FFY2022
Title V State Plan
National Performance Measures (NPMs)

Table of Contents

What are National Performance Measures (NPMs)?

Iowa's application for Title V funding reflects national efforts toward measurement system this shift is intended to show Title V's impact on health outcomes. In the revised national performance measure framework, the focus is on the establishment of a set of population-based measures (i.e., NPMs) which utilize state-level data from national data sources and for which state Title V programs will track and work towards impacting. The NPMs address key national MCH priority areas. Collectively, they represent the five MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; and 5) Adolescent Health. Because Iowa chose eight NPMs from a list of 18, you will notice the numbering of the NPMs is not consecutive.

What are Evidence-based/Evidence-informed Strategy Measures (ESMs)?

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

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

NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

ESM	Number of businesses or organizations who were provided education by Title V agencies in the past year about the importance of strong policies to support breastfeeding through or beyond 6 months of age. Number of women who receive education about breastfeeding through 6 months and pumping at work.
Plan for the Coming Year (FFY2022)	Multiple resources have been supporting and educating about the importance of breastfeeding for both the infant and mother for the past 20 years. Rates have continued to improve with the continued education and support. With the current COVID19 pandemic, there is a possibility that the rates of exclusive breastfeeding may remain the same or even decrease. Post-COVID, it is anticipated that with continued education and infrastructure work, the percentage of women breastfeeding their infants exclusively for 6 months will continue to increase. IDPH will continue to work with the 23 maternal health agencies in Iowa to ensure

women in their service receive the support they need to continue breastfeeding their infants through 6 months. This will be done through successful collaborations and referrals to lactation consultants both in hospitals where available and within the community when not, through mutually supportive collaborations with WIC agencies in the area, and individual, community and group breastfeeding education opportunities.

Women are connected to lactation consultants in a variety of ways, one of which is through the collaboration between Title V agencies and birthing hospitals; the Title V agency, local WIC agencies, and breastfeeding coalitions. The intention of these collaborations is to ensure that the hospital staff, WIC staff and peer counselors, and any other breastfeeding support service providers in the service area are aware of the services Title V agencies are able to provide. These collaborations will help to meet women where they are at and when they need the support.

The Title V agencies across the state will be working with one business per year in their service area to educate them on breastfeeding laws and policies, and how to create a supportive environment for women who choose to breastfeed. This will build a stronger relationship for the Title V agency and the business community which could lead to productive relationships in the future.

All Title V agencies working with women in a direct service capacity, or one on one educational opportunity, will provide culturally and linguistically competent educational information or teaching on breastfeeding. For women receiving direct services, specific health education will be provided to meet her individual needs. Additionally, some Title V agencies may provide group breastfeeding classes to women they provide services to, if other opportunities are not available in their service area.

Comments for NPM 4

NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

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ESM

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

Plan for the Coming Year (FFY2022)

The current rate of 86.7% of infants in Iowa placed to sleep on their back has been impacted by the significant work done by IDPH, hospitals, healthcare providers and non-profit organizations to educate about the importance of the “back to

sleep" practice. I see this rate continuing to improve incrementally as we start to tailor our education to the needs of individual clients, taking into account their cultural and personal beliefs.

IDPH will continue to work with the 23 Title V agencies across the state to reach women in Iowa in a variety of ways to educate them about the importance of safe sleep practices and refer them to resources for safe sleep options if necessary.

The Title V agencies in Iowa will each reach out to at least community organization per year who works with anyone who puts a baby down to sleep to provide education about safe sleep environments. This education will cover topics such as: back to sleep, safe sleep environment, no co-sleeping, no extra items in the crib and any other recommendations from the Child Death Review team. Additionally, this can potentially open a line of communication between the agency and retailer for future collaborative purposes.

Each Title V agency maintains a list of safe sleep resources to distribute to women and families they reach through an enabling service, or community outreach capacity. Additionally, women will be referred to resources to obtain a free or low cost crib if needed, if that resource is available in the area.

Women who are receiving Title V direct care services will continue to receive safe sleep education based on the mother's needs, taking into account any personal or cultural beliefs the mom or family express, on the following topics: back to sleep, safe sleep environment (crib), no co-sleeping, no extra items in the crib and other recommendations from the AAP and the report from the Child Death review team as applicable. MH agency staff will receive education and specific TA on addressing cultural beliefs related to safe sleep practices.

Comments for NPM 5

NPM 6: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool

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ESM

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

Plan for the Coming Year (FFY2022)

Each of Iowa's 23 Title V Child and Adolescent Health (CAH) contract agencies are approved Medicaid Screening Centers. They are enrolled with the IME and two MCOs (managed care organizations) operating in Iowa are (Amerigroup and Iowa

Total Care -July 2019). Developmental screenings and emotional/behavioral assessments are provided by CAH agencies using the ASQ and ASQ:SE tools. Contract agencies are able to receive payment from the IME for services provided for Medicaid fee-for-service clients and from the Medicaid MCO for children enrolled in an MCO.

The FFY 2022 Request for Application (continuation of the RFP 2016 - due to COVID-19) will continue to require all CAH applicants to develop plans to address NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. Agencies will continue coordinating developmental screening with local providers such as child care providers, home visiting programs, and primary care practitioners to assess need, assure access, and avoid duplication; collaborating with early care and education providers that encourage developmental screening; and educating families on the importance of developmental screening at recommended age intervals.

Currently, IDPH is reviewing results from a state-wide environmental scan conducted by the University of Iowa. The review will review and assure there is coordination of the provision of developmental screens and social/emotional assessments. In addition, identifying where screening/assessment occurs and the tools used within the following environments: (child care providers, home-visiting programs, primary care providers, CCNC, ECI, MIECHV and Head Start). The results of the data analysis will be used for planning for the FFY2023 RFP.

Agencies will continue to educate parents on their child's developmental milestones and promote and utilize the toll-free central referral line and/or website for the Iowa Support Network www.iafamilysupportnetwork.org. to provide resources to parents. Promoting developmental screening will continue to be a part of the age-specific informing scripts. Agencies will ensure that age appropriate developmental screening is provided by trained staff, results are communicated with primary care practitioners, and related education and follow-up services are provided.

Continuation in 2022, Title V agencies will be asked to engage with the Children's Behavioral Health Coordinator in their Children's Mental Health System Region in system building to advance universal, periodic behavioral health screening and assessments, education, prevention and access to mental health consultation services in collaboration with the Children's Mental Health Systems Region covering all counties their service area. Detecting early signs of mental health conditions in children, will circumvent issues later. If children can be referred to mental health professionals (counselors, therapists, psychologists, etc) earlier in life, long-term benefits will result.

Continuation in 2022, Title V agencies will continue to be asked to write to one of the priority populations in the FFY 2022 RFA. This includes- African Americans/Black American, Alaska Native/Native Americans, Asian/Pacific Islanders, Fathers, Hispanic/Latinx, Immigrants/Refugees, LGBTQ+ and Persons with Disabilities. Other populations may be addressed in addition to the priority

populations, based on the service area (e.g. Amish, families involved with the correctional system, children in foster care). This includes building partnerships with alliances who support one or all of these priority populations. It can include joining the Refugee and Immigrant Alliance in a local community, educating and training local public health staff on annual cultural competency training that serves one of these populations.

Continuation in 2022, partnerships will continue with 1st Five, early care and education programs, home visiting (MIECHV), Family Support and CHSC to promote developmental screening. BFH monthly meetings with Iowa Medicaid staff provided an avenue to discuss contracting, coding, and billing issues pertaining to developmental services. In the FFY 2018 RFA, applications included a plan to work with Iowa's Area Education Agencies on referrals to Early ACCESS based upon screening results.
Continuation in 2022, BFH staff will continue to meet with MIECHV program staff to discuss opportunities for collaboration including coordination of developmental screening promoted by CAH, 1st Five, and home visiting programs and the need to avoid duplication. Since 2015, BFH staff have participated on a state-wide (stakeholder) Leadership Team coordinated by Iowa Children's Justice to address the impact of substance use/abuse on pregnant women, infants, and children. Promoting children's healthy growth and development is an inherent component of this work. Aggregated data reports of results of ASQ and ASQ:SE screening provided by Title V CAH contract agencies have been of particular interest to this workgroup.

At the state level, IDPH will continue in 2022, to provide technical assistance where needed particularly to agencies (providing direct services) who will be providing ongoing developing screening (ASQ) and emotional /behavioral assessments (ASQ-SE) to infants and toddlers ages 0-3 years found not be eligible for Early ACCESS services. The state will continue to enhance our partnership with our other Title V partner (CHSC) Child Health Speciality Clinics from the University of Iowa Stead Family Children's Hospital; serving those children with special healthcare needs.

In 2022, IDPH will continue exploring more resources for Title V agencies specifically around culturally appropriate developmental screening tools for parents and children of different cultures and backgrounds. In addition, the state will explore the abundant parental apps to assist parents in their child's development.

Title V Child and Adolescent Health (CAH) agencies will continue to reinforce the importance of developmental screening through the informing process for newly enrolled Medicaid families. Bureau of Family Health (BFH) will provide Title V CAH agencies with needed information and resources. Title V CAH agencies will continue to offer gap-filling developmental screenings (Ages and Stages

Questionnaire (ASQ)) and emotional-behavioral screenings (Ages and Stages Questionnaire: Social- Emotional (ASQ:SE)). Some local agencies also administer the Modified Checklist for Autism in Toddlers (M-CHAT) for toddlers between 16 and 30 months of age.

Iowa's 1st Five program engages healthcare providers in supporting the use of developmental monitoring/surveillance and standardized developmental screening tools. A partnership between providers and 1st Five staff is established for developmental support services (an enhanced form of referral and follow up services).

Local 1st Five site coordinators will work on outreach to primary care practices to encourage their consistent and universal use of screening tools. Outreach may include, but is not limited to, newsletters, trainings, and personal contacts through phone, email and meetings. Local 1st Five site coordinators will work with 1st Five Medical Consultants on providing developmental screening trainings to office staff and engaged healthcare partners.

Contracts with local 1st Five sites will build on the recent performance measure to increase the percentage of referrals that follow results of a standardized developmental screen. The measure will continue to tier the expectations so that lower performing sites will need to make greater progress to achieve the measure.

1st Five's IDPH staffing has increased, adding a staff member with more direct experience working with care coordination and services for families. Through this staffing, technical assistance for local sites will include enhanced assistance with planning, preparation, and skill-building to better prepare local staff for providing developmental support services and documenting services. 1st Five also expects continued improvements and enhancements to training and support for 1st Five site coordinators for their work with primary care practices.

Comments for NPM 6

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive visit in the past year

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ESM

Partner with at least two other organizations or agencies, including but not limited to family planning, substance abuse, youth serving organizations, parent and family organizations, universities, and/or community colleges to promote adolescent well visits to parents/guardians.

Plan for the

According to the Data Resource Center for Child & Adolescent Health, due to

Coming Year (FFY2022)

changes to the NSCH survey, updated data for NPM 10 is not available. The most recent year available is 2017 with a percentage of 81.1.

In 2018, Iowa changed our EPSDT Periodicity Recommendation to match AAP's Bright Futures, including annual well visits for adolescents. This marked a significant decrease in our CMS 416 data, but provides a more accurate picture of the actual percent of annual well visits of adolescents enrolled in Medicaid.

Based on Iowa's CMS 416 report: 51% of 10-14 year olds, 45% of 15-18 year olds; and 23% of 19-20 year olds had a preventive medical visit in the past year (2018). These percentages increased to 52% for 10-14 year olds, stayed the same at 45% for 15-18 year olds and decreased to 19% for 19-20 year olds in 2019. Unfortunately, Iowa does not believe the rate will increase for 2020 or 2021 due to the COVID 19 pandemic. Contractors are required to reach out to primary care providers in 2022 utilizing the results of the 2021 Environmental Scan of provider practices. In addition, plans are underway for additional evidence-based strategies for increasing primary care provider utilization of annual well visits, as well as outreach to families in 2022 and for the next RFP.

Adolescence is a period of major physical, psychological, and social development. Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health damaging behaviors, manage chronic conditions, and prevent disease. Assuring that adolescents receive annual well visits will help prepare adolescents to manage their health.

IDPH contracts with 23 CAH agencies with service provision in all of Iowa's 99 counties. Title V Child and Adolescent Health agencies will work with local primary care practitioners and other providers serving adolescents to increase the numbers served and enhance the quality of the visit.

Local CAH agencies will work on partnering with at least two other organizations or agencies, including but not limited to family planning, substance abuse, youth serving organizations, parent and family organizations, universities, and/or community colleges to promote adolescent well visits to parents/guardians. Agencies will document a description of the groups, organizations or programs that they will be partnered with, history of prior experience with the organization/program (if any), the goals of the partnership, roles and responsibilities of the applicant and organization/program in the partnership, and timeline for activities.

CAH agencies are encouraged to communicate with and share resources with the school nurse designee from each school district within the applicant's service area to promote adolescent well visits to parents/guardians. They will include a narrative describing the school districts they are partnering with, history or prior

experience with the nurse (if any), goals of the partnership, roles and responsibilities of the applicant and the nurse activities.

Iowa's Title V RFA has taken a health equity lens in working on eliminating health disparities among ethnic and racial minorities and other population groups with low income or who have historically had less access, power and privilege in Iowa. Priority populations that are known to experience significant levels of health disparity in child and adolescent health and must be addressed are African Americans/Black/African, Alaska Native/Native Americans, Asian/Pacific Islanders, fathers, Hispanic/Latinx, immigrants/refugees, people identifying as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, plus (LGBTQI+), and persons with disabilities. Other populations may be addressed based on needs in the service area (e.g. Amish, families involved with the correctional system, pregnant women and adolescents experiencing homelessness, etc.) IDPH has maintained that our agencies should partner with specific organizations, programs or groups that address priority populations to increase culturally appropriate access, outreach and education on adolescent well visits.

The Informing Process is the process by which staff at the Title V Child and Adolescent Health agency contact newly eligible clients to explain the EPSDT Care for Kids program and its benefits. The discussion with the family addresses the benefits available, importance of preventive health care services, location of services, support services, and local resources available to help the clients. For FFY22 an emphasis has been placed on the education of parents/guardians of adolescents on the importance of the annual well visit.

Title V Child and Adolescent Health agencies will provide culturally and linguistically appropriate annual well visit reminders for adolescents who are Title V clients and adolescents enrolled in Medicaid Fee For Service. The agencies will describe the activities to assure well visit reminders are linguistically and culturally appropriate, the partners involved, and how the reminders are conducted.

Title V MCAH Agencies may provide gap-filling direct care services for adolescents based upon an assessment of need within the service area. (e.g. nutritional counseling, preventive medicine counseling, nursing assessments). Agencies are able to provide these services under their Screening Center provider status and are to be reimbursed by both Iowa Medicaid and the Medicaid Managed Care Organizations (MCOs). The Bureau of Family Health staff continues their communication and working relationship between Title V MCAH and Iowa Medicaid Enterprise (IME). BFH monthly meetings with Iowa Medicaid staff provided an avenue to discuss contracting, coding, and billing issues pertaining to these gap filling services.

The Bureau of Family Health staff will develop social media posts during

International Adolescent Health Week (IAHW) 2022. IAHW is a grass-roots initiative for young people, their health care providers, their teachers, their parents, their advocates and their communities to come together and celebrate young people and with an ultimate goal of working collectively towards improving health.

Continue collaboration with the Department of Education to promote and manage the Iowa Adolescents: Let's Talk Health google site and update content as requested.

The Bureau of Family Health staff will measure NPM10 by utilizing CMS416 Reports for ages 10-14, 15-18, and 19-20 years and signifycommunity™. In addition, MCAH Regional Consultants will analyze Mid-Year and Year End Reports, and review with agencies during their annual Site Visits.

IDPH and local contractors will review the Environmental Scan conducted by the University of Iowa in FFY21 to prioritize primary care providers for outreach and identify potential adolescent well visit champions.

Comments for NPM 10

NPM 11: Percent of children with and without special health care needs having a medical home

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ESMs

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

Plan for the Coming Year (FFY2022)

During FFY2022, the University of Iowa Division of Child and Community Health (DCCH) will continue to focus on 1) providing access to specialty care through Child Health Specialty Clinics Regional Centers, 2) strengthening infrastructure and increasing opportunities for specialty care through telehealth, and 3) increasing Primary Care capacity to treat children with complex and/or mental health needs, and developmental and intellectual disabilities. A stronger emphasis will be placed on DCCH's health equity strategic priority.

In FFY2022, DCCH will continue to develop and evaluate workflows in Child Health Specialty Clinics Regional Centers to provide specialty care to families with enhanced supports, including interpretation and translation services. Data from interpretation services used by DCCH will continue to be regularly monitored to inform programming and tailor to the needs of linguistically diverse families seen in Regional Centers. DCCH will continue to develop clinic infrastructure that supports the use of telehealth, including the participation in programming that supports families with technological barriers to receiving care,

such as the FFY2021 Phones for Families program that was a collaboration with the Iowa Department of Public Health. Additionally, there will be an emphasis on increasing provider capacity statewide to treat children with complex and/or mental health needs, by providing continuing education opportunities with a health equity lens for primary care providers and DCCH clinical staff.

Statewide, the need for care coordination, family support, systems navigation, and gap-filling clinical services will be addressed through the existing regional network of Child Health Specialty Clinics Regional Centers. DCCH will create a framework for identifying care coordination best practices at the individual care delivery level. This framework will include multiple care delivery models including telehealth for children with medical complexity, mental health diagnoses, developmental and intellectual disabilities. An emphasis will be placed on providing trauma informed and culturally responsive care coordination. DCCH will create a process that allows frequent assessments of how Child Health Specialty Clinics Regional Centers can best align with community needs.

FFY2022 activities will include a renewed focus on family-centered goal setting during clinic visits. A structured goal-setting process with families of CYSHCN began as a result of the HRSA funded Enhancing a System of Care for Children and Youth with Special Health Care Needs project that ended in 2017. Since that time, Regional Center staff have continued to initiate, review, and document family goals at each clinical visit. DCCH will conduct a review of staff training needs regarding the creation and documentation of family-centered goals, and staff development opportunities will be provided to staff. Regional Center staff will continue to coach families to develop goals that are family-driven and tailored to family needs. Documentation will continue to be reviewed weekly by program staff, with monthly consultations and data sharing with Child Health Specialty Clinics Regional Centers.

Access to pediatric specialty care in Iowa is limited, especially in rural areas. DCCH has built a robust telehealth network in order to help address geographic barriers to access. In FFY2022, DCCH will adjust telehealth practices and procedures to align with new systems implemented by the broader University of Iowa Health Care (UIHC) system. As an early adopter of telehealth through UIHC, the workflows were built around older systems and processes. DCCH will transition to the updated UIHC platform, allowing for a streamlined system of scheduling and clinic workflows, integrated with the electronic medical record. The expected outcome of this transition is that more pediatric specialty providers will utilize the telehealth infrastructure through DCCH Regional Centers. In FFY2022, DCCH will begin planning for a review of telehealth processes.

Adapting to the COVID-19 pandemic allowed for rapid changes to the delivery of

telehealth. As the dust hasn't settled yet, there is some uncertainty about which of the changes will continue into the future. Changes in state law and policy will allow for reimbursement for in-home telehealth mental health visits. In the past, these telehealth visits through DCCH always occurred in the Regional Center setting, with a Child and Adolescent Psychiatrist based in a different part of the state. DCCH Regional Centers will continue to be available as a resource for families who prefer to attend appointments this way. DCCH will also assess the best way to provide the extra supports such as family-to-family for patients who are not physically in the Regional Center.

DCCH is committed to increasing access for Children and Youth with Special Health Care Needs to medical home approaches to care. To this end DCCH will continue to provide opportunities for primary care practices to increase their capacity to treat children with complex and/or mental health needs, and developmental and intellectual disabilities within a medical home. Workforce development initiatives for primary care providers (PCPs) in Iowa will continue with online and if the COVID-19 situation allows, in-person opportunities. DCCH will build on working relationships with professional organizations; enhance resources for provider access to information about treating CYSHCN, including medical home approaches, family partnerships, culturally and linguistically appropriate care; and provide primary care focused regional and state-wide conferences and webinar trainings. DCCH will continue to educate on and market the 24/7 Psychiatry Consultation line to PCPs utilizing resources enabled through the Health Resources Services Administration (HRSA) funded Pediatric Mental Health Care Access Program.

Comments for NPM 11

NPM 12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care

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ESM

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

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

Plan for the Coming Year (FFY2022)

In the upcoming fiscal year, DCCH will continue the existing initiatives and implement new strategies to address needs for youth ages 12-21 years who are transitioning to adult health care. Approaches to improving access to transition to adulthood services and resources include: 1) involving families and youth in DCCH transition programming efforts, 2) providing direct services for youth with special health care needs and their families, and 3) providing resources aimed at

supporting families and youth with special health care needs from underrepresented backgrounds.

To continue involving family and youth input in DCCH transition to adult health care programming, workforce development opportunities will be provided for clinical and family support staff to assist in working with transition-aged youth. These trainings, in the form of webinars, began in FFY2020 and will continue into FFY2022. DCCH will also aim to gather feedback from clinical and family support staff to tailor webinars to topics needed to continue supporting transition-age youth.

DCCH will move into the next phase of implementation of a youth advisory council in attempts to involve the youth voice in DCCH transition programming. Substantial planning progress was made in FFY2021, and this will continue into the upcoming fiscal year with a goal of recruiting mentors and youth members.

A formal assessment of family and youth satisfaction with DCCH transition programing is planned for FFY2022. This effort will help DCCH program staff develop actionable steps for addressing family and youth comments and concerns, including the development of additional trainings and the expansion of transition to adult health care resources offered by DCCH.

To ensure access to appropriate transition resources for families served by Regional Centers, DCCH will continue to regularly review and update transition resources, including the "Transition to Adult Health Care Quick Guide", based on transition best practices and patient and family needs. In order to expand the reach of these resources, they will be made available to families and organizations statewide.

Transition plan initiation and review for transition-aged patients will continue to be documented at every clinical visit. This process will continue to be evaluated by program staff and updated as needed to address Regional Center needs. This will include the regular review and data sharing of the number of initiated and reviewed transition plans by DCCH staff for patients aged 12-21 years.

In FFY2021, DCCH program staff began to review transition resources developed in FFY2018. This project will continue, with a focus on developing a comprehensive guide to the transition to adult health care that includes resources for caregivers, young adults, and caregivers of youth with extensive medical complexities.

In the upcoming fiscal year, DCCH will continue to prioritize efforts to ensure that youth and families from underrepresented backgrounds are provided with the appropriate resources for the transition to adult health care. These efforts will include the continual review of DCCH's transition resources to ensure that information is tailored towards families of youth with complex and/or mental

health needs, one of DCCH's priority areas highlighted in the needs assessment and division strategic plan. DCCH will develop a plan to identify cultural brokers to aid in the review of DCCH transition resources to ensure that they fit within the cultural needs of the families participating in transition programming. DCCH will also continue to focus on ensuring consistency in clinic flow in Regional Centers for families with enhanced support needs. This includes providing staff with training opportunities on how to meet the support needs of all families, including, for example, those who need interpretation services.

Comments for NPM 12

NPM 13: A) Percent of women who had a dental visit during pregnancy; B) Percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year

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ESM

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

Plan for the Coming Year (FFY2022)

The I-Smile™ program's primary goal is to connect children and pregnant women with dental homes. In addition, the efforts of Maternal, Adolescent, and Child Health (MCAH) contractors' administration of I-Smile™ across the state have helped to get children and pregnant women needing preventive dental care, despite the limited ability for low-income children and adults to access dentists.

The lack of dentists' enthusiasm to see and treat Medicaid patients may be negatively affecting the rates of children and pregnant women getting regular preventive dental visits. Despite all the work Iowa is doing to connect children and pregnant women with dentists and preventive services, the rate may decrease if this does not improve and also prevent Iowa from hitting the objective. If rates of children accessing a preventive dental visit do not increase, it is likely the National Outcome Measure (reduce the percent of children and adolescents who have dental caries or decayed teeth) will increase, meaning more children will experience cavities and poor oral health outcomes. The work of the Bureau of Oral and Health Delivery Systems (OHDS) and I-Smile™ benefits children and pregnant women; there aren't always distinctions between how the activities we do benefit one population versus the other.

OHDS staff will continue to hold quarterly I-Smile™ Coordinator training to ensure program consistency, share best practices, develop leadership skills, discuss new opportunities, and promote current standards and procedures. Training will include continuing education on current oral health topics and provide an open forum for sharing between the Coordinators. OHDS staff will have a site visit with each MCAH contractor to discuss local work plans, review data, and troubleshoot

concerns in addition to spring site visits to review current data. OHDS staff will also participate in yearly chart audits to ensure service documentation accuracy.

Assuring optimal oral health for underserved children and pregnant women relies upon the strength of partnerships, both at the state and local levels. OHDS staff will maintain important partnerships with entities such as WIC and the 5210 project, Head Start, Healthy Child Care Iowa, Delta Dental of Iowa Foundation, Iowa Primary Care Association, Iowa Medicaid Enterprise, Count the Kicks, and the University Of Iowa College Of Dentistry. Partnership activities in FY22 will include training of local WIC staff; networking meetings with Head Start Health Coordinators; and collaborating on oral health promotion campaigns, such as "Rethink Your Drink". OHDS will continue working with new partner, Count the Kicks, which uses best practices and evidence-based strategies to save babies and prevent stillbirths – incorporating more oral health education within its messaging for pregnant women. In FFY2022, OHDS staff will assist Count the Kicks with oral health education and resources to keep moms and babies healthy, including reviewing materials for the Count the Kicks website. I-Smile™ Coordinators will continue to distribute Count the Kicks educational materials while doing outreach to medical and dental offices.

A partnership with Title X will continue, seeking to educate adolescent and maternal health clients on Human Papillomavirus (HPV) and oral health. I-Smile™ Coordinators will distribute education on HPV vaccines and oral cancer screenings - available on rack cards - at family planning clinics, WIC, and dental offices. OHDS staff will collaborate with Quitline Iowa staff to produce oral health education about the effects of tobacco products for maternal health clients, distributed by I-Smile™ Coordinators to dental clinics, FQHC's, WIC, and family planning clinics and will include: toolkits, educational materials, and training programs for providers on quitting tobacco use.

OHDS staff will maintain its strong partnerships with Iowa Medicaid Enterprises (IME) and the Dental Prepaid Pre-Ambulatory Health Plan (PAHP) carriers for Medicaid in Iowa – Delta Dental of Iowa and Managed Care of North America. OHDS staff also facilitate advisory workgroups for I-Smile™ @ School and community water fluoridation (CWF). In addition to partners already mentioned, workgroup members include: Iowa State Education Association, Iowa School Nurse Organization, Iowa Department of Education, local MCAH contractor staff, American Water Works Association, Iowa Department of Natural Resources, Iowa Public Health Association, Iowa State Hygienic Lab, and Iowa Association of Water Agencies. Another important collaboration is Cavity Free Iowa, a workgroup focused on increasing training for medical office staff to apply fluoride varnish for children at well-child exams. Medical office training is provided by I-Smile™ Coordinators.

OHDS staff recently obtained results from a department Maternal Health Strategic Plan Survey that found community members get their health information from health care providers, internet, and friends/family members. OHDS will use this information to implement more maternal health and medical provider outreach.

Also, OHDS staff will begin to implement the use of QR codes on promotional materials to ease access to resources.

In FFY2022, each I-Smile™ Coordinator will develop one new local partnership as well as improving and expanding partnerships with a minimum of four existing partners to benefit families served through I-Smile™. I-Smile™ Coordinators will make face-to-face outreach visits with all general and pediatric dental offices within their service areas, outreach visits to family practice medical offices and/or pediatric medical offices, provide training for medical office staff as requested, and conduct oral health promotion at community events. I-Smile™ Coordinators were previously provided educational materials and training for collaborating with Child Health Specialty Clinics (CHSC) providing education and implementing a referral process. This program will be evaluated over the next year to determine ways to increase contact with CHSC and create stronger relationships. OHDS staff will work to increase the relationship between CHSC administration and I-Smile™. Coordinators will also be expected to implement SDF in their activities. With many children not getting preventive dental care over the last year and unable to access a dentist for restorative care due to COVID-19, OHDS staff expect to see an increase of SDF use over the next year and will continue to address barriers.

I-Smile™ Coordinators will train MCAH staff regarding oral health as it pertains to the informing process and care coordination; about oral health in accordance with the EPSDT periodicity schedule; and about proper techniques for direct preventive dental services (e.g., screenings, fluoride applications, silver diamine fluoride) and most current guidance for oral health education and anticipatory guidance. OHDS will maintain its stock of promotional materials that can be used for new moms as part of outreach to hospitals as well as for children and families. The I-Smile™ Facebook page will target parents/guardians with information and education about good oral health for children as well as during pregnancy.

OHDS staff and the I-Smile™ program will advance its ability to reach clients in innovative ways. The National Outcome Measure (reduce the percent of children and adolescents who have dental caries or decayed teeth) will remain a goal of the program. OHDS staff are continuously monitoring state and county specific data to direct client care and see where the program focus should be. OHDS staff and I-Smile™ Coordinators look forward to next year seeing more Iowa families in person and increasing the education on oral health.

Comments for NPM 13

NPM 14: A) Percent of women who smoke during pregnancy B) Percent of children, ages 0 through 17, who live in households where someone smokes

ESM

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

Plan for the Coming Year (FFY2022)

A variety of reasons could have caused this slight decline in tobacco use during pregnancy including the potential use of vaping or e-cigarette products instead of tobacco, therefore there is the potential for underreporting of nicotine use. Over the past year there has been an increase in local activities and referrals for tobacco cessation at the IDPH Title V agencies, this could be a potential aid to declining the rates in future years.

IDPH MH staff will actively continue collaborate with staff from the Division of Tobacco Use and Prevention. This includes attending regular meetings to discuss collaborative projects, providing Iowa Quitline materials to local MH agencies, inviting subject matter experts to provide training and/or presentations at the MCAH fall conference and other in-person training events. Local MH agencies collaborating with their local tobacco coalition, funded by the Division of Tobacco Use and Prevention, and technical assistance will be provided by IDPH staff to facilitate collaboration as needed.

IDPH MH staff support staff in the Division of Tobacco Use and Prevention in implementing an incentive program for pregnant women who smoke to participate in the Quitline maternal tobacco use program. This includes providing outreach and educational materials to local MH agencies to provide to clients related to the incentive program and educating statewide partners, such as the Iowa Maternal Quality Care Collaborative, the Iowa Neonatal Quality Care Collaborative, and the Iowa Statewide Perinatal Care Program, on the incentive program.

IDPH MH staff provide training resources to all MH agencies, including online access to the Ask, Advise, Refer training. This is a standardized assessment and referral tool all agencies will be required to use with pregnant women who use tobacco. IDPH staff share resources and events related to maternal tobacco use to agencies on a regular basis.

All local MH agencies providing direct services to pregnant women in Iowa provide individualized health education on the importance of tobacco use cessation and refer interested clients to the Quitline. Local MH agencies providing direct services will receive training on providing education in a culturally and linguistically appropriate manner. This will be reviewed by IDPH MH staff during direct service chart audits.

Comments for NPM 14