FFY2021
Title V State Plan
State Performance Measures (SPMs)

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What are State Performance Measures (SPMs)?

Iowa's application for Title V funding reflects national efforts toward a transformed national performance measurement system that is intended to show more clearly the contributions of Title V programs in impacting health outcomes. SPMs are developed by the states to address the priorities identified based on the findings of the Five-Year Needs Assessment and to the extent that a priority need has not been fully address through the selected National Performance Measures (NPMs). SPMs will utilize state-level data to track prevalence rates and work towards demonstrated impact. Collectively, the SPMs represent the five MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; and 5) Adolescent Health.

SPM 1: Number of pregnancy-related deaths for every 100,000 live births

Plan for the Coming Year (FFY2021)

Title V maternal health (MH) staff will provide local agencies training and communication related to the most recent Maternal Mortality Review Committee (MMRC) findings and recommendations. For FFY 2021, agencies will receive specific resources related to the importance of seatbelt safety and chronic disease management. Agencies will also receive training and resources from the AWHONN POST-BIRTH Warning Signs to improve client recognition and earlier access to care where there are life threatening emergencies.

Title V MH agencies provide screenings and education on topics specific to preventing maternal mortality. MH agencies are required to conduct screenings for depression, substance abuse, domestic violence, and tobaccoon all MH clients receiving direct services. Clients also receive health education which includes specific topics related to recommendations from the maternal mortality review committee recommendations such as the importance of chronic disease management, nutrition, and physical activity.

Title V MH agencies will be required to identify gaps and needs for staff training on providing services with cultural humility. MH agency staff will receive training based on identified gaps and needs. All health education will be tailored to each individual client, with an emphasis on ensuring the education takes into account cultural beliefs and experiences.

Title V MH agencies in counties serving the highest number of Medicaid-eligible pregnant women will be required to offer postpartum home visits to MH clients receiving direct care services, with clients who decline receiving a follow up phone call. Postpartum home visits are conducted by a nurse and include depression screening and a physical assessment of the mother and infant.

Beginning in 2020, the Department will conduct annual Maternal Mortality Reviews with a multi-disciplinary review committee and distribute findings and recommendations widely. Findings and recommendations from the June 2019 review will be distributed to local agencies, birthing hospitals, and other stakeholders working with pregnant and postpartum women. IDPH MH staff will work with the statewide perinatal care team to share findings and best practice recommendations with all birthing hospitals in Iowa.

IDPH MH staff participate in the development of the Iowa Maternal Quality Care Collaborative (IMQCC). This work will be funded through the HRSA Maternal Health Innovation grant through FFY2024. Activities for FFY2021 will include development of the IMQCC, selection of membership, development and

maintenance of the website, leadership and participation in meetings, and development of a strategic plan. Beyond 2024 this work will be supported by Title V.

IDPH staff will support the IMQCC, once developed, in efforts to join AIM and implement hospital safety bundles. The IDPH director or designee will appoint members and co-chair the IMQCC, and the Title V Director and IDPH MH staff will participate in the collaborative to assist in the coordination of meetings, subcommittees, and other needs to ensure success of the IMQCC.

Comments for SPM 1

SPM 2: Percent of children ages 1 and 2, with a blood lead test in the past year

Plan for the Coming Year (FFY2021)

Historically, the Childhood Lead Poisoning Prevention Program (CLPPP) has measured testing rates by birth cohort at 0-6 years. Through a collaboration between Title V and CLPPP through involvement in the Maternal and Child Environmental Health Lead Poisoning Prevention Collaboration Innovation and Implementation Network (CoIIN), Title V and CLPPP have been sharing more annual testing rates per age. Birth cohort information is typically close to 100% giving providers and stakeholders a false/inflated sense of testing. While most children will have a test by the time they are 6 years old, that does not mean they are being tested per recommendations. Annual testing rates per age really highlighted for Title V, the CLPPP, providers and stakeholders that Iowa is not testing children at two years of age as recommended and when they may be most at risk to exposure, developmentally.

With the state prioritizing blood lead testing of one and two year olds, increasing publicity of the need and partnerships with primary care providers, the rate should go up. The CLPPP goal for blood lead testing of one and two year olds is 75%. The goal is to maintain the current rate for one year olds at 78%, but to steadily increase the rate for two year olds over the next five years.

Some contributing factors to the current rate from surveying and meeting with primary care providers are the belief that a low test at one year of age is predictive of future tests being low, and hesitancy to test if parent states a test has already been done.

Each of Iowa's 23 Title V Child and Adolescent Health (CAH) contract agencies are approved Medicaid Screening Centers. Blood Lead testing is an approved gap-filling Screening Center activity. Contractors with counties that do not meet the goal for testing one year olds (75%) or with counties below the state average for number of two year olds tested (40%) will be required to provide testing for one

and/or two year olds in the counties with low testing rates.

The FFY 2021 Request for Application will require all CAH contractors to develop plans to address State Performance Measure #2 - Percent of children ages 1 and 2, with a blood lead test in the past year. Contractors will coordinate blood lead screening with primary care providers, local public health agencies, local Childhood Lead Poisoning Prevention Programs (CLPPPs) and others providing blood lead testing in the community. CAH contractors will be conducting a environmental scans to assure coordination of the provision of blood lead testing to identify if and where the contractor should provide gap-filling screening and at what ages.

Contractors will educate parents on the importance of blood lead testing at appropriate intervals. Contractors providing blood lead testing must provide related education, anticipatory guidance and follow-up. Follow blood lead testing guidelines established by the IDPH Childhood Lead Poisoning Prevention Program. Provide results of all blood lead tests to the primary care provider, regardless of results. Provide all results to the IDPH Childhood Lead Poisoning Prevention Program.

Title V contractors are encouraged to partner with an agency or group serving one of the priority populations to promote blood lead testing in more culturally targeted ways. This includes: African Americans/Black/African, Alaska Native/Native Americans, Asian/Pacific Islanders, Fathers, Hispanic/Latinx, immigrants/Refugees, LGBTQ+ and Persons with Disabilities. Other populations may be addressed in addition to the priority populations, based on the service area (e.g. Amish, families involved with the correctional system, children in foster care).

IDPH will provide training and resources to Title V agencies on blood lead testing guidelines, CLPPP and strategies for engaging health care providers and families. The Department has updated lead testing brochures and website information with 69,000 brochures being printed to support the new agency work FFY2021.

The Department will work with the University of Iowa through the EPSDT Training contract on a lead poisoning prevention initiative for increasing EPSDT lead screening compliance in response to the federal report on lack of testing in the Medicaid population in Iowa. This will include an EPSDT Newsletter article that is distributed to all primary care providers enrolled in Iowa Medicaid.

The Department will begin looking into priority population specific strategies for promoting lead testing, and family education. Additional strategies will be explored for assuring racial and ethnic demographic information is included in testing reporting from LPHAs, providers, and labs.

The Department will support the ongoing collaboration and coordination of programming between Title V and the Childhood Lead Poisoning Prevention Program. Department staff and local contractor participation in the Childhood Lead Advisory Workgroup. Department will support the signifyCommunity data feed of HHLPPSS lead testing data.

Title V staff will collaborate with different state programs and agencies to obtain increased access to data sources and strengthen partnerships to increase data sharing.

Title V staff will work collaboratively with Iowa Medicaid Enterprise and private insurers to promote appropriate reimbursement for blood lead screening for Child Health Screening Centers.

Comments for SPM 2

SPM 3: Percent of early care and education programs that receive Child Care Nurse Consultant services

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Plan for the Coming Year (FFY2021)

Child Care Nurse Consultant (CCNC) services focus on health and safety in the early care and education (ECE) environment. In FY19, 96 out of the 99 counties in Iowa had access to local CCNC services with a 2% increase in the number of ECE programs receiving services. CCNC services are non-regulated and are optional for ECE providers in Iowa's Quality Rating System (QRS). Often licensed centers request CCNC services for onsite health and safety visits, policy development and care planning for children with special health needs. Many home providers do not request CCNC services. In Iowa, approximately 30% of ECE providers participate in QRS and both homes and centers request CCNC services when applying for QRS levels 3, 4 and 5. This past year Iowa saw an increase in the number of ECE providers participating in QRS however the largest increase was in the number of providers entering the QRS system at a level 1 or 2. There was also an increase in the number of centers moving up in QRS levels 4 and 5; however, these centers would have probably already been receiving CCNC services for other requests.

Iowa will continue to see an increase in the number of ECE programs receiving CCNC services as statewide coverage is achieved, as CCNCs prioritize outreaching to home providers, and when Iowa's new quality rating system (Iowa Quality For Kids - IQ4K) is released. IQ4K will have a continuous quality improvement approach incorporating a focus on health and safety as well as medication administration. CCNC services will be a requirement for both homes and centers in IQ4K starting at a level 2.

HCCI State staff will continue to help in the development of partnerships between Title V Child Health agencies and CCNC programs by providing annual local and statewide CCNC performance measure data to partners, outreaching to agencies with no or limited CCNC coverage and by facilitating meetings with local agencies and other local stakeholders (including Early Childhood Iowa areas) for statewide expansion of local CCNC services.

HCCI State staff will provide annual updates on CCNC services, performance measure data, and information on child care health/nurse consultation nationally and impact on quality child care to state Early Childhood Iowa (ECI) and DHS. HCCI will continue to collaborate with state ECI Professional Development and DHS for support of CCNC services.

HCCI State staff will provide quarterly training to CCNCs on performance measure data collection. Data collection tools will be provided to CCNC agencies by HCCI for consistent/reliable collection and reporting.

CCNC agencies will be evaluated by State HCCI staff for program fidelity including a review of child care provider outreach activities, performance measure data collection methods, comparison of local data with statewide averages, and local partnerships/collaboration. HCCI CCNC TA Team will conduct annual fidelity visits with local CCNCs utilizing the Health and Safety Checklist assessment tool. Fidelity with the tool will be at 90% or higher.

Annual HCCI CCNC Program presentation by HCCI State staff to Early Childhood Iowa Area Directors. HCCI CCNC program updates will be included in MCAH regional meetings with an annual program overview including CCNC statewide performance data with Title V Child Health agencies.

Comments for SPM 3

SPM 4: Percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities

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Plan for the Coming Year (FFY2021)

In the last project period, Iowa focused on the National Performance Measure attempting to reduce the occurrence of bullying or bullying of others. The most recent Iowa Title V needs assessment suggested that although preventing bullying is a component of adolescent well-being, broader strategies related to improving overall mental well-being among adolescents may prove to be more impactful. The focus of this new state performance measure will address adolescent well-being and adolescent mental health. Currently, no other state

performance measures address adolescent mental health and local Title V agencies have provided minimal services related to adolescent mental health.

Iowa plans to explore and research the use of psychosocial assessments provided to adolescents in primary care settings across the state. If gaps in services are identified, Iowa will partner with the Iowa Medicaid Enterprise (IME) to identify billing codes (non-home visit codes) that local Title V agencies can pursue under their purview of their child screening center designation. In addition to these strategies, Iowa will explore the use of telehealth medicine in primary care settings and the availability to local Title V agencies. Iowa will also promote the use of telehealth medicine with adolescent mental health providers. IDPH will be conducting an environmental scans to assure coordination of the provision of mental health screening to identify if and where the contractor should provide gap-filling screenings.

Iowa's Title V program has a strong infrastructure that is conducive to hosting a solid training network available to local Title V agencies. Iowa plans to host a wide array of statewide adolescent mental health trainings such as: adult mental health training, youth mental health first aid, youth peer to peer training, training for parents of adolescents, and training for local Title V agencies. Iowa will explore partnering with the Iowa Academy of Pediatrics to provide training to primary care physicians on the use of motivational interviewing with adolescents.

Iowa's Title V program has historically maintained a solid partnership with the Iowa Department of Education (DE) and their network of school nurses. Iowa will continue to partner with the DE and solicit the assistance of local school districts and school nurses in identifying service gaps related to adolescent mental health. A resource sponsored by DE and Iowa school nurses is the Iowa Adolescents: Let's Talk Health. Iowa's Title V program will continue to collaborate with DE and Iowa school nurses to promote access and content via this resource.

Iowa's Children's Behavioral Health System State Board (Children's Board) is the single point of responsibility in the implementation and management of a Children's Mental Health System (Children's System) that is committed to improving children's well-being, building healthy and resilient children, providing for educational growth, and coordinating medical and mental health care for those in need. Iowa's Title V program is committed to partnering with this statewide effort and linking local Title V agencies with the mental health systems developed in their region of the state. The state Title V program plans to provide education to local Title V agencies about the state's advancements in building the Children's Behavioral Health System and how the local Title V agency might interface their MCAH programming with the new children's mental health regional system to provide gap filling services. Technical assistance provided to local Title V agencies will focus on social determinants of health and health equity

strategies. Specifically, in Iowa, disparities exist based on where an Iowan lives in the state. In rural areas, health care, specifically mental health care access (for adults and adolescents) is disparate in comparison to urban settings.

In previous work related to NPM 9 and the prevention of bullying or those that bully among adolescents, Iowa was successful in establishing a pilot project and utilizing an evidence based bullying prevention curriculum with local LGBTQI youth Gay Straight Alliances (GSAs). Iowa's Title V program has an established partnership with Iowa Safe Schools. Iowa Safe Schools provides comprehensive support, victim services, resources, and events for LGBTQ and Allied youth. Iowa will continue to collaborate with Iowa Safe Schools in providing training for adolescents and training for parents/community members on mental health issues facing LGBTQI youth and how youth can be supported with access to services.

Iowa will facilitate the work of the sub awardees of the Personal Responsibility Education Program (PREP) to implement adult preparation subjects within the program that may include topics such as addressing adolescent mental health. Iowa Title V program will work with local Title V contractors to identify content and provide program support in content sharing with PREP program participants.

Comments for SPM 4

SPM 5: Percent of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider

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Plan for the Coming Year (FFY2021)

Children are recommended to see a dentist before their first birthday. However, many dentists are not comfortable seeing children this young. Cavity Free Iowa is an initiative focused on increasing the number of children who receive preventive fluoride varnish at well-child medical appointments and dental referral. In 2019, 61% more Medicaid-enrolled children ages 0-3 years received a fluoride varnish application from a medical provider than in 2018. As more medical offices participate around the state, the number of children receiving fluoride varnish is expected to increase over the next 5 years and the National Outcome Measure (decay experience) to decline.

Tooth decay is the most common chronic disease in children, five time more common than asthma. Left untreated, children with active tooth decay may experience mouth pain, difficulty learning and concentrating, impaired eating leading to growth delays, and delayed speech development. Children see a physician up to 11 times by their third birthday, yet in 2018 only one in five children saw a dentist before turning 3. Recognizing the need to prevent dental

disease, Iowa's Medicaid program adopted a policy several years ago to reimburse physicians for application of topical fluoride varnish during well-child visits for children up to 36 months of age. And although I-Smile™ Coordinators have provided trainings for medical offices for many years on how to apply the fluoride, very few offices have incorporated the service as part of routine care.

In 2017, the American Academy of Pediatrics /Bright Futures added fluoride varnish applications to their recommendations for all well child visits from age 6 months to 5 years. In response, Iowa's Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) periodicity schedule was updated to reflect that change. A central Iowa pediatrician noticed the change in the periodicity schedule and began investigating how to incorporate use of fluoride varnish into his practice. The result became a collaboration between the Iowa Department of Public Health's Bureau of Oral and Health Delivery Systems (OHDS), Delta Dental of Iowa Foundation, local I-Smile™ Coordinators, Medicaid, hospitals, dental clinics, and the interested pediatrician known today as Cavity Free Iowa (CFI). CFI is an initiative focused on increasing the number of children ages 0-35 months receiving preventive fluoride varnish applications in the primary care setting. Currently Medicaid-enrolled children have an easier time finding a primary care physician than a dentist that accepts their insurance. Since low income children are more likely to suffer from dental decease, this initiative serves to improve this health disparity. Initial implementation was in the Des Moines area and the project has expanded to target medical offices statewide. Thirty-two of Iowa's 99 counties have medical practices participating in CFI.

Much of the success of CFI can be attributed to the pediatrician who has become a champion for the cause. Another key factor to the success of CFI has been the work of I-Smile™ Coordinators (working for Maternal, Child, and Adolescent Health contractors) who have provided trainings and follow up for medical office staff. In 2019, 61% more Medicaid-enrolled Iowa children (904) received a fluoride application from a physician's office than in 2018 (562), likely due to the efforts of Cavity Free Iowa.

During FY21, I-Smile™ Coordinators are required to visit all pediatric medical offices to promote the age one dental visit; offer training on oral screenings and fluoride varnish applications; and provide oral health educational and promotional materials. (Coordinators will make visits to all family practice medical offices in counties with no pediatrician.) I-Smile™ Coordinators will provide onsite training (developed by OHDS staff) for offices interested in becoming a "Cavity Free Iowa" participant and assist with referrals to local dentists for care. OHDS staff is researching options to offer continuing education credits for medical staff who participate in the fluoride varnish training.

OHDS staff will continue to facilitate quarterly Cavity Free Iowa workgroup meetings, bringing medical and dental stakeholders together to discuss how to

grow the initiative and address barriers. In 2020, OHDS mailed letters to pediatric and general dentists describing Cavity Free Iowa, seeking the interest of dentists to accept referrals from local physicians and to refer children to a physician if they do not have one already. The letter also sought dentists to join the Cavity Free Iowa initiative. Similar letters will be mailed to pediatric and family practice physicians. Partnerships with workgroup members will continue in FY21 to leverage contributions. For example, Delta Dental of Iowa Foundation brings experience in public relations and marketing and provides commemorative plaques and training certificates for medical offices trained by I-Smile™ Coordinators. OHDS staff will work with Medicaid's Dental Program Manager to assure reimbursement to medical offices and troubleshoot any billing issues.

OHDS staff will provide technical assistance for I-Smile™ Coordinators regarding planning of local medical-dental collaboration events. Two events are being planned by I-Smile™ Coordinators for Fall 2020 in eastern and central Iowa. OHDS staff and I-Smile™ Coordinators will also look at how to use local and state coalitions to enhance how oral health can be integrated within medical practice for the benefit of children and women of child-bearing age.

It is difficult to know how or if the COVID-19 pandemic will impact outreach visits to medical and dental offices and trainings for medical providers. During Spring of 2020, medical offices in Iowa have continued providing well-child visits, while dental offices have only been available for emergencies. This is an example of prime example of how young children may still obtain preventive dental care, even in a health crisis.

Comments for SPM 5

SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve

Plan for the Coming Year (FFY2021)

The Bureau of Family, including Title V staff, have been incrementally increasing internal understanding and capacity to address health equity in programs and services. The Bureau/Title V is ready to expand capacity internally and to engage contractors in assuring health equity in services and programs administered at the community level.

The 2021 MCAH RFA is requiring contractors to address strategies and activities to demonstrate application of health equity strategies and engage diverse

participant voices in program planning, decision making and implementation, and demonstrate inclusion of evidence-based/-informed community engagement and collective impact strategies. These are beginning steps to assist contractors in being prepared to comply with the inclusion of a health equity plan requirement in the next RFP.

An environmental scan of current contractors will be conducted to assess the presence of health equity plans, current engagement in health equity strategies and partnerships, and assess the support needed by Title V contractors. Title V plans to utilize the Health Equity Advisory Committee (HEAC) developed as part of the Title V Needs Assessment to provide input, technical assistance and content expertise on the health equity strategies being developed at the state and contractor level. The HEAC is comprised of members of or service providers with expertise in working with the state identified priority populations: African American/Black/African, Asian/Pacific Islander, fathers, Hispanic/Latinx, immigrants/refugees, LGBTQI+, Native American, and persons with disabilities.

The 2021 MCAH RFA outlines roles for Title V Contractors to engage diverse participant voices in program planning, decision making and implementation. Contractors shall incorporate strategies for family, youth, and community member participation into programming. Contractors will have access to the HEAC for consultation. Title V will increase membership of the state identified priority populations affected by health inequities on MCH Advisory Committee to assure adequate representation.

Continuing to build internal capacity within the Bureau of Family Health/Title V Program is an important strategy in providing programs and services through a health equity lens. Strategies to build capacity include the development of a Health Equity Team; Identification and completion of ongoing assessments/analyses of health equity of Iowa Title V program, development and implementation of a data analysis plan to assess distribution of Title V resources and services through a health equity lens, and facilitation of staff professional development and technical assistance.

Comments for SPM 6

SPM 7: Percent of caregivers of CYSHCN who report overall satisfaction with support services received through Title V

Plan for the Coming Year (FFY2021)

The need for family support was identified during the Iowa Statewide Needs Assessment process. The Division of Child and Community Health (DCCH) at the University of Iowa plans to address this need by 1) providing family-to-family

support to Iowa families of children and youth with special health care needs, 2) building appreciation for strengths and barriers for families across the state, and 3) building the infrastructure for strengthening family leadership capacity statewide.

DCCH will provide family-to-family support through the existing Child Health Specialty Clinics (CHSC) Regional Center Family Navigator Network. During the upcoming fiscal year, efforts will focus on assuring recruitment of and support for staff from a diverse range of ethnic, racial, and cultural backgrounds. Family Navigator training will focus on identified needs including enhanced understanding of trauma-informed and culturally responsive care. The Family Advisory Council is an existing mechanism for receiving feedback from the family perspective for the Division. This Council will continue to operate through the next fiscal year to assure that DCCH adheres to principles of Family Centered Care. Furthermore, recognizing that there are many family-serving organizations statewide who are not aware of the DCCH Family Navigator Network, efforts will focus on strengthening awareness and understanding of DCCH family support services to new and existing partners including Iowa's Early Intervention program (Early ACCESS), and the University of Iowa Center for Disabilities and Development. DCCH strategies. will promote the value of peer-to-peer support provided through organizations and programs such as the National Alliance for Mental Illness, the Family and Peer Support Specialist training programs, and Child Health Specialty Clinics. DCCH outreach to families will include an emphasis on building partnerships within diverse communities and increased family support services to traditionally underserved populations.

Families of children and youth with special health care needs often face challenges associated with access to care, financial barriers, and isolation. During the upcoming fiscal year, DCCH will continue to build awareness for general populations of some of the strengths and challenges families face. DCCH will provide family storytelling workshops including Digital Storytelling for sharing family stories with direct service providers in a variety of ways including videos, parent panels, and academic presentations. The Iowa Family Photo Story Project was created in 2018 and highlights a number of Iowa families of children and young adults with special healthcare needs. DCCH will continue to present this project in new venues such as the Iowa Learning Academy, CHSC Regional Centers, healthcare provider conferences and the Iowa State Capitol. CHSC will continue to educate direct service providers, families, and staff about the need for family-to-family support and educate about the importance of Shared Decision Making. DCCH will also work to improve methods and processes to help identify families that need added emotional support and incorporate screening tools and screening processes into workflows.

Building family capacity to advocate for Children and Youth with Special Health Care Needs on all levels (Personal/Family, Community, and Policy) is a strategy

that DCCH will continue to implement in the upcoming fiscal year. Through formal trainings for families through programs such as the Iowa Family Leadership Training Institute, trainings in CHSC Regional Center communities, and Family Peer Support Specialist trainings, the family advocacy workforce will be strengthened in Iowa. Additionally, the CHSC Regional Center staff will use high quality information and resources to help build family capacity to advocate for their child. A specific focus on family leadership capacity will be on increasing relationships and family support trainings to underserved and underrepresented populations to reduce isolation and increase knowledge.

Comments for SPM 7

General Comments