

**Table of Contents**

INTRODUCTION ..... 1

NEEDS ASSESSMENT ..... 4

METHODOLOGY ..... 11

    Goals, Objectives and Methods to Meet Stated Needs..... 13

WORKPLAN ..... 22

RESOLUTION OF CHALLENGES ..... 22

EVALUATION AND TECHNICAL SUPPORT CAPACITY AND PERFORMANCE MANAGEMENT Organizational capacity to develop and integrate data system:..... 23

    Evaluation methods to monitor ongoing progress:..... 25

    Data and findings for the CQI activities: ..... 26

    Plan for organization’s performance management including collecting and analyzing data:..... 26

    CoIIN activities used to inform program development: ..... 26

    Obstacles to implementation: ..... 27

    Dissemination of Evaluation Activities:..... 27

EVALUATION LOGIC MODEL ..... 28

ORGANIZATIONAL INFORMATION ..... 32

    Qualifications of Project Personnel: ..... 32

    Early Childhood System leadership:..... 32

    Commitment to participate of the key leaders on advisory team: ..... 33

    Participation of other partners: ..... 33

    Experience of the applicant with EC system within Alaska, and the capacity and ability to identify and address the EC needs, and influence Alaska EC policies and practices: ..... 34

    Experience of applicant and the communities in continuous quality improvement activities in Alaska Early Childhood work: ..... 35

**Program Goal: To improve developmental skills for 0-3 year old children by 25% from baseline in selected communities.**

**Program Objective: Improve children’s developmental health and family wellness through improved linkage to necessary resources, reduction of the impact of Adverse Childhood Experiences, and technical assistance for Primary Care Case Management.**

**Program Philosophy: Design a sustainable system based on community driven solutions.**

## INTRODUCTION

**Purpose of the Proposed Project:** The State of Alaska seeks to partner with community and tribal partners in the place-based communities of Kodiak, the Matanuska-Susitna Borough and the Norton Sound Region to strengthen leadership and expertise in Continuous Quality Improvement (CQI) approach, using the Collaborative Innovation and Improvement Network (CoIIN) methodology, to drive vertical and horizontal integration and mobilization of early childhood services and systems at the state, community and family/child levels. Using the Collective Impact model, supported by the CoIIN, this project will produce, at the state level, increased integration of early childhood and other health and family wellness systems, development and adoption of core sets of indicators to measure Early Childhood system processes and outcomes, and testing innovative systems changes and improvements. At the community and family levels, this project will support the Collective Impact approach to integrate service delivery and collaboration, resulting in improved child development and family wellness, measured by a 25% increase from baseline in developmental skills in 0-3 year olds by 2021.

**Problem and Contributing Factors Addressed by this Project:** Alaska’s extreme geography, climate, and remoteness create needs either not seen in the lower 48 states or needs expressed on a grand scale, often by orders of magnitude. Alaska is the largest of the 50 states, larger than California, Texas and Montana combined, yet ranks 47<sup>th</sup> in total road miles, due to harsh terrain, weather conditions and vast distances between communities. There are 394 communities in Alaska. Approximately 75 percent of Alaskan communities (including Alaska’s capital city of Juneau) are not connected by road systems and rely on air or boat travel to connect them to other communities. Nine percent of the population lives in remote areas. Alaska has a total population of approximately 722,000, averaging just over 1 person per square mile. This low population density, with small and isolated communities spread over a vast region, results in high service delivery costs for early care and learning, if those services are even available. Currently in Alaska, at the system, community and family levels services for early childhood for families from prenatal to three years old are fragmented, with little or no coordination to identify and address developmental risks to improve the developmental trajectory of young children. Fragmentation is driven by funding and program requirements that are categorical and work against system and service delivery integration. Alaska has numerous parallel health systems, which have implemented non-intersecting systems for linking children and families to services.

Social and health conditions pose serious risks for young children, especially for those who experience disparities in health and social conditions. Alaska families experience high rates of Adverse Childhood Experiences (ACEs), as evidenced by the recent collection of ACEs data through the Alaska Behavior Risk Factor Surveillance System (BRFSS). When compared to five other states (Arkansas, Louisiana, New Mexico, Tennessee, and Washington), Alaska adults reported a rate of ACEs in three categories that was higher by a statistically significant margin than the 5-state cohort: incarcerated family member, household substance abuse, and separation and divorce.<sup>[1]</sup> Substance use disorder and mental health impairments are significant risk factors for families with young children. According to a recent assessment of Alaska's behavioral health system, in FY2013 145,790 Alaskan adults (more than a quarter of the population) needed treatment for illicit drug or alcohol use and/or experienced a mental illness within the past year. Adult prevalence estimates among adults with incomes below 138 percent of the federal poverty line, the same benchmark used to determine Medicaid eligibility under expansion, are higher: 16.7 percent of adults in this income bracket needed treatment for illicit drug and alcohol use in the past year and 23.8 percent of adults in this income bracket had a mental illness in the past year. 5,550 or 6 percent of Alaska youth ages 9-17 were diagnosed with a Severe Emotional Disturbance (SED) in the past year.

Alaska Native people comprise approximately 20% of Alaska's population. Historical trauma resulting from colonization of Alaska's Native people continues to affect families and communities into the present. Alaska Native children are disproportionately represented in the child protection system at significantly higher rates. Alaska's Office of Children's Services reports that approximately 55% of children in out of home care are Alaska Native, a threefold overrepresentation. Alaska continues to have one of the highest rates of child abuse and neglect in the country. In kindergarten readiness assessments, a lower percentage of Alaska Native children compared to children of other cultural backgrounds are assessed as ready to learn.

**Overview of the Project:** Each community will self-select leadership teams that will include representatives from: 1) the community's official governing body, 2) the family engagement sector that will liaison with the Strengthening Family outreach, 3) the community health care system, 4) the mental health sector, and 5) early educators. Along with the Early Childhood Comprehensive Systems manager, through guidance and technical support from HRSA, community teams will use a CoIIN national technical assistance center and a cross-state learning community to enhance and integrate early childhood services and improve childhood developmental health through collaborative partnerships across agencies, organizations and programs at the community, regional and state level. Each community will build on existing networks to form and participate in a CoIIN to gain knowledge of CQI and the CoIIN process, including attending the annual in-person and periodic activities of the CoIIN learning

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<sup>[1]</sup> Adverse Childhood Experiences: Overcoming ACEs in Alaska. Advisory Board on Alcoholism and Drug Abuse. State of Alaska Department of Health and Social Services. January 2015. <http://dhss.alaska.gov/abada/ace-ak/Documents/ACEsReportAlaska.pdf>. Page 7.

collaborative. Using the resources gained through the CoIIN, and the existing Collective Impact structures already in place, the communities will develop and implement a two-generation approach to improve children's developmental health in their communities. This process will include conducting a Strengths Weaknesses Opportunities Threats (SWOT) assessment to identify gaps and barriers, adopting ECCS Impact's aim and developing Specific Measurable Achievable Results-focused Time-bound (SMART) goals for the two-generation approach. This will be summarized in a community-approved plan that will form the basis of the Plan, Do, Study, Act reports that will be submitted monthly along with key data and progress reports. The community groups will participate in peer-to-peer mentoring and explore innovative approaches to achieving the aim of the project. Each community will hire an Early Childhood Services CQI Coordinator to assist existing networks in achieving the aim of this project.

We anticipate that care coordination and management will be a central focus of the community-level approaches in order to connect families to diagnostic services and specialized pediatric care coordination to improve children's health and developmental trajectory and achieve the aim of this project. This project will contract with and leverage Help Me Grow® to provide single points of entry for referrals and services, and provide technical assistance to advance the integrated and family centered Primary Care Case Management model, which is emerging as a top priority for Alaska's Medicaid expansion and reform efforts. The Help Me Grow® model includes the HRSA Systems Integration work with pediatric practices and community health centers.

This project will build upon Alaska's existing and ongoing Early Childhood Comprehensive Systems Project (ECCSP) efforts and partnerships across sectors, including health care and education, leveraging the Strengthening Families approach for the purpose of family engagement. Communities will utilize Collective Impact to develop sustainable models to serve as pilots for health care reform and innovation by demonstrating the efficacy of the primary care and preventive care initiatives. Policy will be developed to share plans of care across health care and educational domains to enhance services for young children. Technical assistance and CQI will facilitate the use of Medicaid funding, Early Periodic Screening Diagnostic and Treatment provisions and other associated Affordable Care Act Provisions such as Essential Health Benefits, and Mental Health Parity, to ensure that all medically necessary services are accessible to eligible children.

In order to support the community-level work, the ECCS Impact Program manager will work closely with the statewide Advisory Team and other key systems leaders to identify and agree to the early childhood data system. Alaska has the existing Pregnancy Risk Assessment Monitoring System (PRAMS) and Childhood Understanding Behaviors Survey (CUBS) data systems, which collect information related to toddler behavior, health, health care access, parenting and school readiness. The ECCS Impact Program manager will also grow and develop state-level leadership by collaborating with other initiatives such as the Alaska Resilience Initiative, led by the Alaska Children's Trust, and will participate in CoIIN virtual sessions and attend the annual in-person

learning collaborative. The ECCS Impact Program manager will work with partners to develop and implement the programmatic and financial sustainability plan by identifying and implementing policy recommendations, and providing support and technical assistance to align services with billing and funding sources, such as those made available through Medicaid reform and expansion.

## NEEDS ASSESSMENT

**Overarching Problem and Contributing Factors to be Addressed:** Two defining characteristics of the State of Alaska are the physical geography and the racial diversity of the population. Alaska is a large, sparsely populated state. The land mass of the state encompasses 591,000 square miles, averaging a population density of just 1.1 persons per square mile. This is the lowest population density of any state. Nine percent of the population lives in remote rural areas; of the people who dwell in rural areas approximately 80% are Alaska Natives. Approximately 75% of Alaska communities are not connected to the road system. Half of Alaska's land mass is divided into 19 organized boroughs, and the other half falls into "unorganized" boroughs consisting of census areas. Accessing "nearby health services" or specialized health care means travel by commercial jet, small plane, the state marine ferry system, all-terrain vehicles, small boats, or snow machines. Alaska is home to many diverse cultural and linguistic groups including many indigenous tribes, which over the last several centuries have experienced historical trauma caused by Western colonization. We know from emerging research that historical trauma continues to affect multiple generations in both biological and behavioral ways. Ongoing efforts to deliver trauma-informed care and reduce Adverse Childhood Experiences (ACEs) strive to address the impact of historical trauma in the state.

Health care delivery in Alaska consists of distinctly separate systems. The Alaska Tribal Health System is a diverse and multi-faceted health care system that represents the diversity of Alaska Native people. Alaska has 229 federally recognized tribes and many tribal members live in small communities throughout the predominantly roadless areas of Alaska – the underlying reason for the creation of this innovative and essential statewide health system. The Alaska Native Health Consortium (ANTHC) and the Alaska Tribal Health System serve more than 143,000 Alaska Native and American Indians. Funding for the consortium is the product of several sources including federal Indian Health Service, Medicaid, private insurance and tribal consortium dollars. Underfunding from Indian Health Service must be offset by the other revenue sources. Tribal health facilities and clinics are often the only source of health care for Indian Health Service beneficiaries as well as non-beneficiaries in the area. Alaska's cultural and geographic uniqueness will require interventions to be adaptive.

Access to and turnover of primary care providers is a significant barrier to provide even routine or preventive care. Behavioral health service is a priority for the state although significant gaps exist. Access to child psychiatrists outside of Anchorage is minimal to non-existent. Access to

psychologists for testing and therapy is very slim especially for children who have Medicaid as their only payer source. Behavioral health providers rarely collaborate with primary care providers. Barriers to primary care and behavioral health integration are attributed to a variety of reasons including inflexibility of funds or no funds, confidentiality and communication issues and the need for provide education and innovation in practice management. Service gaps include transitioning health care services, care coordination and school based services. Alaska’s current fiscal crisis threatens to result in state funding cuts to early education, behavioral health, senior and disability grants and early childhood systems.

Program management and operations affecting families with young children are spread across multiple state agencies in Alaska. Transportation to medical care is a prohibitive expense in Alaska health care, due to lack of access in many rural communities and the challenge of recruitment of sub-specialists to meet the needs of children who require specialized care not available in the state. Referrals are almost always tied to an individual with a qualifying diagnosis which prohibits family centered services designed to deliver a differentiated response. Collaborative efforts will greatly enhance the capacity to meet the needs of young children in the state.

The current referral process is difficult for families to understand and manage on their own. Each of the health systems in Alaska (Medicaid, tribal, private, rural vs urban) has implemented different non-intersecting systems to link children to services. There are multiple doors that parents use to enter the system of care, but the standards children need to meet to gain access to services are inconsistent. There is minimal care coordination coming from primary care practices that have not yet initiated medical homes. Finding needed care and follow up can be extremely difficult for families. Care coordination is an underfunded service which inhibits infrastructure for building care coordination into practices. There are inconsistent process measures to evaluate the effectiveness of the current system.

Child maltreatment outcomes in Alaska, as reported in the 2010-2013 report to Congress, show that 6.7% of child victims are under the age of 1 year, 7.4% of child victims are under the age of 2 years, and 6.5% of child victims are under the age of 3 years old. Alaska reported a total of 2,448 child maltreatment victims in 2013, a rate of 13 per 1,000.

A Child Health State Snapshot (source: National Survey of Children’s Health 2011/2012)

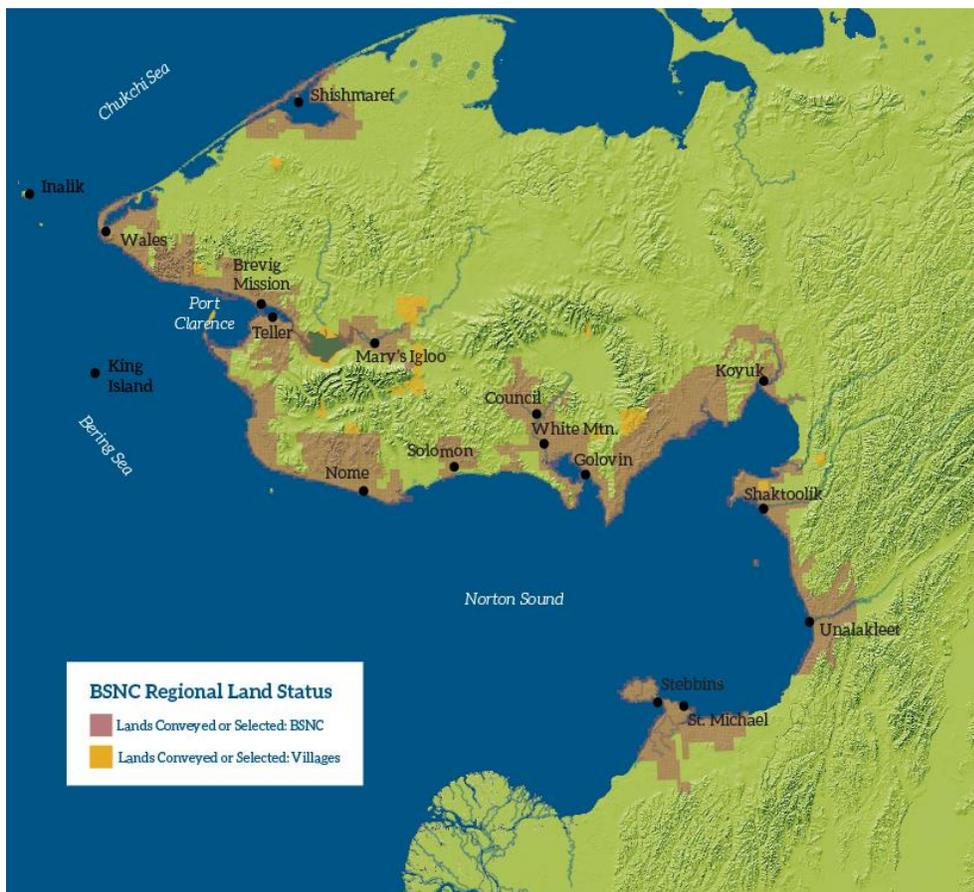
Alaska	Indicator	National
77.1	Preventative medical visit in past year	84.4
72.1	Preventative dental visit in past year	77.2

Project Narrative

51.9	Children receive care within a medical home	54.4
25.8	Children with two or more adverse childhood experiences	22.6

The number of Alaska children in poverty increased from 22,000, or 12%, in 2013 to 29,000, or 16% in 2014. (Source: Kids Count Alaska 2015)

**Selected place-based community: Bering Straits ANSCA region**



The Bering Straits Native Corporation region is the most culturally diverse region established through the Alaska Native Claims Settlement Act. Three distinct languages – Inupiaq, Siberian Yupik and Central Yup’ik are spoken in the Bering Strait region. The region includes lands that drain into the Norton Sound with small villages scattered throughout the region. Nome serves as the regional hub.

Norton Sound Health Corporation (NSHC) is a tribally owned and operated, independent, not-for-profit health care organization. NSHC operates the Norton Sound Regional Hospital in Nome

and clinics in the 15 villages within the Bering Strait region. NSHC operates under a Board of Directors that includes consumers and care providers from Nome and all fifteen villages. NSHC provides comprehensive primary health care services including hospital services, primary care, behavioral health, WIC, pre-maternal home, maternal and child health, services for consumers with developmental disabilities, and village-based Community Health Aide (CHA) and behavioral health counseling services in a service area that covers about 23,088 square miles. NSHC partners with Kawerak, the regional non-profit corporation that provides social services in the region including Head Start, Early Head Start, the Child Advocacy Center, and Children and Family Services.

The service delivery region is the size of West Virginia, with one city and 15 villages, ranging in size from 115 to 688 people, with no roads connecting any of the communities to one another. English is the first language of most residents with the exception of the elders who speak traditional languages. Younger people most often serve as translators for their elders. Services are delivered by distance venue, such as phone or internet, and by health service workers traveling to the villages where the majority of the people needing services live. In addition, the pre-maternal home, a dormitory style home in Nome, where pregnant women from the villages come at 36 weeks gestation to wait for delivery, serves as a venue for delivery of services for both Nome and village residents.

Case management services for pregnant women and families with young children in the region include: risk assessment, coordination services, home visits, health education, and counseling and guidance. During enrollment intake, staff screen all clients for pregnancy status, depression, alcohol, tobacco and other substance use, intimate partner violence, and need for access to comprehensive medical and behavioral health care from the medical home NSHC. The Healthy Start program that helps to support these efforts ends June 2016. NSHC has committed to developing a comprehensive coordinated system for young children and their families to sustain the good work of the Healthy Start program to transition to a sustainable business model that improves children's developmental health and family wellness.

The Healthy Start 2011 Needs Assessment noted the following health disparity indicators for the region NSHC serves:

- Tobacco use during pregnancy is highest in this region compared to all other state regions.
- The teen birth rate is nearly three times the statewide rate.
- Alaska Native women, especially those living in this region of the state, are more likely to have babies that die before their first birthdays, are born preterm, or are born with Fetal Alcohol Spectrum Disorder (FASD) or a major birth defect.
- 10% of new mothers in the region experienced intimate partner violence. The statewide average was 6%.

## Project Narrative

- Twice as many Alaska Native infants in this region had mothers who reported maternal drinking compared to white infants (6.2% and 3.5% respectively).
- The rate of at least one type of potential maltreatment injury among children 0 - 14 years of age during 2007 - 2008 was 72.3 cases per 1,000 children. This was almost 20% above the statewide rate of 61.2.

### Selected place-based community: Kodiak ANSCA region



Kodiak Island is in the western part of the Alaska Peninsula in the Gulf of Alaska and Shelikof Strait. At 3,588 square miles, Kodiak Island is the second largest island in the United States. The city of Kodiak is 250 air miles southwest of Anchorage and is the seventh largest city in the state. Total islandwide population including the six villages of Port Lions, Ouzinkie, Larsen Bay, Karluk, Old Harbor and Akhiok is nearly 14,000 with approximately 11,000 of those residents living in and around the city of Kodiak and its road system.

The Kodiak Area Native Association (KANA) serves the Koniag Region of Alaska including Kodiak Island. The federally recognized tribes who live within the Koniag region include the Native Village of Akhiok, the Native Village of Karluk, the Native Village of Larsen Bay, the Village of Old Harbor, the Native Village of Ouzinke, and the Native Village of Port Lions. Alutiiq is the predominant tribal culture. Kodiak is a tribal Maternal Infant and Early Childhood Home Visiting (MIECHV) site.

Each community served by KANA has factors that limit the ability to supply a full array of services. One barrier to service delivery is the challenge to provide housing to health care staff. Traveling to communities is also difficult because the only way to travel to the villages on the island is by boat or plane, and the weather often interferes with transportation. According to the KANA tribal home visiting program profile, community risk factors include lack of access to

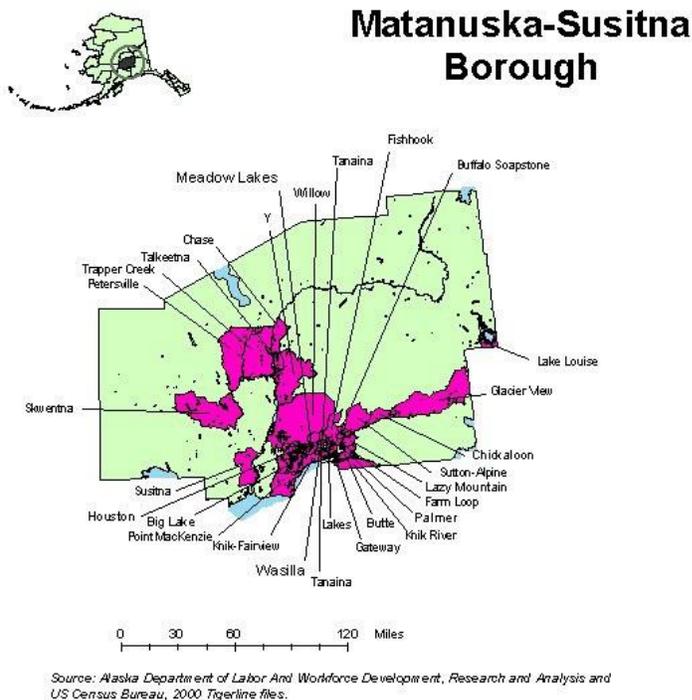
## Project Narrative

high quality childcare programs, lack of parent training and resources, and lack of child abuse prevention strategies across projects. In the provision of integrated behavioral health and substance abuse services there are issues of client apathy and ambivalence to change.

KANA is committed to work with the Kodiak Early Childhood Coalition that includes early childhood educators, organizations and providers in the community to support the efforts of ECCS Impact. The Kodiak Area Needs Assessment identified education on the value of preventive care as an initiative to improve the health care system in Kodiak, and indicated that there was a lack of education about the importance of screening. Coordination of care was brought up as a need in the community during the stakeholder interviews. Collaboration among providers was determined to be vital to maintaining the health of the community. According to the Kodiak Community Needs Assessment from 2013:

- 26% of respondents did not have an annual exam or physical for preventive purposes within the last year.
- 9% of respondents utilized the emergency room for their main source of health care.
- Substance abuse and treatment was indicated as a major need in the community. 28% of respondents identified that they were binge drinking in the prior thirty days.
- 26% of respondents were not able to receive needed mental health services.
- 28% of residents are uninsured, and 25% said they did not receive needed health care during the last year.

## Selected place-based community: Matanuska-Susitna Borough



The Matanuska-Susitna Borough (Mat-Su) is an organized borough covering an area of 25,260 square miles. The Mat-Su population has been the fastest growing population in the state of Alaska for the last twenty years. In 2012, the Matanuska-Susitna Borough began a process to assess and understand the health needs of the Mat-Su population. During 2013, the community engaged in a series of engagement meetings to interpret the results from the Community Health Needs Assessment. Through that process, community participants ranked substance abuse and mental health issues as the priority health issue and the top priority goal was to “ensure children grow up safe and healthy”. In 2014, a group of influential champions in the fields of child protection, early childhood education, behavioral health, primary care, tribal health, infant learning, and education began to learn about and implement the Collective Impact framework to bring together individuals to work collectively to improve the lives of children and families in Mat-Su. The Mat-Su Borough is a Maternal, Infant and Early Childhood Home Visiting (MIECHV) site.

Children and families are currently not getting the counseling and other services that they need. There are long waiting lists, especially for children, and lack of money and transportation prevent many people from getting services.

- In 2012, Mat-Su had over 1,625 protective service reports of child maltreatment and 420 substantiated allegations.
- 9.9% of families in Mat-Su are living in poverty.
- The Mat-Su has a suicide death rate that is twice as high as the U.S. rate.
- The 2009 ratio of population to primary care physicians was 1293:1.
- 20.6% of Mat-Su Middle School children considered suicide in the past year (2011).

**Describe the Process by which communities were selected:** In the process of selecting communities, we identified two Maternal, Infant and Early Childhood Home Visiting (MIECHV) sites: Kodiak and Mat-Su. Norton Sound was identified as a potential place-based community because of ongoing efforts to sustain the work being done through the Healthy Start grant, scheduled to end in 2016. Both Kodiak and Norton Sound have demonstrated capacity within their regional tribal health systems to integrate early childhood services horizontally and vertically within their service array. Norton Sound region is currently engaged in a Strengthening Families effort across several villages in the region. Mat-Su has a Collective Impact process and a backbone agency in place. Once the communities were identified, the ECCS coordinator conducted a process of sharing HRSA funding opportunity materials and then engaging potential communities in individual and group teleconferences. As a result, the community of Mat-Su committed to participate in the ECCS Impact project to build upon their ongoing Collective Impact efforts; Norton Sound decided to transition to a sustainable model of Early Childhood Services using this funding opportunity; and, Kodiak elected to use this opportunity to build on their ongoing efforts with the Kodiak Early Childhood Coalition.

**Describe level and extent of commitment to which communities receiving MIECHV have agreed to participate:** Each of the selected communities has agreed to participate in the CoIIN and Collective Impact processes in the attached letters of agreement. The Kodiak Area Native Association has committed to working through leadership to support the Continuous Quality Improvement efforts of this grant opportunity. Kodiak has expressed a particular interest in developing policy around shared plans of care across domains in order to improve the currently fragmented services delivery. Kodiak anticipates the opportunity to use this as a chance to develop a Primary Care Case Management model. Norton Sound identified the Help Me Grow and Strengthening Families activities as strategies in which Norton Sound has a high level of interest. Norton Sound has committed to the collective impact process. Mat-Su has two goals: The primary prevention goal focuses on increasing family resilience for all Mat-Su families; the objectives for this goal are structured around the Strengthening Families protective factors. The secondary and tertiary prevention goal focuses on preventing at risk families from experiencing child maltreatment and reducing the number of Mat-Su youth who experience re-victimization.

No Promise Zone or Rural IMPACT communities are involved in this project because none exist in Alaska.

**Describe current status and gaps in state and community policy development:** Underfunding from Indian Health Service creates motivation to seek long term sustainable health care delivery models that decrease the level of chronic conditions and improve systems delivery for the beneficiaries of the Alaska Tribal Health System. Medicaid reform is addressing barriers to access to care in the state and the Primary Care Case Management model has been identified as an initiative that the Alaska legislature supports. The desire for Office of Children's Services involved families to receive preventive care, family support and differentiated response depending on level of need, create an opportunity for positive policy development to grow from this project.

Through guidance and technical support with the CoIIN, selected communities and the state will employ a systemic process assessing the needs of 0-3 year olds in the target community and evaluate strategies for system integration and improvement.

## **METHODOLOGY**

**Overview of the Project:** Each community will self-select leadership teams that will include a representative from the community's official governing body, a representative from the family engagement sector that will liaise with the Strengthening Family outreach, representatives from the community health care system and the mental health sector, and Early Education. Along with the Early Childhood Comprehensive Systems Manager, through guidance and technical support from HRSA, community teams will use a CoIIN national technical assistance center and a cross-state learning community to enhance and integrate Early Childhood services and improve childhood developmental health through collaborative partnerships across agencies,

organizations and programs at the community, regional and state levels. Each community will build on existing networks to form and participate in a CoIIN to gain knowledge of CQI and the CoIIN process, including attending the annual in-person and periodic activities of the CoIIN learning collaborative. Using the resources gained through the CoIIN and the existing Collective Impact structures already in place, the communities will develop and implement a two-generation approach to improve children's developmental health in their communities. This process will include conducting a Strength Weaknesses Opportunities Threats (SWOT) assessment to identify gaps and barriers, adopting ECCS Impact's aim and developing Specific Measurable Achievable Results-focused and Time-bound (SMART) goals for the two-generation approach. This will be summarized in a community-approved plan that will form the basis of the Plan, Do, Study, Act reports that will be submitted monthly along with key data and progress reports. The community groups will participate in peer-to-peer mentoring and explore innovative approaches to achieving the aim of the project. Each community will hire an Early Childhood Services CQI Coordinator to assist existing networks in achieving the aim of this project.

We anticipate that care coordination and management will be a central focus of the community-level approaches in order to connect families to diagnostic services and specialized pediatric care coordination to improve children's health and developmental trajectory and achieve the aim of this project. This project will contract with and leverage Help Me Grow® to provide single points of entry for referrals and services, and provide technical assistance to advance the integrated and family centered Primary Care Case Management model, which is emerging as a top priority for Alaska's Medicaid expansion and reform efforts. The Help Me Grow® model includes the HRSA Systems Integration work with pediatric practices and community health centers.

This project will build upon Alaska's existing and ongoing Early Childhood Comprehensive Systems Project (ECCSP) efforts and partnerships across sectors, including health care, maternal child public health initiatives, and education, leveraging the Strengthening Families approach for the purpose of family engagement. Communities will utilize Collective Impact to develop sustainable networks to serve as pilots for health care reform and innovation by demonstrating the efficacy of the primary care and preventive care initiatives. Policy will be developed to share plans of care across health care and educational domains to enhance services for young children. Technical assistance and CQI will facilitate the use of Medicaid funding, Early Periodic Screening Diagnostic and Treatment provisions and other associated Affordable Care Act Provisions such as Essential Health Benefits, and Mental Health Parity, to ensure that all medically necessary services and appropriate family supports are accessible to eligible children. By meeting the medical needs of Medicaid eligible children we anticipate an overall improvement in children's developmental health in the community.

In order to support the community-level work, the ECCS Impact Program manager will work closely with the statewide Advisory Team and other key systems leaders to identify and agree to the early childhood data system. Alaska has the existing Pregnancy Risk Assessment Monitoring

System (PRAMS) and Childhood Understanding Behaviors Survey (CUBS) data systems, which provide state specific data on maternal behaviors and the follow up survey three years later to all mothers who completed PRAMS and are still living in Alaska. Alaska is fortunate to have these two robust data surveillance systems supported by the Title V Maternal Child Health (MCH) agency with over 20 years of data. Alaska's CUBS surveillance system is one of only a few surveillance systems that exist in the United States and collects data on physical, developmental and mental health milestones, the use of health care delivery systems and common child rearing practices of toddlers. Adverse Childhood Experiences (ACES) data is tracked through the Alaska Behavioral Risk Factor Surveillance System (BRFSS) which gathers information about Alaska adults to improve our understanding of health habits and measure progress towards health objectives. In addition, Help Me Grow will provide community level data tracking and reporting. The ECCS Impact Program manager will also grow and develop state-level leadership by collaborating with other initiatives such as the Alaska Resilience Initiative, led by the Alaska Children's Trust, and will participate in CoIIN virtual sessions and attend the annual in-person learning collaborative. In state technical assistance and support will also be available through linkage and work with the Title V MCH agency CoIIN network and statewide steering committee. The ECCS Impact Program manager will work with partners to develop and implement the programmatic and financial sustainability plan by identifying and implementing policy recommendations, and providing support and technical assistance to align services with billing and funding sources, such as those made available through Medicaid reform and expansion.

Alaska proposes to adopt the Collective Impact approach and participate in a CoIIN, in Alaska's selected communities, to gain knowledge of Continuous Quality Improvement and the CoIIN methodology, and implement a two generation approach to improve children's developmental health and family wellness. This funding opportunity will support Alaska to build a learning network where systems, communities and organizations engage in local-level networks to improve the communities 0 – 3 year old children's' developmental health 25% from baseline. These efforts will align with other ongoing statewide efforts to reduce the impact of Adverse Childhood Experiences (ACEs) by embedding Strengthening Families protective factors, and link families to needed resources by leveraging Help Me Grow ®. Funding from this federal grant for a full time Early Childhood Services CQI Coordinator for each participating community, will help provide local technical assistance for family centered early childhood services and CQI. The Early Childhood Services CQI Coordinator will work with the community and the CoIIN in developing a core set of indicators, identify gaps and barriers, test innovative Early Childhood systems change ideas, develop strategies and adopt new policies.

### **Goals, Objectives and Methods to Meet Stated Needs**

**(see WORK PLAN for detail on methods and LOGIC MODEL for program design)**

**Overall Aim: 25% increase from baseline in age appropriate developmental skills among community's 3-year olds.**

**Goal 1: Strengthen community-level and statewide networks to advance coordination and integration of systems towards improving children's developmental health and family well-being.**

Program coordination and communication will build on existing relationships and complement ongoing initiatives related to interventions and policies that improve systems and practices that affect young children and their families. In Alaska, historical trauma is a major issue and trauma informed care must be integrated into any service model that works with Alaska Native Families. The ECS-CQI Coordinator will work closely with Help Me Grow® to connect children with needed services and supports and develop a differentiated response depending on the child or family's level of need, inclusive of impacts of trauma.

Alaska initiatives that this project will leverage include:

- Strengthening Families is a family engagement effort to build strong families using evidence based protective factors including: social connections, knowledge of parenting and child development, concrete supports, parental resilience and children's social and emotional development.
- Help Me Grow ® is a comprehensive coordinated, place-based system of early identification and referral for children at risk for developmental or behavioral problems that provides efficient and effective linkage to existing community based programs and resources through centralized information and referral centers.
- State of Alaska Medicaid Reform proposes to implement a Primary Care Case Management System to increase Medicaid enrollee's use of primary and preventive care by incorporating a care coordination services and a performance and quality rating system.
- The Community of Hope Project is an effort to pilot a multi-sector tribal, community, and state prevention plan to address negative child welfare trends in Alaska Native communities.
- Mobilizing Action for Resilient Communities (MARC) is an initiative to advance the dialogues in Alaska on Adverse Childhood Experiences (ACEs), toxic stress in childhood, and how communities can prevent ACEs and build resilience.
- Early Childhood Mental Health Learning Network provides training to a cross-section of providers about human development and the impact of ACEs and the mitigation of toxic stress.
- Pediatric Medical Home Project (D70)- a Title V MCH agency federal award, Alaska Patient Centered Medical Home Initiative (PCMH-I) and Alaska Center for Pediatrics Patient Centered Medical Home and pediatric care coordination offers technical

## Project Narrative

assistance to provide services to young children who are eligible for brief behavioral services through mini-grants funded by the State of Alaska.

- All Alaska Pediatric Partnership’s “First Thousand Days” Campaign.

Existing partners in ongoing ECCS efforts include:

- Alaska Early Childhood Coordinating Council (AECCC) promotes positive development, improved health outcomes, and school readiness for children by creating a culturally responsive, comprehensive and accessible service delivery system. **The AECCC will act as an Advisory Council** and members include: Commissioner Department Health and Social Services, Commissioner Department of Education and Early Development, Special Staff Assistant Governor’s Office, Early Childhood Systems Project Manager, Head Start Collaboration Director, Child Care Program Officer, Part C/Early Intervention Director, Title V MCH agency representation, EPSDT Coordinator, Mental Health Provider, Alaska Native Health Provider, Best Beginnings, Alaska Head Start Association, Alaska School Boards.
- Alaska Children’s Trust strives to ensure that all Alaskan children grow up in a family and community that provide them with all the tools and resources necessary to make their dreams come true by generating funds and committing resources to eliminate child abuse and neglect.
- All Alaska Pediatric Partnership is a statewide non-profit think tank comprised of members that include Department of Health and Social Services, hospitals from across the state, Tribal health care system representatives and agencies caring for children who are currently actively working to advance pediatric medical homes, reduce child abuse and neglect, promote developmental screening and on time immunizations and improving systems of care for children in Alaska.
- Infant Learning Program partners with families to support healthy development of infants and toddlers.
- Head Start providing services to children and families with a focus on school readiness.
- State of Alaska Medicaid including Tribal Health, CHIPRA, Early Periodic Screening Diagnosis and Treatment, Division of Behavioral Health, and Medicaid Reform.
- State of Alaska Division of Public Health Title V and Children and Youth with Special Health Care needs is the state’s primary agency responsible for the implementation of all services, data collection and implementation of programs developed based on the national and state performance measures and outlined in Title V of the Social Security Administration Act.
- Governor’s Council on Disabilities and Special Education serves as the State Council on Developmental Disabilities.

*Objective 1A: Establish community teams. Strengthen leadership and expertise in continuous quality improvement (CQI) and support innovation among a cohort of recipients representing*

*the state and the selected communities. Train and sustain community and state-level groups with the Collective Impact model.*

Continuous communication and peer to peer mentoring will be assured through integrating Early Childhood System Impact efforts with existing and ongoing initiatives, focusing on systems and partners who can implement changes through their circle of influence. Community teams will be established to create a movement for change. The Alaska Early Childhood Comprehensive Systems Project will continue to work with and across multiple systems to support young children and families through specific targeted activities, as well as leadership and ad hoc advisory groups. The Alaska Early Childhood Coordinating Council (AECCC) will function as an advisory council. Representatives from the community leadership will convene and develop an implementation plan. Each community will engage with an inclusive cohort of Early Childhood Systems stakeholders and families to focus on planning and strategies using information delivered through the ECS-CQI Coordinator from the CoIIN. Community leaders and the ECS-CQI Coordinator will participate in and attend CoIIN meetings, and then convene partners and stakeholders as part of an ongoing feedback loop. The Early Childhood Comprehensive Systems Project Manager in collaboration with the community leadership team will act as advocate, convener, and catalyst. As advocates, the team will actively influence stakeholders at the community and state level to influence practices and policy. As a convener the team will foster relationships that connect with the learning community. As a catalyst, the team will disseminate the innovation strategies that come from participation in the CoIIN.

Program and service models serving Alaska Native communities must recognize the importance of the extended family including aunts, uncles and grandparents and the significant role that elders and other community members play within indigenous versus western cultures. Oral tradition as an organizing framework and collective narratives will be a primary focus in communication plans and are a natural fit for the Collective Impact process. The selected place-based communities have ongoing efforts including Strengthening Families in the Norton Sound Region, Collective Impact in the Mat-Su, and cultural heritage in early education including an Alutiiq language immersion pre-school in Kodiak.

*Objective 1B: Conduct environmental scans to develop two-generation approaches to integrate early childhood services. Develop two-generation approaches to integrate early childhood services and draft implementation plan, working with state-level Advisory Council (Alaska Early Childhood Coordinating Council (AECCC), community-level CoIIN teams and local ECS-CQI Coordinators. Engage and strengthen families to better manage challenges and strengthen the community to better support children and families. The funding of Strengthening Families will increase access to community activities and gatherings that bring people together.*

Strengthening Families efforts will engage with families in selected communities. Communities will create a movement for change that sparks conversations, changes values, and seeds systemic change. Fundamental to this process is that every family is treated with dignity and respect, and

with consideration to their family and cultural values. The forums for this will include meetings at community, regional, and state levels (Alaska does not have “counties”). Mutually-reinforcing activities to “move the needle” on early childhood development will begin with a mapping and survey process to identify community and statewide programs for Early Childhood services. Information will be compiled from private, public and tribal health systems and early education to map a system of care. The system of care mapping will be shared and used as a guiding document in ECCS Impact efforts. A Strength Weakness Opportunity and Threat (SWOT) analysis will be conducted. Gaps and barriers for service delivery will be identified and the Collective Impact group will develop Specific Measurable Achievable Result-focused and Time-bound (SMART) goals for a two generation approach. Policy development will target cross-sector collaboration to include shared Plans of Care across health and early education domains.

*Objective 1C: Launch CQI process with Plan, Do, Study, Act for ECCS model.*

The Early Childhood Services CQI (ECS-CQI) Coordinator in each place-based community will be one full time staff to support the community leadership, and will serve as one functional liaison and conduit for feedback between the service delivery entities and the Continuous Quality Improvement team in each selected community. By functioning in part in the service sector, and also in part in the CQI process, the ECS-CQI Coordinator will inform the Early Childhood Systems Impact efforts both horizontally and vertically. This staff will be responsible for communication and outreach both at the family level and the community level, which then feeds into the system level. As a result of this on-the-ground feedback, local barriers to comprehensive service delivery will be identified, and innovative models will be tested, that will provide solutions beyond the local arena. Working directly with families, providing technical assistance to the providers, and participating in the Collective Impact process will produce models of accessible service delivery in a family-friendly environment. We will apply this increased community awareness and understanding to assess local and statewide policies and systems. We will identify needed systems and policy changes to reduce the impact of ACEs, connect families to needed resources and create an innovative responsive family centered health strategy.

**Goal 2: Develop a shared resource, and shared measurement including a core set of process indicators and a core set of outcome indicators with common aims, coordinates strategies, continuous communication and a backbone organization at the state and community levels that achieve greater collective impact in early childhood systems.**

*Objective 2A: Integrate planning for Alaska’s Help Me Grow (HMG) program and expand and institutionalize it as a shared resource for families, early childhood education and supports, and health care providers in target communities.*

Help Me Grow resources to the place-based communities will be aligned to focus on developmental promotion, early detection, referral and linkage, in order to support achieving the primary aim of the ECCS Impact project to demonstrate a 25% increase in developmental skills

from baseline. Help Me Grow promotes developmental screening with tools such as the Ages and Stages Questionnaire (ASQ) to connect children with needed services and supports. Help Me Grow tracks the total number of children per year that receive screening using an evidence-based tool. With Help Me Grow, children are identified, screened, referred and connected earlier to services and supports that promote optimal healthy development. Community level indicators of developmental skills can be tracked and compared over time potentially including ASQ and/or the Early Developmental Instrument (EDI), which is a population-based measurement tool which assess functioning and could enable longitudinal assessment of impact.

**Goal 3: Use an early childhood data system to collect, store, report and analyze process indicators, for measuring state-level EC system successes.**

Community leadership and key partners will identify existing databases. The implementation of data collection and reporting to a shared measurement will align with the common agenda and common aim. The process of analysis will be coordinated by the CoIIN participants, ensuring alignment with the CoIIN activities. The existing databases will be used develop and adopt core sets of indicators to measure EC processes and outcomes. Baseline data will be collected for analysis. An evaluation plan will be developed and a preliminary analysis from the first cohort will be shared. Analysis would be shared with pediatric champions in order to embed the usage of primary care to support ongoing efforts to develop the PCCM model.

Existing data that may be used to collect and measure process outcomes of the CoIIN activities, and will be used for development of the Early Childhood core indicators, include:

- Alaska Division of Public Health Childhood Understanding Behaviors Survey (CUBS) collects information about health, behaviors, and experiences of young children (three years old) in Alaska.
- Pregnancy Risk-Assessment Monitoring Systems (PRAMS) is a survey of mothers and newborns that collects information about behaviors of Alaskan mothers and their infants surrounding pregnancy and postpartum periods.
- Alaska Infant Learning Program reports on: timely provision of services, services in natural environments, early childhood outcomes, family involvement, Child Find, early childhood transition, and state systemic improvement.
- The National Survey of Children's Health currently conducted every two years will be completed every year beginning in 2016. Led by the National Center for Health Statistics at the Centers for Disease Control, the survey is directed and sponsored by the federal Maternal and Child Health Bureau surveys families from all 50 states on topics including physical and emotional health, factors related to well-being of children, including medical home, family interactions, school experiences, and so on. Data are weighted so as to be representational of the population at large.

## Project Narrative

- Ages and Stages Questionnaire is a screening tool embedded in many practices including Head Start, Parents as Teachers, and many pediatricians' offices that may be referenced to track outcomes.
- Help Me Grow® tracks the number of children per year that receive screening using an evidence based tool. Demonstration of an increase from baseline, of the number of calls to Help Me Grow® for which children were successfully connected to services can serve as a proxy measure.
- Strengthening Families protective factors improve understanding of child development. There is evidence to show that parental engagement coupled with knowledge of child development improves the behavior of the child. The protective factors framework may be used to assess efficacy of strategies. While data is not specifically collected as part of this program, measurable outcomes can be identified that relate to this program.
- The Alaska Mental Health Board is tracking the impact of ACEs in Alaska including Alaska children whose general health is measured by ACE score, percentage of Alaska children who have a medical home by ACE score, percentage of Alaska children who have Medicaid or CHIP coverage by ACE score, percentage of Alaska children who need special therapy by ACE score, percentage of Alaska children who were never breastfed by ACE score, average number of current chronic health conditions for Alaska children by ACE score, percentage of Alaska children who received mental health treatment by ACE score, and percentage of Alaska children who have been diagnosed with a developmental delay by ACE score.
- EPSDT CMS 416 participation and screening rates reports for EPSDT related services and Alaska Medicaid Management Information System reports.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Centered Medical Home CG reports of patient experience and access to care.
- The Core Set of Children's Health Care Quality Measures for Medicaid and CHIP CMS/AHRQ for developmental screening measure.
- CMS Quality Measures Technical Assistance Analytic Support.
- DEV-CH: Developmental screening in the first three years of life.
- Alaska Native Epidemiology Center
- Individual Family Service Plans and Individualized Education Plans can be source documents and an automated system for transitioning services from Part C to Part B could be developed as part of the CoIIN activities.

Data collection will be operationalized using Help Me Grow ® feedback. Data will be used to evaluate ongoing processes and progress towards the goals of the project. Analysis will be shared across partners and practices in ongoing meetings at the community, regional and state level. Demonstration of efficacy provides evidence to support integration of early childhood services across health care, mental health and other early childhood service settings.

*Objective 3A: Identify indicators, based on the evaluation plans for each place-based community's implementation plans, which can be collected, stored, reported and analyzed at the state and community-levels.*

Alaska seeks to use existing data systems to track and measure progress after gaining agreement and implementation strategies through the CoIIN and Collective Impact processes in each community.

*Objective 3B: Develop and review cohort experience survey tool for recognition and quality improvement efforts in the ECCS project in the primary care setting.*

The State of Alaska Department of Health and Social Services (DHSS) recognizes the importance of access to preventive care and coordination of services. DHSS is proposing an initiative to furnish case management leveraging Medicaid funding for a Primary Care Case Management model. DHSS anticipates using initial and ongoing Health Risk Assessments that could identify physical and behavioral health of new enrollees. Communities selected for this project recognize the potential in this model to ensure family wellness and improved child developmental health as a result.

*Objectives 3C and 3D: Increase community and state level adoption of ECCS Impact aim and Strengthening Families framework, and increase early childhood capacity through training and Technical Assistance.*

Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need, and social and emotional competence of children. The Strengthening families approach is grounded in the two generational approach as a foundational concept.

Program staff and key stakeholder designees will be trained in medical home and care coordination concepts. Trainings will be evaluated. Feedback will be used to develop a sustainability plan for a two generational approach.

**Goal 4: Adopt and sustain collective impact and collaborative improvement and innovation efforts including policies that were demonstrated to be effective and spread work to other communities.**

*Objectives: Participate in cross-learning communities and develop common cross-state strategies, use the Alaska Early Childhood Coordinating Council to develop a statewide plan, analyze and report final data for common cross-state strategies, and activate statewide plan through policy maker education and outreach.*

The Early Childhood Comprehensive Systems Coordinator, working with the Advisory Council, the Alaska Resilience Initiative and the place-based community teams, will facilitate the development of a common agenda with a common aim of a 25% increase in developmental skills among three year olds in five years. The multiple focused efforts to mitigate the toxic stress and trauma in infancy and early childhood that state of Alaska has undertaken will be leveraged to help inform the development of the common agenda. Community leadership will commit to development of a backbone organization including capacity for project management, data management and facilitation. Tools and strategies for ongoing outreach will come from community based Collective Impact collaborations. Communication and information sharing of the CoIIN activities will be coordinated through the ECS- CQI Coordinator, who will disseminate best practices from participating in learning collaborative opportunities. Compatibility with Help Me Grow ® and Strengthening Families will be assured through partner participation. Efforts will be aligned with ongoing State of Alaska Medicaid Reform initiatives that improve health outcomes, such as the development of the Primary Care Case Management (PCCM) Model.

**Goal 5: Test innovative EC system change concepts and develop spread strategies, adopt new Early Childhood policies for sustaining the systems developed.**

*Objectives: Indicators developed through the CoIIN are incorporated statewide, successful system innovations are implemented statewide, review and adopt revised state plan, align program and grant-funded activities, and establish long term sustainability plan through policy and procedures.*

Innovation efforts will be reviewed at the Advisory Council level and reports will be disseminated to key stakeholders. Findings will be shared with state planning partners. Long term sustainability will be supported through technical assistance to leverage Affordable Care Act provisions such as Essential Health Benefits and Mental Health Parity. Medicaid provisions will be leveraged, such as EPSDT, in addition to federal funding for Indian Health Service beneficiaries and Medicaid eligible individuals. Communities will be supported in efforts to transition to Primary Care Case Management Models and/or Patient Centered Medical Homes, which have demonstrated improved outcomes in both quality and cost control. Primary Care Case Management and the Patient Centered Medical Home model have demonstrated improved health outcomes, patient experience, and have shown substantial cost savings. These models are being explored as solutions to the state's Medicaid reform initiative and will be leveraged to support these efforts beyond the project period. Due to the state's fiscal crisis there is a move towards value based payment and program models; earliest childhood is a place where we have greatest opportunity for impact.

Sustainable care coordination will be supported through addressing:

## Project Narrative

- care coordinator communication impact analysis on families, providers, and communities,
- understanding social determinants of health – building and connecting community resources,
- care coordination as a continuous partnership,
- family partnerships in care coordination,
- health related social services,
- integrating care coordination,
- care coordination measurement, outcomes and evaluation.

Sustainability strategies will be founded on strength based family centered approach through enhancement, and analysis that are aligned with the program and grant activities. Policy, procedure and interagency agreements will be established.

The Evaluation Contractor will conduct a “Data Source Environmental Scan” as the program is established during years 2-3 which will be update annually thereafter through year 4. The Data Integration Contractor secured in year 5 will sue the information and related recommendations from the Environmental Scan to review data sources, initiate integration of these systems (including Help Me Grow and the state’s Health Information Exchange), and develop a sustainability plan to ensure further integration to promote optimal streamlining of early childhood systems data.

## **WORKPLAN**

See **Attachment 2** for a detailed project workplan.

## **RESOLUTION OF CHALLENGES**

The selected communities opted in to this proposed partnership out of dedication and commitment from community stakeholders with an aim to move the needle on early childhood developmental health and family wellness. This is a strong foundation for implementing activities proposed in the work plan. Two potential challenges and resolutions that are anticipated during implementation include dissemination of information and data collection.

Data collection can be a challenge given the size of the target communities, and the 0-3 range of the cohort. As described in detail in the methodology section, there is an abundance of data sources available. Through the CoIIN technical assistance process the selected communities will get assistance in determining the best dataset from the available datasets to measure progress. Ongoing Medicaid Reform initiatives related to data analytics and information technology infrastructure are timely for these efforts.

Dissemination of information is a challenge when groups are talking individually but have not previously come together to the table to discuss how they might work more collectively.

The Collective Impact approach to resolve separation through meetings focused on exchanging information about individual goals, and how those goals might support each other's work can maximize the shared outcome of a 25 percent increase from baseline in developmental skills for the community's 0 -3 year old children. Communities in Alaska that have initiated Collective Impact will be contacted for support and information sharing. Work with the CoIIN learning community to identify successful methods for Continuous Quality Improvement implementation will help resolve challenges. Family engagement and partnerships including community leadership will increase buy-in. Use of web technology and telephonic connections will increase access of personnel across the state and country for technical assistance.

Strengthening Families has been funded through legislative appropriation as a line item in the state budget. Strengthening Families has held meetings across the state, and multiple communities have participated by engaging community members. The Alaska Mental Health Board has delivered and will continue to deliver presentations on early brain development, early childhood mental health, and ACEs and these presentations have the effect of coalescing communities around the shared goals of healthy child development and family wellness.

There are strengths inherent in the Alaska Native and American Indian cultures that have the potential to further treatment approaches, particularly emphasizing healing and a willingness to undertake a cooperative and collaborative process. The fundamental collective identity of the kin network and the reliance on others is a significant opportunity to address integration. Additionally, it is a common belief that trauma negatively impacts the family and the community, not just the individual. Alaska Native culture, itself, presents a platform for change.

## **EVALUATION AND TECHNICAL SUPPORT CAPACITY AND PERFORMANCE MANAGEMENT**

### **Organizational capacity to develop and integrate data system:**

Alaska's ECCS Impact project will leverage existing statewide efforts including the new Help Me Grow Alaska data collection system, Part C "Infant Learning Program" data, the Alaska PRAMS (Pregnancy Risk Assessment Monitoring System) and CUBS (Childhood Understanding Behavior Survey) survey data systems to monitor statewide trends and inform CQI efforts. The Data Integration Contractor secured in Year 5 will use the information and related recommendations from the Environmental Scan to review data sources, initiate integration of these systems (including Help Me Grow and the state's Health Information Exchange), and develop a sustainability plan to ensure further integration to promote optimal streamlining of early childhood systems data.

Alaska will use the existing Pregnancy Risk Assessment Monitoring System (PRAMS) and Childhood Understanding Behaviors Survey (CUBS) data systems to track the progress of the ECCS Impact project in the place based communities and at the statewide level, as innovation spreads. PRAMS is an on-going survey of mothers of newborns initiated by the State of Alaska Division of Public Health, Section of Maternal, Child and Family Health in 1990. PRAMS was developed by the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health and is part of CDC's initiative to reduce infant mortality and low birth weight. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and after pregnancy. Approximately one of every six mothers of newborns is selected for PRAMS. Mothers are randomly selected from birth records at the Bureau of Vital Statistics. Women from some groups are sampled at a higher rate to ensure adequate data are available in smaller but higher risk populations. Selected women are first contacted by mail approximately 2 to 6 months after delivery of their baby. If there is no response to repeated mailings, women are contacted and interviewed by telephone. Data collection procedures and instruments are standardized to allow comparisons between states.

Alaska CUBS is a program designed to collect data on the health and early childhood experiences of young children in Alaska. CUBS collects information by conducting a follow-up survey to the PRAMS. CUBS sends a follow-up survey three years later to all mothers who completed PRAMS and are still living in Alaska. CUBS asks questions about both the mother and her child. About 90 Alaskan mothers are sent a CUBS survey every month. The CUBS program began sending out surveys in 2006. Although 37 states have a PRAMS program, currently only three other states conduct an on-going follow-up survey with PRAMS respondents to collect data on physical, developmental and mental health milestones, the use of health care delivery systems and common child rearing practices of toddlers.

In addition to these population-level data systems, the Alaska Mental Health Board has been driving statewide ACEs research the past five years in Alaska. The Board has also been working on EPSDT and infant and early childhood mental health development within the state Division of Behavioral Health, including financially supporting the annual Infant and Early Childhood Mental Health Institute. This institute trains Infant Mental Health Professionals, Children in Need of Aid and “Family Court” personnel, Head Start Teachers and Administrators across the state, Childcare Providers, Family Practice Doctors and Pediatricians, ICWA Workers, Legislators, undergraduate and graduate students in various social service fields, and Public Health Nurses.

The ECCS Impact project will use Help Me Grow (HMG) to promote developmental screening with tools such as the Ages and Stages Questionnaire (ASQ) in an effort to connect children with needed services and supports at the community and practice levels. Help Me Grow (HMG) Alaska will promote universal developmental screening using the Ages and Stages Questionnaire (ASQ) to identify and connect children with needed services and supports. HMG Alaska will track the total number of children per year that receive screening in addition to robust family and

referral information which will be used for systems gap analysis and service development. Alaska's Title V program is currently leading the HMG Alaska planning effort with a strong emphasis on data systems and evaluation. A contractor from Utah with years of experience with HMG data systems and program evaluation is supporting the data collection planning efforts and will provide recommendations and resources for data systems integration as statewide data sources related to early childhood are identified and explored. Community level indicators of developmental skills can be tracked and compared over time potentially including ASQ and/or the Early Developmental Instrument (EDI) which is a population based measurement tool which assesses functioning and could enable longitudinal assessment of impact.

Alaska's ECCS Impact project will also leverage existing Part C Infant Learning Program (ILP) data. The state's ILP office supports local service providing agencies to build capacity for accurate and meaningful data reporting to inform service delivery and program improvement. Existing ILP databases include: child outcomes reports, quarterly reviews, risk factors lists and self-assessments. Alaska's Part C program is currently engaged in a State Systematic Improvement Plan (SSIP) to improve services for children age 0-3 statewide. This SSIP offers the opportunity to integration ECCS Impact activities and will promote statewide expansion of the community CoIIN work for increased impact and sustainability.

### **Evaluation methods to monitor ongoing progress:**

The evaluation of the project will include a structured strategy of data collection for Continuous Quality Improvement and collaborative innovation for systems integration. Evaluation and monitoring will be ongoing throughout the project as described in the evaluation plan below. Process measures that relate to the timelines of the activities will be collected and tracked.

The contracted Evaluation Coordinator and the Program Manager will work together to collect, review and analyze most of the data used in the evaluation. Primary data sources will include reviews of meeting minutes, program notes and interviews with key informants such as providers and families. Quantitative and qualitative results of interviews and surveys with providers, families and partners will be shared with stakeholders.

Help Me Grow (HMG) call centers collect information on who calls, why the calls are made, and what happens to the families seeking help. This includes identification of gaps and barriers to services. To evaluate the impact of expanding provider access for families a pre-post survey will be designed. Results will be shared with partners and stakeholders.

As a way of evaluating project sustainability, many of the surveys will focus on satisfaction of the participants (families, providers, other partner and community members) in their level of involvement in the process, whether they felt that they shared responsibility in the process and whether a diversity of families/partners were represented.

Alaska's ECCS Impact Project will regularly report on the following national performance measures as identified by HRSA:

- Ensure family, youth, and consumer participation in program and policy activities.
- Incorporate cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- Contribute to infrastructure development through core public health assessment, policy development and assurance functions.
- Assisted state and communities in planning and implementing comprehensive, coordinated care for MCH populations.
- Work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
- Assist in developing, supporting, and promoting medical homes for MCH populations.

*Evaluation logic model is below; program logic model included in Methodology.*

### **Data and findings for the CQI activities:**

Pending CoIIN determination of indicators, information and data points will be collected through the existing and proposed data systems for collection and reporting of EC core processes and outcome indicators described above. These systems will be integrated at the community and system levels during the CoIIN process proposed through the ECCS Impact project.

CUBS data will be used to supplement data collected through the CoIIN process. CUBS is coordinated by MCH Epidemiology.

### **Plan for organization's performance management including collecting and analyzing data:**

As described in the methodology and program logic model, and in the evaluation logic model below, the ongoing measurement of process outputs and outcomes at the place-based community level and at the statewide system level will inform performance management for community-based and state-level teams. As the ECCS Impact project progresses, the community-based CoIIN teams and the state-level team will increase capacity to collect and measure the impact from project activities and correct course as needed, in order to achieve the overall aim of the project of a 25% improvement in developmental measures among the community's 3-year olds in five years.

### **CoIIN activities used to inform program development:**

As the community-based CoIIN teams gain knowledge of CQI and the CoIIN approach and develop and implement the two-generation approaches to improve children's developmental skills, the community teams will increase their ability to evaluate activities and adjust the program design accordingly. The activities and evaluation study questions are identified in the evaluation plan below. The activities at the place-based community level and the state level will

be aligned in order to establish a baseline for each community, identify core indicators through the COIIN process and then integrate measurement of these into existing data systems.

### **Obstacles to implementation:**

Data collection can be a challenge given the size of the target communities, and the 0-3 range of the cohort. As described in detail in the methodology section, there is an abundance of data sources available. Through the CoIIN technical assistance process the selected communities will get assistance in determining the best dataset from the available datasets to measure progress. Ongoing Medicaid Reform initiatives related to data analytics and information technology infrastructure are timely for these efforts.

### **Dissemination of Evaluation Activities:**

Results of evaluation activities will be disseminated to stakeholders and decision makers as appropriate through survey and interview reports. Results and information will also be disseminated during regular stakeholder meetings, through state agency and community partner networks, federal partner networks, and social media. Regular meeting minutes as well as semi-annual and other written reports and products will be targeted for a general audience for ease of use in additional program and systems integration planning.

The statewide ECCS Impact Plan will be broadly and deliberately disseminated in printed and electronic formats through a variety of methods including, but not limited, to those stated above. The statewide ECCS Plan will be of special interest to the Infant Learning Program (Part C) and other statewide service agencies for further systems development and integration. The Infant Learning Program will partner in dissemination of this data through the statewide early intervention service provider network and incorporate ECCS Plan findings into Child Find and other early identification activities.

Some evaluation activities (such as those related to Help Me Grow shared resource and the Care Coordination Training Program and Measurement Tool) will be disseminated (print and electronically) beyond the state level to national centers and federal partners such as the American Academy of Pediatrics, as well.

**EVALUATION LOGIC MODEL**

**Goal 1: By 2021, strengthen community-level and statewide networks to advance coordination and integration of systems towards improving children’s developmental health and family well-being.**

<b>Evaluation Question</b>	<b>Data Source(s) – where is the data?</b>	<b>Evaluation Method – method used to collect the data, how will it be managed and stored</b>	<b>Data Collector &amp; how often it will be collected. Time frame?</b>	<b>Work plan objective</b>
<b>Process Measures</b>				
With community lead agency, enlist families of community involved with early childhood service delivery to participate in the SWOT and GAP analysis process	SWOT GAP analysis meeting minutes and notes	Review of meeting minutes and notes.	ECCS CQI delivered to Program Manager at the state level. July-September 2016	1A
With community lead agency, enlist pediatric community, early educators, cultural heritage groups of community involved with early childhood service delivery to participate in the SWOT and GAP analysis process	SWOT GAP analysis meeting minutes and notes	Review of meeting minutes and notes.	ECCS CQI delivered to Program Manager at the state level. July-September 2016	1A
Were there any under-represented groups in the process? If yes, what were the barriers experienced by those groups?	Program Manager, families, providers that participated or those asked to participate but chose not to	Interviews with Program Manager, families, providers and other key informants	ECCS CQI delivered to Program Manager at the state level. July-September 2016	1A
Advisory Council (AECCC) to include representatives from community EC planning process. Communities designate team members.	AECCC minutes	Review of meeting minutes and notes.	Program Manager at the state level. July 2016 through project duration	1B
Prepare process and materials on pilot ECS-CQI plan as guiding document for CoIIN, share among stakeholders, use for collective impact.	ECCS draft plan	Interviews with Program Manager, families, providers and other key informants	ECCS CQI delivered to Program Manager at the state level. July 2017	1B
Monthly Plan Do Study Act reports.	Reports provided	Program manager, Evaluation Contractor	ECCS CQI delivered to Program Manager at the state level. July 2017 - 19	1C
Collect Baseline data for analysis.	Reports provided	Program manager, Evaluation Contractor, CoIIN	ECCS CQI delivered to Program Manager at the state level. July 2017 - 19	1C

**Goal 2: By August 2019, expand shared resource (*Help Me Grow Alaska*), and shared measurement including a core set of process indicators and a core set of outcome indicators with common aims, coordinated strategies, continuous**

**communication and a backbone organization at the state and community levels that achieves greater collective impact in early childhood systems.**

Evaluation Question	Data Source(s) – where is the data?	Evaluation Method – method used to collect the data, how will it be managed and stored	Data Collector & how often it will be collected. Time frame?	Work plan objective
<b>Process Measures</b>				
Communication plan developed to familiarize partners with shared vision and generate peer-to-peer mentoring.	Program Manager files	Program records (emails, meeting agendas and minutes)	ECCS CQI delivered to Program Manager at the state level. 2017	2
Launch Help Me Grow, refine and revise as operations ongoing.	HMG call center data collection system	Analysis of HMG call center data	ECCS CQI delivered to Program Manager at the state level.	2
Are the HMG and the ECS-CQI coordinator establishing a protocol for a differential response depending on the level of need?	HMG system evaluation ECS CQI tracking records	Interview with HMG manager, or review of HMG scope of work. Analysis of HMG call center data	ECCS CQI delivered to Program Manager at the state level.	2
Are Alaska families aware of the existence of the HMG call center?	Family surveys and focus groups with target population	Analysis of family surveys and focus group data.	ECCS CQI delivered to Program Manager at the state level.	2
Are the call center staff sensitive and responsive to Alaska-specific cultures and concerns?	Follow-up surveys to families who called the call center.	Analysis of family surveys.	ECCS CQI delivered to Program Manager at the state level.	2
Are all necessary program functions of HMG being performed effectively?	HMG system evaluation	Client satisfaction surveys (surveys of people/providers who have called the call center or who received outreach/education from HMG), interviews with HMG Core Leadership Team	ECCS CQI delivered to Program Manager at the state level.	2
How well is the HMG system working?	HMG annual analysis and summary report	Surveys of health care providers who participated in training, surveys of families and providers who participated in educational sessions and networking opportunities, “audit” of the resource directory	ECCS CQI delivered to Program Manager at the state level.	2
What needs to be changed, improved, or enhanced in the HMG service? Disseminate results and sustainability plan.	HMG annual analysis and summary report	Surveys of health care providers who participated in training or called the call center, surveys of families and providers who participated in educational sessions and networking opportunities, “audit” of the resource directory	ECCS CQI delivered to Program Manager at the state level.	2

**Goal 3: By August 2021, establish an integrated early childhood data system to collect, store, report and analyze process indicators, for measuring state-level EC system successes.**

Evaluation Question	Data Source(s) – where is the data?	Evaluation Method – method used to collect the data, how will it be managed and stored	Data Collector & how often it will be collected. Time frame?	Work plan objective
<b>Process Measures</b>				
Develop evaluation plan based on available data collection including ILP data, PRAMS and CUBS	State of Alaska Department of Health and Social Services	Interviews with cohort and CoIIN support. 2017-18	ECCS CQI delivered to Program Manager at the state level.	3A
Did the data available include appropriate measures that allow for evaluating the effectiveness of the plan?	Program Manager communications and notes	Program Manager communications and notes 2017-18	ECCS CQI delivered to Program Manager at the state level.	3A
Engage health care providers in CQI process	Program Manager communications and notes	Program Manager communications and notes 2018	ECCS CQI delivered to Program Manager at the state level.	3B
Analyze data and develop adaptations for ECCS in the primary care setting	Program Manager communications and notes	Program Manager communications and notes 2017-18	ECCS CQI delivered to Program Manager at the state level.	3B
Strengthening Families protective factors disseminated	Program Manager, ECCS CQI Coordinator and SF	Program Manager communications and notes 2018	ECCS CQI delivered to Program Manager at the state level.	3
Do surveys indicate reduction in ACES as a result of community engagement in SF? Are mental health providers engaged in that analysis?	SF surveys	SF surveys	ECCS CQI delivered to Program Manager at the state level.	3C
How many program staff and key stakeholder designees trained as care coordination, pediatric care coordination and PCCM “experts”?	Program Manager communications and notes	Program Manager communications and notes 2019	ECCS CQI delivered to Program Manager at the state level.	3D
How many requests for technical assistance and support have the PCCM “experts” received and responded to?	Medical home experts’ notes and communication records	Interviews with PCCM “experts” 2019	ECCS CQI delivered to Program Manager at the state level.	3D

**Goal 4: By August 2021, adopt and sustain collective impact and collaborative improvement and innovation efforts including policies demonstrated to be effective and spread statewide**

Evaluation Question	Data Source(s) – where is the data?	Evaluation Method – method used to collect the data, how will it be managed and stored	Data Collector & how often it will be collected. Time frame?	Work plan objective
<b>Process Measures</b>				
Was a diverse group of stakeholders engaged in the cross-state learning community? Are CQI methodologies appropriate to increase	Program Manager notes and meeting minutes	Review of meeting notes and minutes	Program Manager. 2019	4A

Project Narrative

Evaluation Question	Data Source(s) – where is the data?	Evaluation Method – method used to collect the data, how will it be managed and stored	Data Collector & how often it will be collected. Time frame?	Work plan objective
children’s developmental skills by 25%?				
Was an evidence-based Continuous Quality Improvement methodology identified?	Program Manager notes and meeting minutes	Review of meeting notes and minutes	Program Manager. 2019	4B
Reconvene learning community collect and analyze final data	Learning community members	Interviews with learning community members	Evaluation Coordinator and Program Manager. 2019	4C
Statewide ECCS Impact plan policy maker outreach	Program Manager notes and AECCC meeting minutes	Review of meeting notes and minutes	AECCC Program Manager.2019	4D
Collaborate with statewide stakeholders	AECCC Meeting minutes	Review of meeting minutes and QI plan	Program Manager and Evaluation Coordinator.2019.	4E

**Goal 5: By August 2021, test innovative EC system change concepts, develop spread strategies and adopt new EC policies for sustaining the systems developed.**

Evaluation Question	Data Source(s) – where is the data?	Evaluation Method – method used to collect the data, how will it be managed and stored	Data Collector & how often it will be collected. Time frame?	Work plan objective
<b>Process Measures</b>				
Were indicators and evaluation plan disseminated on schedule?	Program Manager	Program Manager communications.	Program Manager.	5A
Was the revised statewide ECCS Impact plan completed on time?	Program Manager records.	Review of Program Manager records and work plan.	Program Manager.	5B
Did families and other community members participate in writing the statewide ECCS Impact plan in a variety of roles throughout the process, including issue framer, collaborator, advocate, evaluator, and stakeholder?	Program Manager records.	Review of Program Manager records and work plan.	Program Manager.	5C
Align statewide ECCS Impact plan and grant-funded activities	Program Manager, partners and community organizations	Key informant interviews	Evaluation Coordinator.	5D
Are state/organizational policies and procedures in place to sustain improvement?	Program Manager, partners and community organizations	Key informant interviews	Evaluation Coordinator and Program Manager.	5E
Has funding been identified for sustainable programs?	Program Manager, partners and community organizations	Key informant interviews	Evaluation Coordinator and Program Manager.	5E
Has leadership team drafted formal statewide ECCS Impact plan?	Financial records and budgets	Review of financial reports and Program Manager records	Program Manager.	5E
Throughout the process, was mutual trust built and shared responsibility established between all partnering organizations?	Program Manager, partners and community organizations	Key informant interviews	Evaluation Coordinator and Program Manager.	5E

## **ORGANIZATIONAL INFORMATION**

### **Qualifications of Project Personnel:**

The community leadership in the placed-based communities is seated within the tribal health agency for the Norton Sound region, the tribal health agency for Kodiak Island, and the backbone support for the Raising Our Children with Kindness (ROCK) Mat-Su Collective Impact collaborative, which is working to promote family resilience and reduce maltreatment in the Mat-Su. The Project Director for the Office of Children's Services (OCS) in the Department of Health and Social Services (DHSS) has over twenty-five years' experience in the social services, child welfare and family services field. The project manager will work directly under the director and has experience in Medicaid policy and planning, and in service delivery for home and community based services across the state of Alaska in both rural and urban areas. See Attachment 3 for resumes for key personnel.

The Office of Children's Services is strongly committed to promoting local services to assist families involved in the child welfare system. Rural areas often present challenges for adequate and timely service provision including travel difficulties related to weather, remoteness and lack of a stable workforce. The Rural Child Welfare program provides grants to Tribal partners in rural areas.

### **Early Childhood System leadership:**

The Early Childhood Systems Project (ECCSP) is one of the Department's prevention and early intervention programs. Leadership of the OCS works closely with the qualified staff at the Division of Public Health and under the oversight of the Department leadership with the ECCSP. Collaboration with the ECCSP from the Department of Education includes qualified early education experts. The Alaska Mental Health Board supports efforts across the Department with expertise in mental and behavioral health. The ECCSP program has been part of DHSS for over ten years. DHSS ECCSP has facilitated the building of statewide systems of care that support family and community approaches to promoting positive early development and early school success for young children. ECCSP to date has focused on: medical homes, social and emotional and mental health for young children, early care and learning, and family support and education. The ECCSP with the support of DHSS and DEED has a supporting infrastructure that can help plan, manage and support this project. The state of Alaska has many foundational programs upon which to enhance ECCSP impact. There has been an enormous amount of activity in Alaska in the last year focused on the prevention of adverse childhood experiences, increasing the understanding and skills of our workforce regarding the impacts of trauma and early development, and increasing trauma informed systems.

### **Commitment to participate of the key leaders on advisory team:**

The Alaska Early Childhood Coordinating Council is committed to promoting positive development, improved health outcomes, and school readiness for children prenatal through age eight by creating a culturally responsive, comprehensive, and accessible service delivery system that links service providers, empowers families, and engages communities. The AECCC shall support the creation of a unified, sustainable system of early care, health, education, and family support for young children and their families.

The AECCC will facilitate the integration and alignment of services, planning efforts, resources, policy development, and funding as well as establish connections between health, mental health, education and family support systems and public and private partners.

The AECCC was recently awarded a National Governor's Association (NGA) grant to participate on a cross sector learning opportunity to improve the quality of Early Care and Education (ECE) in the State of Alaska. The AECCC will use this technical assistance from the NGA to strengthen and implement a statewide policy agenda supporting early care and education of young children. The ECCSP manager is co-facilitator of the AECCC and will incorporate this technical assistance into ongoing ECCSP efforts.

### **Participation of other partners:**

One of the partners and technical assistants in the proposed project is the MCH Title V and Children and Youth with Special Health Care Needs (CYSCHN) Agency. Alaska's Title V agency has a successful legacy of completing robust statewide needs assessments, identifying meaningful and measurable performance outcomes, developing and administering surveillance systems with skilled epidemiologists and implementing programs that improve outcomes for the MCH and CYSCHN population. The current Title V Director has been an active leader at the national level through the Association of Maternal-Child Health Programs co-leading work groups in the MCH Title V reorganization (2.0), advising in the implementation of the maternal, infant and early childhood home visiting program and in early childhood systems along with many other initiatives focused on improving screening and services for children. The agency is currently actively leading 6 statewide CoIIN initiatives focused on improving infant mortality (4), reducing childhood injury and reducing intimate partner violence. The agency has extensive experience in PDSA and rapid cycle quality improvement processes. The agency has current federal grants focused on improving care coordination for children through expansion of pediatric medical homes, Maternal, Infant and Early Childhood core and expansion grants, Healthy Start grant, and Universal Newborn Hearing screening just to name a few. Other state and federal fund sources are focused on improving systems of care for the MCH and CYSCHN population with a specific focus on early identification of children with developmental delays, autism and other conditions.

Help Me Grow is a system that connects at-risk children with the services they need. HMG builds collaboration across sectors to improve access and identifies gaps and barriers to access systems. HMG helps with questions about behavior, development and learning and making a connection to community based services.

Strengthening Families is based on the social-ecological model of human development, which envisions the child at the center of concentric circles representing the relationships and environments that influence his or her development. Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities. Strengthening Families in Alaska has been embedded in early care and learning programs, best beginnings early childhood partnerships, community cares, and the approach is being disseminated in rural Alaska.

### **Experience of the applicant with EC system within Alaska, and the capacity and ability to identify and address the EC needs, and influence Alaska EC policies and practices:**

The vision of the Department of Health and Social Services (DHSS) is that Alaska individuals, families and communities are safe and healthy, and its mission is to promote and protect the health and well-being of Alaskans. DHSS core services include protecting and promoting the health of Alaskans, providing quality of life in a safe living environment for Alaskans, facilitating access to affordable health care for Alaskans, protecting vulnerable Alaskans and strengthening Alaskan families.

Current activities that DHSS has undertaken include improving the health status of Alaskans, improving the safety of children receiving department services; increasing the number of Alaskans who experience behavioral health issues who report improvement in key life domains; increasing the number of Alaskans with a primary care provider; increasing access for Alaskans with chronic or complex medical conditions to integrated care; improving access to health care; improving rural access to health care; and, decreasing the rate of maltreatment in children.

DHSS is making progress through focused efforts on integrating and coordinating services, strategically leveraging technology and measuring and improving performance. DHSS seeks to develop and integrate services and programs, when funding and program requirements are categorical and work against integration. DHSS leadership recognizes the value of Primary Care Case Management and has identified essential components of PCCM in pending legislation.

DHSS is structured around the Divisions of Public Health, Medicaid and Health Care Policy which include Health Care Services, Senior and Disabilities Services, Public Assistance and Family, Community and Integrated Services which includes Office of Children's Services, Juvenile Justice, and the Division of Behavioral Health.

DHSS helps coordinate the AECCC which facilitates the integration and alignment of services, planning efforts, resources, policy development and establishes connections among health, mental health, education and family support systems across public and private partnerships.

When the State of Alaska expanded Medicaid in 2015, significantly improving access to health care coverage to Alaskan adults, DHSS committed to health care reform and Medicaid redesign. A focus of Medicaid redesign is leveraging preventive care as a strategy to improve health outcomes, decrease health disparities and contain health care costs. Access to care is an integral part of the Medicaid Reform process and Alaska has led the way in the nation in working with the federal government on expanded federal funding for care provided to Indian Health beneficiaries that are Medicaid eligible. Alaska is actively participating in developing guidance around circumstances in which 100 percent federal funding would be available for services received through an Indian Health provider.

### **Experience of applicant and the communities in continuous quality improvement activities in Alaska Early Childhood work:**

Alaska is in the process of implementing a series of health reform initiatives to enhance access to care and improve population health. These initiatives are aimed at correcting a fragmented care delivery system and reducing the impacts of social determinants such as poverty and lack of education on overall health.

Needs of communities are routinely assessed and improved by DHSS in several ways. Healthy Alaskans 2020 is tracking data in 25 indicators, many of which are related to young children. Alaska ACEs are being gathered through the BRFSS. Alaska's Division of Public Health within DHSS through the Maternal Child Health unit holds annual stakeholder meetings for stakeholder input for ongoing Needs Assessments. Narrowing the significant disparities between Alaska Native children and the rest of the population is a critical element in the mission, priorities and values of the department.

State of Alaska Division of Public Health Title V and Children and Youth with Special Health Care needs is the state's primary agency responsible for the implementation of all services, data collection and implementation of programs developed based on the national and state performance measures and outlined in Title V of the Social Security Administration Act.