



Alaska Maternal and Child Health Title V Block Grant Executive Summary

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

The Title V Block Grant is a Federal-State partnership program to improve the health of mothers and children, including children and youth with special health care needs. In Alaska, the Title V program is managed by the Department of Health and Social Services (DHSS), Division of Public Health (DPH), Section of Women's Children's and Family Health (WCFH). Allocation of Title V funds are based on the Alaska's maternal and child health priorities.

The 2016 Title V Block Grant application, covering FFY 2016, is due July 15, 2015.

Public comments on the application are welcome and should be directed to:

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Title V Block Grant Application

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

How Are Alaska's Title V Funds Used?

The Title V program in Alaska is managed by the Department of Health and Social Services, Division of Public Health, Section of Women's Children's and Family Health (WCFH). Services funded by Title V can be envisioned as a pyramid of three tiers consisting of:

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

The framework for delivery of MCH services is based on the 10 Essential Public Health Services. Allocation of funds within these categories is based on the state's maternal and child health priorities. These priorities were developed in 2015 following a needs assessment analysis.

Needs Assessment

Every five years an assessment of maternal and child health (MCH) needs, and needs for children and youth with special health care needs (CYSHCN), is conducted. The 2015 Needs Assessment Plan will address national and state priorities and performance measures for 2015 through 2019. Priorities established from the Needs Assessment guide the use of Title V grant dollars by WCFH. The Needs Assessment and corresponding performance measures address the six MCH population health domains: 1) Women's/Maternal Health; 2) Perinatal/Infant's Health; 3) Child Health; 4) Children with Special Health Care Needs (CSHCN); 5) Adolescent Health; and 6) Cross-Cutting or Life Course.



Title V Maternal and Child Health Priorities, FY 2015–2019:

- Reduce substance abuse among families, including alcohol, tobacco and drugs.
- Increase access and preventative health care services to Alaskans and their families.
- Increase healthy relationships.
- Increase access and services to reproductive health care.
- Improve system of care for families with children and youth with special health care needs.
- Reduce the rate of child maltreatment.
- Increase evidence based screening for all MCH populations for behavioral and mental health problems.

Title V Emerging Needs and Five Year Action Plan

The Maternal and Child Health Priorities for FY2015-2019 are divided by population domain and described below, including the population-based national performance measures (NPMs) chosen to track prevalence rates and demonstrate impact. State performance measures (SPMs) will be reported in 2016. Current status and activities are summarized, as well as a sample of the Title V supported strategies planned by WCFH to address the Health Priorities over the next five years.

Domain: Women's/Maternal Health

State Priority: Increase access and services to reproductive health care.

State Objective: By 2020, increase by 5% over baseline the number of health care providers offering reproductive health services who adhere to the national "Quality Family Planning Services" (QFP) guidelines.

Current Status of Chosen Performance Measures:

- **NPM #1:** In 2013, 55.2% of women reported to the Behavioral Risk Factor Surveillance System (BRFSS) that they had a past year preventative medical visit.

Current Title V Activities and Challenges: Currently, low-/no-cost, comprehensive well-visits are provided through contracts with Advanced Practice Registered Nurses in two communities of Alaska for women < 21 years old using Title V funds; and to two additional communities via the State's Title X grant for individuals of all ages. WCFH Adult Health Unit staff continue to collaborate with other DPH sections and the Alaska Primary Care Association on efforts to: provide access to clinical education on reproductive health and related preventive health topics for Community Health Center (CHC) staffs; offer technical assistance to CHCs in systems improvement and expansion of their women's health services within the primary care setting; and share data/data collection tools for monitoring health care system capacity, gaps, and resources.

5-Year Strategies and Planned Activities: Define the baseline number of providers offering reproductive health services who strictly adhere to the QFP guidelines. Provide professional education opportunities to increase knowledge and understanding of QFP. Survey providers to assess adherence to the QFP after professional education. Provide technical assistance to providers who do not meet national standards.

Domain: Perinatal/Infant's Health

State Priority: Reduce substance abuse among families, including alcohol, tobacco and drugs.

State Objectives:

- Increase health care provider access to tools that support screening women of reproductive ages for: 1) Use of alcohol, tobacco, and drugs, and 2) desire for conception in the coming year.
- Increase the percentage of Alaskans who currently do not use tobacco to 83% by 2020 (tied to Healthy Alaskans 2020 Indicator 3). Reduce the percentage of Alaskans who report binge drinking in the past 30



days.

- After gathering baseline data, demonstrate that 50% of Alaska Medicaid Providers caring for pregnant women and women of childbearing age, bill for screening for alcohol and/or substance use (other than tobacco) by 2020.

Current Status of Chosen Performance Measures:

- **NPM #3:** In 2014, according to Alaska Bureau of Vital Statistics (BVS), 75.9% of very low birthweight infants were born in a hospital with a level III+ Neonatal Intensive Care Unit.
- **NPM #5:** In 2010, according to PRAMS, 67.9% of infants were placed to sleep on their backs.
- **NPM #14:** In 2013, according to the National Vital Statistics System (NVSS), 13.6% of women smoked during pregnancy. In 2011-2012, according to the National Survey of Children's Health (NSCH), 29.5% of children live in households where someone smokes.

Current Title V Activities and Challenges: Currently, The MIECHV and Healthy Start Programs provide case management and home based services for pregnant women and mothers with babies up to two years of age for families living in Anchorage and the rural Nome census areas respectively. MIECHV will expand its services into the Matanuska-Susitna region beginning in mid-2015. In 2014 Alaska assembled a diverse team of MCH leaders to participate in the Collaborative Improvement and Innovation Network (CoIIN) to reduce infant mortality. One key CoIIN workgroup is tobacco use; which also focuses on alcohol and drugs.

5- Year Strategies and Planned Activities: Promote the use of Oregon's One Key Question tool among health care providers, especially those serving Medicaid clients. Promote self and provider referral to the [Alaska QUIT line](#) (1-800-QUIT-NOW). Promote use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) among health care providers, especially those serving Medicaid clients (Health Alaskans 2020 Indicator 14a, Strategy 1).

Domain: Child's Health

State Priority: Increase access and preventative health care services to Alaskans and their families.

State Objectives:

- Increase the percentage of children enrolled in Medicaid who receives a well-child exam and developmental screen at 9, 18, and 30 months of age using the Bright Futures Periodicity Schedule.
- Increase the number of children 1-3 years of age who have an annual dental health visit.
- Increase the number of children ages 5-8 enrolled in Medicaid who receive an annual well-child visit.

Current Status of Chosen Performance Measures:

- **NPM #6:** In 2011-2012, according to the NSCH, 32.6% of children received a developmental screening using a parent-completed screening tool.

Current Title V Activities and Challenges: The Title V Child and Adolescent Health Unit partners with the ECCS program located in the Office of Children's Services to promote and educate health clinicians to use of the online version of Ages and Stages Developmental Screening tool as a part of the well child exam. To support this effort the Infant Learning/Early Intervention program pays for the licensing fee for any office that is willing and interested in adding this to their electronic health record or charting process in their office. Onsite technical assistance to health care practices is also provided as a part of this program. The Pediatric Medical Home program funded by the MCHB D-70 grant is working with the AAP-Alaska Chapter Champion for Medical Home promotion to promote the use of this tool. Alaska's Medicaid program has also been supportive of adding the billing code 96111 for approved providers to use when completing developmental assessments using standardized tools such as Ages and Stages or PEDDS. The Medicaid program is supporting the billing of preventative dental visits for children 1-3 and has updated their system to accept these codes and provide payment to dental practices. The Dental Health officer continues to work closely with the Tribal Health programs on the use of prevention strategies by the tribal Dental Health Aids to promote oral health and see children for preventative care. Finally, the School Nurse Consultant continues to work closely with the School Nurses statewide in promoting well child visits even after children have started school.



5-Year Strategies and Planned Activities: Promote the use of the online Ages and Stages Developmental Screening tools with health care providers as well as the use of the billing code 96111. Promote and educate parents on the importance of early dental screening of children 1-3 years of age. Continue work with the Dental Health Aides on prevention strategies and reductions in the amount of soda consumed. The Dental Health Officer will also continue to promote the use of fluoridation in the community water supply or the use of fluoride drops for children who do not get adequate amounts of fluoride. The School Nurse program will continue to work with School Nurses across the state on the promotion of annual well child visits and immunizations. The Adolescent program is developing a plan to work with health care providers on making health prevention visits more teen friendly through their Youth Advisory committee.

Domain: Adolescent Health

State Priority: Increase healthy relationships.

State Objectives:

- Decrease the percentage of students who report that they would not feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their life.
- Decrease the percentage of students who had been bullied on school property during the past 12 months.

Performance Measures and Current Status:

- **NPM #9:** In 2011-2012, according to the NSCH, 13.9% of adolescents, ages 12 through 17, are bullied or bully others. In 2013, according to the Youth Risk Behavior Surveillance System (YRBSS), 26.5% of high school students are bullied or bully others.

Current Title V Activities and Challenges: Grant funds are being used to launch and support primary prevention of sexual assault interventions, specifically Green Dot and Bringing in the Bystander. Schools across Alaska have adopted the Fourth R for Healthy Youth Relationships strategies to teach sexual health, substance abuse prevention, suicide prevention, and bullying prevention. Alaska Promoting Health Among Teens, Positive Prevention, Healthy Relationships Plus are being implemented in and out of schools in communities across the state. Additionally, Alaska grown evidence-informed interventions are supported, such as Talk Now Talk Often, Stand Up Speak Up, COMPASS: A Guide for Men, and patient safety cards and clinical screening tools to offer tailored education to parents, clinicians, youth, and young men. The adolescent health program works with a positive youth development philosophy and supports the Lead On! for Peace and Equality youth leadership conference. Likewise, the adolescent health program supports the Youth Alliance for Healthier Alaskans, a group of young adults from across the state who advise public health programming.

5-Year Strategies and Planned Activities: Promote and disseminate evidence-based healthy relationship programming. Increase program implementation that uses a positive youth development framework. Provide expertise on healthy relationship risk and protective factors.

Domain: Children and Youth with Special Health Care Needs (CYSHCN)

State Priority: Improve system of care for families with children and youth with special health care needs.

State Objectives: By 2020, increase the proportion of CYSHCN who receive integrated care through a patient/family-centered medical/health home approach by 20% (over Alaska's reported 2009/2010 levels of 42.8%).

Performance Measures and Current Status:

- **NPM #11:** In 2011-2012, according to the NSCH, 39.6% of children with special health care needs had a medical home.

Current Title V Activities and Challenges: The fee-for-service environment is a challenge to medical home funding. However, recent successes include a multi-disciplinary care coordination training course developed in partnership with the University of Alaska. In addition, Title V currently partners with a variety of CYSHCN advocacy agencies such as the Stone Soup Group (Alaska's Family Voices and Family to Family Health Information Center) and the Governor's Council on Disabilities and Special Education. The Stone Soup Group receives Title V Block Grant funding to support statewide parent navigation. Parent navigators provide general information and family resources as well as tailored care



coordination for families served by state sponsored pediatric clinics. Title V also sponsors the specialty clinics for CYSHCN that fill a service gap based on community need and private sector capacity

5-Year Strategies and Planned Activities: Access CYSHCN systems of care to integrate families and create a State Plan. Develop a shared resource for families and primary care providers of CYSHCN using the Help Me Grow centralized system model. Expand provider access to medical home concepts and tools through education and statewide technical assistance.

Domain: Cross Cutting or Life Course

State Priorities:

- **Reduce the rate of child maltreatment.**
- **Increase evidence based screening for all MCH populations for behavioral and mental health problems.**

State Objectives:

- By 2020, decrease the rate of injury related hospital admissions among children 0-19 years by 15%; decrease the rate of injury related hospital admissions associated with parental neglect or negligence by 25%
- By 2020, increase the proportion of prenatal depression screening among pregnant women by 15%; increase the proportion of parents of children ages 9-71 months who complete a child-focused developmental screening by 25%; increase the proportion of children ages 12-17 years that are screened for being bullied.

Performance Measures and Current Status:

- **NPM #6:** In 2011-2012, according to the NSCH, 32.6% of children ages 10-71 months received a developmental screening using a parent-completed screening tool.
- **NPM #7:** In 2012, according to State Inpatient Databases, there were 195.6 hospitalizations per 1,000 children ages 0-9 years and 215.3 hospitalizations per 1,000 adolescents ages 10-19 years.
- **NPM #9:** (See above, Adolescent Health)

Current Title V Activities and Challenges: It's a well-known fact that access to behavior and mental health services in Alaska is lacking and was also identified in the results of the state-wide needs assessment across all populations. Currently, Title V and partners collect data on perinatal depression, family stressors, and mental health through its PRAMS (Pregnancy Risk Assessment Monitoring System), program, CUBS (Alaska Childhood Understanding Behaviors Survey), YRBS (Youth Risk Behavior Surveillance System) and BRFSS (Behavioral Risk Factor Surveillance System). Title V also operates Alaska's own Surveillance of Child Abuse and Neglect Program (SCAN) which serves as the central source of standardized child maltreatment-related morbidity and mortality data.

5-Year Strategies and Planned Activities: Expand trauma informed service delivery for state based services. Assess current primary prevention efforts of maltreatment and set a direction towards collective impact. Develop and target a population-based primary prevention campaign using cross-sector comprehensive data. Expand home visiting and support local based initiatives with data (e.g. Triple P program, Mat-Su community effort). Increase partnerships with the division of behavioral health to identify evidence based screening tools. Provide system support to external partners and agencies to promote the use of standardized screening tools. Partner with the education system to implement screening for bullying.

For more information

The Title V webpage is available at:

<http://dhss.alaska.gov/dph/wcfh/Pages/titlev/default.aspx>

Data on national and state performance measures for Alaska are available at:

<http://dhss.alaska.gov/dph/wcfh/Pages/titlev/measures.aspx>