FFY2022
Title V State Plan
State Performance Measures (SPMs)

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What are State Performance Measures (SPMs)?

Iowa's application for Title V funding reflects national efforts toward a transformed national performance measurement system that is intended to show more clearly the contributions of Title V programs in impacting health outcomes. SPMs are developed by the states to address the priorities identified based on the findings of the Five-Year Needs Assessment and to the extent that a priority need has not been fully address through the selected National Performance Measures (NPMs). SPMs will utilize state-level data to track prevalence rates and work towards demonstrated impact. Collectively, the SPMs represent the five MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; and 5) Adolescent Health.

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

Plan for the Coming Year (FFY2022)

Title V MH staff will provide local agencies training and communication related to the most recent MMRC findings and recommendations. For FFY 2021 agencies will receive specific resources related to the importance of seatbelt safety and chronic disease management. Agencies will also receive training and resources from the AWHONN POST-BIRTH Warning Signs to improve client recognition and earlier access to care where there are life threatening emergencies.

Title V MH agencies provide screenings and education on topics specific to preventing maternal mortality. MH agencies are required to conduct depression screens, substance abuse screens, domestic violence screens, and tobacco screens on all MH clients receiving direct services. Clients also receive health education which includes specific topics related to recommendations from the maternal mortality review committee recommendations such as the importance of chronic disease management, nutrition, and physical activity.

Title V MH agencies will be required to identify gaps and needs for staff training on providing services with cultural humility. MH agency staff will receive training based on identified gaps and needs. All health education will be tailored to each individual client, with an emphasis on ensuring the education takes into account cultural beliefs and experiences.

Title V MH agencies in counties serving the highest number of Medicaid-eligible pregnant women will be required to offer postpartum home visits to MH clients receiving direct care services, with clients who decline receiving a follow up phone call. Postpartum home visits are conducted by a nurse and include depression screening and a physical assessment of the mother and infant.

Conduct annual Maternal Mortality Reviews with a multi-disciplinary review committee and distribute findings and recommendations widely. Findings and recommendations from the June 2019 review will be distributed to local agencies, birthing hospitals, and other stakeholders working with pregnant and postpartum women. IDPH MH staff will work with the statewide perinatal care team to share findings and best practice recommendations with all birthing hospitals in Iowa.

IDPH MH staff participate in the development of the Iowa Maternal Quality Care Collaborative (IMQCC). This work will be funded through the HRSA Maternal Health Innovation grant through FFY2024. Activities for FFY2021 will include development of the IMQCC, selection of membership, development and maintenance of the website, leadership and participation in meetings, and development of a strategic plan. Beyond 2024 this work will be supported by Title

V.

IDPH staff will support the IMQCC, once developed, in efforts to join AIM and implement hospital safety bundles. The IDPH director or designee will appoint members and co-chair the IMQCC, and IDPH MH staff will participate in the collaborative to assist in the coordination of meetings, subcommittees, and other needs to ensure success of the IMQCC.

Comments for SPM 1

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

Plan for the Coming Year (FFY2022)

The Title V Program is working with the IDPH Childhood Lead Poisoning Prevention Program to determine the decreases in blood lead testing for both one and two year olds for 2019. We are doing a deep dive into the program data to identify actionable plans to increase the rates for both one and two year olds. We are also evaluating evidence based practices from other states and localities that may prove to be a good fit for Iowa. Additionally, we will pursue with IDPH leadership, the collaboration between the Title V program and the Childhood Lead Poisoning Prevention Program.

Historically, the Childhood Lead Poisoning Prevention Program (CLPPP) has measured testing rates by birth cohort at 0-6 years. Through a collaboration between Title V and CLPPP through involvement in the Maternal and Child Environmental Health Lead Poisoning Prevention Collaboration Innovation and Implementation Network (CoIIN), Title V and CLPPP have been sharing more annual testing rates per age through collaboration of data systems Signify (Title V) and the IDPH Lead Program Healthy Homes and Lead Poisoning Surveillance System (HHLPSS). Birth cohort information is typically close to 100% giving providers and stakeholders a false/inflated sense of testing. While most children will have a test by the time they are 6 years old, which does not mean they are being tested per recommendations. Annual testing rates per age really highlighted for Title V, the CLPPP, providers and stakeholders that Iowa is not testing children at two years of age as recommended and when they may be most at risk to exposure, developmentally.

With the state prioritizing blood lead testing of one and two year olds, increasing publicity of the need and partnerships with primary care providers, the rate should go up. The CLPPP goal for blood lead testing of one and two year olds is 75%. The goal is to maintain the current rate for one year olds at 68%, and to also steadily increase the rate for two year olds over the next five years.

Some contributing factors to the current rate from surveying and meeting with

primary care providers are the belief that a low test at one year of age is predictive of future tests being low, and hesitancy to test if the parent states a test has already been done. Another contributing factor is that there is no easily accessible database, similar to an immunization information system (IIS), allowing healthcare providers to check the testing status and results of children who receive blood lead tests at outside locations, such as WIC or Head Start, therefore relying on parent report and thus potentially keeping the testing rate below the goal of 75%.

Each of Iowa's 23 Title V Child and Adolescent Health (CAH) contract agencies are approved Medicaid Screening Centers. Blood Lead testing is an approved gap-filling Screening Center activity. Contractors with counties that do not meet the goal for testing one year olds (75%) or with counties below the state average for number of two year olds tested (40%) will be required to provide testing for one and/or two year olds in the counties with low testing rates.

The FFY 2021 Request for Application will require all CAH contractors to develop plans to address SPM #2. Contractors will coordinate blood lead screening with primary care providers, local public health agencies, local CLPPPs and others providing blood lead testing in the community. CAH contractors will be conducting an environmental scans to assure coordination of the provision of blood lead testing to identify if and where the contractor should provide gap-filling screening and at what ages. Contractors will educate parents on the importance of blood lead testing at appropriate intervals. Contractors providing blood lead testing must provide related education, anticipatory guidance and follow-up. Follow blood lead testing guidelines established by the IDPH Childhood Lead Poisoning Prevention Program. Provide results of all blood lead tests to the primary care provider, regardless of results. Provide all results to the IDPH Childhood Lead Poisoning Prevention Program.

Title V contractors are encouraged to partner with an agency or group serving one of the priority populations to promote blood lead testing in more culturally targeted ways. This includes: African Americans/Black/African, 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). IDPH will provide training and resources to Title V agencies on blood lead testing guidelines, CLPPP and strategies for engaging health care providers and families. The Department has updated lead testing brochures and website information with 69,000 brochures being printed to support the new agency work FFY2021.

The Department will work with the University of Iowa through the EPSDT Training contract on a lead poisoning prevention initiative for increasing EPSDT lead screening compliance in response to the federal report on lack of testing in the

Medicaid population in Iowa. This will include an EPSDT Newsletter article that is distributed to all primary care providers enrolled in Iowa Medicaid. The Department will begin looking into priority population specific strategies for promoting lead testing, and family education. Additional strategies will be explored for assuring racial and ethnic demographic information is included in testing reporting from LPHAs, providers, and labs.

The Department will support the ongoing collaboration and coordination of programming between Title V and the Childhood Lead Poisoning Prevention Program. Department staff and local contractor participation in the Childhood Lead Advisory Workgroup. Department will support the signifyCommunity data feed of HHLPPSS lead testing data. Title V staff will collaborate with different state programs and agencies to obtain increased access to data sources and strengthen partnerships to increase data sharing.

Title V staff will work collaboratively with Iowa Medicaid Enterprise and private insurers to promote appropriate reimbursement for blood lead screening for Child Health Screening Centers.

Comments for SPM 2

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

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Plan for the Coming Year (FFY2022)

In Iowa, 75% of working families with children under the age of 6 years utilize child care. Iowa has over 4100 regulated child care providers (centers, preschools and homes). 76% of child care remained open during the COVID-19 pandemic however many at reduced capacity. Programs that closed were mostly associated with local school districts. Currently there are not enough child care slots to meet the needs of working families and almost one-fourth of Iowans live in child care deserts. That number is even higher when looking for infant and toddler child care. Nationwide and in Iowa there has been an increase in childhood chronic health conditions and allergies. Child Care Nurse Consultants (CCNC) provide best practice guidance, assessment visits, training and care planning for children with special health needs to help ensure equitable access and improve child care quality. The CCNC program is non-regulatory and is available statewide with all 99 counties having local CCNC services. In FY20, we exceeded our goal for the percentage of child care programs participating with their local child care nurse consultant, with 42% of programs receiving CCNC services. Services included 3082 child care visits (on-site and virtual), 9113 technical assistance (increased 47%) and 680 children with special health needs identified, 91% with a care plan in place at the child care program.

Iowa's Emergency Preparedness Plan for Child Care included Healthy Child Care Iowa (HCCI) state staff and local CCNCs assisting in communicable disease response. Iowa's COVID-19 guidance for child care was a collaborative effort between the Iowa Department of Public Health and Iowa Department of Human Services. Exceeding our goal was primarily due to the number of programs requesting CCNC services to assist them with COVID-19 planning; reopening; health and safety policies; managing positive cases, exposures and outbreaks; and improving quality.

This rate will continue to increase when Iowa's new quality rating system (Iowa Quality For Kids - IQ4K) is released in 2022. IQ4K will have a continuous quality improvement approach incorporating a focus on health and safety as well as medication administration. CCNC services will be a requirement for both homes and centers in IQ4K starting at a level 2.

HCCI State staff will continue to promote partnerships between Title V Child Health agencies and CCNC programs by providing annual local and statewide CCNC performance measure data to partners, outreaching to agencies with limited CCNC coverage, and facilitating meetings with local agencies and other local stakeholders (including Early Childhood Iowa areas) for supports and funding of local CCNC services.

HCCI State staff will provide annual updates on CCNC services, performance measure data, and information on child care health/nurse consultation nationally and impact on quality child care to state ECI, DHS, MCAH and other partners. HCCI will continue to collaborate with state ECI Professional Development and DHS for support of CCNC services.

HCCI State staff will provide quarterly training to CCNCs on performance measure data collection. Data collection tools will be provided to CCNC agencies by HCCI for consistent/reliable collection and reporting.

CCNC agencies will be evaluated by State HCCI staff for program fidelity including annual inter-rater reliability visits with local CCNCs utilizing the Health and Safety Checklist assessment tool. Fidelity with the tool will be at 90% or higher.

Annual HCCI CCNC Program presentation by HCCI State staff to Early Childhood Iowa Area Directors. HCCI CCNC program updates will be included in MCAH regional meetings with an annual program overview including CCNC statewide performance data with Title V Child Health agencies.

HCCI CCNC program will center around equity incorporating health equity language into the CCNC Role Guidance, contracts and promote (champion) equity into our state child care system. HCCI will incorporate the 10 Essential Public Health Services into our state structure.

Comments for SPM 3

SPM 4: Percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities

Plan for the Coming Year (FFY2022)

Iowa Youth Survey is conducted every two years. The average score of the three (3) grades surveyed, 6th, 8th, and 11th for 2012 was 16%, 2014 was 17%, 2016 was 18% and 2018 was 25%. The large increase from 2012 to 2018 is concerning. Even more concerning is the delay in administering the 2020 Iowa Youth Survey, given the Covid-19 pandemic. As teens were knowingly more isolated during the pandemic, we are anticipating that the 2021 survey rates will remain stable, or worse, increase. Our goal with this SPM is to maintain this rate for 2022 and 2023 and reduce the overall score across the three grades by 1% each year starting in 2024.

Currently, no other state performance measures address adolescent mental health and local Title V agencies have provided minimal services related to adolescent mental health. Iowa was invited to participate in an 18 month Collaborative Improvement and Innovation Network geared toward increasing depression screening in clinical settings.

Iowa plans to explore and research the use of psychosocial assessments provided to adolescents in primary care settings across the state. If gaps in services are identified, Iowa will partner with the Iowa Medicaid Enterprise (IME) to identify billing codes (non-home visit codes) that local Title V agencies can pursue under their purview of their child screening center designation. Iowa will explore partnering with the Iowa Academy of Pediatrics to provide training to primary care physicians on the use of motivational interviewing with adolescents.

Additionally, Title V will explore collaboration with the State of Iowa Youth Advisory Council (SIYAC) to gain the youth perspective on adolescent mental health. SIYAC is a non-partisan policy advising organization made up of young people from across Iowa between the ages of 14 and 20.

Iowa's Title V program has a strong infrastructure that is conducive to hosting a solid training network available to local Title V agencies. Iowa plans to host a wide array of statewide adolescent mental health training such as: youth mental health first aid, youth peer to peer training, training for parents of adolescents, and training for local Title V agencies.

Iowa's Children's Behavioral Health System State Board (Children's Board) is the single point of responsibility in the implementation and management of a Children's Mental Health System (Children's System) that is committed to improving children's well-being, building healthy and resilient children, providing for educational growth, and coordinating medical and mental health care for those in need, including children and youth with special health care needs (CYSHCN). Iowa's Title V program is committed to partnering with this statewide effort and linking local Title V agencies with the mental health systems developed in their region of the state. The state Title V program plans to provide education to local Title V agencies about the state's advancements in building the Children's Behavioral Health System and how the local Title V agency might interface their MCAH programming with the new children's mental health regional system to provide gap filling services. Iowa's Title V program has an established partnership with Iowa Safe Schools. Iowa Safe Schools provides comprehensive support, victim services, resources, and events for LGBTQ and Allied youth. Iowa will continue to collaborate with Iowa Safe Schools in providing training for adolescents and training for parents/community members on mental health issues facing LGBTQI youth and how youth can be supported with access to services.

Iowa will work towards addressing health equity issues that arise around this SPM. For each of the 7 strategies listed above technical assistance provided to local Title V agencies will focus on social determinants of health and health equity strategies. Specifically, in Iowa, many disparities exist that encompass people of color, ESL, LGBTQI, immigrants/refugees and people with disabilities. In the 2018 Iowa Youth Survey, 11th grade female students of color experienced persistent feelings of sadness or hopelessness more than any other group of students. For Native American females, 62% experienced these persistent feelings. The same was true for nearly half of Latinx females (49%) as well as half of females who identified as multiple races (48%). For Black females, 41% experienced these feelings--a rate equal to white females. For Asian females, the rate was 38%.

In rural areas, health care, specifically mental health care access (for adults and adolescents) is disparate in comparison to urban settings. We will explore, with our Title V agencies, how they can play a role in the children's mental health regional system and, where appropriate, consider gap-filling services.

Comments for SPM 4

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

Plan for the Coming Year (FFY2022)

Children are recommended to see a dentist before their first birthday. However, many dentists are not comfortable seeing children this young. Cavity Free Iowa (CFI) is an Iowa Department of Public Health led initiative focused on increasing the number of children who receive preventive fluoride varnish and dental referral at well-child medical appointments. In 2020, 1,080 children 0 through 2 enrolled in Medicaid received a reimbursed fluoride varnish by a medical provider. This is up from 873 in 2019, a 24% increase. As more medical offices participate around the state, the number of children receiving fluoride varnish is expected to increase over the next 5 years and the National Outcome Measure (decay experience) to improve.

During FFY2022, Bureau of Oral and Health Delivery Systems (OHDS) staff and I-Smile™ Coordinators will continue to seek ways to increase access to early preventive dental care for children. OHDS staff will lead the Cavity Free Iowa (CFI) initiative – planning and facilitating meetings and discussing possible strategies and providing updates to I-Smile™ Coordinators. Based on Iowa's large rural population, OHDS staff are collaborating with the State Office of Rural Health to identify ways to increase fluoride varnish applications in Rural Health Medical Clinics located throughout Iowa. OHDS staff are working through billing considerations and procedures needed for the Rural Health Clinics to see how to reach more rural families. OHDS staff and I-Smile Coordinators will continue to explore ways to incorporate dental hygienists within medical clinics for preventive services.

The CFI workgroup plans to identify the barriers that are keeping medical offices from participating in the initiative and seek solutions to address them. The central Iowa pediatrician who has championed this initiative has begun contacting physicians around the state to start this process. In addition, through his One Hundred Million Mouths Project award, he plans to provide training to medical students in Iowa about oral health and the benefits of fluoride for decay prevention, in hopes that the students will incorporate what they learn when they go into practice. An I-Smile™ Coordinator works closely with the pediatrician and will assist with the trainings for medical students.

OHDS will continue to leverage its CFI partnerships in FFY2022. For example, Delta Dental of Iowa Foundation brings experience in public relations and marketing and provides commemorative plaques and training certificates for medical offices trained by I-Smile™ Coordinators. OHDS staff will work with Medicaid's Dental Program Manager to assure reimbursement to medical offices and troubleshoot any billing issues. Another opportunity for leveraging partnerships lies in OHDS participation in a newly formed Oral Health Iowa coalition. The coalition formed to provide a unified advocacy voice regarding oral health of Iowans; the OHDS staff member who leads CFI is on the coalition steering committee.

During summer 2021 I-Smile™ Coordinator meetings, OHDS staff facilitated brainstorming to identify new ways to reach very young children to prevent dental disease. The ideas are being compiled and will be discussed at meetings and site visits during FFY2022 to expand how I-Smile™ can assure optimal oral health beginning at birth. For example, Coordinators identified working with libraries for oral health story walks and increasing education for women considering becoming pregnant or who are already pregnant – addressing infant oral health care before baby arrives.

Comments for SPM 5

SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve

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Plan for the Coming Year (FFY2022)

Starting in 2021 Local Contractors had to begin to create steps for a plan to address including:

- Assess effectiveness of health equity activities
- Policy change through Cultural and Linguistically Appropriate Goals
- Recruit membership from priority populations
- Collaborative Partnerships

With the 2023 RFP, IDPH will require local Title V Contractors to have and submit a plan to identify and address health equity in the populations they serve. Small, independent contractors (conference speakers, logistic [food, meeting space, etc.]), may need additional time. In addition, Title V is unsure about the ability to influence other large state agencies in the development of a plan while needing to contract with these entities to conduct state and Title V business. An additional factor that may influence Title V's ability to address this measure fully is a current project to align the Iowa Department of Public Health and Iowa Department of Human Services.

Over the last few years the Bureau of Family, including Title V staff, have been incrementally increasing internal understanding and capacity to address health equity in programs and services. The Bureau/Title V is ready to expand capacity internally and to engage contractors in assuring health equity in services and programs administered at the community level.

The 2021 MCAH RFA required contractors to address strategies and activities to

demonstrate application of health equity strategies and engage diverse participant voices in program planning, decision making and implementation, and demonstrate inclusion of evidence-based/-informed community engagement and collective impact strategies. These are beginning steps to assist contractors in being prepared to comply with the inclusion of a health equity plan requirement in the next RFP. Due to COVID 19 Title V is extending the FY21 RFA into FY22 through contract amendments. New work and services were not implemented for FY22.

An environmental scan of current contractors will be conducted to assess the presence of health equity plans, current engagement in health equity strategies and partnerships, and assess the support needed by Title V contractors. Title V plans to utilize the Health Equity Advisory Committee (HEAC) developed as part of the Title V Needs Assessment to provide input, technical assistance and content expertise on the health equity strategies being developed at the state and contractor level. The HEAC is comprised of individuals with lived experience or service providers with expertise in working with the state identified priority populations: African American/Black/African, Asian/Pacific Islander, fathers, Hispanic/Latinx, immigrants/refugees, LGBTQI+, Native American, and persons with disabilities.

The 2021 MCAH RFA which is continuing into 2022, outlines roles for Title V Contractors to engage diverse participant voices in program planning, decision making and implementation. Contractors shall incorporate strategies for family, youth, and community member participation into programming. Contractors will have access to the HEAC for consultation. Title V will increase membership of the state identified priority populations affected by health inequities on MCH Advisory Committee to assure adequate representation.

All Title V Contractors providing maternal health services will ensure clients receive individualized education for each performance measure (NPM 4, NPM 6, NPM 14.1, and SPM 1) in culturally appropriate ways that incorporate a health equity lens and meet the client where she is.

Continuing to build internal capacity within the Bureau of Family Health/Title V Program is an important strategy in providing programs and services through a health equity lens. Strategies to build capacity include the development of all staff in concepts and strategies of Health Equity Team; Identification and completion of ongoing assessments/analyses of health equity of Iowa Title V program, development and implementation of a data analysis plan to assess distribution of Title V resources and services through a health equity lens, and facilitation of staff professional development and technical assistance.

Comments for SPM 6

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

Plan for the Coming Year (FFY2022)

During the Iowa Statewide Needs Assessment process, support for families was identified as a significant need for CYSHCN. DCCH will continue to address this need by 1) providing family-to-family support to Iowa families of CYSHCN, 2) building appreciation for strengths and challenges of families across the state, and 3) building the infrastructure for strengthening family leadership capacity statewide.

Family-to-family support is provided through the existing DCCH Family Navigator Network (FNN), which was identified as an Emerging Practice this year by the Association of Maternal and Child Health Programs (AMCHP) Innovation Hub. A new manager for the Family Partnership program was hired last year following the retirement of the previous manager. A number of Family Partnership programs are currently undergoing strategic reviews. The FNN leadership team has added new members, including a co-chair from the Health Equity Committee and members of DCCH's upper management. During the upcoming fiscal year, efforts will focus on aligning the goals of DCCH and the FNN especially in the areas of family support and health equity. DCCH outreach to families will include an emphasis on building partnerships within diverse communities and increased family support services to traditionally underserved populations.

The DCCH Family Advisory Council (FAC) has new staff leadership as well as new Council leaders. A review of the FAC is underway and this review of Council operations will continue into FFY2022. Future plans include enhancing pathways for this group to advise DCCH with a family perspective in a more strategic manner. The Council will continue to operate through the next fiscal year to assure that DCCH provides support for families through the principles of Family Centered Care.

In FFY2022, DCCH will continue to support family advocacy efforts. These efforts enable communities and policy makers to appreciate the strengths and challenges faced by families of CYSHCN. DCCH Family Partnership staff recognize that a well-crafted story makes all the difference in advocacy and awareness raising. DCCH will facilitate Storytelling for Family Leaders training with online modules and Zoom sessions for peer coaching. The goal is a 10-minute story for use in advocacy activities. Additionally, Digital Storytelling is an in-person training based on The StoryCenter model which produces a 3-minute digital story to share in social media for advocacy and change. It involves the family member creating a voiceover of their story with visual images and effects. DCCH will facilitate Digital Storytelling trainings in FFY2022.

Building family capacity to advocate for Children and Youth with Special Health Care Needs on all levels (Personal/Family, Community, and Policy) is a strategy that DCCH will continue to implement in the upcoming fiscal year. Through formal trainings for families through programs such as the Iowa Family Leadership Training Institute, trainings in Child Health Specialty Clinics Regional Center communities, and Family Peer Support Specialist trainings, the family advocacy capacity and workforce will be strengthened in Iowa. A specific focus on family leadership capacity will be on increasing relationships and family support trainings to underserved and underrepresented populations to reduce isolation and increase knowledge.

Comments for SPM 7

General Comments