FFY2023
Title V State Plan
National Performance Measures (NPMs)

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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 women who receive education about breastfeeding through 6 months and pumping at work. Percentage of women enrolled in the Title V maternal health program who receive culturally and linguistically competent, breastfeeding health education and support based on their individualized needs and concerns.
Plan for the Coming Year (FFY2023)	There was a significant decrease in breastfeeding initiation rates, and continuation rates in 2020. With rates going from 84.5% of infants ever breastfed in 2019 to 80.2% of infants ever breastfed in 2020. The COVID-19 pandemic likely had an impact on these rates. The IDPH anticipates these rate to remain steady or possibly even decrease again in 2021 as a result of the COVID-19 pandemic's continued impact on standard practices in clinical settings as well as within the community, as well as the impact that the stress of living with a prolonged pandemic is having on the breastfeeding population. The decreases seen in both the breastfeeding initiation rates, and the rates of breastfeeding for six months

may have a negative impact on all three of the link National Outcome Measures linked to NPM 4. As a result, is taking the breastfeeding initiation and continuation goals back, to what they were in 2020 (part a) and 2017 (part b) and hoping to regain the ground that was lost.

IDPH continues to have a strong connection to the IDPH WIC program, which allows for common themes and messages to be shared statewide. Maternal Health team staff will continue to participate in the Statewide Breastfeeding coalition with plans to present on the work of the Community Based Doula Project. The staff will take ideas back from the meetings to ensure the messages are spread statewide to our local agencies and partners. The IDPH WIC Program began a statewide strategic planning process in FY2022. It will continue into FY2023 and the MH staff have been actively involved. The outcomes of this strategic plan will influence the future work of the MH program and work plans will be updated accordingly.

The Doula project, is a pilot program in 4 counties focused on linking African American/Black Doulas with clients of the same race and ethnicity. The goals of the project are to increase rates of first trimester prenatal care, as well as increasing rates of breastfeeding initiation. Doulas participating in the project are offered opportunities to expand their breastfeeding support education.

IDPH will continue to work with the 15 maternal health agencies (the service areas are increasing in size based on a data analysis of needs, thus there will only be 15 agencies instead of 23) 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 and community education supports 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.

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

ESM

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

Plan for the Coming Year (FFY2023)

This NPM has seen rates for infants placed to sleep on a separate approved sleep surface increase, while the other two measures, percent of infants placed to sleep on their backs and percent of infants placed to sleep without soft objects or loose bedding decreased, though the decrease was minimal from the 2017 to the 2019 data. It is hard to determine the cause of the slight decreases and increases. IDPH expects the rate to increase in all areas over the next FFY as our efforts to disseminate information across the state via the regional maternal health coalitions will provide an opportunity to reach an audience that IDPH has not had significant access to in the past.

IDPH will continue to work with the 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.

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.

IDPH and the Iowa SIDS foundation will work to continue to educate Iowans on the importance of Safe Sleep environments while ensuring cultural humility as Iowa's population is seeing an increase in refugees from several new countries.

IDPH will also continue to support the SIDS foundation on the Safe Sleep Taskforce work that developed from the child death review committee.

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 (FFY2023)

Iowa's Title V agencies will continue to leverage partnership with community programs to assure increased rates of developmental screening. Particular focus will remain with IDEA Part C and Iowa's 1st Five Initiative for this effort.

The 1st Five Healthy Mental Development Initiative engages primary care clinics and providers to support healthy mental development for all children ages birth to five years. Primary care clinics and providers are supported to ensure the three levels of developmental care through Iowa Medicaid's Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit. This includes developmental surveillance and standardized developmental screenings at well-child exams within the medical home.

With Iowa's change to a revised set of Collaborative Service Areas, Iowa is taking steps to place greater emphasis on the primary care role in increasing rates of standardized developmental screening as the direct service to assure that Title V resources are used only for gap filling when necessary for screening. Title V agencies will shift more attention to Public Health Services and Systems and Enabling Services.

Title V agencies will continue to work with Iowa's Area Education Agencies which deliver IDEA Part C Services (called Early ACCESS). When referred children from birth to age three do not meet eligibility requirements for Early ACCESS, Title V will provide developmental follow-up services as needed to assure each child is connected to services. As appropriate, the Title V screening center will include developmental screening as part of the follow-up. This will mainly occur when the referred child does not have access to a medical home and will not be able to receive a well-child visit at a primary care clinic in a timely manner.

1st Five has enhanced the tools and strategies available to local contractors to assist them in their work with primary care practices. FFY 23 will be the first year that a fully redeveloped set of guidance documents is available for this purpose. It includes a new structure for working with practices called "Levels of Engagement" along with specific guidance regarding surveillance and screening, infrastructure development and developmental support services.

During FFY22, 1st Five state consultants began an enhanced process of working with local contractors by conducting quarterly (or more often) virtual check-in workshops. This allows local contractors to set informal progress milestones and receive specific coaching and technical assistance toward those aspirations. Iowa will continue this process in FFY23. The Collaborative Service Area structure will reduce the number of individual contractors, allowing for state consultants to focus more time with each contractor's 1st Five Site Coordinator. Coupled with the enhanced guidance documents and strategies, we are hopeful that impact on this NPM 6 will be realized.

Local 1st Five Site Coordinators outreach to primary care practices to encourage their consistent and universal use of standardized developmental screening tools. Outreach may include, but is not limited to individualized on-site or virtual training, personal contacts and meetings. Newsletters, mass emails and other generalized outreach is also used. Beginning in the summer of 2022, local sites will subcontract with a local primary care physician to offer peer consultation for other primary care physicians and their colleagues. When this local support is not feasible, peer consultants will be available via a state contract as has been the case since the inception of the 1st Five initiative.

A new performance measure in contracts with local 1st Five sites in FFY23 will focus on assuring that sites make and maintain contact with referred children's parents/caregivers. This will be tracked in the Referral Outcome responses in the Referral Activities recorded in the **signify**community™ data system.

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 Coming Year (FFY2023)

The previous rate was 2017 data at 81.1%, and based on that rate our goal for 2022 was 82.5%, with our five year goal to reach 85% by 2025. The 2019 National Survey of Children's Health (NSCH) reported 88.5% of parents responding that their adolescent had a well visit in the previous year. This increase in awareness of the importance of well visits is encouraging, however this data precedes the COVID-19 pandemic. National and state reports indicate that families accessed less preventive care in 2020 and 2021. The CMS 416 data shows a significant discrepancy between the number of children with a health care provider coded well visit and the NHSC survey parent report of a well visit.

The CMS 416 Medicaid data of adolescents with a well visit for adolescents enrolled in Medicaid in 2019 showed 52% for 10-14 year olds, 45% for 15-18 year olds, and 19% for 19-20 year olds in 2019. These percentages decrease to 46% for 10-14 year olds, 40% for 15-18 year olds and 18% for 19-20 year olds in 2021. The numbers rebounded a little in 2021 with 50% for 10-14 year olds and 43% for 15-18 year olds. Unfortunately the number further declined to 17% for 19-20 year olds in 2021.This decrease was expected due to COVID-19.

Public health professionals are all watching closely to see if families will return to preventive care at the same rate as pre-pandemic or if the pandemic will have a lasting effect on preventive care. The 19-20 year olds will need to be closely followed as the well visit proportion is so small already, and it did not rebound like the younger teens in 2021.

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.

Historically IDPH has contracted with local Title V agencies to work on all selected NPMs and SPMs across the state. With the 2015 & 2020 MCAH needs assessments demonstrating a need for additional focus on the unique needs of adolescents many current contractors have struggled to serve such a wide variety of ages. Most contractors have partnered with WIC for several decades, and early care and education programs as primary ways find and serve pregnant clients, infants, and young children in places they already frequent. Staff with expertise in pregnancy, infant and early childhood care are not typically also experts in adolescent health.

After years of trying to make this model work, and gathering the feedback of contractors, stakeholders, and families the Department removed the adolescent well visit and adolescent mental health performance measures from the CAH RFP with the exception of well visit reminders for adolescents enrolled in Title V and

Fee-For-Service Medicaid, and outreach during the Informing service. Our plan is to release an RFP in late FFY22 or early FFY23 for a Peer to Peer Primary Care Provider (PCP) education and outreach contract to work with PCPs, provider associations, medical systems, and training programs in Iowa to increase adolescent well visits. The team is analyzing data, reviewing best practices, and working with stakeholders (HEAC, MCAH Advisory, etc.) to determine the contents of the RFP and how to make this project successful.

Local Title V contractors will still have the option to provide direct health care services and screenings as a gap-filling service, with demonstrated need.

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 (FFY2023)

During FFY2023, DCCH will 1) provide access to specialty care through Child Health Specialty Clinics Regional Centers and satellite locations, 2) strengthen infrastructure and increase opportunities for specialty care through telehealth, and 3) support workforce development and integration opportunities for pediatric and sub-specialty providers for serving children with complex and/or mental health needs, and developmental and intellectual disabilities, and their families.

Access through CHSC Regional Centers

In FFY2023 DCCH's existing regional network of Child Health Specialty Clinics Regional Centers (CHSC) and satellite locations will continue to provide family-centered care coordination, family support, systems navigation, and gap-filling clinical services. Access to interpretation and translation services for clinic visits and resources will build on the infrastructure provided through the University of Iowa Health Care (UIHC) system. The current framework incorporates multiple care delivery models including in person visits, telehealth and telephone visits, and communication through MyChart, which is part of the Epic Electronic Medical Record used by UIHC and CHSC. All Regional Centers include Family Navigators, Nurses, and Administrative staff. Many Regional Centers are staffed with Nurse Practitioners, Social Workers, and Dietitians depending on community needs and programmatic funding. CHSC Nurse Practitioners provide gap-filling specialty services that complement activities of local primary care providers while maintaining a medical home approach to care. CHSC Dietitians

are available via telehealth primarily through funding from Early ACCESS (Iowa's Part C Early Intervention Program); Title V funds supplement dietitian hours in order to provide access to dietitians for CYSHCN statewide who need this type of service. Social Workers are available for families who are part of CHSC's Pediatric Integrated Health program or the Community Circle of Care program. These programs serve families from ten counties in Northeast and East Central Iowa.

DCCH will continue a focus on supporting family-centered goal setting activities during clinic visits in FFY2023. A structured family goal setting process began with the HRSA-funded Enhancing a System of Care for Children and Youth with Special Health Care Needs project that ended in 2017. Since then, Regional Center staff have continued to formally initiate, review, and document goals at each clinical visit. Staff development opportunities on family-centered best practices will continue to be offered to assist staff in coaching families to develop goals that are family-driven and tailored to family needs. Training topics will include trainings on providing culturally appropriate care, including the continuation of interpretation and translation services during clinic visits. Program staff will continue to review clinical goal setting data on a weekly basis and hold monthly consultations and data sharing with Regional Center and satellite location staff. FFY2023 will also include plans to develop a formal evaluation of the family goal setting program, including feedback from both DCCH staff and families served through clinical services.

Telehealth

DCCH has a state-wide telehealth network to support the care of CYSHCN in Iowa, particularly in rural areas. In FFY2023 DCCH will continue to align telehealth processes with new systems implemented by the broader University of Iowa Health Care system. This will allow for a streamlined system of scheduling and clinic workflows integrated within the electronic medical record. As DCCH aligns with this system, it is anticipated that this will promote increased use of the telehealth infrastructure through DCCH regional centers by pediatric specialty providers within the University of Iowa Stead Family Department of Pediatrics and Stead Family Children's Hospital, which is Iowa's only comprehensive children's hospital.

Access to pediatric specialty care in Iowa is limited, especially in rural areas. In FFY2023 DCCH will explore new or expanded pediatric specialty care services through the CHSC telehealth network, addressing provider shortages and gaps in health care access across the state. This will include the identification of gaps in health care, continued collaboration with pediatric specialty care providers in the University of Iowa Health Care system and exploring supplementary funding opportunities; for example, in FFY2022 DCCH applied for the HRSA funding opportunity HRSA-22-098 - Enhancing Systems of Care for Children with Medical Complexity.

Telehealth flexibilities authorized during state and federal emergency declarations have continued to allow for reimbursement for in-home telehealth visits. Additionally, recent state legislation in Iowa enacted in 2021 requires that telehealth services for mental health be reimbursed at the same rate as in-person mental health services. In FFY2023 DCCH Regional Centers will continue to be available as a resource for families that face geographic barriers to accessing care by providing in-home telehealth as an option for receiving care. To further support families in increasing access to health care in FFY2023, DCCH staff will assist families in accessing MyChart, the platform used across the University of Iowa Health Care system, that enables them to receive care in their homes, view medical records, manage health information, and communicate with health care providers.

Health care provider workforce development

DCCH is committed to working toward strengthening medical home approaches to care for Iowa CYSHCN. DCCH will continue to provide opportunities for primary care providers to increase capacity for treating CYSHCN within their community-based practices. Through the Epic CareLink system, primary care providers statewide have access to University of Iowa Health Care pediatric specialty provider clinic notes for their referred patients. This includes Child Health Specialty Clinic provider notes. Workforce development initiatives for primary care providers will continue with online, and possibly in-person opportunities, depending on the COVID-19 pandemic situation. DCCH will continue to build on partnerships with professional organizations such as the Iowa Chapter of the American Academy of Pediatrics, the Iowa Association of Family Practitioners, the Iowa Physician Assistant Society, and the Iowa Chapter of the National Association of Pediatric Nurse Practitioners. Information will be provided to primary care providers including medical home approaches; treating patients with mental health screening, diagnosis, and treatment needs; family partnership; and culturally and linguistically appropriate care. For example, in FFY2022, Title V funds were used as foundational support and supplemented with grant and contractual funding to provide workforce development and offer no cost continuing education credits to primary care providers. Topics included Adverse Childhood Experiences, administering developmental screening tools, treatment of eating disorders, a 3-part series on supporting transgender and LGBTQ+ youth; relational health in primary care; shared decision making; and more. Webinars are archived and available online (https://chsciowa.org/programs/iowa-pediatric-mental-health-collaborative/webinars-primary-care-providers).

In FFY2023, DCCH will explore and implement activities that will enhance pediatric specialty provider understanding of family centered care, shared decision making, and culturally responsive care. As mentioned above, DCCH applied for the Health Resources Services Administration's "Enhancing Systems of Care for Children with Medical Complexity" funding opportunity. During the

application process, DCCH's relationship with the University of Iowa Health Care systems that support providers of pediatric sub-specialty care was strengthened. A more formal plan for creating training opportunities for providers will be created whether or not the opportunity is funded in Iowa, but the details are somewhat dependent on the outcome of this funding application.

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 (FFY2023)

Families of youth with special health care needs across Iowa continue to express concern over the process of transitioning from pediatric to adult systems of care. FFY2023 will focus on a three-pronged approach for the Transition to Adulthood Priority Area. This approach includes 1) continuing to provide clinic-based transition to adult health care services to families of transition-aged youth, 2) working alongside families and youth to plan for the transition to adulthood, and 3) ensuring appropriate transition resources for families accessing CHSC Regional Center services.

Clinic-based services

Clinic-based transition to adult health care services will continue to be a priority in FFY2023. The systematic initiation, review, and documentation of transition plans will continue in all Regional Centers and satellite locations. Program staff will conduct monthly reviews of transition documentation and participate in data sharing and consultations with Regional Center staff. Ongoing staff capacity-building activities which began in FFY2020 will continue into FFY2023. This effort includes hosting webinars for DCCH staff on transition to adulthood topics identified by staff as areas of opportunity. DCCH will aim to continually gather feedback from clinical and family support staff to tailor trainings to topics they identify as necessary to best support transition-aged youth. DCCH staff will also have opportunities to receive trainings on the utilization of transition resources to best support the needs of families served through transition programming. The workflow behind the systematic initiation, review, and documentation of transition plans among transition-aged youth will continue to be reviewed to ensure consistency throughout Regional Centers and satellite locations. This will include reviewing workflows for serving families with enhanced support needs,

such as those using interpretation services during clinic visits.

Working alongside families and youth
FFY2023 will include strategic efforts to work alongside and engage families in the process of planning for the transition to adulthood. This includes developing plans to formally assess family and youth satisfaction with the DCCH transition program. This feedback will help improve aspects of DCCH's transition work and incorporate family voice in programmatic decision-making.

In FFY2022, DCCH's first Youth Advisory Council launched. The Youth Advisory Council is designed to provide guidance to DCCH programming while helping youth develop leadership and self-advocacy skills. Eligibility for the Youth Advisory Council includes youth ages 14–22 years with special health care needs or the sibling of a child or youth with special health care needs. In FFY2023, planning will begin for the second year of the council. Two Young Adult Allies work with DCCH staff as part of the Youth Advisory Council Leadership team. Planning for the FFY2023 Youth Advisory Council will be based on the evaluation data from the first year's participants.

DCCH will continue efforts to engage families and youth in all aspects of transition planning. This will include utilizing DCCH's Family Advisory Council and Youth Advisory Council for feedback on this priority area and using family-centered best practices during in-clinic transition planning.

Access to appropriate resources
There will be a renewed focus on ensuring appropriate transition resources for families accessing Regional Center services in FFY2023. The DCCH transition to adulthood program uses Got Transition® as a guide for working with families. In FFY2022, DCCH updated their Transition to Adult Health Care Quick Guide based on the Six Core Elements of Transition. Got Transition® handouts were incorporated into the DCCH resource library and are used to train staff on the transition to adulthood. In FFY2023, DCCH plans for the continuous review of DCCH transition resources to ensure that culturally responsive information is tailored towards families of youth with complex and/or mental health needs. Program staff will regularly review transition resources from content experts, such as Got Transition®, and incorporate best practices into the DCCH transition resource library in an effort to reduce resource duplication.

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

ESM

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

Plan for the Coming Year (FFY2023)

Bureau of Oral and Health Delivery Systems (OHDS) staff will address NPM 13A through the Maternal Health (MH) and I-Smile™ programs. To increase oral health education and access to oral health services for MH clients, OHDS staff will grow and maintain partnerships with WIC, Delta Dental of Iowa Foundation, Iowa Primary Care Association, Count the Kicks, Title X, Division of Tobacco Use Prevention & Control, Oral Health Iowa Coalition, and the University Of Iowa College Of Dentistry.

OHDS staff will also continue to participate on the department's MH Workgroup, which consists of representatives from different bureaus (e.g., Family Health, Chronic Disease Prevention and Management). The purpose of the workgroup is to identify partnerships to improve MH outcomes. OHDS staff will attend the quarterly meetings and identify opportunities for collaboration, in addition to sharing current information about oral health with meeting attendees.

OHDS staff will grow its partnership with Count the Kicks. Count the Kicks uses best practices and evidence-based strategies to save babies and prevent stillbirths – incorporating oral health education within its messaging for pregnant people. Count the Kicks teaches expectant parents to know what is normal for their baby by counting the baby's kicks. They offer a free app that tracks the kicks and reminds the expectant parent when to count again. Research shows expectant parents of color experience stillbirth at much higher rates than white parents. A goal of Count the Kicks is to reduce the rate of stillbirth for parents of color and another reason we are in partnership to promote health equity. OHDS staff will help to improve health outcomes for parents of color by having the I-Smile™ program distribute Count the Kicks educational materials throughout Iowa, providing education about the Count the Kicks app and the importance of oral health with maternal health. This partnership not only benefits pregnant people, but it provides education about oral health of babies to prevent decay. In FFY2023, OHDS staff will assist Count the Kicks with oral health education by participating on its review board to create programs connecting dental and medical professionals. This review board will meet bi-monthly to discuss different ways to connect pregnant people with preventive dental services and the barriers these people face. The board consists of dentists, medical providers, dental hygienists, Medicaid staff, and people from the community. I-Smile™ Coordinators will distribute Count the Kicks educational materials while doing outreach to medical and dental offices.

The OHDS partnership with the IDPH Division of Tobacco Use Prevention & Control

will expand over the next year, seeking to reduce the number of MH clients that use tobacco products during pregnancy. In FFY2023 training about tobacco vaping will be provided for I-Smile™ Coordinators to inform them about what vaping consists of, health problems caused by vaping and how to refer clients to Quitline Iowa.

Another growing partnership is with Title X (within the Iowa Department of Public Health) to educate MH clients on the Human Papillomavirus (HPV) and oral health. I-Smile™ Coordinators will distribute education on HPV vaccines and oral cancer screenings at medical clinics, WIC, and dental offices. OHDS staff will assist Title X staff on a new grant to incorporate oral health with family planning. OHDS staff will meet with Title X staff quarterly to continue the partnership and determine next steps.

OHDS will maintain its stock of promotional materials for contractors to give to MH clients. OHDS staff will continue to manage the I-Smile™ Facebook page, with information and education about good oral health during pregnancy and tips on children's oral health for parents.

In FFY2023, I-Smile™ Coordinators will make face-to-face outreach visits with all dental offices and Obstetrics/gynecology (OB/GYN) offices. The I-Smile™ Coordinators will promote optimal oral health before and during pregnancy as part of overall health and increase the awareness about I-Smile™. This activity must include all of the following areas of focus: promoting referral to dentists and/or I-Smile™ for care coordination; sharing educational materials, posters, and items (e.g., about Community Water Fluoridation, healthy foods/snacks); providing education to OB/GYN providers on the importance of preventive dental care. Coordinators may also incorporate their training on vaping and tobacco referrals during the outreach visits to discuss impacts to MH clients.

A change for MH contractors in FFY23 includes each having a designated MH Program Coordinator. To improve oral health and birth outcomes for low-income pregnant people. The I-Smile™ Coordinator will partner with the MH Program Coordinator and provide oral health training for MH program staff that provide preventive services (e.g., oral screening, fluoride varnish application, and counseling services) to MH clients. The training will also assure these staff understand the role of oral health in overall health and they receive current recommendations, policies, and procedures.

I-Smile™ Coordinators will also train MH staff regarding oral health as it pertains to dental care coordination, which must be offered for all MH clients. Dental care coordination includes assisting clients in finding a dentist and removing barriers to access, such as addressing their social determinants of health, helping with appointments, and setting up transportation and/or translator services.

I-Smile™ Coordinators will also conduct oral health promotion about the importance of oral health for pregnant people along with the benefits of I-Smile™. Oral health promotion provides encouragement, creates awareness, and

communicates health messages about the I-Smile™ program and the importance of optimal oral health for overall health. One initiative must specifically focus on pregnant people. This may include the importance of optimal oral health during pregnancy, regular dental visits or oral care for the newborn.

OHDS staff will address NPM 13B through the I-Smile™ program. The I-Smile™ program's primary goal is to connect children and families with dental, medical, and community resources. OHDS staff provide oversight and policy development of I-Smile™. There will be some program changes in FFY23 and OHDS staff will assure that all local staff involved with I-Smile™ is trained and understand any new requirements and policies. OHDS staff will hold quarterly I-Smile™ Coordinator meetings to ensure program consistency, develop leadership skills, discuss new opportunities, and promote current standards and procedures. Meetings will include continuing education on current oral health topics and provide an open forum for sharing best practices and successes between the coordinators. These meetings will also address current issues brought forward by OHDS staff and I-Smile™ Coordinators (e.g. Silver Diamine Fluoride (SDF) usage, rural health clinics access). OHDS staff will have site visits with each CAH contractor to discuss I-Smile™ work plans, review data, and troubleshoot concerns; staff will also participate in yearly chart audits, to ensure contractors are documenting client information and services accurately and to ensure the agency is prepared if they were to receive a Medicaid audit. OHDS staff will continue to meet quarterly with the oral health epidemiologist to discuss agency-specific data, including any racial/ethnic disparities identified.

OHDS will maintain its stock of promotional materials that can be used by contractors for children and families. OHDS staff will continue to manage the I-Smile™ Facebook page, targeting parents/guardians with information and education about good oral health for children as well as during pregnancy. For quality assurance, one OHDS staff member will be the Facebook lead to ensure information is posted and appropriate. The I-Smile™ website will be maintained and updated as needed, including educational material for families and professionals. OHDS staff will continue to use QR codes on promotional materials to ease access to resources.

OHDS staff work to ensure optimal oral health for underserved children and this depends upon the strength of partnerships, both at the state and local levels. OHDS staff will maintain important partnerships with entities such as WIC, 5-2-1-0 Healthy Choices Count!, Head Start, Healthy Child Care Iowa, Delta Dental of Iowa Foundation, Iowa Primary Care Association, Count the Kicks, Oral Health Iowa Coalition, and the University Of Iowa College Of Dentistry.

Another growing partnership is with Title X (within the Iowa Department of Public Health) seeking to educate adolescent families on the Human Papillomavirus (HPV) vaccine and oral health. I-Smile™ Coordinators will distribute education on

HPV vaccines and oral cancer screenings - available on rack cards - at medical clinics, WIC, and dental offices. OHDS staff will assist Title X staff on a new grant to incorporate oral health with family planning. OHDS staff will meet with Title X staff quarterly to continue the partnership and determine next steps.

OHDS staff will maintain its strong partnerships with Iowa Medicaid Enterprises (IME) and the Prepaid Ambulatory Health Plan (PAHP) carriers for dental Medicaid in Iowa – Delta Dental of Iowa and Managed Care of North America – to ensure that rule and/or policy changes are made when needed for positive impact on families served by I-Smile™ and to troubleshoot any issues. OHDS staff is part of the Oral Health Iowa coalition, which advocates for maintaining and strengthening I-Smile™ and to increase dental Medicaid reimbursement. Additionally, the partnership with Cavity Free Iowa has demonstrated importance. This is a workgroup focused on increasing training for medical office staff to apply fluoride varnish for children at well-child exams. OHDS staff facilitate the workgroup meetings and activities; medical office training is provided by I-Smile™ Coordinators using materials developed by OHDS staff.

In FFY2023, there will be I-Smile™ program changes in the CAH contracts. For example, the required hours I-Smile™ Coordinators spend on activities to build local public health system capacity and to ensure enabling and population-based oral health services will be increased. Similar to previous years, each I-Smile™ Coordinator will develop one new local partnership with a business or organization, 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 and family practice medical offices and/or pediatric medical offices within their service areas and provide training for medical office staff as requested. I-Smile™ Coordinators will also conduct oral health promotion about the importance of oral health for children and pregnant people along with the benefits of I-Smile™. Oral health promotion provides encouragement, creates awareness, and communicates health messages about the I-Smile™ program and the importance of optimal oral health for overall health. One initiative must promote the age 1 dental visit and another must use social media.

I-Smile™ Coordinators will train MCAH staff regarding oral health as it pertains to the informing process and care coordination. Dental care coordination includes assisting clients in finding a dentist and removing barriers to access, such as addressing their social determinants of health, helping with appointments, and setting up transportation and/or translator services. Training on the “informing” process assures competency of staff about the importance of routine preventive care and the dental benefits offered through Medicaid.

Data indicates that low-income children do not have adequate access to services from dentists. As a result, I-Smile™ programs will be required to provide gap-filling

preventive services for children ages 0-2 years and also those in elementary schools with 40% or greater free/reduced lunch rate participation (as part of I-Smile™ @ School). In FFY23, a new I-Smile™ position will be required for CAH contractors – a Direct Dental Service Planner (DDSP). This position will focus on arranging direct dental services and may also provide direct services. The DDSP will assure all I-Smile™ @ School guidelines are followed and requirements are met. I-Smile™ programs will be required to offer SDF applications, in addition to screenings, fluoride varnish, and sealant applications. SDF is particularly beneficial for at-risk children seen in public health settings, who may have limited access to care. OHDS staff will work with I-Smile™ Coordinators to address barriers associated with use of SDF, make protocols, and assist with implementation questions.

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

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ESM

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

Plan for the Coming Year (FFY2023)

IDPH has continued to do statewide education about the impacts of nicotine use during pregnancy as well as a focused approach to Quitline Iowa education for Family Planning, Title V local agencies, WIC and Home Visiting providers. This education focused on the available resources on the Quitline Iowa website (Ask, Advise, Refer and other assessment trainings) and how to officially do a referral. IDPH sees this particular rate continuing to decrease, though will also watch the PRAMS information on e-cigarette use and vaping to determine where to focus activities and interventions.

IDPH MH staff will continue to collaborate with staff from the Division of Tobacco Use and Prevention as Phase 3 of the Maternal Tobacco Use Task force plan is initiated. 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. Fall of 2022 will include beginning outreach to OB offices and providers statewide.

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