

ALASKA MATERNAL & CHILD HEALTH BLOCK GRANT 2019



A SNAPSHOT OF HOW THE TITLE V MATERNAL & CHILD HEALTH BLOCK GRANT WORKS IN ALASKA

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 76 million people in the U.S. The Title V Administrative Agency in Alaska is the Section of Women's, Children's and Family Health, located in the Department of Health and Social Services.

MCH BLOCK GRANT FUNDS TO ALASKA:

FY 2016	FY 2017	FY 2018
\$1,051,991	\$1,057,450	1,070,596

*States must provide a three dollar match for every four Federal dollars allocated.

PROTECTING AND IMPROVING THE HEALTH OF ALASKA'S FAMILIES:

MCH Epidemiology — The MCH Epi Unit collects, analyzes and reports data regarding the status of family health in Alaska. This includes data from the Maternal Child Death Review Committee, Pregnancy Risk Assessment Monitoring System (PRAMS), Alaska Birth Defects Registry, Childhood Understanding Behaviors Survey (CUBS), and Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink).

Children and Youth with Special Health Care Needs (CYSHCN) — Programs for CYSHCN focus on promoting developmental screening, improving health care transition for youth and adolescents, providing gap-filling pediatric specialty clinics, and empowering family leaders.

Reproductive Health and Teen Pregnancy Prevention — Clinical, outreach and pregnancy prevention efforts are delivered through local nonprofit agencies and public health centers. TANF and PREP funding support healthy relationships and sexual health education.

Newborn Screening —The newborn bloodspot screening program tests infants for serious medical conditions and provides diagnostic testing and medical consultation from a specialist. The newborn hearing screening program aims to implement universal newborn hearing in all birthing facilities throughout the state and offers linkages to providers for diagnostic services and referrals for deaf or hard of hearing children to early intervention services by six months of age..

Oral Health —The goals of the program are to enhance collaboration to improve access to dental services, reduce disparities, and improve oral health for all Alaskans. The program has an emphasis on oral health issues for the perinatal, school-age youth, and the CYSHCN populations.

Perinatal Health — This program improves perinatal and infant health outcomes by addressing such topics as infant safe sleep, home visiting services, and screening for substance use. The Alaska Prenatal Screening Program screens pregnant women for substance use and then offers a brief intervention support. The Alaska Perinatal Quality Collaborative partners with the Alliance for Innovation on Maternal Health to engage birth facilities in collaborative quality improvement with the aim to eliminate prevent severe maternal morbidity.

School Nursing/School Health —The purpose of this program is to support and strengthen student health and nursing services in Alaska schools through the development of guidelines and dissemination of evidence-based resources. The program works closely with school nurses, other school health personnel, public health nurses, and school district administrators to ensure students have safe access to needed health care to ensure their academic success.

Alaska's Maternal and Child Health Priorities and Strategies

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

Women/Maternal Health

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

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

Strategies:

- ‡ Work with community-based partners to provide patient navigation and health education information to disparate populations to increase the number of women who are rarely or never screened for cervical cancer through the Ladies First program.
- ‡ Identify and partner with public and private providers statewide to improve and expand their preventive health services through health systems interventions that identify best practices and measure improvements (QI model).
- ‡ Review all pregnancy-associated deaths through the Maternal Child Death Review and increase awareness of recommendations.
- ‡ Collect, analyze, and disseminate PRAMS Phase 8 data on women receiving "regular checkup" health care visits at a doctor's or OB/GYN's office, or "visits for family planning or birth control" in the 12 months before getting pregnant.
- ‡ Support continued collaboration between the Alaska Prenatal Screening Program (APSP), Alaska Division of Behavioral Health, and partners across Alaska to increase the documented number of pregnant women screened with PHQ-2 and receiving appropriate referral and treatment of perinatal mood and anxiety disorders (PMAD).
- ‡ (NEW) Engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on reducing severe maternal morbidity due to severe hypertension in pregnancy in partnership with the Alliance for Innovation on Maternal Health (AIM) and Alaska Perinatal Quality Collaborative (PQC)

Perinatal/Infant Health

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

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

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

Strategies:

- 👤 Review Sudden Unexplained Infant Death (SUID) cases using the CDC SUID Investigation Reporting Form algorithm to make consistent and accurate classifications and prevention recommendations.
- 👤 Partner with programs serving high risk families to provide evidence based infant safe sleep education.
- 👤 Continue partnership with tribal health organizations to disseminate outreach materials and training programs for Alaska Native communities, providers and families that reflect current AAP guidelines and are culturally appropriate.
- 👤 Increase safety of newborns, infants and toddlers by developing Plans of Safe Care and early identification of families with newborns with mother's reporting use of substances during the last month of pregnancy.
- 👤 Promote provider use of Screening, Brief Intervention and Referral to Treatment (SBIRT) for all harmful substances among all women of childbearing age, especially those who are pregnant.
- 👤 Promote provider use of One Key Question tool among women of childbearing age, including those who are pregnant.

Child Health

PRIORITY NEEDS: • INCREASE ACCESS AND PREVENTATIVE HEALTH CARE SERVICES TO ALASKANS AND THEIR FAMILIES. • REDUCE THE RATE OF CHILD MALTREATMENT

CHILD NATIONAL PERFORMANCE MEASURE (NPM 6): PERCENT OF CHILDREN AGES 9 THROUGH 71 MONTHS RECEIVING A DEVELOPMENTAL SCREENING USING A PARENT COMPLETED SCREENING TOOL.

CHILD STATE PERFORMANCE MEASURE (SPM 5): ANNUAL NUMBER OF DEATHS AMONG CHILDREN <6 YEARS OF AGE CLASSIFIED AS MALTREATMENT BY THE MCDR COMMITTEE

Strategies:

- 📅 Support existing Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to complete the Ages and Stages Developmental Screening tool on time, as outlined by the Bright Futures periodicity schedule.
- 📅 Partner with Medicaid and participate in the ECCS CoIN to promote the use of the online Ages and Stages Questionnaire developmental screening tool with health care providers and partners
- 📅 Develop and expand Help Me Grow Alaska as a statewide system to support parents and care givers, providers, educators and community-based service agencies in use of standardized screening tools.
- 📅 (NEW) Participate on Medicaid Children's Core Workgroup to increase the number of children receiving developmental screening in the first three years of life, a Child Core Set measurement for CMS, and improve reporting of data.
- 📅 Develop a single (or series of) info graphic(s) that describe the incidence proportion of child maltreatment in Alaska in conjunction with ACES, and child welfare prevalence data.
- 📅 Improve the reliability of maltreatment-related mortality classifications (particularly those related to child neglect and negligence) through a pilot study.
- 📅 Improve the tracking of maltreatment deaths that are based on the various jurisdictional definitions to allow for timely and comprehensive response to media, legislative, researcher, and other public inquiries.
- 📅 Expand the ALCAN link project by acquiring and linking in parental histories with Juvenile Justice, Child Welfare, Law Enforcement, Corrections, and Behavioral Health. Continue to pursue educational records.

- Identify funding to support the establishment of a flexible data platform for ALCANLink data to reside. Transition from the current MS Access platform to improve transferability to other PRAMS jurisdictions.
- Support local/state based initiatives working to prevent maltreatment by providing and interpreting data.
- Improve public access to child welfare data by updating the IBIS application with current data and expand Rshiny online ALCANLink application.
- Partner with the Mental Health Board, Alaska Children's Trust, and Child Welfare to develop a centralized website that describes child wellbeing in Alaska using ACES, child welfare, and public health data.

Adolescent Health

PRIORITY NEEDS: •INCREASE HEALTHY RELATIONSHIPS. •INCREASE ACCESS AND PREVENTATIVE HEALTH CARE SERVICES TO ALASKANS AND THEIR FAMILIES

ADOLESCENT NATIONAL PERFORMANCE MEASURE (NPM 13): PERCENT OF CHILDREN, AGES 1 THROUGH 17 YEARS, WHO HAD A PREVENTATIVE DENTAL VISIT IN THE LAST YEAR.

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

Strategies:

- Distribute the Bright Futures Oral Health Pocket Guide to all providers who have the opportunity to promote children's oral health.
- Collaborate with Division of Health Care Services to increase preventative dental visits with children ages 1-20 enrolled in Medicaid program.
- Develop a strategy with school nurses to examine opportunities for school nurses to connect students to oral health services.
- Continue to lead and facilitate the Alaska Dental Action Coalition (ADAC) meetings twice a year. ADAC is the only group in Alaska which takes a multidisciplinary approach to improving oral health in Alaska.
- Develop a Fourth R for Healthy Relationships Parent Engagement Toolkit which includes information about the Fourth R topics and tips for parents/caregivers to facilitate healthy relationships conversations with their children.
- (NEW) Support statewide training and dissemination of Coaching Boys into Men (CBIM), a comprehensive violence prevention curriculum for coaches and their athletes developed by Futures without Violence.
- (NEW) Maintain statewide dissemination of Teen Speak publications and Adolescent Focused Motivational Interviewing Skills training and resources for Supportive Adults, Parents, Caregivers and Clinicians

Children with Special Health Care Needs

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

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

Strategies:

- 🏠 Develop and expand a shared resource for families and primary care providers of CYSHCN using the Help Me Grow centralized system model.
- 🏠 Identify resources for adolescents to learn independence skills for healthcare needs and transitioning to adult care, and increase education to adolescents, their caregivers and medical providers on this topic.
- 🏠 Partner with tribal health and UAA Center for Human Development to implement project ECHO related to autism and other developmental disabilities.
- 🏠 Improve the quality and availability of data related to CYSHCN by collaborating with state, private and non-profit programs to remove barriers to data sharing and centralized data collection.
- 🏠 Partner with statewide agencies to provide Family Navigation services for families of CYSHCN and develop and implement Family Engagement training.
- 🏠 Partner with audiologists and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss.
- 🏠 (NEW) Collect, analyze, and disseminate data relevant to CYSHCN through population-based surveillance systems including the Alaska Birth Defects Registry and Childhood Understanding Behaviors Survey.

PUBLIC COMMENTS ON THIS SNAPSHOT ARE APPRECIATED. PLEASE GO TO:

- ONLINE SURVEY AT : [HTTPS://WWW.SURVEYMONKEY.COM/R/YLS5LNP](https://www.surveymonkey.com/r/yls5lnp)
OR EMAIL COMMENTS TO DANIELLA.DELOZIER@ALASKA.GOV

For more information, contact:

Title V MCH Director

Rebekah Morisse, RN, BSN, MPH
Title V MCH Director
Phone: (907) 334-2424
E-mail: rebekah.morisse@alaska.gov

State Family Leader

John Cartwright
Program Coordinator, Family Leader
Phone: (907) 269-2420
E-mail: john.cartwright@alaska.gov

**Children and Youth with Special Health Care Needs
Director**

Christie Reinhardt
CYSHCN Director
Phone: (907) 269-4762
E-mail: christie.reinhardt@alaska.gov

