FFY2025 Title V Block Grant Plans

May, 2024

IOWA Health and Human Services

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What are National Performance Measures (NPMs)?

In the National Performance Measure framework, the focus is on the establishment of a set of population-based measures (i.e., NPMs) which utilize state-level data from national data sources and for which state Title V programs will track and work towards impacting. The NPMs address key national MCH priority areas. Collectively, they represent the six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Children and Youth with Special Health Care Needs; 5) Adolescent Health; and 6) Cross-cutting.

WHAT ARE EVIDENCE-BASED/EVIDENCE-INFORMED STRATEGY MEASURES (ESMS)?

Within this document, each National Performance Measure includes at least one Evidence-based or Evidence-informed Strategy Measure.

State-specific and actionable, the ESMs seek to track a state Title V program's strategies and activities and to measure evidenced-based or evidenced-informed practices that will impact individual population-based NPMs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues for which they are intended.

Postpartum Visit NPM: A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components

ESM

ESM not required for new Universal National Performance Measures introduced with the FFY25 Federal Guidance.

Plan for the Coming Year (FFY2025)

In calendar year 2021, PRAMS data indicated that the rate of attendance at postpartum visits was 90.7%. Iowa has focused on postpartum follow up for several years due to recommendations from the Maternal Mortality Review Committee and will continue these efforts into future years.

Postpartum care is important, not only to ensure that the mother's body is healing well, but to ensure that that there are no physical or emotional complications or issues that have arisen since birth. This visit also serves as an opportunity to educate on topics such as breastfeeding and safe sleep now that the baby is born, as well as to offer support and referrals for any issues or stressors that have appeared since birth.

Title V Maternal Health clients already receive one postpartum visit; with a preference for a postpartum home visit. Postpartum visits include education around POST-BIRTH warning signs, if the client had not been seen during their pregnancy, they would be referred to services such as WIC to support them beyond the Healthy Pregnancy Program. Iowa HHS will continue to support local agencies' efforts to provide postpartum visits and education. All client educational materials will be reviewed and approved by Iowa HHS staff to ensure proper education is provided to clients to serve their needs postpartum.

Iowa HHS Title V MH staff will include all requirements for local agencies specified in the strategies in the agency contract and will review implementation during site visits.

African American and Black identifying maternal health clients in four Iowa counties are offered Doula services. Doula clients receive up to 6 weeks of post-delivery support consisting of 3 visits. These visits include infant feeding education and support, breastfeeding consultation, referrals, postpartum care and recovery, and Infant health and well-being. This is a pilot project that will run through the FY25. This program allows Black and African American Title V maternal health clients to receive postpartum

support and connection with someone who understands their perspectives and experiences.

During the 2024 legislative session, the Iowa legislature passed to expand Medicaid to provide postpartum coverage up to 12 months for mothers up to 215% FPL. The Title V program is working to identify what this would entail for our program's coverage, and what Medicaid would cover for different postpartum visits. The timing of when Medicaid expansion would become enacted is still pending but may impact our FY25 plans and goals depending on what we are able to have our Title V Maternal Health agencies offer. The change in FPL eligibility will also be a discussion that may impact our numbers on this performance measure moving forward. Iowa's Title V program is fortunate to have a strong relationship with the Medicaid program and is included in the preparation and planning for implementation of the Medicaid state plan amendment.

Breastfeeding NPM: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

ESM

Number of women who receive education about breastfeeding through 6 months and pumping at work.

Percentage of women enrolled in the Title V maternal health program who receive culturally and linguistically competent, breastfeeding health education and support based on their individualized needs and concerns.

Plan for the Coming Year (FFY2025)

Breastfeeding rates have declined for both measures between 2018 and 2020 (84.7% - 82.7% and 27.3% - 25%). Despite concentrated efforts to increase breastfeeding rates at the state and local level, it is likely the pandemic impacted rates in 2020. Hospitals implemented restrictive policies at the beginning of the COVID-19 Pandemic such as separating mothers and newborns when the mother tested positive, and not allowing additional birth support workers such as doulas and lactation consultants to enter patient rooms in an effort to reduce the spread of COVID. This may have negatively impacted the success of new mothers in initiating their breastfeeding journey and in return, reduced the rate of mothers who sustained breastfeeding beyond six months. Staff are hopeful the trend improves as more emphasis is placed on the importance of lactation support immediately following delivery and throughout the postpartum period. Access to breast pumps for Medicaid and WIC beneficiaries has varied over the past few years due to multiple changes in Medicaid policy related to breast pumps. As Iowa's Title V, WIC, and Medicaid policy staff continue to

collaborate, staff anticipate the duration of breastfeeding beyond six months to increase. As workplace culture shifts to be more family-centered, Title V staff are optimistic that more working moms in Iowa will be able to sustain breastfeeding once they return to work. Iowa has a very high rate of households where both parents are working, so ensuring policies and workplace culture are supportive of breastfeeding will be extremely important in raising this rate in Iowa.

Iowa HHS Title V MH staff will include all requirements for local agencies specified in the strategies in the agency contract and will review implementation during site visits.

Local agencies identify a minimum of one birthing hospital to collaborate with and increase referrals to and from lactation consultants. In areas where the birthing hospital does not have a lactation consultant, the agencies are required to identify resources and build a strong referral system between the birthing hospital and other organizations with lactation consultants such as their own Maternal Health program, WIC, and other local resources. Iowa HHS staff will provide support to agencies in connecting with their local birthing hospital, if needed, by linking with the hospital's staff participating in the Iowa AIM program. Iowa HHS Maternal Health staff working in the AIM program have developed strong relationships with the hospital OB unit staff and can make connections with local Title V agencies as needed. Another area of opportunity to strengthen referrals to community resources is through the Iowa Breastfeeding Database. This new initiative within Iowa HHS aims to increase lactation accessibility and connect Iowans to resources in their community. Iowa HHS Maternal Health staff will explore the utilization of the database within Title V clinics, including submitting their referral lists to be included in the database.

Local agencies are required to identify an employer to work with in improving their support to breastfeeding employees. During agency site visits and contractor meetings, strategies for connecting with employers and supporting them outside of providing basic information about Iowa laws will be shared.

All agencies will be required to verify participation in their local breastfeeding coalitions, verify local resource lists for breastfeeding support and document all staff training related to breastfeeding support. Communication regarding policies around breast pump access within WIC and Medicaid MCOs will be sent out regularly to all agencies.

All client educational materials will be reviewed and approved by Iowa HHS staff to ensure proper education is provided to clients. Iowa HHS staff will work with agencies to increase access to lactation classes provided by Title V agencies, including supporting developing workflows, outreach, and marketing for classes and assistance with billing.

Title V agencies included in the Title V Doula Pilot project will be encouraged to train doulas as Certified Lactation Consultants. Clients working with participating doulas will receive culturally congruent breastfeeding support.

State Title V MH staff will meet regularly with state WIC staff to identify areas for improved collaboration at the state and local level and to identify gaps in lactation support between the two programs. Identified gaps will be addressed through TA, training, and contract management of local agencies.

Iowa HHS recently hired a Breastfeeding Coordinator to oversee breastfeeding related activities in the Division, mainly focusing on efforts between WIC, SNAP-ED, and Title V. Title V will work on identifying opportunities for cohesive breastfeeding activities to reach more of Iowa's population. Efforts will begin by identifying areas of duplicative work that can be streamlined, as well as identifying gaps in Iowa's approach to breastfeeding initiation and duration. State Title V MH staff will continue collaborating with the WIC program to implement Iowa's Statewide Breastfeeding Strategic Plan which is in effect through 2026. The Breastfeeding Strategic Plan has 4 goals to address different areas of opportunity related to breastfeeding. Goal 1 focuses on building collaborative partnerships to improve coordination of maternal and child health breastfeeding programs. Goal 2 looks to improve access to adequate and quality lactation services across Iowa. Goal 3 is examining how to increase community-based support for breastfeeding. Finally, Goal 4 focuses on improving awareness, support and access to donor breastmilk. Currently State Title V staff serve on goal 1 which focuses on developing a statewide referral system to improve access to maternal and child health breastfeeding services.

Safe Sleep NPM: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

ESM

Number of community education opportunities Title V agencies provide education about safe sleep environments each year.

Plan for the Coming Year (FFY2025)

Data related to infant sleep practices has remained relatively stable since 2012. Iowa continues to provide education to new parents and providers in a variety of ways, however influencing behavior change in parents and unregistered child development homes has proven difficult. Anecdotally from qualitative data sources, parents seem to know the recommendations related to infant sleep practices, but in the moment do not follow them. Contributing factors to these behaviors may be lack of support to new parents, substance use (legal and illegal), and misperceptions that it won't happen to their infant.

The percentage of infants placed to sleep on an approved safe sleep surface slightly decreased from 2019 - 2020, while the other two measures increased (asleep on their back and without soft bedding). It is possible the pandemic played a part in this issue, with many individuals' employment and financial situations changing substantially. This may have impacted families' access to safe sleep items, such as cribs and pack and plays. In addition, many individuals started working from home, which may have increased the number of individuals placing their infants in unsafe sleep situations. Iowa has also had past initiatives that provided cribs to families in need, and as these grant opportunities and funding sources change or go away, fewer families may have had access to safe sleep items at that time. The fourth measure of the percent of infants room sharing with an adult during sleep is new, so we have not been tracking this measure previously. However, room sharing is part of the safe sleep education that the Title V program provides.

Iowa HHS Title V MH staff will include all requirements for local agencies specified in the strategies in the agency contracts, and will review implementation during site visits. Local agencies will identify one community organization, healthcare organization, or retailer that serves parents, prospective parents, or caregivers such as grandparents, to provide safe sleep education and outreach that underscores the importance of babies sleeping on their backs, on an approved surface, without soft objects or loose bedding, in the same room as an adult.

All agencies will be required to maintain a safe sleep resource directory, provide client education and ensure all direct service staff have received training on safe sleep. Iowa HHS will provide a minimum of one training opportunity on safe sleep best practices and ways to incorporate cultural humility into their education on safe sleep.

All client educational materials will be reviewed and approved by Iowa HHS staff to ensure proper education is provided to clients.

Iowa HHS Title V MH staff will review charts and agency data annually to ensure all clients receive individualized education on safe sleep practices, and that providers utilize Iowa's Safe Sleep Field Guide for education. Training will be provided to all Title V MH nurses on safe sleep best practices and how to support families in making the safest choice when putting their infants to sleep.

State Title V MH staff will continue to collaborate with partners on the HHS Safe Sleep Workgroup. This workgroup is informed by the Child Death Review Team and will implement new strategies to address sleep-related infant deaths as new information becomes available. Strategies may include developing new resources for families and/or providers, providing training to identified groups, or implementing social media campaigns to promote safe sleep practices. A child death review report is due to be released in 2024, which will be reviewed for potential strategies to address safe sleep.

Iowa HHS will continue to include a flier on safe sleep practices with each birth certificate. Iowa HHS will work with Iowa birthing hospitals to encourage them to conduct safe sleep audits. Iowa HHS will share an audit tool with all of Iowa's birthing hospitals and encourage them to use the tool to increase staff awareness of the recommended safe sleep environments in the hospitals' newborn nursery.

Developmental Screening NPM: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool

ESM

Percent of children with Medicaid coverage receiving a brief emotional behavioral assessment using a standardized tool according to Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines.

Plan for the Coming Year (FFY2025)

The rate for developmental screening remains about the same with a slight increase. As HHS has transitioned to our new Collaborative Service Areas (CSAs), the 1st Five local Site Coordinators have gained familiarity with the changed service areas over the past year, and in a couple of areas, the Title V and 1st Five contractors are entirely new organizations or new Site Coordinators in the 1st Five role. Some contractors were impacted by challenges with the CSA transition, and in those cases, they are stabilizing and building referral numbers back to the levels they had been prior to the transition. With focus on both, referral numbers and screening in the coming year, staff are optimistic that a continued slow improvement in the overall measure will be seen.

A primary strategy for increasing rates of developmental screening in Iowa is the 1st Five Healthy Mental Development Initiative. Like Title V, 1st Five is delivered through contracts with local public and non-profit agencies serving a majority of the CSAs (1st Five is available in 88 of Iowa's 99 counties, some CSAs are not covered or are partially covered). 1st Five is a public-private partnership bridging primary care and public health services in Iowa. The four-part model used for this initiative supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to age 5 (up to a child's fifth birthday) and coordinates referrals, interventions and follow-up. The basics of 1st Five include:

- Targeting the population of children birth to age five (up to a child's fifth birthday)
- Increasing use of surveillance and standardized developmental screening by partnering with (engaging) primary care providers
- Providing a one-step referral resource for primary care providers.

- Connecting referred children (and their parents/caregivers) to existing services in their local communities.
- Keeping primary care providers informed about children's progress.
- Supporting healthy social, emotional and cognitive development.

Participation in the 1st Five Initiative is voluntary on the part of primary care providers and referred clients and their parents/caregivers.

As part of the Title V federal-state partnership, the 1st Five Initiative is funded primarily through an appropriation of state funds provided to the Department. In addition, some of the activities performed by contractors are eligible to draw matching funds from the Medicaid Division. These funds are tied to activities that support the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit that is part of Medicaid. Specifically, they support the primary care provider network in the use of developmental surveillance and standardized developmental screening tools. The work occurs through direct support and training for primary care practices along with maintaining a strong network among community partners to address referral needs when developmental screening shows concerns.

During FFY25, local agencies will be focused on increasing the overall number of referrals and on increasing or maintaining the percentage of referrals that are based on a developmental screen. FY23 program evaluation results indicated that 1st Five has a need for consistent communication tools and an increase in name recognition of the program. 1st Five will focus on consistency in the visual presentation of materials used. After a shift in FHB data system to a new vendor during FY24, 1st Five will focus on data consistency in FFY25. The program looks forward to results of contextual inquiry being conducted as part of the program evaluation in FY24 to learn what improvements might benefit the referral and data entry processes (Developmental Support Services).

The work in FFY25 will continue to use the 1st Five Levels of Engagement framework for moving primary care practices to full implementation of screening and referral. The Department's 1st Five program has identified and developed a scale of three Levels of

Engagement to categorize levels of partnership with 1st Five participating primary care practices. The goal of the local agencies is to first encourage primary care practices to participate in some Level of Engagement for the 1st Five program, and then to assist the practices, as much as they desire to increase the Level of Engagement.

FFY25 will include agency subcontracts with local primary care physicians who have reached the third Level of Engagement. Level 3 engagement includes universal screening of children at recommended periodicity

schedule intervals along with making referrals to 1st Five on an ongoing basis. Subcontracts with the local primary care physicians will include the expectation that they provide peer consultations with other primary care physicians in the CSA to support their adoption of developmental screening. As appropriate, continuous improvement activities and results will be used to improve this resource based on the previous year's results.

Title V Child and Adolescent Health contract agencies will continue to perform developmental screening as a gap filling direct health care service. CAH contract agencies will continue to partner with Early ACCESS, ensuring children found not eligible for early intervention services are monitored and rereferred if necessary.

Adolescent Well Visit NPM: Percent of adolescents, ages 12 through 17, with a preventive visit in the past year

ESM

Percent of adolescents 10 through 20 years of age enrolled in Medicaid with a well visit in the past year

Plan for the Coming Year (FFY2025)

In the National Survey of Children's Health (NSCH) 2021-2022 data showed that 76.1% of Iowa's adolescents ages 12-18 received a well child visit per parent report. The previous rate available is 2019-2020 data at 83.2%. Based on these rates, Iowa's five-year goal was to reach 85% by 2025. However, due to the COVID-19 pandemic, the rates of well child visits significantly decreased. National and state reports indicate that all families accessed less preventive care in 2020 and 2021 with a rate of 77.7%. Due to this dip in preventive care rates, our 2025 goal has been adjusted to 80%.

The CMS 416 data shows a significant discrepancy between the number of children with a health care provider coded well visit and the NSCH survey parent report of a well visit. The CMS 416 Medicaid data of adolescents with a well visit enrolled in Medicaid showed 52% for 10–14-year-olds and 45% for 15–18-year-olds in 2019. The COVID 19 pandemic adversely impacted the number of adolescents accessing well visits in 2020 and 2021. These percentages decrease to 46% for 10–14-year-olds and 40% for 15–18-year-olds in 2020. The numbers rebounded a little in 2021 with 50% for 10–14-year-olds and 43% for 15–18-year-olds. In 2022, the numbers decreased

again with 48% for 10–14-year-olds and 41% for 15–18-year-olds. 2023 has shown to decrease once again at 41% for 10–14-year-olds and 33% for 15–18-year-olds. This downward trend is concerning, especially since the rates have continued to decrease even after recovery from the pandemic.

Public health professionals have been watching closely to see if families will return to preventive care at the same rate as pre-pandemic or if the pandemic will have a lasting effect on preventive care. It appears that the pandemic may have a lasting effect on preventive care, prompting more urgent and targeted intervention strategies for this performance measure.

Historically, Iowa Health and Human Services (Iowa HHS) has contracted with local Title V agencies to work on all the Iowa selected NPMs and SPMs across the state with the 2015 & 2020 MCAH needs assessments demonstrating a need for additional focus on adolescents. Contractors have spent decades partnering with WIC and early care and education programs as the primary ways to find and serve pregnant clients, infants, and young children. After years of trying to make this model successful for adolescents, and gathering the feedback of contractors, stakeholders, and families, Iowa HHS removed the adolescent well visit and adolescent mental health performance measures from the CAH RFP in FFY 2023, with the exception of well visit reminders for adolescents enrolled in Title V and Fee-For-Service Medicaid, and outreach during the Informing service. Local Title V contractors will still have the option to provide direct health care services and screenings as a gap-filling service, with demonstrated need through their Screening Center Provider Status with Medicaid.

Child and Adolescent Health program responsibilities are reflected in local contractor work plans. Requirements that contribute to increasing adolescent well visits:

- Working with local Boards of Health in the counties served
- Addressing health equity
- Outreach for Medicaid and Hawki, including providing presumptive Medicaid eligibility determinations for children and adolescents
- Assisting families in understanding and using medical and dental insurance coverage, transitioning between coverage, and navigating the health care system
- Age appropriate scripts and resource directories to encourage adolescent well visits during the Medicaid Informing process.
- Promotion of adolescent immunizations at schools, back to school events and immunization clinics.

- Provide culturally and linguistically appropriate annual well visit reminders for adolescents who are Title V clients (underinsured or uninsured) and adolescents enrolled in Medicaid Fee For Service.
- Promoting access to well-child exams, with particular focus on the uninsured, underinsured, and Medicaid fee-for-service populations not served by a Medicaid Managed Care Organization
- Providing needed interpretation services and linking to transportation resources

Hawki Outreach builds and strengthens local infrastructure through local partnership development, engagement and promotion and distribution of Hawki materials. Local contractors provide presumptive eligibility determinations for children and adolescents, which allow immediate access to Medicaid covered medical, dental, and pharmacy services until a formal Medicaid eligibility or Hawki eligibility determination is made. Contractors provided outreach activities in their communities to three required populations: schools, priority populations and employees without access to employer-sponsored health insurance. Providing outreach to schools at the local level continued to be important in reaching uninsured, eligible adolescents.

Local Title V contractors are required to have family engagement activity(ies) to gather input and recommendations to increase the quality of the program as a whole. One of the topics expected to be discussed through these efforts is strategies to increase adolescent well visits from family members with adolescents eligible for Title V services. State level Title V staff are exploring partnering with the State of Iowa Youth Advisory Council (SIYAC). The purpose of the youth advisory Council is to foster communication among a group of engaged youth and the Governor, general assembly, and state and local policymakers regarding programs, policies, and practices affecting youth and families; and to advocate for youth on important issues affecting youth.

Through the Personal Responsibility Education Program (PREP) and the Sexual Risk Avoidance Education (SRAE) Program, program facilitators have access to materials to promote the adolescent well visit with the youth they serve. Many facilitators provide lessons on health and wellness. Additional topics include but are not limited to; personal responsibility, self-regulation, goal setting, healthy decision-making, a focus on the future, and the prevention of youth risk behaviors such as drug and alcohol use.

Senate File (SF) 496, an education bill, was signed into law by Governor Kim Reynolds on May 26, 2023. Although SF496 is an education bill, some of the language pertains to contractors working in Iowa schools. Currently, the majority of PREP and SRAE contractors provide programming in a school-based setting. PREP and SRAE contractors must follow a school district's policies, procedures, and guidance regarding the school district's

obligations under SF 496. This includes the school district's obligations to obtain written consent from a student's parent or guardian for surveys (pre/post-tests) and questionnaires and to prohibit instruction on sexual orientation and gender identity to students in kindergarten through sixth grade. The agency has seen a 56% decrease in the number of youth completed curriculum surveys and 57% decrease in the number of youth completed federal performance measure surveys. The collection of data performance measures is required by the Family and Youth Services Bureau, and therefore, may require PREP and SRAE contractors to look for community-based settings for program implementation.

Iowa HHS is currently in the process of creating a specific funding opportunity to advance adolescent health in Iowa. The original goal of the funding opportunity included two focuses: 1) to increase the quality and availability of adolescent well visits in the medical home and 2) to increase the ability of Primary Care Providers to manage adolescent mental health in the primary care setting. The funding opportunity focus group included youth, family members and primary care providers as part of the team to ensure the needs of each affected population are included. Unfortunately, two Requests for Proposal (RFP) were issued with no applicants. Due to this, Iowa HHS will utilize the funds available, in part, to administer an assessment of need throughout the state. This assessment will examine the barriers that exist in all facets of the state, rural and urban, and in all population groups. The results of this assessment will help guide a more targeted approach and more specific needs of primary care providers throughout the state in order to increase adolescent well child visits in Iowa.

Moving adolescent health to its own funding opportunity will move it to contractors with expertise in adolescent health. The intent is to focus on building the capacity of medical homes to serve adolescents expertly through well visits and management of frequent mental health needs in the primary care setting. Primary Care Provider to Primary Care Provider and/or Mental Health Clinician to Primary Care Provider consultation, education and peer support is an evidence-based practice and a method primary care providers are comfortable using.

Contractors of Iowa Medicaid working on EPSDT gather quarterly to work on initiatives to improve EPSDT services and implementation in Iowa, including the University of Iowa, Iowa Medicaid, Bureau of Family Health/Title V and the Managed Care Organizations.

Medical Home for Children and Youth **without** Special Health Care Needs NPM: Percent of children without special health care needs having a medical home

ESMs

ESM not required for new Universal National Performance Measures introduced with the FFY25 Federal Guidance.

Plan for the Coming Year (FFY2025)

The medical home is an approach to providing primary health care services to women, children and their families that is team-based; focuses on the whole person; and is comprehensive, ongoing, coordinated and patient-centered. The American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics and the American Osteopathic Association have jointly defined the medical home as “a model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient’s health care needs and, when needed, arranges for appropriate care with other qualified physicians.” State and local Title V MCH programs are key partners in many of these efforts.

Iowa’s Title V CAH program utilizes a medical home model to help children and adolescents receive quality care from primary care providers (doctors, nurse practitioners, physician assistants, etc.) who are responsible for both acute and preventive care (sick and well care). Iowa Administrative Code Chapter 641.76 defines “medical home” as a team approach to providing health care that originates in a primary care setting; fosters a partnership among the client, the personal provider, and other health care professionals, and where appropriate, the client’s family; utilizes the partnership to access all medical and nonmedical health-related services needed by the client and the client’s family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and has all of the characteristics specified in Iowa Code section 135.157.

Iowa’s Local Title V CAH agencies are required to assure medical home for all clients enrolled in Title V, clients during the Presumptive Eligibility period, all clients receiving a direct care service, all clients during the Informing process (informing newly eligible Medicaid clients of their benefits and what is included) and clients enrolled in Medicaid Fee for Service.

The community based agencies must have referral networks with primary care providers to increase access to medical homes for clients.
When clients are identified as not having a medical home the CAH agency must provide care coordination for all clients. CAH agencies are required to have plans for the process of providing care coordination to predetermined priority populations as identified through the previous Title V Needs Assessment.

Medical Home for Children and Youth **with** Special Health Care Needs NPM: Percent of children with special health care needs having a medical home

ESMs

Number of primary care practices in Iowa with staff who received at least one continuing education opportunity through the Iowa Title V CYSHCN program.

Plan for the Coming Year (FFY2025)

FFY2025 will include the implementation of plans based on the comprehensive needs assessment completed in 2020. During FFY2025, DCCH will 1) provide access to specialty care through Child Health Specialty Clinics Regional Centers and satellite locations, 2) strengthen infrastructure and increase opportunities for specialty care through telehealth, and 3) support workforce development and integration opportunities for pediatric and sub-specialty providers for serving children with complex and/or mental health needs, and developmental and intellectual disabilities, and their families.

Access through CHSC Regional Centers

In FFY2025, DCCH's existing regional Child Health Specialty Clinics (CHSC) centers and satellite locations will continue to provide family-centered care coordination, family support, systems navigation, and gap-filling clinical services. The current framework incorporates multiple care delivery models, including in-person visits, telehealth and telephone visits, and communication through MyChart, a component of the Epic Electronic Medical Record used by all of University of Iowa Health Care (UIHC), including CHSC. All Regional Centers include Family Navigators, Nurses, and Administrative Staff, with some centers also housing Nurse Practitioners and Dietitians. CHSC Nurse Practitioners provide gap-filling services that complement services provided by local primary care providers while simultaneously maintaining a medical home approach to care. Early

ACCESS (Iowa's Part C Early Intervention Program) provides funding for CHSC Dietitians to provide services through telehealth, while Title V funds supplement dietitian hours to provide access to dietitians for CYSHCN statewide who need this type of service. CHSC Regional Centers will continue utilizing interpretation and translation services provided through the UIHC's infrastructure for all necessary clinical visits to increase family access to services regardless of language spoken.

In FFY2025, DCCH will shift its focus from structured family goal setting activities to a more comprehensive workforce development approach based on shared decision-making and family centered care principles. A structured family goal setting process began with the HRSA-funded Enhancing a System of Care for Children with Special Health Care Needs project that ended in 2017. Since that time, Regional Center staff have continued to formally initiate, review, and document goals at each clinical visit. DCCH is currently performing a review of goal setting activities. DCCH anticipates phasing out the formal goal setting process during FFY2025 to make way for more comprehensive approaches of practicing shared decision-making principles with families. The anticipated approach will include workforce development and quality improvement activities focused on shared decision-making, with less emphasis on formal documentation of goal setting activities at every clinical visit. This review of the goal setting process is in response to CHSC staff questions about limited staff time and lack of family buy-in to the formal goal setting process.

Telehealth

DCCH facilitates a state-wide telehealth network to support the care of CYSHCN in Iowa, especially those living in rural areas throughout the state. The DCCH telehealth structure allows families to attend telehealth visits at CHSC regional centers where there are clerical staff, family navigators, and registered nurses available to help support the visit. DCCH also supports in-home telehealth visits, which is especially important for visits with dietitians.

In FFY2025, DCCH will continue to align telehealth processes with the broader health care system to improve and streamline workflows. In FFY2024, CHSC transitioned to an Epic-to-Epic workflow that allows for the integration of telehealth visits into the UIHC electronic medical record. This shift has standardized the workflow for providers, making it easier to connect with patients through the CHSC Regional Centers.

In FFY2025, staff will explore ways of utilizing this improved telehealth infrastructure and workflow to collaborate with providers in and out of the UIHC system to increase access to specialty care providers throughout the state. To address the limited access to pediatric specialty providers in Iowa, DCCH will continue to explore new opportunities for expanding pediatric specialty care services through the CHSC telehealth network. CHSC is currently piloting a pediatric nephrology hypertension clinic in one Regional

Center and will explore plans to expand services to additional centers in FFY2025. Pediatric specialty care through telehealth will continue to be expanded based on patient need and provider capacity.

For several years, Title V funding has been supplemented with funding from the HRSA Pediatric Mental Health Care Access (PMHCA) award. This has allowed DCCH to improve access to telepsychiatry services for children and youth with ongoing mental health care needs. DCCH has received funding through the PMHCA competitive renewal process and will continue efforts to build on the existing telepsychiatry infrastructure in Iowa by expanding workforce and additional providers or additional telehealth time for existing providers.

During FFY2025, DCCH will continue to monitor changes to telehealth flexibilities authorized during federal emergency declarations put into effect during the COVID-19 pandemic. As these declarations change, DCCH will ensure that telehealth workflows and procedures comply with updated policies.

Health Care Provider Workforce Development

Activities for FFY2025 will continue to support DCCH's commitment to providing primary care workforce development opportunities that will strengthen medical home approaches to care for Iowa CYSHCN. DCCH will continue providing opportunities for health care providers to increase their capacity for treating CYSHCN within community-based practices.

Iowa's only comprehensive pediatric tertiary care provider, University of Iowa Health Care, provides pediatric specialty provider clinic notes for their referred patients through the Epic Care Everywhere service. Primary care providers statewide have access to this system, including CHSC provider notes that are documented in Epic. The availability of provider-to-provider documentation supports both community and specialty providers in accessing real-time accurate information and is a valuable communication resource.

Workforce development initiatives for providers will be provided online, but there may be opportunities for in-person trainings. DCCH will build upon its existing partnerships to collaborate on workforce development initiatives, including with the Iowa Chapter of the American Academy of Pediatrics, the Iowa Association of Family Practitioners, the Iowa Physician Assistant Society, and the Iowa Chapter of the National Association of Pediatric Nurse Practitioners.

New funding through the Pediatric Mental Health Care Access award has allowed DCCH to establish a relationship with the University of Iowa's Scanlan Center for School Mental Health. In FFY2025, DCCH will continue this relationship. In addition to a focus on increasing the capacity to provide appropriate services for mental health diagnoses for school-aged youth,

DCCH will also work with the Scanlan Center to provide evidence-based therapy trainings for mental health providers and suicide prevention trainings for school staff.

Transition to Adulthood NPM: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care

ESM

Percent of CHSC Clinical Services patients over age 12 years who had an initiated plan for transition to adulthood documented in the electronic medical record.

Percent of CHSC Clinical Services patients over age 12 years with an initiated transition plan who had at least one annual review of the plan.

Plan for the Coming Year (FFY2025)

The FFY2023 evaluation of the DCCH program for transition to adult systems of care revealed that youth with special health care needs and their families continue to be concerned with the process of transitioning from pediatric to adult systems of care. During FFY2025, DCCH will continue to 1) provide clinic-based transition to adult health care services for transition-aged youth and their families, 2) work alongside youth and families to plan for the transition to adulthood, and 3) ensure appropriate transition to adulthood resources for Iowa's youth with special health care needs and their families.

Clinic-Based Services

In FFY2025, Child Health Specialty Clinics Regional Center staff will continue the systematic initiation, review, and documentation of DCCH's transition checklist for every child 12 years of age or older seen in the Regional Centers. Program staff will conduct monthly reviews of transition documentation, located within the electronic medical record, and participate in monthly consultations and data sharing with Regional Center staff.

FFY2025 will include ongoing workforce development opportunities for staff, including an increased effort to providing training on shared decision-making and family- and youth- centered care. DCCH will continue to gather formal and informal feedback from clinical and family support staff through surveys

and attending discipline-specific meetings to tailor workforce development opportunities to fit needs being seen within Regional Centers. Efforts to connect with other disciplines such as the Family Navigator Network to provide workforce development opportunities will continue through FFY2025. Transition to adulthood workflows will continue to be regularly reviewed and streamlined to ensure consistency throughout Regional Centers and satellite locations. Efforts will include reviewing workflows for serving families with enhanced support needs, such as those using interpretation services during clinical visits.

Working Alongside Families and Youth

In FFY2025, DCCH will continue to strategically implement recommendations from the evaluation of transition to adulthood programming, including efforts to explore innovative ways to engage transition-aged youth and their families.

DCCH implemented a Youth Advisory Council in FFY2022 and will continue implementation into FFY2025. The Youth Advisory Council is designed to provide guidance on DCCH programming, while also providing youth with opportunities to develop the leadership and advocacy skills necessary for the transition to adult health care. Youth Advisory Council members include youth ages 14–22 years with special health care needs. The FFY2025 Youth Advisory Council session is expected to launch in Spring 2025. A Young Adult Ally will work alongside DCCH staff as a part of the Youth Advisory Council leadership team. Planning for subsequent council years will be based on evaluation data from previous year's participants. Plans for FFY2025 include five virtual council meetings with agendas that are based on council members' identified needs regarding the transition to adulthood and DCCH need for programmatic input.

Additionally, activities in FFY2025 will explore opportunities to elevate the Youth Advisory Council into a more advisory role for DCCH activities.

DCCH will continue efforts to engage families and youth in all aspects of transition planning. These efforts will include soliciting feedback from DCCH's Family Advisory Council and Youth Advisory Council and using family- and youth- centered best practices during in-clinic transition planning.

Access to Appropriate Resources

The focus on updating and enhancing transition to adulthood resources for youth with special health care needs and their families will continue into FFY2025. The DCCH transition to adulthood program uses Got Transition® as a guide for working with families. One of the recommendations from the program evaluation was the need for more updated and specific transition resources for youth with special health care needs and their families. In late FFY2023, DCCH developed and launched updated transition to adulthood

resources, based on the Got Transition® Six Core Elements of Transition. Updated resources were based on program evaluation data, feedback from DCCH staff and families served, and best practices as outlined by Got Transition®. The updated resources are now more comprehensive and include transition resources tailored for youth with special health care needs, and their parents, including parents of youth with more complex care needs and medical complexities.

All of the updated resources were also translated into Spanish, with plans to expand the library of translated resources based on community needs. Program staff will continue to regularly review transition resources from content experts, such as Got Transition®, and incorporate best practices into the DCCH transition resource library. FFY2025 includes plans to continue bringing DCCH transition resources to a state-wide audience, with the goal of serving as a systems-level resource for the transition from pediatric to adult health care systems. There will also be efforts to continue streamlining the transition to adulthood workflow, such as integrating the updated resources within the Epic electronic medical record system.

Dental NPM: A) Percent of women who had a dental visit during pregnancy; B) Percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year

ESM

Number of medical practices receiving an outreach visit from an I-Smile coordinator.

Plan for the Coming Year (FFY2025)

According to PRAMS data, although the current FAD is 50.3% from 2020, 2021 data shows an increase to 54.6% of women with a preventive dental visit during pregnancy. This aligns with Iowa's annual objective of 54% for 2023.

This increase can likely be contributed to increased dental care coordination and services provided by Maternal Health and Child Health contractors to pregnant women and a return to pre-pandemic dental office capacity for preventive dental care. Additionally, the 2020 rate may have been low due to COVID and its impact on public health services and dentistry.

Despite efforts to increase oral health education by MH and CAH contractors, many pregnant women remain unaware of the safety and

importance of receiving dental services during pregnancy. This, along with the decreasing number of dentists willing to accept Medicaid-enrolled patients and limited availability of dentists willing to treat pregnant women, may negatively affect future rates.

NPM 13.1 will be addressed by Iowa HHS Oral Health (OH) staff and through the I-Smile (Child and Adolescent Health) and Maternal Health (MH) programs. Oral Health education and access to dental services will be maintained or increased for women of child-bearing ages through HHS partnerships with the following programs/organizations: Count the Kicks (MH/OH promotion), Delta Dental of Iowa Foundation (funding opportunities), Iowa Primary Care Association (FQHC referrals), Oral Health Iowa coalition (advocacy), Molina Healthcare (Medicaid benefits), Title X/Family Planning (OH education and services), Iowa HHS Division of Behavioral Health (Tobacco/OH education), University of Iowa College of Dentistry (current science and research), and WIC (OH services for clients).

An HHS OH staff member has recently been assigned to serve as the MH/OH liaison. She will oversee and strengthen relationships with the MH and Title X/Family Planning programs to ensure optimal oral health remains a priority for women of child-bearing age. The MH/OH liaison will also strengthen the partnership with Count the Kicks, a program using evidence-based strategies to save babies and prevent still births, to ensure promotional materials and messaging remain relevant and useful. OH staff will continue to ensure Count the Kicks messages are shared through I-Smile oral health promotions and social media and that educational materials are distributed to MH clients and medical and dental offices while providing outreach.

The MH/OH liaison will oversee a statewide effort to increase the number of MH program participants receiving OH preventive services in partnership with the I-Smile program in FFY25. Efforts are currently underway to research promotional items and educational materials that will incentivize clients to receive OH services from the MH programs around the state. In addition, OH staff will interview I-Smile coordinators who have demonstrated success in serving MH clients to then develop a ‘best practices’ guide to share with other I-Smile coordinators.

In FFY2025, a pilot project begun in 2024 to provide enhanced oral health education within a Title X/Family Planning clinic will continue. OH staff will develop scripts for Title X clinic staff to use to provide oral health education to women who indicate they would like to be pregnant within the next year or are unsure if they want to be pregnant within the next year. Education will focus on optimal oral health before, during and after pregnancy, regular dental visits, and/or oral care for the newborn. Feedback from this project

will be used to finesse protocols and messaging to ensure the maximum benefit for Title X staff and clients.

OH staff will maintain a new partnership with Molina Healthcare to increase oral health services for prenatal women and MH clients. As a Managed Care Organization for Medicaid services in Iowa, Molina offers value-added benefits for their clients to encourage optimal healthcare. Although Molina does not provide dental benefits, they are able to incentivize clients to participate in the MH program, which offers oral screenings and oral health education to encourage overall health and wellbeing during pregnancy.

I-Smile coordinators will continue to meet with the MH director for their Collaborative Service Area (CSA) on a quarterly basis to ensure local collaboration regarding improving oral health and birth outcomes for low-income women and to ensure optimal oral health for their infants. I-Smile coordinators will also be required to provide training on preventive services and dental care coordination for MH staff that provide these services to MH clients. The training ensures MH staff comprehend the significance of oral health in overall well-being and that they are equipped with the most current recommendations, policies and procedures.

In FFY25, I-Smile coordinators will make in-person visits to all dental offices in their service areas to develop positive relationships that support referrals. They will also visit all obstetrics/gynecology offices to promote optimal oral health as part of overall health. For counties that do not have an obstetrics/gynecology office, the coordinators must visit family planning clinics and/or women's health clinics. At the dental and medical office visits, coordinators may share educational posters, promotional items and/or written educational materials to inform providers and clients on the importance of preventive dental care for the mother and baby, promote referrals to dentists and the I-Smile program, and provide education on the importance of preventive dental care before, during and after pregnancy.

Coordinators will be required to develop a health promotion initiative targeting women of child-bearing age. An example of this in past years was developing packets of materials (educational fliers, adult and infant toothbrushes, I-Smile coordinator and contact information) for medical offices to distribute at prenatal appoints to ensure the importance of oral health care during pregnancy.

OH staff will enhance the use of MH program data in FFY25 to address health equity and to better understand where targeted technical assistance or other interventions may be needed. The MH/OH liaison will use the strengthened partnership with Title X/Family Planning to identify gaps and needs throughout the state to equitably provide OH services. The data and its findings will be shared and discussed with MH contractors at annual in-person site visits and with Iowa HHS MH program staff.

According to the NSCH, the percentage of children who had a preventive dental visit in the past year increased slightly, from 79.5% in 2020-2021 to 81.5% in 2021-2022, but did not meet Iowa's annual objective target of 89% set for 2023. This increase aligns with Iowa Medicaid data, which reveals that in 2023, 48.5% of Medicaid-enrolled children had a dental visit compared to 44.7% in 2020, 46.8% in 2021, and 46.7% in 2022. These increases may be attributed to children returning to the dentist for preventive dental care, as well as the ability to reach more children with preventive care through I-Smile in public health settings, following a decline during the COVID-19 pandemic.

If rates of children accessing preventive dental visits continue to rise, it is likely National Outcome Measure (NOM) 14 - reduce the percent of children and adolescents who have dental caries or decayed teeth - will be positively affected. Since oral health is a critical component of overall health, a decrease in poor oral health outcomes would similarly have positive effects on NOM 19 - increase the percent of children or adolescents with excellent or very good health.

Even with the relationships built between I-Smile coordinators and dental offices/dentists, only 809 dentists billed Medicaid in 2023 for services provided to children, compared to 888 in 2022 and 1,035 in 2021. A continuing decline in the number of dentists seeing and treating Medicaid-enrolled individuals may hinder Iowa's progress in meeting its objectives and adversely affect future rates. Efforts to address and improve access to dental services for Medicaid beneficiaries are crucial to ensuring the continued success of initiatives like the I-Smile program and improving the oral health of both children and pregnant women.

The I-Smile program, which connects children and families with dental, medical, and community resources to ensure a lifetime of health and wellness, will be used to address NPM 13.2, in addition to the work of Iowa HHS OH staff. OH staff will convene quarterly I-Smile coordinator meetings to ensure program consistency, cultivate leadership abilities, explore new opportunities, and promote current standards and procedures. Meeting topics include current oral health events and topics, health equity and inclusion, trainings, and data use. Each meeting includes an open forum for I-Smile coordinators to discuss concerns, successes and best practices among their peers.

As the local oral health subject matter experts, I-Smile coordinators are charged with for ensuring the success of the I-Smile program. Coordinators are required to spend 32 hours each week building local public health system capacity and ensuring enabling and population-based oral health services. In FY25, each coordinator will form, build or continue partnerships with at least five partners within their CSA to benefit families served by I-Smile. Partners may include businesses, civic and/or faith-based organizations and must increase awareness about the importance of oral

health and seek to achieve mutual benefit. Some of the planned partnerships for FFY25 include libraries, YMCA centers and food banks.

Promoting oral health remains an important element to program success. I-Smile coordinators will be required to conduct oral health promotion that includes the benefits of I-Smile, including one initiative focusing on early childhood oral health. Proposed promotions for FFY25 include infant oral health packets containing an infant toothbrush, infant toothbrushing instructions and educational fliers about the importance of age 1 dental visits.

OH staff will continue to develop and maintain stock of educational materials that I-Smile coordinators use with the clients and families they serve. These materials provide instruction and guidance using Plain Language Act principles to ensure all materials are easy to understand. Four OH staff will alternate developing messages for the I-Smile Facebook page; a fun and educational resource for parents about oral health. The OH website will be updated by HHS staff in FFY25 to incorporate materials and information that had been on the former I-Smile website to ensure it is a valuable resource for medical and dental providers, school staff, parents/guardians, and the public.

OH staff will work with I-Smile coordinators on a variety of quality assurance initiatives in FFY25. I-Smile coordinators and staff that provide direct dental services will be required to complete medical record audits to ensure quality of service documentation. Coordinators will also submit quarterly activity and progress reports to HHS outlining how they are achieving contractually required I-Smile activities, including: trainings, partnerships, outreach, and promotions. OH staff will hold two site visits with each I-Smile coordinator and CAH project director annually; one site visit will be in-person to discuss work plan activities and troubleshoot concerns and one site visit will be virtual (or optional in-person) to discuss local and state data, data trends and data stratified by age, race and ethnicity.

I-Smile coordinators will ensure the provision of gap-filling direct services, tailored to the specific needs identified in community need assessments. Coordinators will have oversight of a Direct Dental Service Planner (DDSP), a new required position that is responsible for scheduling, setting up service sites, procuring supplies, distributing and collecting forms, and ensuring accurate data entry of dental services (oral screenings, fluoride treatments, sealant applications, silver diamine fluoride, and counseling/education). Gap-filling services must be available for children aged 0-2 years and those in 2nd and 3rd grades attending elementary schools with a free/reduced lunch rate participation of 40% or higher (as part of I-Smile @ School).

As part of Iowa's Oral Health Workforce Grant through HRSA, OH staff will work with at least two contractors to incorporate the Oral Disease Preventionist (ODP) project within I-Smile. The ODP project uses public

health dental hygienists within medical offices to provide oral screenings, fluoride applications, education and counseling, and assist with referrals for dental care.

OH staff are currently applying for the Centers for Disease Control and Prevention's (CDC) State Promotion of Strategies to Advance Oral Health competitive application. This funding opportunity focuses on increasing access to water from optimally fluoridated water systems; disseminating data about the relationships between the oral health of people living with diabetes, overall health and use of and access to medical and dental care; increasing access to I-Smile @ School (school-based dental sealant program) services; and increasing awareness of CDC's infection control and prevention resources. Funding secured from this opportunity will allow for continued statewide I-Smile @ School services for at-risk students in schools with high free and reduced meal rates.

Smoking NPM: A) Percent of women who smoke during pregnancy B) Percent of children, ages 0 through 17, who live in households where someone smokes

ESM

Number of pregnant women served by MH agencies who are screened for tobacco use with Ask, Advise, Refer.

Plan for the Coming Year (FFY2025)

The percent of women who smoke during pregnancy has declined. Iowa HHS has had a strong focus on maternal tobacco use over the past ten years due having a higher rate of maternal smoking than the national average (8.7 vs. 4.6, respectively). An emphasis on Iowa's Quitline program for pregnant women and general education and screening for tobacco use likely contributed to the decline. Unfortunately, it is also possible that the reduction in smoking is in part due to an increase in other forms of tobacco, particularly vaping and other "smokeless tobacco" options that the public may have misperceptions about the safety of those products in pregnancy.

Local Title V agencies will be required to continue to connect with their local Tobacco Community Partnership grantees. Agencies are required to develop coalitions to address maternal health, and agencies whose service area reflects a higher rate of smoking will be encouraged to include local tobacco program staff in the coalition, and to identify local strategies the coalition can implement to reduce smoking in pregnant women. Title V nurses at local agencies will be required to complete the Treating Tobacco

Use During Pregnancy training (formally known as Ask, Advise, Refer) and to utilize this process when working with clients who smoke. During chart audits and data reviews, Iowa HHS Title V staff will review documentation to ensure all clients who report smoking during pregnancy are provided education on smoking cessation and a warm referral to Iowa's Prenatal Quitline program. This program includes an incentive, which clients will be educated on. State staff will continue to engage with the Iowa HHS Tobacco Use Prevention and Control program to identify innovative strategies to reduce smoking and ensure opportunities for collaboration continue to be explored.

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 six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CYSHCN; 5) Adolescent Health; and 6) Cross-cutting.

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

Plan for the Coming Year (FFY2025)

2021 maternal deaths have been reviewed, but the data is still being analyzed. The Maternal Mortality Review Committee are also unable to draw any conclusions from changes in the rate over the years due to small numbers, however continue to utilize recommendations from previous maternal mortality reviews. Due to many strategies implemented to reduce maternal deaths since Iowa adopted this performance measure, staff anticipate the rate to decrease over the years. Anecdotally, following a mass campaign on seatbelt safety, the most recent maternal mortality review cases did not include a single motor vehicle death where the pregnant or postpartum woman was unrestrained. While numbers of maternal deaths

are too small for this to be statistically significant, the hope is to see a continued reduction in motor vehicle deaths where the woman was not wearing a seatbelt.

In FFY24, Iowa completed two Maternal Mortality Reviews for 2021 deaths. Results from these reviews will be available prior to FFY2025, and Iowa HHS MH staff will utilize recommendations from the committee to update direct care requirements for local Title V agencies. Local MH agencies will continue to provide postpartum home visits and include screening, education, and physical assessments based on the 2021 MMRC recommendations. A new requirement in FFY2023 was for local agencies to develop coalitions for their service area specific to maternal health, agencies will continue their coalitions in FFY2025. Agencies will share the new recommendations with their coalition and work on community-driven strategies to reduce the maternal mortality rate.

Local MH agencies were also required to identify a Maternal Health Director, who is at a minimum 0.5 FTEs. In FFY2025, Iowa HHS MH staff will work with the MH Directors to develop their skills in leading their coalitions to make changes in their community and to utilize local data to drive the change. Training and professional development opportunities will be shared with the MH Directors, and a minimum of one in-person meeting will be required to discuss ways to build up infrastructure at the local level to support pregnant and postpartum women and reduce maternal mortality.

Iowa HHS will continue to have a strong focus on health equity as a strategy to reduce maternal mortality, particularly disparities in Black and African American identifying pregnant and postpartum women. Iowa's Title V Community Based Doula Project for African American Families will be implemented in the current four counties (Polk, Black Hawk, Dubuque, and Scott), with a focus on increasing the workforce and assisting Iowa Medicaid in implementing payment for doula services for Medicaid beneficiaries. In addition to general training on utilizing local program data, MH Directors will receive support in disaggregating their local agency data to identify disparities in their community, and will work with their coalitions to identify strategies to address any identified disparities.

Iowa HHS Maternal health will also be expanding their postpartum visits through one-year postpartum, to align with Medicaid Expansion. The details of what these expanded offerings will look like is still pending the Governor's signature and Medicaid reimbursement guidance.

Title V MH staff will continue participating on the IMQCC to receive updates on state level maternal health best practices as well as to share updates on Title V work. Staff will continue to collaborate with ERASE MM staff to implement statewide initiatives to address maternal mortality.

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

Plan for the Coming Year (FFY2025)

During the year 2022, 75.37% of Iowa's children (ages 12<24 months) received a blood lead test, meeting the state goal of 75%. This is a 4% increase from the previous year. Approximately 11% of Iowa's counties have 60% or less of their children ages 12<24 months receiving at least one blood lead test, which is a 9% improvement from 2021. Both of these positive changes indicate that the challenges faced during the COVID-19 pandemic are no longer applicable. In addition, the supply chain issue relating to the LeadCare II machines and kits also recovered and is no longer a barrier. These rebounds in testing are very encouraging. However, coverage for lead testing still significantly decreases when looking at children ages 24<36 months. As of 2022, 39.8% of children ages 24<36 months received a blood lead test.

The Child and Adolescent Health (CAH) program is currently in the 2nd contract year of a 4-year competitive Request for Proposal (RFP) grant cycle. 15 community-based contractors provide public health services at the community level for CAH services. This RFP includes blood lead testing promotion and testing services for children. Data analysis revealed that 8 of Iowa's 99 counties have higher than average rates of children in Title V's Health Equity priority populations, which include Hispanic/Latinx and African American, Black or African, without blood lead tests. A requirement was placed into the RFP to focus on lead testing in these specific populations in these 8 counties. In addition, RFP requirements include providing blood lead testing to 1 year old children in 55 of our 99 counties which have less than the state goal of 75% of children testing in the county with a blood lead test; and for 2 year old children 61 of our 99 counties who had less than the state goal of 40% of children residing in the county with a blood lead test. Title V believes by continuing to target priority populations and requiring blood lead testing for 1- and 2-year-olds in more than half of our counties, Iowa will be able to continue to get more children tested at the proper ages and intervals. Additionally, the RFP requires contractors to set both single year and 5-year goals for both 1- and 2-year-old children to increase blood lead testing in their service area. These goals will allow staff to more closely measure each agency's impact on the blood lead testing of children in their area.

The CAH program will continue to work collaboratively with the Iowa HHS Childhood Lead Poisoning Prevention Program (CLPPP). The two programs continue to work to determine data sharing and meaningful use of the data collected, targeting interventions for populations, and improved testing

strategies for Iowa's children. The CLPPP has recently issued 10 LeadCare II machines for Title V contractors to utilize to make testing of children under 6 years of age easier and more convenient.

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

Plan for the Coming Year (FFY2025)

Participation with Child Care Nurse Consultant (CCNC) program through Healthy Child Care Iowa (HCCI) remained at 56%. The new Iowa Quality For Kids® (IQ4K) has a requirement for ECE programs applying for levels 2-5 to have on-site visits with their local CCNC. 38% of ECE programs are participating in Iowa's quality rating system. With Iowa's focus and support for high quality child care, Iowa HHSanticipates a continued increase in ECE programs requesting CCNC services, however CCNC services are not a regulatory requirement for ECE programs, so it is unlikely that 100% participation is possible.

HCCI and the CCNC program has a 28 year history. In recent years both the state structure and the role of the CCNC has changed as the national focus on the importance of child care has changed. National research demonstrates that health and safety policies and practices improve when ECE programs have the services of child care health (nurse) consultants, and overall program quality increases as a result of those services. Iowa data has shown increased rates of ECE programs accessing CCNC services.

In Iowa, 75% of families with children under age 6 have all parents in the workforce. Of those in care, there are children who have health needs that require special care by the Early Care and Education (ECE) program. Child Care Nurse Consultants (CCNCs) have the skill and expertise using an equity lens to assist ECE providers and families ensuring children with special health needs have a care plan in place. When working with ECE providers, CCNCs collect data on the number of children in care with special health needs by category (asthma, allergy, diabetes, seizures, etc.). CCNCs work with the child's parents, medical providers and the ECE director to assist in the development of care plans and provide training and technical assistance for ECE staff to aid in understanding the care plan including any medications that may be administered while the child is in their care. The number of children identified with special health care needs has increased in

the past few years (FY22=827, FY23= 1424). This increase follows national trends post pandemic.

IQ4K has a requirement for ECE programs applying for levels 2-5 to have on-site visits with their local CCNC. CCNCs provide IQ4K visits and training for the following:

Training:

- IQ4K Levels 2 - 5 Medication Administration Skills Competency (course and skills test out)
- Med Admin Skills Competency 2-hour course may be taken online (on-demand) or Face to Face for HHS child care regulatory training credit
- Initial test-out of medication skills competency is a 1-hour visit with the CCNC for HHS child care regulatory training credit
- 2-year reassessment of skills is a 1-hour visit with the CCNC however no HHS training credit is given

Visits:

- IQ4K Levels 3 - 5 Health and Safety Checklist for Early Care and Education Programs
- Requires a minimum of 2 on-site visits
- The ECE provider develops an Action Steps plan for Continuous Quality Improvement

The plan for FFY25 is to continue with the success of the Healthy Child Care Iowa Child Care Nurse Consultant program with quality supports, program fidelity, equitable funding, and consistent data collection and reporting.

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

Plan for the Coming Year (FFY2025)

From 2018, there has been a significant increase in the percentage of adolescents that report that during the past 12 months they were feeling so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing usual activities. The increase in the percentages is alarming. In the IYS special topics report released in March 2022 the percentage of 6th graders reporting on this measure increased from 19% to 27%. The percentage of 8th graders increased from 24% to 29% and the 11th grade percentage went from 33% to 36%. The IYS report also highlighted the disproportionate percentage of students who identify as LGBTQ+ reporting that 67% had experienced feelings of sadness or hopelessness as compared to 25% of heterosexual students. A reasonable deduction for the increase in percentages during that timeframe can be attributed to the COVID-19 pandemic. It is likely the closure of schools and halt of extracurricular activities may have exacerbated teens feeling lonely and isolated. The COVID-19 pandemic also brought other struggles for families. With the closure of schools and other activities halted, more families were home together. This brings an increase in emotional and physical abuse of children and adolescents as well as other stressors such as job losses and financial stress. In addition, many children and families have difficulty accessing mental health resources such as mental health medication management, specialty advanced practice mental health providers, and adolescent outpatient group therapy options due to a statewide shortage of these specialists and services, along with extensive wait lists in some areas.

Public health officials are watching for the 2023 IYS data to be released to see if rates are decreasing after the pandemic or if rates may be affected by ongoing unmet mental health needs and recent legislation around DEI, gender identity and orientation discussion, and allowable books in school libraries.

Iowa HHS is currently in the process of creating a specific funding opportunity to advance adolescent health in Iowa. The original goal included increasing the ability of primary care providers to manage adolescent mental health in the primary care setting. The funding opportunity focus group included youth, family members and primary care providers as part of the team to ensure the needs of each affected population were included. Unfortunately, two Requests for Proposal (RFP) have been issued with no applicants. Due to this, Iowa HHS will attempt to secure a contractor to help fulfill the intent of the funding opportunity by issuing a sole source contract to a community partner. Part of this process will be to meet with varying community partners and to create a plan to meet our goal of increasing the ability of primary care providers to manage adolescent mental health in the primary care setting.

Providing specific funding for adolescent health will move it to contractors with expertise in adolescent health. The intent is to focus on building the capacity of medical homes to serve adolescents expertly through well visits and management of frequent mental health needs in the primary care setting. Primary Care Provider to Primary Care Provider and/or Mental Health Clinician to Primary Care Provider consultation, education and peer support is an evidence-based practice and a method primary care providers are comfortable using.

Iowa's Title V Program is represented at the Iowa's Children's Behavioral Health System State Board (Children's Board). Regular meetings are held six times a year. Title V child and adolescent health local contractors are encouraged to advance systems building in their service areas to advance universal, periodic behavioral health screening and assessments, education, prevention and access to mental health consultation services in collaboration with the Children's Mental Health Systems Regions in their service area.

Title V local contractors have provided some depression screens, substance abuse screening with brief intervention and referral, and intimate partner violence screens over the past decade, however there are additional mental health services that are included as part of the Screening Center Provider package. These services include mental health assessment, mental health therapy, psychosocial screenings, and nutrition counseling. With the growing need for mental health support, Title V can expand the capacity and services that Screening Centers are able to provide to address some of these gaps. State Title V staff are working with Iowa Medicaid to build out these codes through selecting screening tools and resources, providing training and providing support for implementation.

Adolescent Health staff serve on the Youth Risk Behavior Survey (YRBS) advisory committee. On January 27, 2023, the committee received notice

from Dr. Robert Kruse, State Medical Director, that the Agency will not be participating in the CDC's YRBS in 2023 in order to focus efforts on maximizing the state administered Iowa Youth Survey (IYS) and improving survey participation Iowa joins seven other states that will not participate in YRBS in 2023, including Colorado, Idaho, Minnesota, Oregon, Florida, Washington, and Wyoming. School participation in both IYS and YRBS has continued to decrease, so by consolidating our approach into one youth survey, we hope to stabilize and eventually increase school participation. YRBS data provides a statewide summary, whereas IYS allows us to analyze and report data at multiple jurisdiction levels (county, judicial district, Area Education Agencies), making the IYS a valuable resource for making decisions at a local level. The lack of data specific to adolescents is a significant concern for programs.

Staff serve on the Statewide Advisory Committee for Adolescent Health. Prevent Child Abuse Iowa (PCA Iowa) provides statewide administrative support services for legacy Department of Human Services (DHS) and is responsible for the coordination of the advisory meetings. Membership includes state-level representatives from legacy Department of Human Services, legacy Department of Public Health, Department of Education, and the legacy Department of Human Rights (DHR), the Division of Criminal & Juvenile Justice Planning (CJJP). A staff person from the Polk County Public Health Department serves on the advisory committee.

New funding through Iowa's Pediatric Mental Health Care Access award has allowed HHS and the Division of Child and Community Health to establish a relationship with the University of Iowa's Scanlan Center for School Mental Health. In FFY2025, this relationship will continue. In addition to a focus on increasing the capacity to provide appropriate services for mental health diagnoses for school-aged youth, DCCH will also work with the Scanlan Center to provide evidence-based therapy trainings for mental health providers and suicide prevention trainings for school staff.

Title V and PMHCA staff will work to expand and publicize a new resource that is being developed through the partnership with the University of Iowa Scanlan School for Mental Health. Welltrack Connect is a HIPAA and VPAT-compliant online referral service to help individuals seeking mental health services locate and connect with a provider who best fits their mental health needs. The Scanlan Center has partnered with Welltrack Connect to build a statewide network of mental health and psychiatric medical providers to increase access to services across the state, including rural areas where access to care is limited. Providers create or claim a profile that includes information about their practice location, clinical specialties, provider demographics, whether telehealth is offered, forms of payment (including insurance) accepted, and current availability. This platform is available to all Iowans statewide at no cost to mental health providers or prospective clients.

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

Plan for the Coming Year (FFY2025)

After a substantial increase in 2022, the number of Medicaid-enrolled children ages 0-35 months who received a fluoride varnish application from a medical provider decreased in 2023 from 2,634 to 2,488 and did not meet Iowa's annual objective of 2,700. This decrease occurred despite 22 more medical providers applying fluoride varnish to Medicaid-enrolled children in 2023 (130) than in 2022 (108), suggesting that while more providers are participating in providing fluoride varnish, it is being applied to fewer children per provider. The decline may be linked to the reduced participation of Medicaid-enrolled children in their routine well-child visits. Data from CMS-416 EPSDT reports reveal a 10% decrease in the attendance of Medicaid-enrolled children at well-child visits in 2023 (43%) compared to 2022 (53%). Notably, children aged 1-2 experienced an even larger decline from 80% to 65%. Also, with the initiation of the Oral Health Iowa (OHI) coalition, the CFI workgroup was less active in the past year due to its integration into the coalition. This transition may have also negatively affected SPM 5. We plan to investigate other potential reasons for this decline and adjust our work plan and activities accordingly.

Despite the efforts and successes of CFI in previous years, a continued decrease in the number of children receiving a fluoride varnish by a medical provider poses a significant risk to the National Outcome Measure (NOM) 14 - reduce the percent of children and adolescents who have dental caries or decayed teeth. This decline could lead to a rise in tooth decay cases and poor oral health outcomes. Given the link between oral health and overall well-being, a rise in poor oral health outcomes could also adversely affect NOM 19 - increase the percent of children or adolescents with excellent or very good health.

Children are recommended to see a dentist before their first birthday. However, many dentists are not comfortable seeing children this young and/or many children from low-income families have difficulty being seen in dental offices. To address this, Iowa HHS OH staff will address SPM 5 through outreach by I-Smile Coordinators with medical offices and through Iowa HHS collaboration with the Cavity Free Iowa workgroup and Oral Health Iowa coalition.

The Cavity Free Iowa (CFI) workgroup that includes partners from Delta Dental of Iowa Foundation, I-Smile coordinators, Broadlawns Hospital, and MercyOne Pediatrics. Iowa HHS staff began CFI in 2017 as a medical-dental initiative to increase the number of children who receive preventive fluoride varnish at well-child medical appointments and d referrals for dental care. In FFY25, CFI will transition to be part of the Oral Health Iowa coalition, which will allow a broader message and larger reach. HHS staff and I-Smile coordinators are members of the Oral Health Iowa coalition and will continue to participate. Iowa HHS will also continue to provide training materials for I-Smile coordinators to use for medical office trainings as part of CFI.

In FFY25, I-Smile coordinators will be required to visit all pediatric medical offices within their service areas to promote oral health as part of overall health. If a county does not have a pediatric medical office, coordinators must visit all family practice medical offices within that county. Outreach visits will include offering CFI trainings for physicians and medical office staff to incorporate oral health education and fluoride varnish into well visit appointments for children birth to age five. The training toolkit (guidelines for outreach, fliers, brochures, I-Smile dental screening guides, and periodicity schedules) was developed and is maintained by HHS staff, and includes a presentation on the importance of oral health in overall health and a hands-on demonstration and observation sessions. Assistance may also be provided to troubleshoot any issues that may occur from billing fluoride varnish to the Medicaid managed care organizations. Participating offices receive a certificate after training has been completed and a plaque after six months of continued fluoride varnish applications.

HHS OH staff will share the decline in the performance measure with Oral Health Iowa coalition members to discuss opportunities to see positive trends in future years. Discussion may include ways to ensure fluoride varnish is being billed to Medicaid's Managed Care Organizations and ideas for promotions to re-energize and/or incentivize medical offices to ensure fluoride varnish is provided. A new partnership with Molina Healthcare (discussed in NPM 13.1), one of Iowa Medicaid's three Managed Care Organizations, will be engaged to determine a possible Value-Added Benefit to ensure oral health is part of overall health.

In FFY25, OH staff will seek input from I-Smile coordinators and CFI pediatrician champions about changes needed for toolkit materials, then work to revise the CFI toolkit, including updated referral forms and resources and current Iowa HHS branding. HHS OH staff will also continue to work with partners at the Delta Dental of Iowa Foundation to update and distribute CFI certificates and plaques as part of the ongoing partnership.

Federally Qualified Health Centers (FQHCs) in Iowa are supported by a longtime partner, Iowa Primary Care Association (IPCA). OH staff will meet with IPCA to discuss the number of FQHCs using dental hygienists in

medical clinics to provide oral health education and direct services, and their success and challenges of that model. Lessons learned from conversations will be shared with the CFI workgroup.

Those lessons learned will also be used as part of an Iowa HHS HRSA grant initiative, the Oral Disease Preventionist (ODP) project. In the next year, Iowa HHS OH staff will work with contractors to implement the ODP project within I-Smile, as part of Iowa's Oral Health Workforce grant. The ODP project uses public health dental hygienists as Oral Disease Preventionists within medical offices to provide oral screenings, fluoride applications, education and counseling, and referral assistance. The project will be particularly beneficial for medical offices that have not successfully incorporated oral screenings and fluoride varnish into their well-child visit services, but are interested in dental disease prevention.

In FFY25, OH staff will analyze data from Iowa Connected, Iowa's Title V data system, to better determine the actual number of children aged birth to two receiving fluoride at a physician's office. A new setting type, Physician's Office', was added to the data system in FFY24 to capture the number of children receiving fluoride varnish in a physician's office by a dental hygienist working with I-Smile. The performance measure currently uses just the fluoride varnish services provided by a physician in a medical office.

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 (FFY2025)

Iowa HHS is in the process of conducting a Department-wide Health Equity Assessment. This process started February 2024 with plans to have it completed by the end of July 2024. After the assessment is complete, strategies for next steps will be drafted and implemented in 2025 to address health equity across the Department.

Over the last few years the Family Health Bureau, including Title V staff, have been incrementally increasing internal understanding and capacity to address health equity in programs and services. Leadership is moving the Iowa Title V program from a working knowledge of Health Equity to the ability to embed equity within all the programs in the Bureau and Title V.

This work will also overlap with CYSHCN Health Equity work, to ensure all Iowa Title V programming is moving toward addressing health inequities.

The 2025 CAH RFA requires that agencies outline strategies and activities that exhibit the use of health equity principles, involve diverse participant perspectives in program development, and incorporate evidence-based community engagement and collective impact tactics. This requirement underscores the importance of fostering inclusivity, equitable participation, and impactful community involvement in health-related initiatives.

Local Project Directors are required to host/provide an annual health equity professional development for staff. Training topics include improving cultural competence, impacts of implicit bias, use of interpretation services, improving outcomes for priority populations, CLAS standards, and how to report data in a culturally appropriate manner so as not to cause harm to priority populations.

During the previous Needs Assessment process, state level staff, including epidemiologists, utilized Census data to determine eight Priority Populations based on each CSA. For the 2025 CAH RFA each contractor must develop plans for the state-determined population in their respective area and will also have the option to identify a second priority population. Their plans will focus on partnership and engagement strategies to build connections and help continue to design programs to improve the health outcomes of these populations across the NPMs, SPMs and core Title V services. The 2023 RFP also required significant family engagement in tandem with health equity. Contractors were required to develop a Family Engagement group consisting of multiple members from each of the eight identified Priority Populations. This proved to be a challenging task for most agencies, with successful recruitment of members identified as the biggest barrier to success. Agencies have continued their efforts to build their Family Engagement groups, and most have found success by focusing on developing trust-based relationships within their communities, starting with small groups of willing participants, and taking advantage of in-person recruitment opportunities. Through discussions with local agencies and other programs it was determined that for the 2025 RFA agencies will also have the option to join existing groups that have participants from the priority populations, where those participants can provide feedback on the policies, procedures, and CAH services the agency provides. This will expand the agencies' ability to access feedback needed to improve programming.

The Title V program will continue to support the needs of local contractors as they encounter barriers and will continue to facilitate relationships between contractors, so they may learn from and support one another. Quarterly staffings, and more frequent reporting have been implemented, which allows the Title V program to provide timely technical assistance and ensure progression toward goals.

Iowa has been selected to host two interns from the MCH Workforce Development Center Title V Internship Program during the summer of 2024. One aspect of the internship plan includes an environmental scan of all health equity activities being conducted at local Title V agencies. Interns will also help connect agencies working on similar projects and encourage sharing of best practices. Local Title V CAH agencies are required to demonstrate efforts to recruit a workforce that is diverse and reflective of the demographics of the CSA.

All Title V Maternal Health Agencies will ensure clients receive individualized education for each performance measure (Breastfeeding NPM, Safe Sleep NPM, Smoking During Pregnancy NPM and Maternal Mortality SPM) in culturally appropriate ways that incorporate a health equity lens and meet the client where they are. Maternal Health contractors will implement strategies to engage with clients and families to ensure that services are provided with a health equity lens, including client surveys and focus groups/key informant interviews. Maternal health contractors will also continue developing coalitions in their service areas that include organizations and partners who represent priority populations.

Implementing strategies to build capacity within the Family Health Bureau/Title V is crucial for promoting health equity. By educating all staff on the concepts and strategies of the Health Equity Team, regularly assessing the program's impact, analyzing data through a health equity lens, and providing ongoing professional development and technical assistance, the Iowa Title V program can enhance its ability to effectively address disparities and ensure equitable distribution of resources and services to the community. This holistic approach will not only strengthen the organization's capacity but also contribute to better health outcomes for all individuals.

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

Plan for the Coming Year (FFY2025)

Iowa's comprehensive needs assessment was completed in 2020 and identified family support as a significant need within the CYHSCN population domain. Strategies in FFY2025 will build on past activities to address this need by 1) providing family-to-family support to Iowa families of CYSHCN; 2) building appreciation for strengths and challenges for families across the state through advocacy and provider workforce development; and 3) building the infrastructure for strengthening family leadership capacity statewide. FFY2025

activities will continue to emphasize support for families from underrepresented backgrounds.

DCCH's Family Advisory Council is supported by the Tile V CYSHCN program. The role of the Council is to provide guidance on all DCCH activities, including family support. In FFY2025, the Family Advisory Council will meet on a quarterly basis and agendas will emphasize: 1) leadership education for family advisors; 2) providing early input to newly planned DCCH initiatives; and 3) providing feedback for existing programs. In addition to serving in an advisory capacity, members of the Council have several opportunities to participate in advocacy activities on behalf of Iowa's families of CYSHCN. The Family Advisory Council holds a bipartisan legislative forum during one of their quarterly council meetings, in which council members can advocate for issues impacting Iowa's CYSHCN. Additionally, the Council is invited to participate in a state "Day on the Hill" and legislative forum, which is designed as a bipartisan effort in partnership with Iowa's Developmental Disabilities Council (DD Council). These advocacy opportunities are intended to provide council members with an opportunity to visit with state policy makers during the legislative session. Additionally, activities in FFY2025 will explore opportunities to elevate the Family Advisory Council into a more advisory role, including an exploration of opportunities to contribute to a more structured advocacy agenda.

Family-to-Family Support

Family-to-family support activities will continue through DCCH's existing Family Navigator Network, which currently includes 23 Family Navigators. Family Navigators are all parents or caregivers of CYSHCN with additional training that enables them to provide emotional support, connect families to community resources, and assist families in navigating complex systems of care. Since 2020, all Family Navigators have been required to receive Family Peer Support Services certification through the Iowa Board of Certification. The Family Navigator Network is a key strategy for the Iowa CYSHCN program's commitment to including family voice at all levels of decision making.

Iowa families of CYSHCN can access Family Navigators through each of DCCH's CHSC Regional Centers and satellite locations. All families of CYSHCN ages 0–21 in Iowa are eligible to receive family navigation services. Referrals to CHSC's Family Navigator Network are made through a number of different channels including Early ACCESS, Iowa's Regional Autism Assistance Program, primary care and specialty providers, and word of mouth. Family Navigator Network leadership staff will continue to explore ways of managing high referrals to best support families seeking care from the network.

Family Navigator Network leadership will continue to provide virtual monthly professional development opportunities to increase Family Navigator capacity

to address more complex referrals, such as those for children and youth with challenging mental and behavioral concerns. Monthly professional development sessions will also focus on updating navigators on system-level changes that will impact families.

In FFY2025, there will be an effort to provide topical learning opportunities to families through quarterly webinars. DCCH will continue to explore opportunities to raise awareness about the availability of Family Navigators.

Family Navigator Network leaders will continue to work closely with the DCCH Health Equity Committee to strengthen activities that will identify and support parents from underrepresented backgrounds. Activities from the Health Equity Committee's strategic plan specific to the Family Navigator Network include: 1) developing partnerships within diverse communities and increasing family support services to underserved populations; and 2) building financial and structural resources for recruiting and supporting racially and ethnically diverse staff and exploring the use of cultural liaisons to inform programmatic activities. In FFY2025, DCCH will continue efforts to use data to inform community outreach and recruitment efforts.

In FFY2020, the Family Navigator Network was identified as an Emerging Practice in the Association of Maternal and Child Health Program's (AMCHP) Innovation Hub and in FFY2023 DCCH collaborated with AMCHP to develop an evaluation plan for the Family Navigator Network. DCCH began implementing the evaluation in FFY2024. Evaluation efforts are expected to continue through FFY2025, and results from the evaluation will be utilized to guide efforts to strengthen the structure and operations of the network. Results will also be used in the upcoming Title V 5-Year Needs Assessment.

Advocacy and Family Support: Workforce Development

In FFY2025, Iowa's CYSHCN program will continue to build on existing infrastructure for training and workforce development. DCCH will continue efforts to build workforce capacity to support families through trainings for providers on family-centered care, culturally responsive care, and working with families of LGBTQ+ youth. Additionally, leaders in state government will receive information about supporting families of CYSHCN through policies that have a positive impact on families. This will occur through a state Legislative Day on the Hill in Des Moines where legislators will learn about how they can support their CYSHCN constituents. Participants will include the DCCH Family Advisory Council and graduates from the Iowa Family Leadership Training Institute.

Family Peer Support Specialist trainings were developed by DCCH, the Iowa Department of Human Services, and the University of Iowa's National Resource Center for Family Centered Practice. Family Peer Support Specialists draw on their own experience as a parent or primary caregiver of a child with special health care needs and may be employed at social service agencies, clinics, residential programs, and other community-based

organizations. They may also serve on a variety of advisory boards and committees at local, state, and national levels. This training is one of the requirements to become a certified Family Peer Support Specialist. Although this program transitioned from being administratively housed with DCCH to the National Resource Center for Family Centered Practice, DCCH provides trainers to the program to facilitate and administer specific aspects of the program.

Family Leadership

In FFY2025, DCCH will continue efforts to strengthen the infrastructure for developing skills for family leaders. This will include formal trainings for families such as the Iowa Family Leadership Training Institute (IFLTI), Digital Storytelling, and Storytelling for Family Leaders.

Storytelling is a crucial skill for families to help focus their stories and strengthen advocacy and awareness efforts. A Digital Storytelling workshop will be offered during FFY2025. Digital Storytelling is a three-day workshop offered at no cost to families, designed to build and produce a 2–4 minute digital story. A link to examples of Digital Stories produced through this training can be found on the Storytelling for Families page of the DCCH Child Health Specialty Clinics website: https://chsciowa.org/programs/storytelling-families.

DCCH will continue efforts to expand outreach to recruit families from underserved communities to participate in this training and provide added perspectives to the Digital Storytelling library.

Storytelling for Family Leaders training is designed to equip families of CYSHCN with the necessary skills to share their stories in a variety of settings and modes of delivery, in order to bring change and awareness about Systems of Care for CYSHCN. Participants work with a coach and a cohort of family storytellers to produce 10-minute stories to be used as part of their advocacy efforts. This training will be offered in FFY2025, with DCCH continuing to expand its reach to underserved communities to include a variety of perspectives.

The Iowa Family Leadership Training Institute aims to provide parents and caregivers of CYSHCN the opportunity to develop leadership and advocacy skills. Now in its 9th year, IFLTI leverages Title V Block Grant funding to train families to work with partners, build their own paths to leadership, advocate for other families, and prepare a community service project. IFLTI delivers this training at no cost to participants through five weekend-long sessions. In FFY2025, IFLTI will be offered to parents or primary caregivers of children ages 3 to 19 years with special health care needs living in Iowa. IFLTI has a history of including participants from underserved communities and has developed the necessary workflows and infrastructure to support non-English

speaking participants. More information about IFLTI can be found on the DCCH Child Health Specialty Clinics website: https://chsciowa.org/programs/iowa-family-leadership-training-institute.