

Alaska Maternal and Child Health Title V Block Grant Executive Summary

What is the Title V Maternal and Child Health Block Grant?

The Title V Block Grant is a Federal-State partnership program to improve the health of mothers and children, including children and youth with special health care needs. In Alaska, the Title V program is managed by the Department of Health and Social Services (DHSS), Division of Public Health (DPH), Section of Women's Children's and Family Health (WCFH). Please visit our website for more information here: <http://dhss.alaska.gov/dph/wcfh/Pages/titlev/default.aspx>

The Title V Block Grant application for Federal Fiscal Year 2018 is due July 17, 2017. Public comments on the application are welcome using any of the following options below:

- **Online survey at :** <https://www.surveymonkey.com/r/9DYBCQV>
- By emailing comments to daniella.delozier@alaska.gov
- By mailing your comments to :

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Anchorage, AK 99503

Title V Block Grant Application

The Title V Block Grant program requires all states to report on maternal and child health (MCH) performance measures and outcomes every year. The application includes a comprehensive description of strategies and activities that support progress towards achieving national and state goals and data on performance measures and health outcomes.

How Are Alaska's Title V Funds Used?

Services funded by Title V can be envisioned as a pyramid of three tiers consisting of:

- Direct Health Care Services
- Enabling Services
- Public Health Services and Systems

The framework for delivery of MCH services is based on the 10 Essential Public Health Services. Allocation of funds primarily supports the foundation of the Title V funding pyramid in the Public Health Services and Systems for MCH populations tier and is based on Alaska's 2015 statewide MCH needs assessment.

Needs Assessment

Every five years an assessment of MCH needs, including children and youth with special health

care needs (CYSHCN), is conducted. Alaska’s 2015 Needs Assessment addressed national and state priorities for 2015- 2019. Priorities established from the Needs Assessment guide the use of Title V grant dollars by WCFH. The Needs Assessment and corresponding performance measures address the six MCH population health domains: 1) Women’s/Maternal Health; 2) Perinatal/Infant’s Health; 3) Child Health; 4) CYSHCN; 5) Adolescent Health; and 6) Cross-Cutting/Life Course.

Priorities, Strategies and Measures

Alaska’s MCH Priorities and strategies for 2015-2020 are divided by population domain and described below, including the population-based national performance measures (NPMs) chosen to track and demonstrate impact. State performance measures (SPMs) were developed to address population needs that were identified through the 2015 Five Year Needs Assessment process but were not adequately addressed by the NPMs.

Women/Maternal Health

Major Accomplishments

- The Breast and Cervical Health Check (BCHC) Program utilized ArcGIS mapping technology to identify communities in the state with the highest proportion of low income women who are rarely (> 5 years since last screening) or never screened for cervical cancer, and the project provided health information to hundreds of women in the Kenai Peninsula area.

Significant Challenges

- Staff turnover in key roles in both the Adult Health Services Unit and within collaborating partner agencies in 2017 has presented delays and shifts in critical work planned for the Women’s domain.

STATE ACTION PLAN TABLE – WOMENS/MATERNAL HEALTH –

PRIORITY NEED: INCREASE ACCESS TO REPRODUCTIVE HEALTH SERVICES THAT ADHERE TO NATIONAL BEST PRACTICE GUIDELINES

WOMEN’S NATIONAL PERFORMANCE MEASURE (NPM 1): PERCENT OF WOMEN WITH A PAST YEAR PREVENTATIVE MEDICAL VISIT

Objectives: By 2021, increase to 70.5% the percent of Alaska women with a past year preventative medical visit

Strategies

1.1: Partner with the YWCA to provide patient navigation and health education information to disparate populations to increase the number of women who are rarely or never screened for cervical cancer through the BCHC program.

1.2: Work with Anchorage-based WIC program to increase access to preventative healthcare visits by using "One Key Question" to identify WIC clients who may need reproductive health services. Referrals to the agency's reproductive health or primary care providers are facilitated for appropriate clients. Agency staff records how many of the referrals receive services.

1.3: Identify and partner with Federally-Qualified Health Centers (FQHCs) statewide to improve and expand their reproductive health services to adhere to the national QFP standards by providing QFP continuing education, conducting follow-up to assess compliance with QFP, and providing technical assistance to FQHCs who do not meet national standard.

1.4: Review all pregnancy-associated deaths through the Maternal-Infant Mortality and Child Death Review

1.5: (NEW) Collect PRAMS Phase 8 data on women receiving "regular checkup" health care visits at a doctor's or OB/GYN's office, or "visits for family planning or birth control" in the 12 months before getting pregnant.

Perinatal/Infant Health

Major Accomplishments

- The Alaska Infant Safe Sleep Program strengthened partnerships with Healthy Native Babies (HNB) and Alaska Tribal Health to promote the use of HNB and develop additional resources for families to promote safe sleep practices.
 - Increased emphasis that materials are culturally appropriate by conducting focus groups and developing culturally and regionally applicable webinar-based HNB workshops.
- The Alaska Infant Safe Sleep Program contracted with Helvey Communications to develop a 90-minute workshop on infant safe sleep for hospital staff based on HNB curriculum with verbal commitment from Joint Base Elmendorf/Richardson and Mat-Su Regional hospitals to participate.
- The Maternal Child Death Review (MCDR) program increased the diversity of experts participating in monthly reviews and attending the annual review and recommendations meeting, resulting in more representative and applicable prevention recommendations for populations across the state.

- The MCDR program improved the utilization of the Sudden Unexplained Infant Death Investigation (SUIDI) form by law enforcement, allowing for more comprehensive review by the MCDR, identification of risk factors, and increased ability to make correct death classifications.
 - Recommendations made at the MCDR 2016 annual meeting included developing targeted prevention efforts that address unsafe sleep settings including: bed sharing, intoxicated care givers, and unique challenges faced by families in rural Alaska (e.g. house hold crowding).

Significant Challenges

- Clinical Lactation Consultants from around the state report growing concerns about care providers’ recommendations around the use of marijuana and breastfeeding, particularly with recommendation that mothers not breastfeed their babies if they are known marijuana users. During 2012-2014, PRAMS data described entrenched rates of tobacco, alcohol and marijuana use that remained relatively unchanged over the past five years. Prenatal use of cigarettes was 13.2%, marijuana 5.5%, and alcohol 6.9%.
- MCDR continues to review all SUID deaths in Alaska and is trying to improve the timeliness and consistency with SUID classifications. Challenges with data sharing and obtaining records from law enforcement continue to contribute to delayed reviews.

STATE ACTION PLAN TABLE – PERINATAL/INFANT HEALTH –

PRIORITY NEED: REDUCE SUBSTANCE ABUSE AMONG FAMILIES, INCLUDING ALCOHOL, TOBACCO AND DRUGS.

INFANT NATIONAL PERFORMANCE MEASURE (NPM 5): PERCENT OF INFANTS PLACED TO SLEEP ON THEIR BACKS.

INFANTS STATE PERFORMANCE MEASURE (SPM 1): PERCENT OF WOMEN (WHO DELIVERED A LIVE BIRTH AND WERE TRYING TO GET PREGNANT) WHO HAD ONE OR MORE ALCOHOLIC DRINKS IN AN AVERAGE WEEK DURING THE 3 MONTHS BEFORE PREGNANCY

Objectives

- Increase the percent of Alaska infants placed to sleep on their backs to 86% by 2021.
- Among Alaska women who delivered a live birth and reported that they were trying to get pregnant, decrease the percent who indicated that they had one or more alcoholic drinks in an average week during the 3 months before pregnancy to 22% by 2021.

Strategies

5.1: Completed FY2016

5.2: SUID cases are reviewed by the Alaska MCDR team. The CDC SUID Investigation Reporting form is instrumental for conducting comprehensive reviews and making consistent and accurate classifications using the CDC SUID decision making algorithm.

5.3: Collaborate with a facility that has adopted the Toolkit to evaluate the Toolkit by implementing P-D-S-A cycles.

5.4: Partner with programs serving low socioeconomic families to provide infant safe sleep education (WIC, Medicaid, home visitation, or other programs)

5.5: (NEW) Partner with tribal health organizations and Healthy Native Babies to update existing and develop new outreach materials and training programs for Alaska Native communities, providers and families that reflect current AAP guidelines and are culturally appropriate

5.6: (NEW) Promote Cribs for Kids' National Safe Sleep Hospital Certification Program amongst birthing facilities statewide; support facilities in obtaining certification through training and technical assistance

SPM 1.1 Promote use of SBIRT among health care providers, especially those serving Medicaid clients

SPM 1.2 Promote use of One Key Question tool among health care providers, especially those serving Medicaid clients

Child Health

Major Accomplishments

- The Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) project was fully implemented. ALCANLink integrates the 2009-2011 PRAMS cohorts with multiple administrative data sources over time including child welfare.
 - ALCANLink calculated that among children born in Alaska during 2009-2011, 1 in every 3.3 will experience a report of harm to child welfare before age 7 years.
 - Increased linkages of additional data into ALCANLink (e.g. Medicaid, and Behavioral Health data)
 - Exponential interest in these data from partners and directly influence of policy of these data related to Medicaid Reform and prevention targeting
- The Alaska Statewide Violence and Injury Prevention Partnership (ASVIPP) was developed with Title V staff serving as co-chair.
- The MCDR program improved the process of developing prevention recommendations related to child injury/maltreatment .
 - Participation in the National CDR steering committee meeting by invitation
- The Surveillance of Child Abuse and Neglect (SCAN) program expanded partnerships,

resulting in a reinvigoration for developing a centralized repository website describing child wellbeing in Alaska (including data from ACES, child welfare, ALCANLink, and MCDR).

- Included in the ASVIP plan (see bullet above)

Significant Challenges

- Continued lack of resources for comprehensive injury prevention activities and competing priorities by DHSS leadership (e.g. emphasis on opioids from a primarily adult user perspective).
- Need for resources to further develop the ALCANLink project and establish a “transferable” platform for other PRAMS jurisdictions to adopt and allow for state-by-state comparisons, and improve accessibility of these data to researchers and policy makers.

STATE ACTION PLAN TABLE – CHILD HEALTH –

PRIORITY NEED: INCREASE ACCESS AND PREVENTATIVE HEALTH CARE SERVICES TO ALASKANS AND THEIR FAMILIES.

CHILD NATIONAL PERFORMANCE MEASURE (NPM 6): PERCENT OF CHILDREN, AGES 10 THROUGH 71 MONTHS, RECEIVING A DEVELOPMENTAL SCREENING USING A PARENT-COMPLETED SCREENING TOOL

CHILD NATIONAL PERFORMANCE MEASURE (NPM 7): RATE OF HOSPITALIZATION FOR NON-FATAL INJURY PER 100,000 CHILDREN AGES 0 THROUGH 9 AND ADOLESCENTS 10 THROUGH 19

CHILD STATE PERFORMANCE MEASURE (SPM 5): (NEW) PERCENT OF DEATHS AMONG CHILDREN AGES 0-17 YEARS CLASSIFIED AS MALTREATMENT-RELATED BY THE MCDR COMMITTEE

Objectives

- Increase the percentage of children ages 9-71 months who receive a developmental screening using a parent-completed screening tool to 37% by 2021.
- By 2021, decrease the rate of injury related hospital admissions among children 0-9 years to 164 per 100,000.
- Reduce the percentage of child maltreatment related deaths (as specified by the MCDR program) occurring in Alaska among children ages 0-17 to 15% by 2021.

Strategies

6.1: Support existing Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to complete the Ages and Stages Developmental Screening tool on time, as outlined by the Bright Futures periodicity schedule.

6.2: Partner with Medicaid and participate in the ECCS CoIIN to promote the use of the online Ages and Stages Questionnaire developmental screening tools with health care providers as well as the use of the bill code 96110 (CPT code for a developmental screen) and modifier 33 to track use of standardized tools.

6.3: (NEW) Develop and expand Help Me Grow Alaska as a statewide system to support providers, educators and community based service agencies in use of standardized screening tools.

7.1: Review all child deaths up to age 18 through the Alaska Maternal Child Death Review program

7.2: (NEW) Participate in and provide leadership for the Alaska Statewide Violence and Injury Prevention Partnership (ASVIPP)

7.3: Support existing Nurse Family Partnership Home Visiting Program with data and evaluation needs.

7.4: Provide parental education to families participating in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program regarding prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety, playground safety, etc.

5.1: (NEW) Develop a single (or series) of info graphics that describe the incidence proportion of child maltreatment in Alaska in conjunction with ACES, and child welfare prevalence data.

5.2: (NEW) Improve the reliability of maltreatment-related mortality classifications (particularly those related to child neglect and negligence) by constructing and testing a standardized classification process (patterned after the CDC SUID process) and back end algorithm for consistent identification. Prior research in Alaska documented a need for improved consistency. This will require the identification of a small additional grant to support contracting with a national expert, and convening research reviews.

5.3: (NEW) Improve the tracking of maltreatment deaths that are based on the various jurisdictional definitions to allow for timely and comprehensive response to media, legislative, researcher, and other public inquires.

5.4: (NEW) Expand the ALCAN link project by acquiring and linking in parental histories with Juvenile Justice, Child Welfare, Law Enforcement, Corrections, and Behavioral Health. Continue to pursue educational records.

5.5: (NEW) Identify funding to support the establishment of a flexible data platform for these linked data to reside. Transition from the current MS Access platform to improve transferability to other PRAMS jurisdictions.

5.6: (NEW) Support local/state based initiatives working to prevent maltreatment by providing and interpreting data.

5.7: (NEW) Improve public access to child welfare data by making count and rate data available through the IBIS system. This system will allow users to extract information they need to support efforts and make decisions and reduce the burden data requests made to child welfare and public health.

5.8: (NEW) Partner with the Mental Health Board, Alaska Children's Trust, and Child Welfare to develop a centralized website that describes child wellbeing in Alaska using ACES, child welfare, and public health data.

Adolescent Health

Major Accomplishments

- Alaska's teen birth rates continue to decline, dropping from 42.6 per 1,000 teens in 2008 to 25.5 per 1,000 teens in 2016.
- The MCDR program began implementing reviews and developing recommendations related to adolescent deaths up to age 18.
- The Adolescent Health Program increased the number of participating students in an evidence based healthy relationship program by more than 25% (or 1000 students more than originally anticipated).

Significant Challenges

- Unknown and limited funding from CDC and HRSA on future adolescent health related grants.

STATE ACTION PLAN TABLE – ADOLESCENT HEALTH –

PRIORITY NEED: INCREASE HEALTHY RELATIONSHIPS.

ADOLESCENT NATIONAL PERFORMANCE MEASURE (NPM 9): PERCENT OF ADOLESCENTS, AGES 12 THROUGH 17, WHO ARE BULLIED OR WHO BULLY OTHERS

ADOLESCENT NATIONAL PERFORMANCE MEASURE (NPM 7): RATE OF INJURY RELATED HOSPITAL ADMISSIONS PER POPULATION 0 THRU 19 YEARS.

ADOLESCENT STATE PERFORMANCE MEASURE (SPM 2): PERCENT OF STUDENTS WHO REPORT THAT THEY WOULD FEEL COMFORTABLE SEEKING HELP FROM AT LEAST ONE ADULT BESIDES THEIR PARENTS IF THEY HAD AN IMPORTANT QUESTION AFFECTING THEIR LIFE

Objectives

- Decrease the percentage of Alaska students in grades 9-12 who report that they were bullied on school property during the past 12 months to 21% by 2021 (YRBS).
- Decrease the percentage of Alaska adolescents ages 12-17 who are reported by a parent/guardian to bully others in the past month to 12% by 2021 (NSCH).
- Decrease the rate of injury-related hospital admissions among adolescents' ages 10-19 years to 164 per 100,000 by 2021.

Strategies

9.1: Promote and disseminate evidence-based healthy relationship program-ming, including the Fourth R, 3R's, Bringing in the Bystander, Alaska Promoting Health Among Teens, Healthy Relationships Plus.

9.2: Provide expertise on healthy relationship risk and protective factors

9.3: Increase program implementation that uses a positive youth development framework

9.4: Tailor the Fourth R for Healthy Relationships curricula to be culturally relevant and fit the Alaskan context.

7.1: IPV CoIIN efforts will train pediatricians, family practitioners, home visitors, community health workers, youth workers, and school social workers on evidence-based early identification, assessment, and referral of mental health problems, trauma, and risk of interpersonal violence

2.1: Develop a Fourth R for Healthy Relationships Parent Engagement Toolkit. Toolkit will include information about the Fourth R topics and tips for parents/caregivers to facilitate healthy relationships conversations with their children.

2.2: (NEW) Create fact sheets and promotional materials related to the five focus areas of the Alaska Adolescent Health Program: violence and bullying prevention, unintended pregnancy and sexually transmitted infections prevention, substance use and abuse prevention, mental health and wellness promotion, and positive youth development and resiliency promotion.

2.3: (NEW) Support implementation of the Alaska Safe Children's Act recommendations for age-appropriate model curricula and teacher training materials related suicide prevention training, sexual abuse and sexual assault awareness training and prevention, dating violence and abuse awareness training and prevention, alcohol and drug related disabilities training and education.

Children with Special Health Care Needs

Major Accomplishments

- Help Me Grow Alaska initial planning was completed with broad support and newly identified funding sources and champions. This benchmark represents the culmination of Title V planning efforts and will be critical to the successful launch and expansion of the Help Me Grow model in Alaska, beginning with three place-based communities: Norton Sound, Mat-Su, and Kodiak (Early Childhood Comprehensive Systems project communities).

Significant Challenges

- Technology issues have prevented the timely development of the cloud-based “Shared Plan of Care” (SPoC) for the School Nurse Care Coordination Project. The development of the electronic (SPoC) has presented significant challenges in Alaska, as also reported by other states engaged in this work. In the meantime, alternative electronic solutions continue to be explored and clinical SPoC development and processes have been further refined to improve coordination of care for CYSHCN between medical home and school settings.

STATE ACTION PLAN TABLE – CYSHCN HEALTH –

PRIORITY NEED: IMPROVE SYSTEMS OF CARE FOR FAMILIES WITH CHILDREN YOUTH WITH SPECIAL HEALTH CARE NEEDS

CYSHCN NATIONAL PERFORMANCE MEASURE (NPM 11): PERCENT OF CHILDREN WITH AND WITHOUT SPECIAL HEALTH CARE NEEDS HAVING A MEDICAL HOME.

Objectives

- By 2021, increase the proportion of CYSHCN who receive integrated care through a patient/family centered medical/health home approach by 20% over Alaska's reported 2009/10 levels of 42.8%.

Strategies

11.1: Increase CYSHCN access to cross-systems care coordination using the Shared Plan of Care concept

11.2: Develop and expand a shared resource for families and primary care providers of CYSHCN using the Help Me Grow centralized system model

11.3: Implement state CYSHCN Plan priorities such as transition to adult care

11.4: Expand provider access to medical home concepts and tools through education and statewide technical assistance

11.5: (NEW) Partner with tribal health and UAA Center for Human Development to implement project ECHO related to autism and other developmental disabilities by contracting with the University of Massachusetts to develop with the SOA an online curriculum to train primary care providers to diagnose children at high risk for autism and/or ADHD.

11.6: (NEW): Improve the quality and availability of data related to the CYSHCN population (including CAHPS survey, birth defects surveillance, etc)

11.7: Partner with statewide family leadership agencies to revise and implement Family Navigation services.

11.8: (NEW) Partner with audiologist and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss.

11.9: (NEW) Update the Oral Health Dental Guide for Families with CYSHCN.

Cross-Cutting/Life Course

Major Accomplishments

- The Oral Health Program staff successfully educated staff in the Division of Health Care Services (Medicaid Program) on the need for coverage of the new code for a caries arresting medicament application (CDT code D1354) in the Medicaid/CHIP program. The Division of Health Care Services provided coverage of the procedure with the release of the revised dental fee schedule release in June 2016. Early reports in Alaska indicate the coverage is assisting in treatment of early childhood caries in young children in the dental clinic setting - in some cases reducing the need to take children in for general anesthesia in the hospital or ambulatory surgery setting.

Significant Challenges

- Alaska provides adult dental services for emergent and enhanced dental procedures – this includes dental coverage for adult pregnant women. With the state budget deficits over the past two years there are concerns on maintaining the adult dental coverage – an optional service under the state’s Medicaid program. The state legislature directed the department to reduce expenditures in the adult dental Medicaid services coming out of the 2015 legislative session – those reductions primarily resulted in changes in services related to dentures. The ongoing budget climate continues to threaten future coverage of adult dental services.

PRIORITY NEED: INCREASE ACCESS AND PREVENTATIVE HEALTH CARE SERVICES TO ALASKANS AND THEIR FAMILIES.

INCREASE EVIDENCE BASED SCREENING FOR ALL MCH POPULATIONS FOR BEHAVIORAL AND MENTAL HEALTH PROBLEMS

LIFE COURSE PERFORMANCE MEASURE (NPM 13): A.) PERCENT OF WOMEN WHO HAD A PREVENTATIVE DENTAL VISIT DURING PREGNANCY AND B.) PERCENT OF CHILDREN, AGES 1 TO 17 YEARS, WHO HAD A PREVENTATIVE DENTAL VISIT IN THE LAST YEAR.

LIFE COURSE PERFORMANCE MEASURE (NPM 14): PERCENT OF WOMEN WHO SMOKE DURING PREGNANCY AND PERCENT OF CHILDREN WHO LIVE IN HOUSEHOLDS WHERE SOMEONE SMOKES

LIFE COURSE STATE PERFORMANCE MEASURE (SPM 4): PERCENT OF WOMEN WHO REPORT BEING SCREENED FOR DEPRESSION DURING PRENATAL CARE

Objectives

- Increase the percentage of Alaska women who had a dental visit during pregnancy to 60% by 2021.
- Increase the percent of Alaska children ages 1-17 years who had a preventative dental visit in the past year to 77% by 2021.
- Decrease the percent of Alaska women who use tobacco during pregnancy to 10.5% by 2021.
- Decrease the percent of Alaska children ages 1-17 years who live in households where someone smokes to 22.5% by 2021.
- By 2021, increase the proportion of Alaska women who report being screened for depression during prenatal care to 81.5%

Strategies

13.1: Distribute the Bright Futures Oral Health Pocket Guide to all providers who have the opportunity to promote children's oral health

13.2: Collaborate with Division of Health Care Services to improve preventative dental visit with children ages 1-20 enrolled in Medicaid program. Track dental visit with eruption of first tooth no later than 12 months. Break out preventative dental visits by Alaska Native health corporation with a plan to conduct targeted education to medical and dental providers in tribal programs.

13.3: Analyze Alaska-specific oral health data and write up results for publication online in Epidemiology Bulletins or other similar reports, including Medicaid data on dental-related emergency department visits and CUBS survey data

13.4: (NEW) Develop an oral health strategy with school nurses and examine opportunities for school nurses to connect students to services.

13.5: Explore working with MODA and other health insurance providers (including Medicaid) in Alaska to create and distribute "Alaskanized" fact sheets and other educational materials that explain and promote the use of additional oral health coverage that is available for pregnant women to address untreated dental decay and assist with cleaning/root planning and scaling and periodontal maintenance.

14.1: Partner with March of Dimes for tobacco cessation activities using the SCRIPT model among women of reproductive age and pregnant women (including sharing PRAMS data)

14.2: Partner with the Section of Chronic Disease Tobacco Quit Line to promote provider referrals of pregnant women to the Quit Line that includes permission to receive a call from the quit line within 48 hours of the referral.

14.3: Provide parental education to families participating in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program about household smoke exposure to children

14.4: (NEW) Analyze and share tobacco use indicators for the MCH population in a variety of ways, including producing Indicator Reports on AK-IBIS and presenting data at SOA Tobacco Prevention and Control program annual grantee and region-specific trainings.

4.1: Increase partnerships with the division of behavioral health to identify evidence based screening tools and disseminate the information to providers

4.2: Screen women enrolled in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program for depression up to three months after delivery.