-going effort.

Significant Health Issues not Addressed in 2016-2019 CHNA Implementation Strategy	
<i>Issue</i>	<i>Children’s Mercy On-going Effort</i>
Early Education	<ul style="list-style-type: none"> • Partner with community efforts to provide quality universal 0-5 care. • Provide guidance to community programs in child development and behavioral management, infection control practices, speech and language, hearing and other areas as identified.
Violence	<ul style="list-style-type: none"> • Continue to collaborate with community organizations in efforts to reduce violence. • Continue Children’s Mercy-based violence intervention programs and initiatives.
Housing	<ul style="list-style-type: none"> • Continue Children’s Mercy-based programs and initiatives to evaluate and reduce environmental triggers and housing issues that may influence a child’s health. • Collaborate with community organizations in efforts to address housing insecurity among children and families.
Employment	<ul style="list-style-type: none"> • Continue to expose and inspire youth to opportunities available in the health field. • Continue Children’s Mercy-based programs that create employment opportunities for individuals with developmental disabilities.
Poverty	<ul style="list-style-type: none"> • Build and strengthen partnerships with community agencies that address the social determinants of health and work toward solutions. • Train Children’s Mercy staff on the effects of poverty on children’s health and development. • Continue Children’s Mercy’s programs that reach children living in poverty.
Nutrition (including Food Insecurity and Obesity)	<ul style="list-style-type: none"> • Conduct an internal program review on the success, needs and gaps from the 2013-16 priority process. • Provide “backbone support” to coalitions to make policy, systems and environmental changes to increase access to affordable, healthy foods and physical activity. • Screen for and provide resources to patients and their families who are struggling with food insecurity. • Continue pursuit of Hunger-Free Hospital policies, programs and initiatives.
Parent Support	<ul style="list-style-type: none"> • Continue to connect Children’s Mercy patients to community resources. • Build and strengthen partnerships with community agencies that support parents and work toward improving support. • Continue Children’s Mercy programs that support parents.

⁴ See 2016 Community Health Needs Assessment, the State of Children’s Health: 2016 Community Health Needs Assessment for the Kansas City Region for additional information on the prioritization process. http://www.childrensmercy.org/About_Us/Community_Benefit/Community_Health_Needs_Assessment/

Revisions to the Implementation Strategy

This implementation strategy specifies community health needs that Children's Mercy has determined to meet in whole or in part and that are consistent with its mission. Children's Mercy reserves the right to amend the implementation strategy and subsequent action plans as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described initiatives. During the three years ending June 30, 2019, other organizations in the community may decide to address certain needs, indicating that Children's Mercy should refocus its limited resources to best serve the community.

Additional Information

A full version of the Children's Mercy most recent Community Health Needs Assessment may be viewed by navigating to the following web address:

http://www.childrensmercy.org/About_Us/Community_Benefit/Community_Health_Needs_Assessment/

The implementation strategy was approved by the Children's Mercy Board of Directors on October 11, 2016.

Priority Area 1: Access to Health Services Action Plan

GOAL: Improve access to primary care and specialty care services for families across the region.

MEASURES: ↓ barriers to health services; ↓ in delays in care; ↑ availability of specialty care appointments; ↓ inappropriate ER or Urgent Care Utilization

STRATEGY 1: Sustain and enhance programs meant to address social determinants of health

Activities	Owner	Start	Partners	Indicators-FY17
1.1: Center for Community Connections	Lisa Silverman	ongoing	WIC, Kansas Legal Services, Harvesters	Establish Baseline
1.2: Community Health Workers	Healthier Brungardt	FY17	KCCare Clinic	Establish Baseline
1.3: Family Support Fund	Sabra Boyd	ongoing		Establish Baseline
1.4: Financial Assistance	Amy Crawford	ongoing		Establish Baseline
1.5: Home Visiting-TIES, HFA	Oneta Templeton	ongoing		Establish Baseline
1.6: Incredible Years-Parent & Child	Briana Woods Jaeger	ongoing	Operation Breakthrough, St. Mark's	Establish Baseline
1.7: Promise 1000	Mary Moffat	ongoing	United Way of Greater Kansas City, home visiting programs	Establish Baseline

Notes: Incredible Years, Home Visiting and Promise 1000 are activities that address strategies in Priority Areas 2 & 3

STRATEGY 2: Connect children to a primary care physician or PCMH

Activities	Owner	Start	Partners	Indicators-FY17
2.2: Northland Health Access	TBD	FY17	Northland Health Alliance, SURHC, NKCHospital	Establish Baseline
2.3: Nurse Advice Line	Alison Gardner	ongoing		Establish Baseline
2.4: KidCareAnywhere	Alison Gardner	FY17		Establish Baseline

STRATEGY 3: Sustain current and develop new approaches to provide health services in selected geographic area

Activities	Owner	Start	Partners	Indicators-FY17
3.1: Hawthorne Place	TBD	FY18	TMC, Hawthorne, FT. Osage SD, Boys and Girls Club,	FY18 Start
3.2: Operation Breakthrough	Donna O'Malley	ongoing	Operation Breakthrough	Establish Baseline
3.3: School-based Health Services	Stacy Doyle	FY17	KCMSD, Blue Valley	Establish Baseline
3.4: Synergy Services	Daryl Lynch	ongoing	Synergy	Establish Baseline
3.5: University Academy	Daryl Lynch	ongoing	University Academy	Establish Baseline

STRATEGY 4: Sustain and support efforts to expand availability of specialty and primary care services

Activities	Owner	Start	Partners	Indicators-FY17
4.1: Extended Hours Clinics	Stacy Doyle	ongoing		Establish Baseline
4.2: PCMH	Matt Kafka	ongoing		Establish Baseline
4.3: Project Clinic Access	Stacy Doyle	ongoing		Establish Baseline

STRATEGY 5: Train next generation of health care providers, especially specialty and sub-specialty providers

Activities	Owner	Start	Partners	Indicators-FY17
5.1: Residency, Fellowship and training programs for health care professionals	Susan Hathaway	ongoing	KU Sch. Of Medicine, UMKC	Establish Baseline

Priority Area 2: Access to Behavioral/Mental Health Indicators

GOAL: Increase availability of behavioral/mental health support to children across the region.

MEASURES: ↑ availability of mental/behavioral health appointments; Develop plan in conjunction with community partners to address high priority mental health needs

STRATEGY 1: Build capacity of primary care physicians to assume more care for children with mental health issues

Activities	Owner	Start	Partners	Indicator-FY17
1.1: Behavioral Health Master Class	Michele Kilo	FY17	KU Depart of Peds, Community Pediatiricans	March 31 & April 7 Class

STRATEGY 2: Adopt model to enhance the integration of behavioral health in primary care across Children's Mercy clinics

Activities	Owner	Start	Partners	Indicators- FY17
2.1: Behavioral Health Screening Clinic	Lynn Covitz	FY18		Establish Baseline
2.2: Trauma Informed Care Services	Patty Davis	ongoing	Resilient KC; Trauma Matters	Establish Baseline

STRATEGY 3: Sustain, enhance, leverage programs to reach children and families where they live and learn

Activities	Owner	Start	Partners	Indicators-FY17
3.1: ADHD Summer Camp	Carla Allan	ongoing		Establish Baseline
3.2: Beyond ACES Clinic	Lisa Spector	ongoing	KCMSD	Establish Baseline
3.3: CARE Education Program	Debby Brookstein	ongoing		Establish Baseline
3.4: Comfort Ability Program	Liz Edmondson	ongoing		Establish Baseline
3.5: Home Visiting Programs-TIES - HFA	Oneta Templeton	ongoing		Establish Baseline
3.6: Operation Breakthrough	Donna O'Malley	ongoing	Operation Breakthrough	Establish Baseline
3.7: Parent/Child Interaction Therapy	Debby Brookstein	ongoing		Establish Baseline
3.8: Coaching Boys into Men	Kim Randall	ongoing	KCMSD, Turner School District	Establish Baseline
3.9 ACT Raising Safe Kids Program	Tanya Burrell	ongoing	St. Mark's, Emmanuel Child & Family Development Center, YMCA of Greater KC, KC Neighborhood Academy, Genesis Promise School, Richardson Early Child Development	Establish Baseline
3.10: Promise 1000	Mary Moffat	ongoing	United Way of Greater Kansas City, Home Visiting Programs	Establish Baseline

STRATEGY 4: Provide advisory support and consultation to area mental health programs

Activities	Owner	Start	Partners	Indicators-FY17
4.1: Develop outreach program to support area behavioral/mental health programs	Lynn Covitz	FY17	Cornerstones of Care, Niles Home for Children, Wyandot, Inc., BFit, First Hand Foundation	Establish Baseline

STRATEGY 5: Participate in regional suicide prevention and Children's Mercy initiated screening efforts

Activities	Owner	Start	Partners	Indicators-FY17
5.1: Expand Children's Mercy suicide screening	Shayla Sturdivant	ongoing		Establish Baseline
5.2: Support Johnson County Suicide prevention programs and screening efforts	Shayla Sturdivant	FY18	JoCo Dept of Public Health	FY18 Start
5.3: Support Northland Health Alliance suicide prevention programs and screening	Shayla Sturdivant	FY18	Northland Health Alliance, Tri-County Mental Health	FY18 Start

STRATEGY 6: Sustain, enhance, and enhance programs to support healthy infant child development and support

Activities	Owner	Start	Partners	Indicators-FY17
6.1: Caregiver Wellness Groups and Activities	Briana Woods Jaeger	ongoing	Operation Breakthrough, St. Mark's	Establish Baseline
6.2: Enhanced classroom support	Briana Woods Jaeger	ongoing	Early Childhood, Public and Charter Schools, Head Start	Establish Baseline
6.3: Incredible Years Parent & Child	Briana Woods Jaeger	ongoing	Operation Breakthrough, St. Mark's	Establish Baseline

6.4: Parenting Skills and Support Groups	Briana Woods Jaeger	ongoing	Operation Breakthrough, St. Mark's	Establish Baseline
6.5: Turn the Page Early Childhood Readiness	Lisa Spector	FY17	Turn the Page, ScoreOne for Health	Establish Baseline

Priority Area 3: Reduce Infant Mortality

GOAL: Increase the number of infants in the Kansas City region that reach their first birthday

MEASURES: ↓ postneonatal mortality rate; ↑ home visitation services; ↓ infant deaths related to unsafe sleep practices

STRATEGY 1: Expand efforts to support safe sleep practices across the region

Activities	Owner	Start	Partners	Indicators-FY17
1.1: Safe-Sleep Community Collaboration	Amy Terreros	FY17	SleepyHead Beds, SIDS Resources, Mother and Child Health Coalition, TMC, SMMC	Establish Baseline
1.2: Faith-based Initiative	Andrea Bradley-Ewing	FY17	SMMC, Bethel Neighborhood Center, March of Dimes, WyCo Community Health Council, WyCo FIMR	Establish Baseline

STRATEGY 2: Provide support and consultation to the Fetal Infant Mortality review and Community Action Teams

Activities	Owner	Start	Partners	Indicators-FY17
2.1: Wyandotte County FIMR	CM-West	ongoing	WYCO Health Dept., WyCo Community Health, FIMR Community Action Board	Establish Baseline
2.2: Kansas City Missouri FIMR	TBD	ongoing	Maternal and Child Health Coalition, KCMO Health Dept, Uzazi Village	Establish Baseline

STRATEGY 3: Sustain and enhance programs meant to support healthy infant development and parenting support

Activities	Owner	Start	Partners	Indicators-FY17
3.1: Home Visiting-TIES-HFA	Oneta Templeton	ongoing		Establish Baseline
3.2: Incredible Years	Briana Woods-Jaeger	FY17	Operation Breakthrough, St. Mark's, DeLasalle	Establish Baseline
3.3: Period of Purple Crying	Amy Terreros	ongoing		Establish Baseline
3.4: Promise 1000	Mary Moffat	ongoing		Establish Baseline
3.5: CM-West WIC	Kaye Bell	FY17	WyCO Health Dept.	Establish Baseline
3.6: KidCareAnywhere	Allison Gardner	FY17		Establish Baseline
3.7: NurseAdviceLine	Allison Gardner	ongoing		Establish Baseline
3.8: Truman Newborn Nursery	Beth Simpson	ongoing	TMC	Establish Baseline

Notes: Cross-Cutting Strategies: Home Visiting, Promise 1000, Incredible Years, KidCareAnywhere, Nurse Advice Line, Truman Newborn Nursery

STRATEGY 4: Sustain and expand work of the Fetal Health Center

Activities	Owner	Start	Partners	Indicators-FY17
4.1: Fetal Health Center	Melanie Foltz	ongoing		Establish Baseline

STRATEGY 5: Work with existing community initiatives to support infant health outcomes

Activities	Owner	Start	Partners	Indicators-FY17
5.1: Black Health Coalition Community Baby Showers	Gaby Flores	ongoing	Black Health Care Coalition	Establish Baseline
5.3: Community Support Programs	Margo Quiriconi	ongoing	Happy Bottoms, Uzazi Village	Establish Baseline
5.2: Mother and Child Health Coalition of Greater Kansas City	Angie Knackstadt	FY17	Mother and Child Health Coalition, KCMO Hlth Dept	Establish Baseline